

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

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**OMB# 1850-0750 v.29**

**Attachment C-7**

**Spring Kindergarten Special Education  
Teacher-Level  
Teacher Paper Survey**

**National Center for Education Statistics**

**U.S. Department of Education**

**CVhCVYf 2022**

**revised October 2023**

# Special Education Teacher Background Survey

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



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

Thank you for your time!

Please return the survey to **your school coordinator or an ECLS-K:2024 staff member.**  
The survey should be sealed in the envelope we provided you. Do not mail this survey unless you are provided with an additional mailing envelope.

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

The National Center for Education Statistics (NCES) is authorized to conduct the Early Childhood Longitudinal Study (ECLS) by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). The data are being collected for NCES by Westat, a U.S.-based research organization. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0750. The time required to complete this information collection is estimated to average approximately 18 minutes per teacher background 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. Approval expires 7/31/2026.



**Early Childhood Longitudinal Study  
Special Education Teacher Survey (Teacher Level)  
Spring 2024 – Form SPASK**

Dear Special Education Teacher or Related Service Provider,

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. You have been asked to complete surveys because one or more of the children you serve are participants in this study. The teacher survey contains questions about you and your classroom practices. There are also brief surveys for each of the sampled children that you teach. These surveys contain questions about the children's skills and abilities.

The ECLS-K:2024 collects information from teachers of children who are in the study and from the special education teachers or related service providers of sampled children who have Individualized Education Programs (IEPs). Our purpose is to investigate the relationship between the children's academic progress and various school, classroom, teacher, and home characteristics.

Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. However, only you can provide this information. Although we realize you are very busy, we urge you to complete this survey as completely and accurately as possible. You may find at least some of the information we are asking for in the child's IEP.

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







## MARKING DIRECTIONS

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

## MARKING BOXES

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

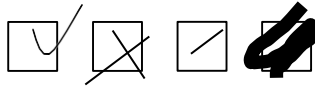
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

### Correct Mark:



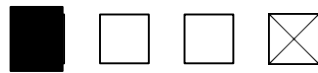
### Incorrect Marks:

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



### How to Change an Answer:

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



## PRINTING ANSWERS IN BOXES:

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

Write one number per box like this:

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

Write words like this:

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

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

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

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

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



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

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

With IEPs

Without IEPs

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

WRITE NUMBER IN BOX, IF NONE, WRITE "0." YOUR BEST GUESS IS FINE.

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



5. **How many of the children with IEPs that you teach or serve belong to each of the following racial/ethnic groups?** PLEASE COUNT EACH CHILD ONLY ONCE. HISPANIC CHILDREN SHOULD ONLY BE COUNTED IN THE HISPANIC OR LATINO/LATINA CATEGORY REGARDLESS OF RACE. WRITE NUMBER IN BOX. IF NONE, WRITE "0."

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

6. **As of today's date, how many boys and girls with IEPs do you teach or serve?** WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	<b>Number of Children</b>
a. Number of boys	<input type="text"/> <input type="text"/>
b. Number of girls	<input type="text"/> <input type="text"/>
c. Number of another gender	<input type="text"/> <input type="text"/>
d. Number of unknown gender	<input type="text"/> <input type="text"/>

7. **How many of the students with IEPs that you teach or serve are English language learners (ELLs)?** WRITE NUMBER IN BOX. IF NONE, WRITE "0."

Number of Students



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

- None
- 1-2
- 3-5
- 6-10
- 11-20
- 21-40
- More than 40

9. **During this school year, where have you worked with children with IEPs? (Include only children who attend this school.) *MARK ALL THAT APPLY.***

- In a general education classroom
- In a special education classroom
- In a non-classroom space (for example, resource room, office, therapy room, small work space, mobile van, etc.)
- In a location outside of the school setting (for example, a private clinic or a child's home, including virtual or video-based instruction.)
- None of the above

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

- None
- 1-2
- 3-5
- 6-10
- 11-20
- 21-40
- More than 40



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

*MARK ONE RESPONSE.*

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree
- Not applicable

**12. 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 1½ hours
- 1½ to less than 2 hours
- 2 to less than 2½ hours
- 2½ hours to less than 3 hours
- 3 hours or more



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**PLEASE NOTE: IF YOU HAVE ALREADY COMPLETED THE ECLS-K:2024 SPRING SURVEY "PRIMARY TEACHER BACKGROUND SURVEY" (WITH THE STAR IN THE UPPER RIGHT-HAND CORNER OF THE COVER), YOU MAY GO TO QUESTION 14 ON PAGE 7. OTHERWISE, PLEASE CONTINUE WITH QUESTION 13.**

**13. How strongly do you agree or disagree that the following statements about your class or classes?**  
*MARK ONE RESPONSE ON EACH ROW.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
a. Pictures, posters, artwork, and other décor reflect the cultures and ethnic backgrounds of each student in your class or classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. All notices and communications to families/caregivers of students in your class or classes are written in their language of origin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Alternative formats and varied approaches to communicate and share information are used with families and caregivers of students in your class or classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**The next questions ask about professional development.**

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

Yes

No → GO TO QUESTION 17

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

4 hours or less

5-8 hours

9-12 hours

13-16 hours

17-20 hours

21-24 hours

25-28 hours

29-32 hours

33-39 hours

40 hours or more

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

Very unhelpful

Unhelpful

Neither unhelpful nor helpful

Helpful

Very helpful





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

- Not relevant
- Somewhat relevant
- Relevant
- Very relevant

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**18. 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



19. The next few questions pertain to your feelings about the school. Please indicate the extent to which you agree with each of the following statements. (By 'the' school, we mean the school in which you receive the survey.) *MARK ONE RESPONSE ON EACH ROW.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Many of the children I teach are not capable of learning the material I am supposed to teach them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Parents are supportive of school staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The academic standards at this school are too low.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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



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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. If I try really hard, I can get through even to the most difficult or unmotivated students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is really very little I can do to ensure that most of my students achieve at a high level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I work to create lessons so my students will enjoy learning and become independent thinkers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel sometimes it is a waste of my time to try to do my best as a teacher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The amount a student can learn is primarily related to family background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If a student did not remember information I gave in a previous lesson, I would know how to increase the student's retention in the next lesson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If a student in my class becomes disruptive and noisy, I feel assured that I know some techniques to redirect the student quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**The next set of questions pertains to the availability and use of instructional resources and technology.**

**22. Which of the following statements is true about how well your school system provides you with the instructional materials and other resources you need to teach or serve students with IEPs?**

*MARK ONE RESPONSE.*

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



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

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



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24. How frequently do you or your students use computers (desktops, laptops, or other computer-type devices such as Chromebooks) in the following instructional activities? *MARK ONE RESPONSE ON EACH ROW.*

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



25. How frequently do you or your students use an interactive whiteboard (for example, SMART Board®, ActivBoard) in the following instructional activities? *MARK ONE RESPONSE ON EACH ROW.*

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

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

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



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

**PLEASE NOTE: IF YOU HAVE ALREADY COMPLETED THE ECLS-K:2024 SPRING SURVEY "PRIMARY TEACHER BACKGROUND SURVEY" (WITH THE STAR IN THE UPPER RIGHT-HAND CORNER OF THE COVER), YOU MAY GO TO QUESTION 32 ON PAGE 16. OTHERWISE, PLEASE CONTINUE WITH QUESTION 27.**

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

- Male
- Female
- Another gender

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

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YEAR

29. Are you Hispanic or Latino/Latina of any race? *MARK ONE RESPONSE. A PERSON WHO IS HISPANIC OR LATINO/LATINA IS OF CUBAN, DOMINICAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN, OR OTHER SPANISH CULTURE OR ORIGIN, REGARDLESS OF RACE.*

- Yes
- No

30. 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





**31. 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 Q36 on page 18

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

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

**33. 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.)
- Other major (such as history, English, etc.)
- None of the above

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

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

**35. Did any of your college or graduate school courses address issues related to the following? MARK ALL THAT APPLY.**

- Response to Intervention (RTI) or Multi-Tiered System of Supports (MTSS)
- Coordinated Early Intervening Services (CEIS)
- None of the above



The next few questions ask about your credentials.

**PLEASE NOTE: IF YOU HAVE ALREADY COMPLETED THE ECLS-K:2024 SPRING SURVEY "PRIMARY TEACHER BACKGROUND SURVEY" (WITH THE STAR IN THE UPPER RIGHT-HAND CORNER OF THE COVER), YOU MAY GO TO QUESTION 37, OTHERWISE, PLEASE CONTINUE WITH QUESTION 36.**

**36. Which of the following describes the teaching certificate you currently hold in this state? MARK ONE RESPONSE.**

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

**37. Which of the following credentials, licenses, or certificates do you have for working with children with disabilities? DO NOT INCLUDE ACADEMIC DEGREES, SUCH AS A BACHELOR'S DEGREE, MASTER'S DEGREE, OR Ph.D. MARK ALL THAT APPLY.**

- Disability-specific credential
- Special education credential (for more than one disability category)
- Early childhood special education credential
- General education credential
- Speech-language pathology license or credential
- Do not have a credential, license, or certificate
- Other professional license, credential, or endorsement (Please specify):

**38a. Which of the following best describes the type of educator preparation program you participated in while earning your current certification, license, or permit? 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



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**38b. Is your current certification the same as your initial certification? MARK ONE RESPONSE.**

- Yes **→** GO TO Q39
- No

**38c. Which of the following best describes the type of 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

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

- Yes
- No **→** GO TO Q41

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

- Awaiting test results
- Passed
- Have not yet passed

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

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

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 Year(s)

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

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 Year(s)



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

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 Year(s)

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

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

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

MONTH		DAY		YEAR			

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



