

**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.25**

**Attachment C-2  
Fall Kindergarten Teacher-Level  
Teacher Paper Survey**

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

**August 2021  
revised May 2022**





**Early Childhood Longitudinal Study  
General Education Teacher Survey (Teacher Level)  
Fall 2022 – Form TQAFK-FT**

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 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.

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.

Please record your answers directly on the survey by writing your responses in the space provided. Your best estimates are acceptable answers.

Many of the questions ask that you respond separately for each kindergarten class that you teach – half-day morning and/or afternoon or full-day.

-Report on **half-day morning and half-day afternoon classes** separately, in the appropriate columns.

-If you teach a **full-day class** (the same children are with you for the full day), please record your answers in only the full-day class column; do not report on the morning and afternoon sessions of the class separately.

-If you teach a class with a **day care** component, please report only the instructional portion of the class, in the appropriate class column. For example, if the instructional portion of the class is held in the morning, and the day care portion in the afternoon, record your answers in the morning class section.

-If you teach the same subject to multiple classes throughout the day, please provide answers for your primary class or homeroom.

**DEFINITIONS RELATED TO LANGUAGE**

Reference is made to English language learner (ELL) students, as well as to English as a Second Language (ESL), bilingual, and dual-language programs in this survey. For this study, the following definitions apply:

English language learner (ELL): A student whose native language is other than English and whose skills in listening to, speaking, reading, or writing English are such that he/she derives little benefit from school instruction in English.

English as a Second Language (ESL) program: An instructional program designed to teach listening, speaking, reading, and writing English language skills to students with limited proficiency in English.

Bilingual education program: A program in which native language is used to varying degrees in instructing students with limited proficiency in English.

Dual language program: Also known as two-way immersion, the goal of these programs is for students to develop language proficiency in two languages by receiving instruction in English and another language in a classroom that is usually composed of half native English speakers and half native speakers of the other language.

**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.

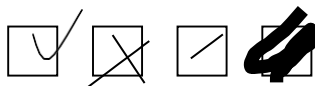
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

### Correct Mark:



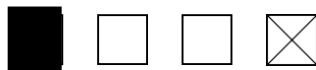
### Incorrect Marks:

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
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## SECTION A. CLASSROOM AND STUDENT CHARACTERISTICS

**A1. The first several questions pertain to your roles and responsibilities as a teacher. Which of the following describes the kindergarten class or classes you currently teach? MARK ALL THAT APPLY.**

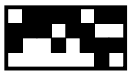
- Full-day
- Morning half-day class
- Afternoon half-day class
- One class, some children stay for a full-day, some for a half-day

**A2. How many hours per day do your kindergarten classes or sessions listed in A1 normally meet? THIS AMOUNT SHOULD INCLUDE WHEN YOU ARE MEETING IN PERSON OR THROUGH A REMOTE CLASSROOM. WRITE THE NUMBER TO THE NEAREST HALF HOUR, FOR EXAMPLE, 2.5, 3.5... IF THERE ARE NO CHILDREN IN A CLASS OR SESSION, WRITE "0." A FULL-DAY CLASS IS DEFINED BY ALL OR SOME CHILDREN IN THE CLASS STAYING FOR A FULL-DAY. THUS, A CLASS IN WHICH ALL CHILDREN STAY FOR A FULL-DAY, OR A CLASS IN WHICH SOME CHILDREN STAY FOR A FULL-DAY AND OTHERS FOR A HALF-DAY, WOULD BE DEFINED AS A FULL-DAY CLASS.**

Hours per day		
Full-day	Morning class	Afternoon class
<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

**A3. How many days per week do your kindergarten classes or sessions listed in A1 normally meet? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN IN A CLASS OR SESSION, WRITE "0."**

Days per week		
Full-day	Morning class	Afternoon class
<input type="text"/>	<input type="text"/>	<input type="text"/>



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**A4. What type of program(s) do you teach in your classes or sessions?**

MARK ONE PROGRAM TYPE FOR EACH CLASS YOU TEACH.

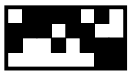
	<u>Full-day</u>	<u>Morning class</u>	<u>Afternoon class</u>
a. <b>Regular 1-year kindergarten program</b> (traditional year of school primarily for 5-year-olds prior to first grade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. First year of a <b>2-year kindergarten program</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Second year of a <b>2-year kindergarten program</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Transitional kindergarten program</b> (extra year of school for children who are too young to start kindergarten or need more time to be ready for kindergarten)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Transitional/pre-first grade program</b> (extra year of school for children who have attended kindergarten but have been judged not ready for first grade)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Ungraded program</b> with at least some kindergarten-aged students (a classroom containing kindergarten-aged students, possibly in combination with other ages, not formally identified as a "kindergarten" class)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>Multigrade program</b> with at least some kindergarten-aged children (a classroom containing kindergarten and some combination of other grades – for example a combination of pre-kindergarten/kindergarten)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <b>Special education class</b> (a classroom containing primarily children with disabilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A5. Do you currently teach a multigrade class? MARK ONE RESPONSE.**

Yes

No → **GO TO A7 on page 3**





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**A6. What grade levels are included in your classes or sessions? MARK ALL THAT APPLY.**

	<u>Full-day</u>	<u>Morning class</u>	<u>Afternoon class</u>
a. Pre-kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Transitional kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regular kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transitional/pre-first grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. First grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Second grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Third grade or higher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A7. As of today's date, how many children that you teach in your classes or sessions are the following ages? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR AGE, WRITE "0."**

	<u>Full-day</u>	<u>Morning class</u>	<u>Afternoon class</u>
a. 3 years old	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. 4 years old	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. 5 years old	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d. 6 years old	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e. 7 years old	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
f. 8 years old	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
g. 9 years old or older	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
h. <b>Total class enrollment (sum of a through g)</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>



**A8. As of today's date, how many of the students you teach in your classes or sessions are members of the following groups? PLEASE COUNT EACH STUDENT ONLY ONCE. HISPANIC STUDENTS SHOULD ONLY BE COUNTED IN THE HISPANIC OR LATINO/LATINA CATEGORY REGARDLESS OF RACE. WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR RACE OR ETHNICITY, WRITE "0."**

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

**A9. As of today's date, how many boys and girls are there in your classes or sessions? WRITE NUMBER IN BOX.**

	<u>Full-day</u>	<u>Morning class</u>	<u>Afternoon class</u>
a. Number of boys	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Number of girls	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. <b>Total class enrollment (sum of a and b)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**A10. How many of the children in your classes or sessions are repeating kindergarten this year?**

WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN REPEATING KINDERGARTEN, WRITE "0." IN YOUR COUNT, INCLUDE CHILDREN WHO PARTICIPATED IN ANY TYPE OF KINDERGARTEN LAST YEAR AND ARE NOW IN ANY TYPE OF KINDERGARTEN THIS YEAR.

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

Number of children		
Full-day	Morning class	Afternoon class
<input type="text"/>	<input type="text"/>	<input type="text"/>

**A11. As of today's date, how many children with the following characteristics in each of your classes have been identified for an IEP? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR GROUP, WRITE "0."**

An IEP is 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.

	Full-day	Morning class	Afternoon class
a. Boys	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Girls	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. English language learners (ELL)	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Hispanic or Latino/Latina of any race	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. American Indian or Alaska Native, non-Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Asian, non-Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Black or African American, non-Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Native Hawaiian or Other Pacific Islander, non-Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. White, non-Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Two or more races, non-Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>



**A12. During this school year, approximately how many of all the students that you teach have experienced housing insecurity or homelessness? WRITE IN NUMBER OR PERCENTAGE BELOW. IF NO STUDENTS EXPERIENCED THIS, WRITE "0."**

*Homelessness: Lacking a fixed, regular, and adequate nighttime residence, including but not limited to sleeping in a shelter designated for temporary living accommodations or in places not designated for human habitation.*

*Housing Insecurity: Having a place to live is uncertain because of high housing costs, low housing quality, neighborhood problems, or overcrowding. It may or may not include homelessness.*

Number of students

Percentage of students

Don't know

**A13. What proportion of the children in your classes demonstrated the following skills when they started school this year? MARK ONE FOR EACH CLASS YOU TEACH.**

**a. Name all upper and lower case letters**  
MARK ONE FOR EACH CLASS YOU TEACH.

	Full-day	Morning class	Afternoon class
a. Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About $\frac{1}{2}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. About $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. More than $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. Read sight words**  
MARK ONE FOR EACH CLASS YOU TEACH.

	Full-day	Morning class	Afternoon class
a. Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About $\frac{1}{2}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. About $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. More than $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c. Uses morphemes to decode new words***MARK ONE FOR EACH CLASS YOU TEACH.*

	Full-day	Morning class	Afternoon class
a. Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About $\frac{1}{2}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. About $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. More than $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**d. Uses morphemes to figure out meanings of new words***MARK ONE FOR EACH CLASS YOU TEACH.*

	Full-day	Morning class	Afternoon class
a. Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About $\frac{1}{2}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. About $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. More than $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**e. Recognize numbers to 20***MARK ONE FOR EACH CLASS YOU TEACH.*

	Full-day	Morning class	Afternoon class
a. Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About $\frac{1}{2}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. About $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. More than $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**f. Counting forward from a given number other than 1***MARK ONE FOR EACH CLASS YOU TEACH.*

	Full-day	Morning class	Afternoon class
a. Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About $\frac{1}{2}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. About $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. More than $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**g. Write numbers to 20***MARK ONE FOR EACH CLASS YOU TEACH.*

	Full-day	Morning class	Afternoon class
a. Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About $\frac{1}{2}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. About $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. More than $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**h. Add or subtract two single digit numbers***MARK ONE FOR EACH CLASS YOU TEACH.*

	Full-day	Morning class	Afternoon class
a. Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About $\frac{1}{2}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. About $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. More than $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**A14. The next group of questions ask about classroom practices. In a typical day, how much time does a child in your class spend in the following activities? DO NOT INCLUDE LUNCH OR RECESS BREAKS. MARK ONE RESPONSE ON EACH ROW.**

	No time	Half hour or less	About one hour	About two hours	About three hours	Four hours or more
a. Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Working on individual tasks under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working with peers under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Working in small groups with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teacher lecture with large group and/or large group discussion led by teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A15. How often do you provide explicit instruction in morphological awareness to help students find meaningful units in words (for example, prefixes, suffixes, and base words). MARK ONE RESPONSE.**

- Never
- Less than half the time
- About half the time
- More than half the time
- All the time

**A16. Do you implement any of the following technology use practices 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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**A17. Which of the following best describes the mode of instruction that you use in your classes?**  
*MARK ONE RESPONSE.*

- In-person instruction only
  - Web-based instruction only
  - Blended instruction  
(In blended instruction, students are taught with online educational materials in addition to traditional face-to-face teaching.)
- } → **GO TO A19**
- **GO TO A18**

**A18. During this school year, approximately what percentage of the blended instruction that you provide is in-person?** *WRITE IN PERCENTAGE BELOW. IF NONE, WRITE "0."*  
*In blended instruction, students are taught with online educational materials in addition to traditional face-to-face teaching.*

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Percentage

**A19. In some schools, special efforts are made to make the transition into kindergarten less difficult for children. Are any of the following done in your school?** *MARK ALL THAT APPLY.*

- I (or someone at the school) phone or send home information about kindergarten program to parents.
- Preschoolers spend some time in the kindergarten classroom.
- The school days are shortened at the beginning of the school year.
- Parents and children visit kindergarten prior to the start of the school year.
- I (or another teacher) visit the homes of the children at the beginning of the school year.
- Parents come to the school for orientation prior to the start of the school year.
- Staggered school entry where kindergartners start the school year in smaller groups before meeting with the full class.
- None of the above





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**A20. Many schools have PTAs/PTOs that help provide additional support to their school. Which of the following are supported by funds raised by your PTA/PTO? PLEASE INCLUDE PROGRAMS RUN BY THE SCHOOL AND THOSE RUN BY OUTSIDE GROUPS. MARK ALL THAT APPLY.**

*PTA/PTO/Parent-Teacher-Student Organization: The PTA is the Parent Teacher Association and is usually associated with the state or national PTA. A PTO is a Parent-Teacher Organization that is independent from a state or national organization. A Parent-Teacher-Student Organization involves parents, teachers, and school staff to facilitate family involvement.*

- Books for your class library
- Technology for classroom (Smart Boards, Chromebooks, tablets, apps, etc.)
- Basic classroom supplies (paper, pencils, crayons, etc.)
- Classroom arts supplies (for musical, visual, dance, and dramatic arts activities)
- Field trips
- Enrichment programs (for example, STEM programs, arts programs, literacy programs, cooking programs)
- PTA/PTO does not provide funds to support my classroom
- Our school does not have a PTA/PTO
- Other (Please specify):

**A21. How often does disruptive student behavior interfere with your instruction in your classes or sessions? MARK ALL THAT APPLY.**

	<u>Full-day</u>	<u>Morning class</u>	<u>Afternoon class</u>
a. Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Seldom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Usually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Always	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**A22. How much time per day would you estimate that you spend handling disruptive student behavior? MARK ONE RESPONSE.**

- Less than ½ hour
- ½ hour to less than 1 hour
- 1 to less than 1 ½ hours
- 1 ½ to less than 2 hours
- 2 to less than 2 ½ hours
- 2 ½ to less than 3 hours
- 3 hours or more

**A23. To what extent do you agree that the following behavioral support practices are characteristic of your teaching in your classes? MARK ONE RESPONSE ON EACH ROW.**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
a. Classroom 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 of 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"/>



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**A24. To what extent do you agree that you teach the following social and emotional competencies in your classes? MARK ONE RESPONSE ON EACH ROW.**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
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 meaningful relationships)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Responsible decision making (teaching students to identify problems and analyze problems, understand consequences, and take responsibility for their decisions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A25. How strongly do you agree or disagree that you utilize the following practices in your classes? MARK ONE RESPONSE ON EACH ROW.**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
a. Display pictures, posters, artwork and other décor that reflect the cultures and ethnic backgrounds of each student in your class	<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 in your classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**A26. The next series of questions asks about the use of different languages in your classroom by teachers and other adults. Are any languages other than English used by teachers, aides, or other adults in your classes or sessions? MARK ONE RESPONSE.**

Yes

No → **GO TO A29 on page 17**

**A27. How often is a non-English language used by teachers, aides, or other adults in your classes or sessions in the following ways? MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.**

**a. For academic instruction in reading/literacy**

*MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.*

	Full-day	Morning class	Afternoon class
a. Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. For academic instruction in mathematics**

*MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.*

	Full-day	Morning class	Afternoon class
a. Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- c. For academic instruction in other subjects**  
*MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.*

	Full-day	Morning class	Afternoon class
a. Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- d. For instructional support (for example, explaining directions, etc.)**  
*MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.*

	Full-day	Morning class	Afternoon class
a. Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- e. For controlling and directing student behavior (classroom management)**  
*MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.*

	Full-day	Morning class	Afternoon class
a. Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**f. For conversation**

MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.

	Full-day	Morning class	Afternoon class
a. Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A28. What languages are used for academic instruction in your classes or sessions?**

MARK ALL THAT APPLY.

	Full-day	Morning class	Afternoon class
a. English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A European language other than Spanish such as French, German, or Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A Chinese language or dialect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A Filipino language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A Southeast Asian language such as Vietnamese, Thai, or Khmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A South Asian language such as Hindi or Tamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Another Asian language such as Japanese or Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. A Middle Eastern language such as Arabic or Farsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. An African language such as Swahili or Amharic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other language(s) (Please specify):	<input style="width: 100%; height: 20px;" type="text"/>		



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**A29. Now please think about all of the books and other written materials in your classroom. In which languages other than English are these written? IF YOU TEACH MORE THAN ONE CLASS, CONSIDER ALL YOUR CLASSES. MARK ALL THAT APPLY.**

	<u>Full-day</u>	<u>Morning class</u>	<u>Afternoon class</u>
a. None other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A European language other than Spanish such as French, German, or Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A Chinese language or dialect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A Filipino language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A Southeast Asian language such as Vietnamese, Thai, or Khmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A South Asian language such as Hindi or Tamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Another Asian language such as Japanese or Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. A Middle Eastern language such as Arabic or Farsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. An African language such as Swahili or Amharic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other language(s) (Please specify):	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>		

**A30. Do any of the children in your classes or sessions speak a language other than English (aside from native English speakers who are learning a foreign language)? PLEASE INCLUDE ALL CHILDREN WHO SPEAK A NON-ENGLISH LANGUAGE, INCLUDING THOSE WHO SPEAK ENGLISH WELL. MARK ONE RESPONSE.**

Yes

No → **GO TO A32 on page 18**



**A31. Which languages other than English are spoken by one or more children in your classes or sessions? MARK ALL THAT APPLY.**

	Full-day	Morning class	Afternoon class
a. Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A European language other than Spanish such as French, German, or Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A Chinese language or dialect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A Filipino language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A Southeast Asian language such as Vietnamese, Thai, or Khmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A South Asian language such as Hindi or Tamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Another Asian language such as Japanese or Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A Middle Eastern language such as Arabic or Farsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. An African language such as Swahili or Amharic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other language(s) (Please specify):	<div style="border: 1px solid black; height: 25px; width: 100%;"></div>		

**A32. Do you have any students who are English language learners (ELL) in your classes or sessions? MARK ONE RESPONSE.**

*English language learners are children whose native language is other than English and whose skills in listening to, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.*

Yes

No → **GO TO B1 on page 21**

**A33. How many English language learners (ELL) do you have in your classes or sessions?**

*WRITE NUMBER IN BOXES BELOW.*

Number of children		
Full-day	Morning class	Afternoon class
<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; justify-content: space-between;"><div style="width: 15px;"></div><div style="width: 15px;"></div></div>	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; justify-content: space-between;"><div style="width: 15px;"></div><div style="width: 15px;"></div></div>	<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; justify-content: space-between;"><div style="width: 15px;"></div><div style="width: 15px;"></div></div>





**A34. How many of the ELL children in your classes or sessions receive instruction designed to teach listening, speaking, reading, and writing English language skills to children with limited English proficiency in the following ways? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN, WRITE "0."**

	<u>Full-day</u>	<u>Morning class</u>	<u>Afternoon class</u>
a. Receive no ELL instruction in the school	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Receive ELL instruction within the regular class	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Receive ELL instruction outside the regular class within the school setting	<input type="text"/>	<input type="text"/>	<input type="text"/>

**A35. If you provide specialized language instruction in your classes or sessions for English language learners (ELL), would you say this instruction is primarily...? MARK ONE RESPONSE.**

	<u>Full-day</u>	<u>Morning class</u>	<u>Afternoon class</u>
a. English as a Second Language (ESL) program: An instructional program designed to teach listening, speaking, reading, and writing English language skills to students with limited proficiency in English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bilingual education program: A program in which native language is used to varying degrees in instructing students with limited proficiency in English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dual-language program (also called two-way immersion (TWI)): The goal of these programs is for students to develop language proficiency in two languages by receiving instruction in English and another language in a classroom that is usually composed of half native English speakers and half native speakers of the other language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. No specialized language instruction provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**A36. Which languages other than English are spoken by you or any other teacher or aide to the ELL children in your classes or sessions for instructional support or conversation?**

MARK ALL THAT APPLY.

	<u>Full-day</u>	<u>Morning class</u>	<u>Afternoon class</u>
a. None other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A European language other than Spanish such as French, German, or Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A Chinese language or dialect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A Filipino language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A Southeast Asian language such as Vietnamese, Thai, or Khmer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A South Asian language such as Hindi or Tamil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Another Asian language such as Japanese or Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. A Middle Eastern language such as Arabic or Farsi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. An African language such as Swahili or Amharic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other language(s) (Please specify):	<input style="width: 100%; height: 30px;" type="text"/>		

**A37. How much time per day do you and any other teacher or aide speak any non-English language in your classes or session? MARK ONE RESPONSE.**

	<u>Full-day</u>	<u>Morning class</u>	<u>Afternoon class</u>
a. 1-15 minutes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 16-30 minutes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 31-60 minutes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. More than 60 minutes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION B. VIEWS ON SCHOOL READINESS AND SCHOOL ENVIRONMENT**

- B1. Next we would like to ask about students' kindergarten readiness and their parental support. How important do you believe the following characteristics are for a child to be ready for kindergarten? MARK ONE RESPONSE ON EACH ROW.**

	<b>Not important</b>	<b>Not very important</b>	<b>Somewhat important</b>	<b>Very important</b>	<b>Essential</b>
a. Finishes tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Can count to 20 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Takes turns and shares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Has good problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is able to use pencils and paint brushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is not disruptive of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Knows the English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is sensitive to other children's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sits still and pays attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Knows most of the letters of the alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Can follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Identifies primary colors and shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Communicates needs, wants, and thoughts verbally in primary language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**B2. Please indicate the extent to which you agree with each of the following statements on children's preparation for school. MARK ONE RESPONSE ON EACH ROW.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. Attending preschool (for example, nursery, pre-kindergarten, or Head Start) is very important for success in kindergarten.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children who begin formal reading and math instruction in preschool will do better in elementary school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents should make sure their children know the alphabet before they start kindergarten.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Most children should learn to read in kindergarten.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Parents need help in learning how to teach their children how to read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parents should set aside time every day for their kindergarten children to practice schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Homework should be given to kindergarten children almost every day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Parents should read to their children and play counting games at home regularly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B3. Next we would like to ask a few questions about your teaching position. How much control do you feel you have in your classroom in the following areas? MARK ONE RESPONSE ON EACH ROW.**

	<b>No control</b>	<b>Slight control</b>	<b>Some control</b>	<b>Moderate control</b>	<b>A great deal of control</b>
a. Selecting skills to be taught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Deciding teaching techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Disciplining children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section C. TEACHER BACKGROUND**

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

**C1. What is your gender?** *MARK ONE RESPONSE.*

Male

Female

**C2. In what year were you born?** *WRITE IN YEAR BELOW.*

--	--	--	--

YEAR

**C3. Are you Hispanic or Latino/Latina of any race?** *MARK ONE RESPONSE.*

*Hispanic/Latino: 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

**C4. Which best describes your race?** *MARK ALL THAT APPLY.*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White



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**C5. 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)

**GO TO C9 on page 26**

**C6a. What is the name of the college or university where you earned your highest degree?**

*WRITE RESPONSE IN BOX.*

COLLEGE OR UNIVERSITY

**C6b. In what city and state is it located? IF OUTSIDE THE CONTINENTAL UNITED STATES, WRITE LOCATION IN BOX LABELED "CITY." WRITE RESPONSE IN BOX.**

CITY

STATE

MARK HERE IF YOU DO NOT HAVE A BACHELOR'S DEGREE FROM A COLLEGE OR UNIVERSITY AND GO TO C9 ON PAGE 26.



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**C7. 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 reading/literacy education, math education, secondary education, educational psychology, education administration, music education, etc.)
- Non-education major (such as History, English, etc.)
- None of the above

MARK HERE IF YOU DO NOT HAVE A GRADUATE DEGREE AND GO TO C9 ON PAGE 26.

**C8. 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



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**C9. 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/language arts
- Methods of teaching mathematics
- Methods of teaching science
- Classroom management
- None of the above

**C10. Which of the following describes the teaching certificate you currently hold in your 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. → **GO TO C13 on page 27**

**C11. In what areas are you certified? MARK ALL THAT APPLY.**

- Elementary education
- Early childhood education
- Special education
- English as a Second Language (ESL) or instruction for English language learners (ELL)
- Other (Please specify):





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**C12a. Which of the following best describes the type of educator preparation program you participated in while earning your current certification? MARK ONE RESPONSE.**

- Traditional four-year undergraduate program based at an institution of higher education
- Traditional graduate program at an institution of higher education
- Alternative program based at an institution of higher education
- Alternative program not based at an institution of higher education
- Other preparation program

**C12b. If your current certification is not the same as your initial certification, which of the follow best describes the type of educator preparation program you participated in while earning your initial certification? MARK ONE RESPONSE.**

- Traditional four-year undergraduate program based at an institution of higher education
- Traditional graduate program at an institution of higher education
- Alternative program based at an institution of higher education
- Alternative program not based at an institution of higher education
- Other preparation program
- Does not apply – my current certification is the same as my initial certification.

**C13. Have you taken the exam for National Board for Professional Teaching Standards certification? MARK ONE RESPONSE.**

- Yes
- No → **GO TO C15 on page 28**

**C14. What was the result of the National Board for Professional Teaching Standards exam? MARK ONE RESPONSE.**

- Awaiting test results
- Passed
- Have not yet passed



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**C15. The next few questions pertain to your years of experience. Counting this school year, how many years have you taught in your current school, including part-time teaching? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."**

Year(s)

**C16. Counting this school year, how many years have you been a K-12 teacher, including years in which you taught part-time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."**

Year(s)

**C17. Counting this school year, how many years have you taught each of the following grades and programs, including years in which you taught part-time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1." WRITE "0" IF YOU HAVE NEVER TAUGHT THE GRADE OR PROGRAM LISTED.**

	<b>Total years grade or program taught</b>
a. Preschool	<input type="text"/> <input type="text"/>
b. Kindergarten	<input type="text"/> <input type="text"/>
c. First grade	<input type="text"/> <input type="text"/>
d. Second grade	<input type="text"/> <input type="text"/>
e. Third grade	<input type="text"/> <input type="text"/>
f. Fourth grade	<input type="text"/> <input type="text"/>
g. Fifth grade	<input type="text"/> <input type="text"/>
h. Sixth grade or higher	<input type="text"/> <input type="text"/>
i. English as a Second Language (ESL), bilingual education, and/or dual language program	<input type="text"/> <input type="text"/>
j. Special education program	<input type="text"/> <input type="text"/>
k. Program for gifted children	<input type="text"/> <input type="text"/>
l. Art or music program	<input type="text"/> <input type="text"/>
m. Physical education program	<input type="text"/> <input type="text"/>



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**C18. How long do you plan to continue to teach? 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

**C19. Date Survey Completed.**

				2	0	2	2
MONTH		DAY		YEAR			

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



