

**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.31

Attachment C-6b

**Spring First Grade
Special Education Teacher Teacher-Level
Paper Survey**

National Center for Education Statistics

U.S. Department of Education

August 2024



**Early Childhood Longitudinal Study
Special Education Teacher Survey (Teacher Level)
Spring 2025 – Form SPA1**

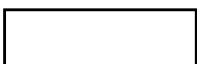
Dear Special Education Teacher or Related Service Provider,

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.

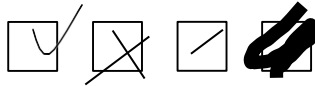
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



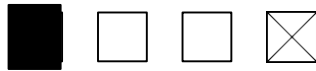
Incorrect Marks:

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
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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. In what grade levels are the students you teach or serve? *MARK ALL THAT APPLY.*

- Pre-kindergarten
- Transitional kindergarten
- Kindergarten
- Transitional first grade
- First grade
- Second grade
- Third grade
- Fourth grade
- Fifth grade or higher

4. 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
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		Without IEPs
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5. 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	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
b. 4 years old	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
c. 5 years old	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
d. 6 years old	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
e. 7 years old	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
f. 8 years old	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
g. 9 years old or older	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
h. Total (sum of a-g)	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

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6. 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."

	Number of Children
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"/>
h. Total (sum of a-g)	<input type="text"/> <input type="text"/>

7. 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."

	Number of Children
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"/>
e. Total (sum of a-d)	<input type="text"/> <input type="text"/>

8. 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."

<input type="text"/>	<input type="text"/>	Number of Students
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9. 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 other general education teachers and/or special education teachers or service providers.)

MARK ONE RESPONSE.

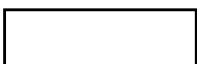
- None
- 1-2
- 3-5
- 6-10
- 11-20
- 21-40
- More than 40

10. 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 at the school (for example, resource room, office, therapy room, small work space, mobile van)
- 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

11. 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





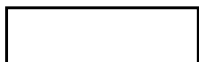
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12. Please indicate the extent to which you agree or disagree with the following statement. I am satisfied with my class size or caseload (that is, the total number of students you teach or serve).
MARK ONE RESPONSE.

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

13. 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 15 ON PAGE 7. OTHERWISE, PLEASE CONTINUE WITH QUESTION 14.

14. How strongly do you agree or disagree with the following statements about your class? 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.	<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 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.	<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.

15. 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 18

16. 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

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

Very unhelpful

Unhelpful

Neither unhelpful nor helpful

Helpful

Very helpful

18. 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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19. In which of the following staff development and training activities have you participated in 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

20. 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"/>



21. 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"/>

22. 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"/>



The next few questions relate to practices and programs staff in your school may use to support outcomes for students with disabilities.

PLEASE NOTE THE FOLLOWING DEFINITIONS THAT ARE RELEVANT TO QUESTION 23 BELOW:

- **Quality IEPs** are in compliance with all requirements of state and federal laws and regulations and reflect decisions based on the active and meaningful involvement of all members of the IEP team. The IEP provides a clear statement of expected outcomes and the special education services and supports to be provided to the student.
- **Appropriately ambitious goals** are reasonably calculated goals that enable a child to make progress appropriate in light of their circumstances.

23. Do staff at your school typically do any of the following to ensure quality IEPs? *MARK ALL THAT APPLY.*

- Facilitate school staff attendance and participation in IEP meetings
- Facilitate attendance and participation of staff from agencies outside the district in IEP meetings
- Monitor the development of appropriately ambitious goals, as documented in an IEP
- Monitor the services and supports specified in the IEP
- Periodic review of completed IEPs
- Facilitate student attendance and participation in IEP meetings
- Include the student's general education teacher(s) on the IEP team
- Meet with students prior to the IEP meeting to discuss how they can participate in the meeting
- Meet with students to discuss strengths, interests, preferences, or any concerns the student may have to inform IEP development
- Meet with students to discuss their progress, goals, current functioning, or academic performance to inform IEP development
- Discuss student satisfaction with goals and supports in previous IEP
- Discuss student progress, current functioning, or academic performance with parents/guardians to inform IEP development
- Facilitate parent/guardian attendance and participation in IEP meetings
- Provide parents/guardians with materials in advance of the IEP meeting, such as current academic performance or assessment data
- Meet with parents/guardians prior to the IEP meeting to discuss how they can participate in the meeting
- Discuss parent/guardian satisfaction with goals and supports in previous IEP
- None of the above



24. What information does your school collect to assess the quality of IEPs for students with disabilities?

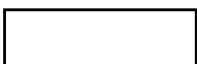
MARK ALL THAT APPLY.

- Records of IEP meeting attendees to ensure there is appropriate representation of all key parties
- Formal assessment of the quality of some or all IEPs based on a checklist or rubric
- Formal assessment of goals in some or all IEPs to ensure they are appropriately ambitious
- Interviews or surveys of teachers about IEP goals and supports
- Interviews or surveys of students about IEP goals and supports
- Interviews or surveys of parents/guardians about IEP goals and supports
- Academic outcomes of students with an IEP to monitor alignment with IEP goals and supports
- Disciplinary records of students to ensure IEP includes relevant supports
- None of the above
- Other (Please specify):

25. In which of the following areas are teachers at your school provided support to help them ensure students with disabilities have access to the general education curriculum?

SUPPORT MIGHT INCLUDE, FOR EXAMPLE, TRAINING, ONGOING INDIVIDUALIZED SUPPORT (SUCH AS COACHING), GROUP SUPPORT (SUCH AS DEPARTMENTAL MEETINGS), OR RELEASE TIME TO ATTEND PROFESSIONAL DEVELOPMENT. MARK ALL THAT APPLY.

- To adapt curriculum with appropriate complexity and breadth, including incorporation of Universal Design Learning principles
- To provide accommodations
- To manage student behavior
- None of the above



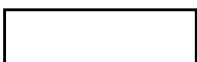


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26. Does your school use any of the following methods to support the participation of students with disabilities in the same nonacademic extracurricular activities as students without disabilities?

MARK ALL THAT APPLY.

- Provide individualized accommodations to students with disabilities
- Provide professional development to personnel supervising nonacademic activities
- Offer a specific disability awareness program
- Provide assistive technology to help students participate in activities
- Assign students without disabilities to be "buddies" to students with disabilities
- Prompt and reinforce students without disabilities to initiate and maintain interactions with students with disabilities
- Structure activities that require interaction between students with and without disabilities
- Provide or assist students in getting the necessary transportation to these activities
- None of the above
- Other (Please specify):





27. Which of the following strategies, programs, or curricula does your school use to support the positive behavioral development, social-emotional skills, or mental health concerns of students with disabilities? MARK ALL THAT APPLY.

- Early childhood mental health specialists to work with children needing individualized support
- Early warning indicator systems
- Trauma-informed curriculum
- Multi-tiered Systems of Support (MTSS)
- Schoolwide Positive Behavioral Intervention and Supports
- Applied Behavior Analysis (ABA), including Pivotal Response Training (PRT) and discrete trials
- Functional Behavior Assessment (FBA) and Behavioral Intervention Plans (BIPS)
- Center on the Social and Emotional Foundations for Early Learning (CSEFEL) training modules
- Pyramid Model for Supporting Social Emotional Competence
- Calm Classroom
- First Step to Success
- Incredible Years
- Lions Quest
- Mandt System
- Positive Action
- Promoting Alternative Thinking Strategies (PATHS)
- Second Step
- Tools of the Mind
- Nonviolent Crisis Intervention Training
- Other (Please specify):



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28. What types of outcome data does your school examine for students with disabilities? MARK ALL THAT APPLY.

- Assessment scores
- Attendance
- Course progress or completion
- Disciplinary actions
- Grades
- Functional performance/adaptive behavior
- Social-emotional skills development/behavior
- Other (Please specify):

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

29. 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.



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

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

31. 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"/>



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

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Not applicable to my role</u>
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"/>

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

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>	<u>Not applicable to my role</u>
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 38 ON PAGE 19. OTHERWISE, PLEASE CONTINUE WITH QUESTION 34.

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

- Male
- Female
- Another gender

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

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YEAR

36. What is your race and/or ethnicity? *Select all that apply and enter additional details in the spaces below.*

American Indian or Alaska Native – *Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*

Asian – *Provide details below.*

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean | <input type="checkbox"/> Japanese |

Enter, for example, Pakistani, Hmong, Afghan, etc.

Black or African American – *Provide details below.*

- | | | |
|---|------------------------------------|----------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Haitian |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Somali |

Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.



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36. (Cont.) What is your race and/or ethnicity? *Select all that apply and enter additional details in the spaces below.*

Hispanic or Latino – Provide details below.

Mexican

Puerto Rican

Salvadoran

Cuban

Dominican

Guatemalan

Enter, for example, Colombian, Honduran, Spaniard, etc.

Middle Eastern or North African – Provide details below.

Lebanese

Iranian

Egyptian

Syrian

Iraqi

Israeli

Enter, for example, Moroccan, Yemeni, Kurdish, etc.

Native Hawaiian or Pacific Islander – Provide details below.

Native Hawaiian

Samoan

Chamorro

Tongan

Fijian

Marshallese

Enter, for example, Chuukese, Palauan, Tahitian, etc.

White – Provide details below.

English

German

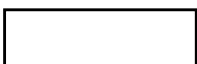
Irish

Italian

Polish

Scottish

Enter, for example, French, Swedish, Norwegian, etc.





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37. 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 Q42 on page 21

38. 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

39. 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



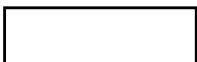
22220

40. 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

41. 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 43, OTHERWISE, PLEASE CONTINUE WITH QUESTION 42.

42. Which of the following describes the teaching certificate, license, or permit you currently hold in this state? MARK ONE RESPONSE.

- Regular or standard state certificate or advanced professional certificate
- Certificate, license, or permit issued after satisfying all requirements except the completion of a probationary period
- Certificate, license, or permit that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained
- Certificate, license, or permit 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.

43. 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 → GO TO Q47 on page 22
- Other professional license, credential, or endorsement (Please specify):



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44. Which of the following best describes the type of 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

45. Is your current certification the same as your initial certification? MARK ONE RESPONSE.

- Yes →
- No

46. Which of the following best describes the type of preparation program you participated in while earning your initial certification? MARK ONE RESPONSE.

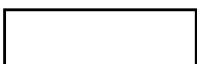
- Traditional four-year undergraduate program based at an institution of higher education
- Traditional graduate program at an institution of higher education
- Alternative program based at an institution of higher education
- Alternative program not based at an institution of higher education
- Other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

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

- Yes
- No →

48. 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.

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

Year(s)

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

Year(s)

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

Year(s)

52. 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

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

<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"/>	<input type="text"/>
MONTH		DAY		YEAR					

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

