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 D-4

Spring Kindergarten Child-Level Teacher Paper Survey

National Center for Education Statistics

U.S. Department of Education

August 2021

Note: Some items in these surveys are copyright protected and as such are redacted in public review copies.

IES Institute of Education Sciences

United States Department of Education

Teacher Survey (Child-Level)

2022

Early Childhood Longitudinal Study

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Completing this survey will help us learn more about children and their experiences in different schools and classrooms.

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.
TQCSK-FT

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 16 minutes per child-level survey including the time to review 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 Kindergarten Teacher Survey (Child Level)
Fall 2022 - Form TQCSK-FT

INTRODUCTION

Dear Teacher,

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 this survey because one or more of the children in your class(es) are participants in this study. The child who is the subject of this survey is identified on the cover. This survey contains questions about this child's skills and abilities.

The ECLS collects information from teachers of children who are in the study to investigate the relationship between 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.

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.

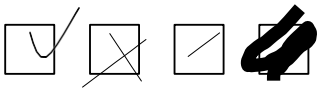
MARKING BOXES

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

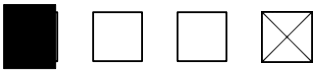
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

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 – Ø, 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

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SECTION 5: SOCIAL SKILLS AND APPROACHES-TO-LEARNING

E1. For this set of items, please think about this child's behavior during the past month or two. Decide how often the child demonstrates the behavior described.

MARK ONE RESPONSE ON EACH ROW.

Never → Child never exhibits this behavior.
Sometimes Often → Child exhibits this behavior occasionally or sometimes.
Very often → Child exhibits this behavior regularly but not all the time.
No → Child exhibits this behavior most of the time.
opportunity → No opportunity to observe this behavior.

	How Often?				
	Never	**Some-times**	**Often**	**Very often**	**No opportunity to observe**
a. [redacted]					
b. [redacted]	☐	☐	☐	☐	☐
c. [redacted]	☐	☐	☐	☐	☐
d. [redacted]	☐	☐	☐	☐	☐
e. [redacted]	☐	☐	☐	☐	☐
f. Keeps belongings organized.	☐	☐	☐	☐	☐
g. [redacted]	☐	☐	☐	☐	☐
h. Shows eagerness to learn new things.	☐	☐	☐	☐	☐
i. Works independently.	☐	☐	☐	☐	☐
j. [redacted]	☐	☐	☐	☐	☐
k. [redacted]	☐	☐	☐	☐	☐
l. Easily adapts to change in routines.	☐	☐	☐	☐	☐
m. [redacted]					
n. Persists in completing tasks.	☐	☐	☐	☐	☐
o. Pays attention well.					
p. Follows classroom rules.	☐	☐	☐	☐	☐
q. [redacted]					
r. [redacted]	☐	☐	☐	☐	☐
s. [redacted]					
t. [redacted]	☐	☐	☐	☐	☐
u. [redacted]					
v. [redacted]	☐	☐	☐	☐	☐

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Source: *Social Skills Rating System (SSRS)*. Copyright © 1990, NCS Pearson. Adapted with permission. All rights reserved; *Social Skills Improvement System (SSIS)*. Copyright © 2008, NCS Pearson. Adapted with permission. All rights reserved.

SECTION 6: CLASSROOM BEHAVIORAL REGULATION

F1. Now we would like you to think about this child's behavior with other children and adults in the classroom and his or her work with materials. Select the response that best indicates the frequency this child exhibits the behavior described. *MARK ONE RESPONSE ON EACH ROW.*

	Never	Rarely	Some-times	Frequently/ Usually	Always
a. Observes rules and follows directions without requiring repeated reminders.	☐	☐	☐	☐	☐
b. Completes learning tasks involving two or more steps (for example, cutting and pasting) in organized way.	☐	☐	☐	☐	☐
c. Completes tasks successfully.	☐	☐	☐	☐	☐
d. Attempts new challenging tasks.	☐	☐	☐	☐	☐
e. Concentrates when working on a task; is not easily distracted by surrounding activities.	☐	☐	☐	☐	☐
f. Responds to instruction and then begins an appropriate task without being reminded.	☐	☐	☐	☐	☐
g. Takes time to do his or her best on a task.	☐	☐	☐	☐	☐
h. Finds and organizes materials and works in an appropriate place when activities are initiated.	☐	☐	☐	☐	☐
i. Sees own errors in a task and corrects them.	☐	☐	☐	☐	☐
j. Returns to unfinished tasks after interruption.	☐	☐	☐	☐	☐

Source: Bronson, M. B., Goodson, B. D., Layzer, J. I., and Love, J. (1990). *Child Behavior Rating Scale.* Cambridge, MA: Abt Associates. Adapted and used with permission.

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SECTION 7: CLASSROOM BEHAVIORS

G1. For this set of items, please read each statement and decide whether it is a "true" or "untrue" description of this child's reaction to a number of situations within the past six months. If you cannot answer one of the items because you have never seen this child in that situation, then select "not applicable." *MARK ONE RESPONSE ON EACH ROW.*

	Extremely untrue	Quite untrue	Slightly untrue	Neither true nor untrue	Slightly true	Quite true	Extremely true	Not applicable
a. When practicing an activity, has a hard time keeping her/his mind on it.	☐	☐	☐	☐	☐	☐	☐	☐
b. Will move from one task to another without completing any of them.	☐	☐	☐	☐	☐	☐	☐	☐
c. When drawing or coloring in a book, shows strong concentration.	☐	☐	☐	☐	☐	☐	☐	☐
d. When building or putting something together, becomes very involved in what s/he is doing, and works for long periods.	☐	☐	☐	☐	☐	☐	☐	☐
e. Is easily distracted when listening to a story.	☐	☐	☐	☐	☐	☐	☐	☐
f. Sometimes becomes absorbed in a picture book and looks at it for a long time.	☐	☐	☐	☐	☐	☐	☐	☐
g. Can wait before entering into new activities if s/he is asked to.	☐	☐	☐	☐	☐	☐	☐	☐
h. Plans for new activities or changes in routine to make sure s/he has what will be needed.	☐	☐	☐	☐	☐	☐	☐	☐
i. Has trouble sitting still when s/he is told to (story time, etc.).	☐	☐	☐	☐	☐	☐	☐	☐
j. Is good at following instructions.	☐	☐	☐	☐	☐	☐	☐	☐
k. Approaches places that s/he thinks might be "risky" slowly and cautiously.	☐	☐	☐	☐	☐	☐	☐	☐
l. Can easily stop an activity when s/he is told "no."	☐	☐	☐	☐	☐	☐	☐	☐

Source: Putnam, S. P., & Rothbart, M. K. (2006). Development of Short and Very Short forms of the Children's Behavior Questionnaire. *Journal of Personality Assessment*, 87(1): 103-113. Used with permission.

SECTION 8: STUDENT-TEACHER RELATIONSHIP

H1. Now we would like to ask about your relationship with this child. Below is a series of statements about your relationship with him or her. For each statement, please select the category that most applies to your relationship with this child. *MARK ONE RESPONSE ON EACH ROW.*

	Definitely does not apply	Not really	Neutral, not sure	Applies sometimes	Definitely applies
a. X xxxxx xx xxxxxxxxxxxx, xxxx xxxxxxxxxxxx xxxx xxxx xxxxx.	☐	☐	☐	☐	☐
b. [redacted]	☐	☐	☐	☐	☐
c. Xx xxxxx, xxxx xxxxx xxxx xxxx xxxxxxx xxxx xx.	☐	☐	☐	☐	☐
d. [redacted]	☐	☐	☐	☐	☐
e. Xxxx xxxxx xxxxxx xxx/xxx xxxxxxxxxxxx xxxx xx.	☐	☐	☐	☐	☐
f.Xxxx X xxxxxx xxxx xxxxx, xx/xxx xxxxx xxxx xxxxx.	☐	☐	☐	☐	☐
g. Xxxx xxxxx xxxxxxxxxxxxx xxxxxx xxxxxxxxxxx xxxxx xxxxxxx/xxxxxxx.	☐	☐	☐	☐	☐
h. Xxxx xxxxx xxxxxx xxxxxxx xxxxx xx xx.	☐	☐	☐	☐	☐
i.Xx xx xxxx xx xx xx xxxx xxxx xxxx xxxx xxxxx xx xxxxxxx.	☐	☐	☐	☐	☐
j. [redacted]	☐	☐	☐	☐	☐
k. Xxxxxxx xxxx xxxx xxxxx xxxxxx xx xxxxxx.	☐	☐	☐	☐	☐
l. [redacted]	☐	☐	☐	☐	☐
m. Xxxx xxxxx'x xxxxxxxx xxxxxxx xx xxx xx xxxxxxxxxxxxx xx xxx xxxxxx xxxxxxxx.	☐	☐	☐	☐	☐
n. [redacted]	☐	☐	☐	☐	☐
o. Xxxx xxxxx xxxxxx xxxxxx xxx/xxx xxxxxxxx xxx xxxxxxxxxxx xxxx xx.	☐	☐	☐	☐	☐

Source: Pianta, R. C., & Stuhlman, M. W. (2004). Teacher-child relationships and children's success in the first years of school. *School Psychology Review*, *33*(3), 444-458. Used with permission.

SECTION 9: SCHOOL LIKING AND AVOIDANCE

I1. For the items below, please indicate how often each of these items applies to this child.

MARK ONE RESPONSE ON EACH ROW.

	Doesn't apply Seldom displays this behavior	**Sometimes applies** Occasionally displays this behavior	**Certainly applies** Often displays this behavior
a. Likes to come to school.	☐	☐	☐
b. Dislikes school.	☐	☐	☐
c. Has fun at school.	☐	☐	☐
d. Likes being in school.	☐	☐	☐
e. Seems unhappy in school.	☐	☐	☐
f. Enjoys most classroom activities.	☐	☐	☐
g. Groans or complains about suggested activities.	☐	☐	☐

Source: *School Liking and Avoidance Questionnaire*. Adapted from Ladd and Price, 1987, and Ladd, 1990. Used with permission.

SECTION 11: PEER RELATIONSHIPS

K1. Please indicate how often each of these items applies to this child, particularly in the context of his or her behavior with peers. *MARK ONE RESPONSE ON EACH ROW.*

	Doesn't apply Seldom displays this behavior	**Sometimes applies** Occasionally displays this behavior	**Certainly applies** Often displays this behavior
a. Xxxxx xxxxxxxxx xxxx xxxxx xxxxxxxx xxx xxxxxxxxxx.	☐	☐	☐
b. Xx xxx xxxxxx xx xxxxxxxx xx xxxxx.	☐	☐	☐
c. Xxxxx xxxxx xxxx xxxxx.	☐	☐	☐
d. Xx xxxx xxxxxx xxxxx.	☐	☐	☐
e. Xx xxxxxxxx xxxx xxxxx' xxxxxxxxxx.	☐	☐	☐
f.Xx xxxxxxxxxxx xxxx xxxxx.	☐	☐	☐
g. Xxxxx xxxxxxx xxx xxxxx xxxxxx (xxx xxxxxxx, xxxxxxxx, xxxxxxx xx xxxxxx).	☐	☐	☐
h. Xx xxxxxxx xx xxxxx.	☐	☐	☐
i.Xxxxxx xxxx xx xxxxxxx xxxx xxxxx xxxxxxxx xxx xxxxx.	☐	☐	☐

Source: Adapted from the *Child Behavior Scale* © 2010 Gary W. Ladd. Used with permission.

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SECTION 12: STUDENT INFORMATION

L1. In which grade is this child enrolled? *MARK ONE RESPONSE.*

Kindergarten includes regular kindergarten, transitional (or readiness) kindergarten, transitional first (or pre-first) grade, or a program that is a kindergarten equivalent but is ungraded or has multiple grades.

- *A transitional kindergarten (TK) program is an extra year of school before kindergarten starts. It is different from preschool, Head Start, and prekindergarten.*
- *Transitional first (or pre-first grade) is a school program between kindergarten and the first grade. It is for children who have attended kindergarten, but need more time to be ready for the first grade.*

☐ Kindergarten (Full-day program)

☐ Kindergarten (Part-day program)

☐ First grade or higher → GO TO Q L3

☐ This is an ungraded classroom → GO TO Q L3

L2. Is the 2022-23 school year this child's...? *MARK ONE RESPONSE.*

Kindergarten includes regular kindergarten, transitional (or readiness) kindergarten, transitional first (or pre-first) grade, or a program that is a kindergarten equivalent but is ungraded or has multiple grades.

- *A transitional kindergarten (TK) program is an extra year of school before kindergarten starts. It is different from preschool, Head Start, and prekindergarten.*
- *Transitional first (or pre-first grade) is a school program between kindergarten and the first grade. It is for children who have attended kindergarten, but need more time to be ready for the first grade.*

☐ First year in kindergarten

☐ Second year in kindergarten

☐ Third year or more in kindergarten

L3. How long has this child been in your classroom this school year? *MARK ONE RESPONSE.*

☐ Entire school year

☐ More than one semester but less than the entire school year

☐ More than one quarter but less than one semester

☐ Less than one quarter of the school year

L4. How often does this child wear eye glasses or contact lenses in the classroom? *MARK ONE RESPONSE.*

- ☐ Never
- ☐ Seldom
- ☐ Usually
- ☐ Always

L5. Please indicate the total number of times this child has been absent from your class during the current school year? *MARK ONE RESPONSE.*

- ☐ No absences
- ☐ 1 to 4 absences
- ☐ 5 to 7 absences
- ☐ 8 to 10 absences
- ☐ 11 to 19 absences
- ☐ 20 or more absences

L6. Has this child ever fallen 2 or more weeks behind in school work this year? *MARK ONE RESPONSE.*

- ☐ Yes
- ☐ No → GO TO Q L8 ON PAGE 9
- ☐ Not applicable (child has been enrolled in your class less than 2 weeks) → GO TO Q L8 ON PAGE 9

L7. Why has this child fallen behind in school work? *MARK ALL THAT APPLY.*

- ☐ A health problem
- ☐ A disciplinary
- ☐ problem Lack of
- ☐ effort Disorganized
- ☐ Lacks prerequisite
- ☐ skills Frequent
- ☐ absences Emotional
- ☐ problems Family
- ☐ problems
- ☐ Some other reason (Please specify):

L8. As of today's date, how many times have you referred this child outside of the classroom for discipline as a result of misbehavior? *WRITE A NUMBER IN THE BOX BELOW. IF THE ANSWER IS ZERO, WRITE "0."*

Number of times ☐☐☐☐

L9. During this school year, has this child received instruction in the following types of programs in your school? *MARK ALL THAT APPLY.*

Gifted and talented programs include enrichment and accelerated programs.

- ☐ Individual tutoring remedial program in
- ☐ reading/language arts Individual tutoring remedial
- ☐ program in mathematics

Pull-out (that is, out of classroom) small group remedial program in

- ☐ reading/language arts Pull-out (that is, out of classroom) small group remedial
- ☐ program in mathematics

Gifted and talented program in

- ☐ reading/language arts Gifted and talented
- ☐ program in mathematics
- ☐ None of the above

L10. During this school year, has this child received instruction and/or related services <u>in your school</u> at any of the following times <u>outside of the regular school day</u>? *MARK ONE RESPONSE ON EACH ROW.*

	<u>Yes</u>	**<u>No</u>**	**<u>Not offered</u>**	**<u>Don't know</u>**
a. Instruction or services before school	☐	☐	☐	☐
b. Instruction or services after school	☐	☐	☐	☐
c. Instruction or services on weekends	☐	☐	☐	☐

L11. Is English this child's native language? *MARK ONE RESPONSE.*

- ☐ Yes → GO TO Q L17 on page 12
- ☐ No
- ☐ Don't know

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L12. Does this child participate in an instructional program designed to teach English language skills to children with limited English proficiency? *MARK ONE RESPONSE.*

☐ Yes

☐ No → GO TO Q L17 on page 12

Please read the following examples and definitions for help in answering question L13.

Literacy in two languages:

- A two-way immersion program or two-way bilingual program
- Developmental bilingual program, late exit transitional program, or maintenance bilingual program Transitional program, early exit bilingual program, or early exit transitional program
  Heritage language program or indigenous language program

Literacy solely in English:

- A sheltered English instruction or content-based English as a Second Language (ESL)
- program Structured English Immersion (SEI)
- Pull-out English as a Second Language (ESL) or English Language
  Development (ELD) Push-in ESL program

L13. Would you say the specialized language instruction this child receives is primarily a/an...? *MARK ONE RESPONSE.*

☐ Program that focuses on developing student's literacy in two languages Program that focuses on developing student's literacy solely in English

☐ Other program (Please specify):

☐ No specialized language program is provided to this child → GO TO Q L16 on page12

L14. How often does this child usually receive specialized language instruction of the following program types?

MARK ONE RESPONSE ON EACH ROW.

	Not applicable/ Never	Less than once a week	1 day a week	2 days a week	3 days a week	4 days a week	5 days a week or more

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a. Program that focuses on developing student's literacy in two languages	☐	☐	☐	☐	☐	☐	☐
b. Program that focuses on developing student's literacy	☐	☐	☐	☐	☐	☐	☐
c. Other program solely in English	☐	☐	☐	☐	☐	☐	☐

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L15. On the days when this child receives specialized language instruction, for how much time does he or she receive instruction for the following program types? *MARK ONE RESPONSE ON EACH ROW.*

	Not applicable/ Never	Less than ½ hour	½ hour to less than 1 hour	1 to less than 1½ hours	1½ to less than 2 hours	2 to less than 2½ hours	2½ to less than 3 hours	3 hours or more
a. Program that focuses on developing student's literacy in two languages	☐	☐	☐	☐	☐	☐	☐	☐
b. Program that focuses on developing student's literacy solely in English	☐	☐	☐	☐	☐	☐	☐	☐
c. Other program	☐	☐	☐	☐	☐	☐	☐	☐

L16. During this school year, how often is this child's <u>academic instruction</u> provided in his or her native language? *MARK ONE RESPONSE.*

- ☐ None of the time
- ☐ Less than half of the time
- ☐ Half of the time
- ☐ More than half of the time
- ☐ Almost all the time

Please refer to the following definitions for help in answering the next two questions.

Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP or an IFSP.

Individual Family Service Place (IFSP): A plan developed to support children and families involved in early intervention (birth to age 3).

504 Plan: A written plan to provide appropriate services to a child with a disability, whether or not the disability is judged to affect the child's educational performance. Speech therapy services may often be specified as part of a Section 504 plan.

L17. Does this child have an IEP/IFSP? *MARK ONE RESPONSE.*

- ☐ Yes
- ☐ No

L18. Does this child have a 504 plan? *MARK ONE RESPONSE.*

- ☐ Ye
- ☐ s
- No

L19. Does this child receive instruction in any of the following types of programs in your school? *MARK ALL THAT APPLY.*

- ☐ Speech-Language therapy for children with speech or language disorders/impairments
- ☐ Special education services, not including speech therapy, whether provided in the classroom or in a pull-out setting
- ☐ None of the above

L20. During this school year, has this child received the following support services from your school (for example, from a school psychologist, guidance counselor, or other personnel responsible for providing other related services, including itinerant personnel)? *MARK ALL THAT APPLY.*

- ☐ Social work services
- ☐ Mental health services (for example, personal/group counseling, therapy, or
- ☐ psychiatric care) Behavior management program
- ☐ Service coordination/case management
- ☐ services Training/counseling for their family
- ☐ and/or caregivers
- ☐ None of the above
- ☐ Other (Please specify):

L21. Does this child receive special accommodations (for example, for a disability or limited English proficiency) to participate in the school's testing or assessment program? *MARK ONE RESPONSE.*

- ☐ Ye
- ☐ s
- ☐ No
- Don't know
- ☐ Child does not participate in the school's testing or assessment
- ☐

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program There is no testing or assessment program at this grade level

L22. During <u>structured</u> play time, how does this child compare with other children in the class in terms of physical activity? *MARK ONE RESPONSE.*

- ☐ A lot less active than
- ☐ most A little less active
- ☐ than most About the
- ☐ same as most
- ☐ A little more active than
- ☐ most A lot more active
- than most

L23. During <u>unstructured</u> play time, how does this child compare with other children in the class in terms of physical activity? *MARK ONE RESPONSE.*

- ☐ A lot less active than
- ☐ most A little less active
- ☐ than most About the
- ☐ same as most
- ☐ A little more active than
- ☐ most A lot more active
- than most

L24. Overall, how would you rate this child's academic skills in each of the following areas, based on curriculum standards for his/her current grade level? *MARK ONE RESPONSE ON EACH ROW.*

	Below grade level	**About on grade level**	**Above grade level**
a. Reading	☐	☐	☐
b. Writing	☐	☐	☐
c. Oral language	☐	☐	☐
d. Math	☐	☐	☐
e. Science	☐	☐	☐
f. Social studies	☐	☐	☐

L25. How many instructional groups based on achievement or ability levels in <u>reading</u> do you currently have in this child's class? *MARK ONE RESPONSE.*

- ☐ I do not use instructional groups for reading → GO TO Q L27
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five or more

L26. In which reading instructional group is this child currently placed. *PLEASE USE "1" FOR THE HIGHEST INSTRUCTIONAL GROUP. WRITE IN THE NUMBER OF THE CHILD'S INSTRUCTIONAL GROUP IN THE BOX BELOW.*

☐ Instruction Group

L27. How many instructional groups based on achievement or ability levels in <u>mathematics</u> do you currently have in this child's class? *MARK ONE RESPONSE.*

- ☐ I do not use instructional groups for mathematics → GO TO Q L29 on page 16
- ☐ Two
- ☐ Three
- ☐ Four
- ☐ Five or more

L28. In which mathematics instructional group is this child currently placed. *PLEASE USE "1" FOR THE HIGHEST INSTRUCTIONAL GROUP. WRITE IN THE NUMBER OF THE CHILD'S INSTRUCTIONAL GROUP IN THE BOX BELOW.*

☐ Instruction Group

L29. During this school year, have this child's parents/guardians participated in the following activities?

MARK ONE RESPONSE ON EACH ROW.

	Yes	No	Not applicable/ Not offered
a. Attended regularly-scheduled conferences at your school	☐	☐	☐
b. Attended parent/teacher informal meetings that you initiated to talk about the child's progress	☐	☐	☐
c. Returned your telephone calls or emails	☐	☐	☐
d. Initiated contact with you	☐	☐	☐
e. Volunteered to help in your classroom or school	☐	☐	☐

L30. How involved at the school would you say this child's parents/guardians are?

MARK ONE RESPONSE.

☐ Not involved at all
☐ Somewhat involved
☐ Very involved
☐ Overly involved
☐ Don't know

L31. During this school year, besides regular teacher conferences, have you communicated with this child's parents/guardians for any of the following purposes? *MARK ALL THAT APPLY.*

☐ Behavior problems the child was having in school
☐ Any problems the child was having with school work
☐ Anything the child was doing particularly well in or better in at school
☐ None of the above

39691

L32. Are you this child's primary teacher in the following subject areas? *MARK ALL THAT APPLY*.

A primary teacher is the teacher who is responsible for all learning in that subject area. The primary teacher writes all lesson plans and handles all activities and assessments in the subject area. If you co-teach a subject area with another teacher but think you could report about this child, please report that you are his/her primary teacher for that subject area.

- ☐ Reading/Language
- ☐ Arts Mathematics
- ☐ Science
- ☐ Social Studies

L33. Please fill in the boxes below with the date the survey was completed.

MONTH	DAY	YEAR
		2022

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