

**Early Childhood Longitudinal Study,  
Kindergarten Class of 2023-24  
(ECLS-K:2024)**

**Kindergarten and First-Grade Field Test Data  
Collection, National Sampling, and National  
Recruitment**

**OMB# 1850-0750 v.24**

**Attachment C-8  
Spring Kindergarten Special  
Education Teacher-Level  
Teacher Paper Survey**

**National Center for Education Statistics  
U.S. Department of Education**

**August 2021**

# Special Education Teacher Background Survey 2022



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Completing this survey will help us learn more about special education teachers and the children they serve.

Thank you for your time!

**To show our appreciation, we have included with your invitation a check that equals \$20 for the teacher background survey plus \$7 for every child for whom you've been asked to complete a survey.**

Please return the survey to **your school coordinator or an ECLS staff member**. The survey should be sealed in the envelope we provided you. Do not mail this survey unless you are provided with an additional mailing envelope.

Photo is for illustrative purposes only. Any person depicted in the photo is a model.

The National Center for Education Statistics (NCES) is authorized to conduct the Early Childhood Longitudinal Study (ECLS) by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). The data are being collected for NCES by Westat, a U.S.-based research organization. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0750 v.24. The time required to complete this information collection is estimated to  average approximately 18 minutes per teacher background survey including instructions and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this information collection, or any comments or concerns regarding the status of your individual submission of these data, please write directly to: Early Childhood Longitudinal Study, National Center for Education Statistics, PCP, 550 12th St., SW, 4th floor, Washington, DC 20202. OMB No. 1850-0750, v.24. Approval expires xx/xx/xxxx





**Early Childhood Longitudinal Study  
Special Education Teacher Survey  
(Teacher Level)  
Fall 2022 - Form SPAK-FT**

Dear Special Education Teacher or Related Service Provider,

Your school has agreed to participate in the **Early Childhood Longitudinal Study (ECLS)**, a nationwide study of elementary-aged children, their schools, teachers, and parents. As part of the study, we are asking teachers at your school to complete surveys. You have been asked to complete surveys because one or more of the children you serve are participants in this study. The teacher survey contains questions about you and your classroom practices. There are also brief surveys for each of the sampled children that you teach. These surveys contain questions about the children's skills and abilities.

The ECLS collects information from teachers of children who are in the study and from the special education teachers or related service providers of sampled children who have Individualized Education Programs (IEPs). Our purpose is to investigate the relationship between the children's academic progress and various school, classroom, teacher, and home characteristics.

Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. However, only you can provide this information.

Although we realize you are very busy, we urge you to complete this survey as completely and accurately as possible. You may find at least some of the information we are asking for in the child's IEP.

**THANK YOU VERY MUCH FOR YOUR HELP.**

## MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS SURVEY. DO NOT USE PENCIL OR FELT-TIP PEN.

## MARKING BOXES

It is important that you mark an "X" in the box next to your answers and print clearly.

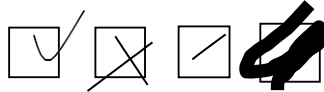
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



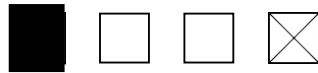
**Incorrect Marks:**

Light and thin, outside the box, thick or scrawled.



**How to Change an Answer:**

Completely black out the box of the incorrect answer and mark an "X" in the box next to the correct answer.



## PRINTING ANSWERS IN BOXES:

Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

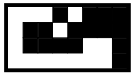
Write one number per box like this:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Write words like this:

**John Smith**

--



**The first several questions pertain to your roles and responsibilities.**

1. **Which of the following best describes your current position in this school?** *MARK ONE RESPONSE.*

- Special education teacher
- Special education teacher
- consultant General education
- teacher  
Special education classroom
- aide Speech-language
- pathologist Physical
- therapist  
Physical therapy assistant or
- aide Occupational therapist
- Occupational therapy assistant or
- aide School psychologist
- School counselor
- School social
- worker Other

(Please specify):

2. **How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year?** *MARK ONE RESPONSE.*

- Regular full-time teacher or service
- provider Regular part-time teacher or
- service provider  
Itinerant teacher or service provider (i.e. your assignment requires you to provide instruction or related services at more than one school)
- Long-term substitute (i.e. your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute)
- Teacher aide

Other (Please specify):



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3. **As of today's date, how many children with and without IEPs do you teach or serve?**

WRITE NUMBER IN BOX, IF NONE, WRITE "0."

||  With IEPs

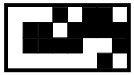
||  Without IEPs

4. **As of today's date, how many children with IEPs that you teach or serve are the following ages?**

WRITE NUMBER IN BOX, IF NONE, WRITE "0."

	<b>Number of Children</b>
a. 3 years old	<input type="text"/>
b. 4 years old	<input type="text"/>
c. 5 years old	<input type="text"/>
d. 6 years old	<input type="text"/>
e. 7 years old	<input type="text"/>
f. 8 years old	<input type="text"/>
g. 9 years old or older	<input type="text"/>
h. Total (sum of a-g)	<input type="text"/>

**IF THIS BOX IS CHECKED, GO TO Q8 ON PAGE 4. OTHERWISE, GO TO Q5 ON PAGE 3.**



**5. How many of the children with IEPs that you teach or serve belongs to each of the following racial/ethnic groups?**

WRITE NUMBER IN BOX. IF NONE, WRITE "0."

Please count each child only once. Hispanic children should only be counted in the Hispanic or Latino/Latina category regardless of race.

	<u>Number of Children</u>
a. Hispanic or Latino/Latina of any race	<input type="text"/>
b. American Indian or Alaska Native, non-Hispanic	<input type="text"/>
c. Asian, non-Hispanic	<input type="text"/>
d. Black or African American, non-Hispanic	<input type="text"/>
e. Native Hawaiian or Other Pacific Islander, non-Hispanic	<input type="text"/>
f. White, non-Hispanic	<input type="text"/>
g. Two or more races, non-Hispanic	<input type="text"/>

**6. As of today's date, how many boys and girls with IEPs do you teach or serve?**

WRITE NUMBER IN BOX. IF NONE, WRITE "0."

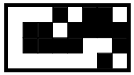
	<u>Number of Children</u>
a. Number of boys	<input type="text"/>
b. Number of girls	<input type="text"/>

**7. How many of the students with IEPs that you teach or serve are English language learners (ELL)?**

WRITE NUMBER IN BOX. IF NONE, WRITE "0."

||  Number of Students





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8. **During the school year, how many children with IEPs have you worked with or provided services for, on average, each week? (Include children you work with directly, as well as children for whom you consult with the general education teacher and/or another special education teacher or service provider.) MARK ONE RESPONSE.**

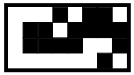
- Non
- e 1-
- 10
- 11-20
- 21-40
- More than 40

9. **During this school year, where have you worked with children with IEPs? INCLUDE ONLY CHILDREN WHO ATTEND THIS SCHOOL. MARK ALL THAT APPLY.**

- In a general education
- classroom In a special
- education classroom
- In a non-classroom space (for example, office, therapy room, small work space,
- mobile van, etc.) In a location outside of the school setting (for example, a private clinic or a child's home, including virtual or video-based instruction.)
- Other (Please specify):

10. **For how many students with IEPs do you serve as case manager? MARK ONE RESPONSE.**

- Non
- e 1-
- 10
- 11-20
- 21-40
- More than 40



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11. Please indicate the extent to which you agree or disagree with the following statement. I am satisfied with my class size or caseload (that is, the total number of students you teach or serve). MARK ONE RESPONSE.

- Strongly disagree
- disagree
- Disagree
- Neither disagree nor agree
- agree Agree
- Strongly agree

THE NEXT FEW QUESTIONS ARE ABOUT STUDENTS' CLASSROOM BEHAVIOR. IF THIS BOX IS CHECKED, PLEASE GO TO Q17 ON PAGE 8

12. How often does disruptive student behavior interfere with your instruction? MARK ONE RESPONSE.

- Never
- Seldo
- m
- Usual
- y
- Always
- s



GO TO 14 on page 6

13. How much time per day would you estimate that you spend handling disruptive student behavior? MARK ONE RESPONSE.

- Less than 1/2 hour
- 1/2 hour to less than 1 hour
- hour 1 to less than 1 1/2 hours
- hours 1 1/2 to less than 2 hours
- 2 to less than 2 1/2 hours
- hours 2 1/2 to less than 3 hours
- 3 hours or more



14. **The next set of questions relates to your instructional activities and resources. How strongly do you agree or disagree that the following behavioral support practices are characteristic of your teaching? MARK ONE RESPONSE ON EACH ROW.**

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither disagree nor agree</u>	<u>Agree</u>	<u>Strongly agree</u>
a. Routines are consistently implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Expectations of students are clearly communicated in positive terms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You gain the attention of all students before beginning a lesson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You solicit both group and individual responses to questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You provide all students with individual opportunities to respond to questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is a system for documenting and rewarding appropriate student behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You use a range of consequences to discourage inappropriate student behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. **How strongly do you agree or disagree that you teach the following social and emotional competencies to the students that you teach or serve? MARK ONE RESPONSE ON EACH ROW.**

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither disagree nor agree</u>	<u>Agree</u>	<u>Strongly agree</u>
a. Self-awareness (teaching students to recognize their own feelings, interests, strengths, and limitations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Self-management (teaching students to regulate emotions and manage daily stressors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social awareness (teaching students to take the perspective of others and appreciate similarities and differences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Relationships and social skills (teaching students prosocial behavior and skills to develop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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meaningful relationships)

e. Responsible decision making (teaching students to identify and analyze problems, understand consequences, and take responsibility for their decisions)



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**16. How strongly do you agree or disagree that you utilize the following practices?**

*MARK ONE RESPONSE ON EACH ROW.*

	<u>Strongly disagree</u> <b>Disagree</b>		<b>Neither disagree nor agree</b> <u>Agree</u>		<u>Strongly agree</u>
a. Display pictures, posters, artwork, and other décor that reflect diverse cultures and ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ensure that all notices and communications to families and caregivers are written in their language of origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use alternative formats and varied approaches to communicate and share information with families and caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before using them with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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The next questions ask about professional development.

17. In the past 12 months, did you participate in any professional development activities pertaining to the use of evidence-based practices for working with students with disabilities? *MARK ONE RESPONSE.*

Yes

No  GO TO THE TOP OF PAGE 10

18. In the past 12 months, how many hours did you spend on these professional development activities?

*MARK ONE RESPONSE.*

4 hours or

less 5-8

hours

9-12 hours

13-16 hours

17-20 hours

21-24 hours

25-28 hours

29-32 hours

33 hours or more

19. Overall, how helpful were these activities to you? *MARK ONE RESPONSE.*

Very

unhelpful

Unhelpful

Neither unhelpful nor

helpful Helpful

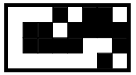
Very helpful

20. To what extent was the professional development you received in the past 12 months relevant to your role teaching or serving students with disabilities? *MARK ONE RESPONSE.*

Not relevant

Somewhat

relevant



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Relevant

Very relevant





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IF THIS BOX IS CHECKED, PLEASE GO TO Q24-2 ON PAGE 12. OTHERWISE, GO TO Q21.

21. In the current school year, do you work closely with a master or mentor teacher who was assigned to you by your school or district? *MARK ONE RESPONSE.*

Yes

No  GO TO Q24-1 on page 11

22. How frequently do you work with your assigned master or mentor teacher? *MARK ONE RESPONSE.*

At least once a

week Once or twice

a month A few

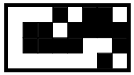
times a year Once

or never

23. Overall, to what extent did your assigned master or mentor teacher improve your skills in the following areas? *MARK ONE RESPONSE ON EACH ROW.*

	<b>Not applicable/ Not part of my work responsibility</b>	<b>Not at all</b>	<b>To a sma ll exten t</b>	<b>To a modera te extent</b>	<b>To a gre at extent</b>
a. Providing large group instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Providing small group or one-on-one instruction or therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Managing students' behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Completing paperwork (either in a digital/computer-based system or in hard copy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Conducting student assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Finding needed human or material resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Communicating with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**24-1. The next few questions pertain to your feelings about your school. Please indicate the extent to which you agree with each of the following statements about your school. MARK ONE RESPONSE ON EACH ROW.**

	<u>Strongly disagree</u> <b>Disagree</b>		<u>Neither disagree nor agree</u> <b>Agree</b>		<u>Strongly agree</u>
a. The level of child misbehavior (for example, noise, horseplay, or fighting in the halls or cafeteria) in this school interferes with my teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Many of the children I teach are not capable of learning the material I am supposed to teach them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel accepted and respected as a colleague by most staff members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teachers in this school are continually learning and seeking new ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Routine administrative duties and paperwork interfere with my job of teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parents are supportive of school staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is a great deal of cooperative effort among the staff members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In this school, staff members are recognized for a job well done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The academic standards at this school are too low.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. There is broad agreement among the entire school faculty about the central mission of the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The school administrator sets priorities, makes plans, and sees that they are carried out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The school administration's behavior toward the staff is supportive and encouraging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**24-2. The next set of questions pertains to the availability and use of instructional resources and technology. Which of the following statements is true about how well your school system provides you with the instructional materials and other resources you need to teach or serve students with IEPs? MARK ONE RESPONSE.**

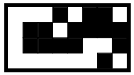
- I get all the resources I need.
- I get most of the resources I
- need. I get some of the
- resources I need.
- I don't get any of the resources I need.

**24-3. In general, how adequate is each of the following for your students with IEPs? MARK ONE RESPONSE ON EACH ROW.**

	I don't use these with my students	Never adequate	Often not adequate	Sometimes not adequate	Always adequate
a. Digital tablets (such as an iPad)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Visual display technology (for example, SMART Board®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Computers with internet access (laptop or desktop)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Licensed computer software packages and paid digital subscriptions (for example, subscriptions to online apps, platforms, and programs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24-4. Do you implement any of the following technology use practices as learning tools in your classroom? MARK ALL THAT APPLY.**

- Encourage students to use personal tablets, cell phones, or other digital devices
- Require students to use personal tablets, cell phones, or other digital devices
- Encourage students to use school-provided tablets or other digital devices
- Require students to use school-provided tablets or other digital devices
- Encourage students to use school computers
- Require students to use school computers
- None of the above



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24-5.

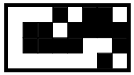
**Please report the number of computers and other electronic devices that are available to your students with IEPs every day. PLEASE INCLUDE ANY DESKTOP, LAPTOP, DIGITAL TABLET, OR SIMILAR ELECTRONIC DEVICE WHETHER THEY REMAIN IN THE ROOM OR ARE BROUGHT IN DAILY. IF NONE, WRITE "0."**

a. Total number of devices		<input type="text"/>
b. Number with internet access		<input type="text"/>

24-7.

**How frequently do you or your students use computers (desktop or laptop) in the following instructional activities? MARK ONE RESPONSE ON EACH ROW.**

	<u>Never</u>	<u>Rarely</u> <u>Sometimes</u>	<u>Often</u>	<u>Not applicable</u> <u>to my role</u>
a. Daily assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Internet research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Accessing digital resources available through the district (intranet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**24-8. How frequently do you or your students use an interactive whiteboard (for example, SMART Board®, ActivBoard) in the following instructional activities?**

MARK ONE RESPONSE ON EACH

ROW.

	<u>Never</u>	<u>Rarely Sometimes</u>	<u>Often</u>	<u>Not applicab le to my role</u>
a. Daily assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Internet research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Accessing digital resources available through the district (intranet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24-9. How frequently do your students use digital cameras (still or video) in the following instructional activities? MARK ONE RESPONSE ON EACH ROW.**

	<u>Never</u>	<u>Rarely Sometimes</u>	<u>Often</u>	<u>Not applicab le to my role</u>
a. Daily assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Special projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24-10. How frequently do your students use digital tablets (such as an iPad) in the following instructional activities? MARK ONE RESPONSE ON EACH ROW.**

	<u>Never</u>	<u>Rarely Sometimes</u>	<u>Often</u>	<u>Not applicab le to my role</u>
a. Daily assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Internet research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Accessing digital resources available through the district (intranet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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IF THIS BOX IS CHECKED, PLEASE GO TO Q37 ON PAGE 20.

25. The next few questions ask about your beliefs about teaching or serving your students. To what extent do you agree with each of the following statements? *MARK ONE RESPONSE ON EACH ROW.*

	<u>Strongly disagree</u> <u>Disagree</u>		<u>Neither disagree nor agree</u> <u>Agree</u>		<u>Strongly agree</u>
a. If I try really hard, I can get through even to the most difficult or unmotivated students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If some students in my class are not doing well, I feel that I should change my approach to the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. By trying a different teaching method, I can significantly affect a student's achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is really very little I can do to ensure that most of my students achieve at a high level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I work to create lessons so my students will enjoy learning and become independent thinkers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel sometimes it is a waste of my time to try to do my best as a teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The attitudes and habits students bring to my class greatly reduce their chances for academic success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My success or failure in teaching is due primarily to factors beyond my control rather than to my own effort or ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. To what extent do you agree or disagree with each of the following statements as it applies to your instruction? *MARK ONE RESPONSE ON EACH ROW.*

	<u>Strongly disagree</u> <u>Disagree</u>		<u>Neither disagree nor agree</u> <u>Agree</u>		<u>Strongly agree</u>
a. The amount a student can learn is primarily related to family background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If a student did not remember information I gave in a previous lesson, I would know how to increase his or her retention in the next lesson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If a student in my class becomes disruptive and noisy, I feel assured that I know some techniques to redirect the student quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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27. Please indicate the extent to which you agree or disagree with each of the following statements on working with children. MARK ONE RESPONSE ON EACH ROW.

	<u>Strongly disagree</u> <u>Disagree</u>		<u>Neither disagree</u> <u>nor agree</u> <u>Agree</u>		<u>Strongly agree</u>
a. I really enjoy my present job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am certain I am making a difference in the lives of the children I work with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could start over, I would choose this again as my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask about your background, education experience, and credentials. The first questions are about your characteristics.

28. What is your gender? MARK ONE RESPONSE.

- Male
- Female

29. In what year were you born? WRITE IN YEAR BELOW.

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YEAR

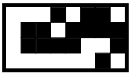
30. Are you Hispanic or Latino/Latina of any race? MARK ONE RESPONSE.

A person who is Hispanic or Latino/Latina is of Cuban, Dominican, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

- Yes
- No

31. Which best describes your race? MARK ALL THAT APPLY.

- American Indian or Alaska Native
- Native Asian
- Black or African American



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Native Hawaiian or Other Pacific

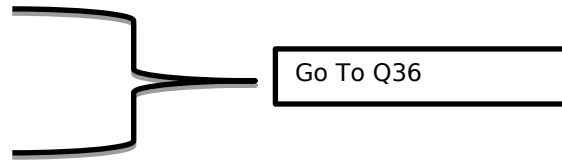
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**32. What is the highest level of education you have completed?** *MARK ONE RESPONSE.*

- Did not complete high school
- High school diploma or equivalent/GED
- Some college or technical or vocational school Associate's degree
- Bachelor's degree
- Master's degree



An advanced professional degree beyond a master's degree (for example, PhD, MD, Ed.D.)

**33a. What is the name of the college or university where you earned your highest degree?** *If not applicable, please go to Q34.*

COLLEGE OR UNIVERSITY

**33b. In what city and state is it located?** *(If outside the U.S., please note the country.)*

CITY

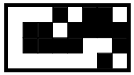
STATE

**34. If you have an associate's or bachelor's degree, what was your undergraduate major field(s) of study?**

*MARK ALL THAT APPLY.*

- Early childhood
- education Elementary
- education Special education
- Other education-related major (such as secondary education, educational psychology, education administration, music education, etc.)
- Non-education major (such as history, English, etc.)
- None of the above





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**35. If you have a graduate degree, what was the major field(s) of study of your highest level graduate degree?**

*MARK ALL THAT APPLY.*

- Early childhood
- education Elementary
- education Special
- education
- Other education-related major (such as secondary education, educational psychology, education administration, music education, etc.)
- Non-education major (such as history, English, etc.)
- None of the above

**36. Have you ever taken a college course in the following areas? MARK ALL THAT APPLY.**

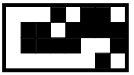
- Early childhood
- education Elementary
- education Special
- education
- English as a Second Language (ESL) or teaching English language learners (ELL)
- Child development
- Methods of teaching reading or language arts
- Methods of teaching mathematics
- Methods of teaching science
- Classroom management
- None of the above

**Now I have some questions about specific topics that may have been addressed in your coursework.**

**37. Did any of your college or graduate school courses address issues related to the following?**

*MARK ALL THAT APPLY.*

- Response to
- Intervention Early
-



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Intervening Services

None of the above

**IF THIS BOX IS CHECKED, GO TO Q39 ON PAGE 21. OTHERWISE, GO TO Q38 ON PAGE 21.**



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**38. The next few questions ask about your credentials. Which of the following certificate you currently hold in this state? MARK ONE RESPONSE.**

- Regular or standard state certificate or advanced professional certificate
- Certificate issued after satisfying all requirements except the completion of a probationary period
- Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained
- Certificate issued to persons who must complete a certification program in order to
- continue teaching I do not hold any of the above certifications in this state.

**39. The next few questions ask about your credentials. Which of the following credentials, licenses, or certificates do you have for working with children with disabilities? DO NOT INCLUDE ACADEMIC DEGREES, SUCH AS A BACHELOR'S DEGREE, MASTER'S DEGREE, OR PH.D. MARK ALL THAT APPLY.**

- Disability-specific credential
- Special education credential (for more than one disability
- category) Early childhood special education credential
- General education credential
- Speech-language pathology license or credential
- Other professional license, credential, or endorsement (Please specify):

Do not have a credential, license, or certificate

**IF THIS BOX IS CHECKED, PLEASE GO TO Q44 ON PAGE 21.**

**40. Which of the following best describes the type of educator preparation program you participated in while earning your current and initial certification? MARK ONE IN EACH COLUMN.**

	<u>Current certificati on</u>	<u>Initi al certification</u>
a.Traditional four-year program based at an institution of higher education	<input type="checkbox"/>	<input type="checkbox"/>
b. Alternative program based at an institution of higher education	<input type="checkbox"/>	<input type="checkbox"/>
c.Alternative program not based at an institution of higher education	<input type="checkbox"/>	<input type="checkbox"/>
d. Other preparation program	<input type="checkbox"/>	<input type="checkbox"/>



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**41. Have you taken the exam for National Board for Professional Teaching**

*MARK ONE RESPONSE.*

Yes

No  GO TO Q43

**42. What was the result of your National Board for Professional Teaching Standards exam?**

*MARK ONE RESPONSE.*

Awaiting test

results Passed

Have not yet passed

**The next few questions pertain to your years of experience.**

**43. Counting this school year, how many years have you worked in your current school, including part time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."**

||  Year(s)

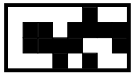
**44. Counting this school year, how many total years have you been working with children receiving special education or related services in any school, including years in which you worked part time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."**

||  Year(s)

**IF THIS BOX IS CHECKED, PLEASE GO TO Q47 ON PAGE 23**

**45. Counting this school year, how many total years have you been working with children in any school, including years in which you worked part time? This would include other assignments such as teaching in a regular classroom or otherwise providing services to children. WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."**

||  Year(s)



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**46. How long do you plan to continue to teach or provide related services? MARK ONE RESPONSE.**

- As long as I am able
- Until I am eligible for retirement benefits from this job
- Until I am eligible for retirement benefits from a
- previous job Until I am eligible for Social Security
- benefits
- Until a specific life event occurs (for example, parenthood,
- marriage) Until a more desirable job opportunity comes
- along
- Definitely plan to leave as soon as
- I can Undecided at this time

**47. Please fill in the boxes below with the date the survey was completed.**

||  ||    

2	0	2	2
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MONTH    DAY    YEAR

**Thank you very much for answering these questions and taking the time to participate in the Early Childhood Longitudinal Study.**