

**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-5c**

**Spring First Grade Teacher-Level  
Teacher Paper Survey B  
Below Grade**

**National Center for Education Statistics**

**U.S. Department of Education**

**August 2024**

# Primary Teacher Background Survey

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



S\_ID      T\_ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Completing this survey will help us learn more about teachers and their classrooms.

▶ 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 23 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 2/28/2027.



**Early Childhood Longitudinal Study  
General Education Teacher Survey (Teacher Level)  
Spring 2025 – Form TQA1B**

Dear Teacher,

Your school has agreed to participate in the Early Childhood Longitudinal Study, Kindergarten Class of 2024-25 (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**

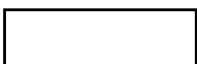
Reference is made to English language learner (ELL) students, as well as to English as a Second Language (ELS), and bilingual programs in this survey. For this study, the following definitions apply:

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.**



## 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.

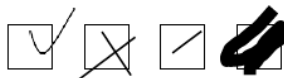
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



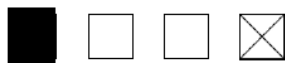
Incorrect Marks:

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:

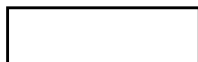
Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

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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## 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."

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

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



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**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"/>
b. Are absent, on an average day?	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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"/>
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"/>
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"/>

**A6. How many of the children in your class(es) are repeating this grade this year?**

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

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



**SECTION B. CLASS ORGANIZATION AND RESOURCES**

**B1. The next group of questions ask about classroom practices. In a typical day, how much time does a child in your class or classes spend in the following activities?**

*MARK ONE RESPONSE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.*

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

**B2. How often does the typical child in your class or classes usually work on lessons or projects in the following general subject areas, whether as a whole class, in small groups, or in individualized arrangements? MARK ONE RESPONSE ON EACH ROW.**

	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
a. Reading and language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dance/creative movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Theatre/creative dramatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**B3. On the days children work in these areas, how much time does the typical child in your class or classes usually work on lessons or projects in the following general subject areas? MARK ONE RESPONSE ON EACH ROW.**

	Not applicable/ never	Less than ½ hour a day	½ hour to less than 1 hour	1 to less than 1 ½ hours	1½ to less than 2 hours	2 to less than 2 ½ hours	3 hours or more
a. Reading and language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dance/creative movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Theatre/creative dramatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B4. 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.



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**B5. 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 more times a month
- Once or twice a week
- Three or four times a week
- Daily

**B6. How many days a week do children have recess? WRITE IN THE NUMBER OF DAYS.**

Number of days

**B7. In a typical day, how much time do children in your class or classes spend in the following activities? IF MORE THAN ONE CLASS, WRITE THE AVERAGE FOR YOUR CLASSES. 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"/>

**B8a. 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 → GO TO B9 on page 6



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**B8b. 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.**

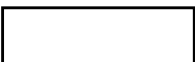
Number of hours

**B9. 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"/>

**B10. Do any of the following staff members provide direct instruction to students in your class or classes who are struggling or at risk of failure in reading or math? Include staff other than yourself who provide direct instruction either in your class or in a pull-out setting. Exclude paraprofessionals/aides. MARK ALL THAT APPLY.**

- A reading specialist/interventionist who has specialized training in reading instruction
- A math specialist/interventionist who has specialized training in math instruction
- A special education teacher



**SECTION C. INSTRUCTIONAL ACTIVITIES AND CURRICULAR FOCUS**

The next series of questions are focused on your instructional activities and curricular focus in your class or classes.

**C1. How strongly do you agree or disagree with 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"/>

**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"/>



**C3. The next series of questions is about your instruction in science and social studies. For this school year as a whole, how often did you teach the following science and social studies topics in your class or classes? MARK ONE RESPONSE ON EACH ROW.**

	Taught					Not Taught	
	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily	Taught at a higher grade level	Children should already know
a. Plants and animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Weather (for example, rainy, sunny)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Understand and measure temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tools and their uses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Health, safety, nutrition, and personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Important figures and events in American history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Community resources (for example, grocery store, library)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Map-reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Different cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Reasons for rules, laws, and government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Social problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Hands-on activities or investigations in science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Communicating ideas in science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Community service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**C4. How often do children in your class or classes do each of the following reading and language arts activities? MARK ONE RESPONSE ON EACH ROW.**

	Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
a. Practice writing the letters of the alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discuss new or difficult vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dictate stories to a teacher, aide, or volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work on phonics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Listen to you read stories where they see the print (for example, Big Books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Listen to you read stories but they don't see the print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Retell stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Read aloud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Read from basal reading texts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Read silently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Work in a reading workbook or on a worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Write words from dictation, to improve spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Write with encouragement to use invented spellings, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Read books they have chosen for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Compose and write stories or reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Do an activity or project related to a book or story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Writing in a journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Read text with controlled vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Read text with strong phonetic patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Read text with patterned or predictable text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**C5. For this school year as a whole, how often did you teach each of the following reading and language arts topics in your class or classes? MARK ONE RESPONSE ON EACH ROW.**

	Taught					Not Taught	
	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily	Taught at a higher grade level	Children should already know
a. Conventions of print (left to right orientation, book holding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rhyming words and word families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Blending separate sounds of a word to say the word (for example, "/c/ /a/ /t/ - cat")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Verbally manipulating syllables within a word (for example, what is cowboy without cow?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reading multi-syllable words, like "adventure"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Morphological awareness to help students find meaningful units in words (for example, prefixes, suffixes, and base words)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Use of common prepositions such as over and under, up and down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Identifying the main idea and parts of a story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Orally retelling stories, including key details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Remembering and following directions that include a series of actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Using capitalization and punctuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Composing and writing complete sentences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Conventional spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Reading age appropriate books independently with comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C6. How often do children in your class or classes do each of the following math activities?**

MARK ONE RESPONSE ON EACH ROW.

	Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
a. Count out loud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with geometric manipulatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Play math-related games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use music to understand math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use creative movement or creative drama to understand math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Work with rulers, measuring cups, spoons, or other measuring instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Explain how a math problem is solved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Engage in calendar-related activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Do math worksheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Do math problems from their textbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Complete math problems independently in front of whole group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Solve math problems in small groups or with a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Work on math problems that reflect real-life situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Use a number line to understand number concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**C7. For this school year as a whole, how often did you teach each of the following math skills in your class or classes? MARK ONE RESPONSE ON EACH ROW.**

	Taught					Not Taught	
	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily	Taught at a higher grade level	Children should already know
a. Correspondence between number and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Counting by 2s, 5s, and 10s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Counting on from a given number instead of 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Counting beyond 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Recognizing and naming geometric shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Identifying relative quantity (for example, equal, most, less, more)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sorting objects into subgroups according to a rule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ordering objects by size or other properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Making, copying, or extending patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Adding single-digit numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Subtracting single-digit numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Uses place value to compose and decompose numbers into tens and ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Interpreting simple graphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Performing simple data collection and graphing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Decomposes numbers less than or equal to 10 by using objects or drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*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.*

Yes

No → GO TO C10 on page 13



**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"/>

**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"/>

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 and 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

**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

**F2. 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

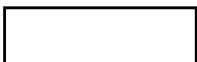
**F3. In the past 12 months, how many hours did you spend on professional development activities?**  
*MARK ONE RESPONSE.*

- 10 hours or less
- 11 - 20 hours
- 21 - 30 hours
- 31 - 40 hours
- More than 40 hours



**F4. 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



**SECTION G. VIEWS ON SCHOOL READINESS, SCHOOL CLIMATE, AND SCHOOL ENVIRONMENT**

The next set of questions pertains to your feelings about your school.

**G1. Please indicate the extent to which 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. 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"/>

**G2. To what extent do you agree with the following statements? MARK ONE RESPONSE ON EACH ROW.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not Applicable
a. I am adequately trained to teach the children with disabilities in my class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am adequately trained to teach English language learners (ELLs) in my class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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"/>



### 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? MARK ONE RESPONSE.**

- Male
- Female
- Another gender

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

Year

**H3. 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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**H3. (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

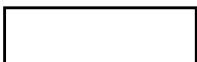
Irish

Italian

Polish

Scottish

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





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**H4. 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)

**H5. Which of the following describes the teaching certificate you currently hold in your state? MARK ONE RESPONSE.**

- Regular or standard state certificate or advanced professional certificate
- Certificate issued after satisfying all requirements except the completion of a probationary period
- Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained
- Certificate issued to persons who must complete a certification program in order to continue teaching
- I do not hold any of the above certifications in this state → GO TO H7 on page 22

**H6. 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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**H7. 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  .

**H8. 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. IF YOU ARE A NEW TEACHER AND THIS IS YOUR FIRST SEMESTER TEACHING, WRITE 0.5.*

Number of years

Taught kindergarten  .

**H9. Date survey completed:**

				2	0	2	5
MONTH		DAY		YEAR			

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

