

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

**Kindergarten and First-Grade National Data
Collection and Transfer School Recruitment**

OMB# 1850-0750 v.29

**Attachment C-4
Spring Kindergarten Teacher-Level
Teacher Paper Survey**

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

**October 2022
revised October 2023**

**Early Childhood Longitudinal Study
General Education Teacher Survey (Teacher Level)
Spring 2024 – Form TQASK**

Dear Teacher,

Your school has agreed to participate in the **Early Childhood Longitudinal Study, Kindergarten Class of 2023-24 (ECLS-K:2024)**, 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. The teacher survey contains questions about you and your classroom practices.

The ECLS-K:2024 collects information from teachers 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.

DEFINITIONS RELATED TO LANGUAGE

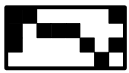
Reference is made to English language learner (ELL) students, as well as to English as a Second Language (ESL), and bilingual programs in this survey. For this study, the following definitions apply:

English language learner (ELL): A student whose native language is one other than English and whose skills in listening to, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.

English as a Second Language (ESL) instruction: A program of techniques, methodology, and special curriculum designed to teach ELL students English language skills, which may include listening, speaking, reading, writing, study skills, content vocabulary, and cultural orientation. ESL instruction is usually in English with little use of native language.

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

THANK YOU VERY MUCH FOR YOUR HELP.



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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.

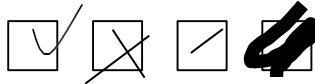
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



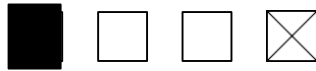
Incorrect Marks:

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:

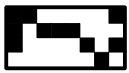
Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write one number per box like this:

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

Write words like this:

John Smith



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 YES OR NO ON EACH ROW.

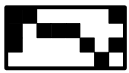
	<u>Yes</u>	<u>No</u>
a. Full-day	<input type="checkbox"/>	<input type="checkbox"/>
b. Morning half-day class	<input type="checkbox"/>	<input type="checkbox"/>
c. Afternoon half-day class	<input type="checkbox"/>	<input type="checkbox"/>
d. One class, some children stay for a full-day, some for a half-day	<input type="checkbox"/>	<input type="checkbox"/>

**FOR THE QUESTIONS BELOW, PLEASE ANSWER FOR EACH OF THE CLASSES YOU TEACH.
SEE COVER PAGE FOR INSTRUCTIONS.**

- A2. We would like to start by asking about the characteristics of the students in your class(es). As of today's date, how many children:

WRITE NUMBER IN BOX FOR EACH CLASS YOU TEACH. IF NONE, WRITE "0."

	Morning Class	Afternoon Class	Full-day class
a. Are currently enrolled?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Have joined your class since the beginning of the school year?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. Have left your class since the beginning of the school year?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

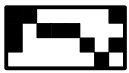


- A3. How many children in your class(es) have the following characteristics?
 WRITE NUMBER IN BOX FOR EACH CLASS YOU TEACH. IF NONE, WRITE "0."

	Morning Class	Afternoon Class	Full-day class
a. Are classified as Gifted and Talented?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Are participating in a Gifted and Talented program?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. Are below grade level in their English reading skills?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d. Are about on grade level in their English reading skills?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e. Are above grade level in their English reading skills?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
f. Are below grade level in their mathematics skills?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
g. Are about on grade level in their mathematics skills?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
h. Are above grade level in their mathematics skills?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

- A4. How many children in your class(es)...
 WRITE NUMBER IN BOX FOR EACH CLASS YOU TEACH. IF NONE, WRITE "0."

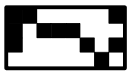
	Morning Class	Afternoon Class	Full-day class
a. Are tardy, on an average day?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Are absent, on an average day?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>



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A5. How many children in your class(es)...
WRITE NUMBER IN BOX FOR EACH CLASS YOU TEACH. IF NONE, WRITE "0."

	Morning Class	Afternoon Class	Full-day class
a. Have a diagnosed disability and need special health or educational accommodations or services?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. How many of those children with a diagnosed disability are currently receiving special health or educational accommodations for their disabilities, for example, speech therapy, assistance by an aide in the classroom, or testing accommodations?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. How many of those children with a diagnosed disability need more help than they are currently receiving?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>



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B4a. In an average week, how often do you divide your class or classes into achievement groups for reading activities or lessons? *MARK ONE RESPONSE.*

- 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

IF NEVER SKIP B4b AND GO TO B5a

B4b. On days when you divide your class or classes into achievement groups for reading, how many minutes do the groups usually stay together? *WRITE IN THE AVERAGE NUMBER OF MINUTES.*

Number of minutes

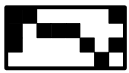
B5a. In an average week, how often do you divide your class or classes into achievement groups for math activities or lessons? *MARK ONE RESPONSE.*

- 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

IF NEVER SKIP B5b AND GO TO B6

B5b. On days when you divide your class or classes into achievement groups for math, how many minutes do the groups usually stay together? *WRITE IN THE AVERAGE NUMBER OF MINUTES.*

Number of minutes



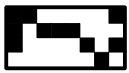
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B6. Which of the following services, if any, do children in your class or classes who need more help with reading receive? *MARK ALL THAT APPLY.*

- Extra individual assistance from you, the teacher
- Individual tutoring from an aide or volunteer
- Individual tutoring from a credentialed specialist
- Pull-out instruction in small groups
- Other
- No extra services are available.

B7. Does your classroom have the following interest areas or centers for activities? *MARK ALL THAT APPLY.*

- Area for playing with puzzles and blocks (Legos, etc.)
- Water or sand table
- Dramatic play area or corner
- Art area



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B8. How often do the children in your class or classes do the following activities?
Go to the school library or media center? *MARK ONE RESPONSE*

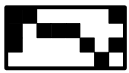
- No library or media center in this school
- Once a month or less
- Two or three times a month
- Once or twice a week
- Three or four times a week
- Daily

B9. How many days a week do children have recess? *WRITE IN THE NUMBER OF DAYS.*

Number of days

B10. In a typical day, how much time do children in your class or classes spend in the following activities? *MARK ONE RESPONSE ON EACH ROW.*

	No time	1-15 minutes	16-30 minutes	31-45 minutes	Longer than 45 minutes
a. Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Free play indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Free play outdoors (including recess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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B11a. Which of the following types of aides do you receive help from in your classroom? *MARK ALL THAT APPLY.*

- Regular aides who work directly with children
- Special education aides who work directly with children
- English as a Second Language (ESL) or bilingual education aides who work directly with children
- Volunteers (for example, parents, high school students, community members) who work directly with children
- Any type of aide or volunteer doing non-instructional work (for example, photocopying, preparing materials, etc.)
- No aides are available.

IF NO AIDES ARE AVAILABLE SKIP B11b AND GO TO B12

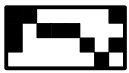
B11b. Approximately how many hours per week do you have an aide working in your classroom?

If multiple aides are in your classroom during the same one hour, please count that as one hour.

Write your answer to the half hours. For example, 1 ½ hours would be written as 1.5. As another example, 30 minutes would be written as 0.5. *WRITE IN THE NUMBER OF HOURS.*

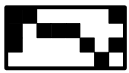
Number of hours

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B12. 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 your class or classes in the following subject areas. *MARK ONE RESPONSE ON EACH ROW.*

	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.
a. Reading and language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- C2. The next series of questions is about your instruction in reading and language arts. How often do you use the following resources to teach reading in your class or classes?
MARK ONE RESPONSE ON EACH ROW.

	Never or hardly ever	Once or twice a month	Once or twice a week	Almost every day
a. Core or primary reading text for all students (e.g., basal reading series)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Leveled or guided reading books (multiple books, each at a specific reading level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading kits (usually a boxed product, which may contain student and teacher materials, assessment materials, and manipulatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children's newspapers and/or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Computer software and applications for reading instruction (including those for laptops, desktops, cell phones, or digital tablets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tradebooks (for example, collections of non-fiction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Reading materials from other subjects (for example, science, social studies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Manipulatives (for example, plastic letters, picture cards, letter cards, tiles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Big books and decodeable or sound/symbol books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



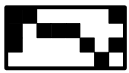
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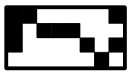
C8. Do you have any students who are English language learners (ELLs) in your class or classes?

Yes

No **IF NO SKIP C9 AND GO TO C10**

C9. How often do English language learners (ELL children) in your class or classes do each of the following activities (in your classroom or in a pull-out program)? *MARK ONE RESPONSE ON EACH ROW.*

	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
a. Take assessments to monitor their English language acquisition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Take assessments to assess their progress in English reading and literacy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work in small groups of ELL children or individually on intensive English reading and literacy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work in a structured peer-assisted setting (ELL child is paired with a non-ELL child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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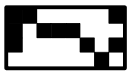
The next series of questions is about homework.

C10. In an average week, how many days a week is homework assigned? Please count homework assigned over the weekend as one day. *MARK ONE RESPONSE.*

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 or more days

C11. On days when homework is assigned, how much time do you expect children to spend on homework in the following areas? *MARK ONE RESPONSE ON EACH ROW.*

	I never assign homework.	1 to 10 minutes	11 to 20 minutes	21 to 30 minutes	More than 30 minutes
a. Reading and language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



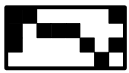
SECTION D. PARENT INVOLVEMENT

D1. Now we would like to ask you about family involvement. How many regularly scheduled conferences do you have with a parent or guardian of each child in your class or classes during the school year? *MARK ONE RESPONSE.*

- No conferences
- One conference
- Two conferences
- Three or more conferences

D2. What percentage of children in your class or classes have parents who participate in the following activities? *MARK ONE RESPONSE ON EACH ROW.*

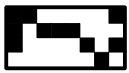
	0%	1-25%	26-50%	51-75%	76% or more
a. Attend teacher-parent conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteer regularly to help in your classroom or another part of the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attend open houses or parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attend art/music events or demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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D3. During this school year, how often have you made contacts with all parents (for example, through newsletters, letters, emails, list-serve messages, group text messages, or other notices sent home for group updates or information; or updates to a classroom website)?
MARK ONE RESPONSE.

- Never
- 1-2 times
- 3-5 times
- 6-10 times
- 11-14 times
- 15 or more times

**SECTION E. EVALUATION AND GRADING PRACTICES**

The next questions pertain to evaluation and grading practices.

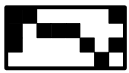
E1. Across all subjects, how often are students administered state or local standardized tests?

MARK ONE RESPONSE.

- Never
- 1 or 2 times a year
- 1 or 2 times a month
- 1 or 2 times a week
- 3 or more times a week

E2. Which of the following do you use to provide kindergartners' parents with information about their children's performance? *MARK ALL THAT APPLY.*

- Standard report card (for example, a letter grade or other standard grade assigned for each subject)
- Progress report form
- Competency based checklists
- Portfolio of child's work
- Standardized test scores
- Benchmark assessments
- None of the above



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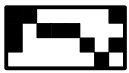
SECTION F. SCHOOL AND STAFF ACTIVITIES

The next set of questions pertains to school-related activities.

- F1. How often have you participated in the following activity since the beginning of the academic year?

Meeting with other teachers to discuss instruction-related topics (e.g., lesson planning, curriculum development). *MARK ONE RESPONSE.*

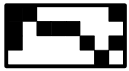
- Never
- Once a month or less
- Two or three times a month
- Once or twice a week
- Three or four times a week
- Daily



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F2. In which of the following staff development and training activities have you participated during the current academic year? *MARK ALL THAT APPLY.*

- Worked with a master or mentor teacher assigned to you by your school or district
- Workshops involving study groups or small-group problem solving
- Direct instruction from an outside consultant on a specific topic
- Peer observation and feedback
- Visits to, or observations of, other schools
- Release time for attending professional conferences
- Enrollment in college or university courses related to your profession
- Professional development via distance learning (web-based, etc.)
- Workshops on using computers and technology in the classroom
- Coaching (for example, working with an individual specifically trained in instruction or a particular subject area)
- None of the above



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F3. In the past 12 months, did you participate in any professional development activities pertaining to the direct engagement of students and families during the kindergarten transition?

Yes

No

F2. In the past 12 months, how many hours did you spend on professional development activities? *MARK ONE RESPONSE.*

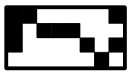
10 hours or less

11 - 20 hours

21 - 30 hours

31 - 40 hours

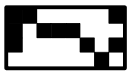
More than 40 hours



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G3. 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.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I really enjoy my present teaching 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 teach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could start over, I would choose teaching again as my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SECTION H. TEACHER BACKGROUND

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

H1. The first questions are about your characteristics. What is your gender?

Male

Female

Another gender

H2. In what year were you born? *WRITE IN YEAR.*

Year

--	--	--	--

H3. Are you Hispanic or Latino/Latina of any race?

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

H4. Which best describes your race? *MARK ALL THAT APPLY.*

American Indian or Alaska Native

Asian

Black or African American

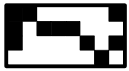
Native Hawaiian or Other Pacific Islander

White



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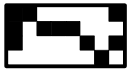




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H5. What is the highest level of education you have completed? *MARK ONE RESPONSE.*

- 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)



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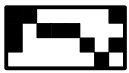
H6. Which of the following describes the teaching certificate you currently hold in your state?
MARK ONE RESPONSE.

- 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.

SKIP H7 AND GO TO H8

H7. 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 (ELLs)
- Other, please specify



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H8. 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 HALF YEAR (FOR EXAMPLE, 2.5, 3.0, 3.5), COUNTING EACH HALF YEAR COMPLETED OR ALMOST COMPLETED AS 0.5. IF YOU ARE A NEW TEACHER AND THIS IS YOUR FIRST SEMESTER TEACHING, WRITE 0.5.

Number of
years

Been a K-12 teacher .

H9. Counting this school year, how many years have you taught kindergarten, including years in which you taught part time?

WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.0, 3.5), COUNTING EACH HALF YEAR COMPLETED OR ALMOST COMPLETED AS 0.5. PLEASE INCLUDE PART-TIME TEACHING. IF THIS IS YOUR FIRST SEMESTER TEACHING THE GRADE WRITE 0.5.

Number of
years

Taught kindergarten .

Date questionnaire completed:

MONTH

DAY

2024

YEAR

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



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