

Spring 2012 Kindergarten Teacher Questionnaire

Prepared for the U.S. Department of Education
National Center for Education Statistics by:

Westat
1600 Research Boulevard
Rockville, Maryland 20850

Use a black or blue ball point pen or #2 pencil to complete this questionnaire.

S_ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	T_ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	T	<input type="text"/>

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 information collection is 1850-0750. Approval expires 12/31/2014. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Room 9086, Washington, D.C. 20006-5574.

The collection of information in this survey is authorized by 20 U.S. Code, Section 9541. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (20 U.S. Code, Section 9573). All responses that relate to or describe identifiable characteristics of individuals 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. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.



64006



Dear Teacher,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because you are the teacher of one or more of the children who are participants in this study. THIS QUESTIONNAIRE SHOULD BE COMPLETED BY TEACHERS OF CHILDREN IN KINDERGARTEN. IF THE ECLS-K:2011 CHILDREN YOU TEACH ARE IN FIRST GRADE OR HIGHER, PLEASE REQUEST A QUESTIONNAIRE FOR TEACHERS OF CHILDREN IN THOSE GRADES AND COMPLETE THAT ONE.

This questionnaire contains several sections:

- a) Classroom and student characteristics
- b) Class organization and resources
- c) Instructional activities and curricular focus
- d) Parent involvement
- e) Evaluation and grading practices
- f) School and staff activities
- g) Views on school readiness, school climate, and the school environment
- h) Teacher background

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 questionnaire as completely and accurately as possible. The information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

Please record your answers directly on the questionnaire by marking the appropriate answer (as instructed on the next page) or 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 only half-day classes, do not report any information in the full-day class column.
- 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 on 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

Reference is made to English language learners (ELL), as well as to English as a Second Language (ESL), bilingual education, and dual-language programs in this questionnaire. 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, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.

- English as a Second Language (ESL): An instructional program designed to teach listening, speaking, reading, and writing English language skills to students with limited proficiency in English. The program may focus on a student's level of proficiency in general English. As a language instruction educational program, the ESL program should be connected to academic achievement with the goal of meeting the academic standards that all children must meet.
- Bilingual education program: A program in which native language is used to varying degrees, in conjunction with English, to teach English and academic content to students with limited proficiency in English.
- Dual-language program: Also known as two-way immersion, the goal of these programs is for students to develop language proficiency in two languages by receiving content instruction in English and another language in a classroom that usually consists of both native English speakers and native speakers of the other language.

THANK YOU VERY MUCH FOR YOUR HELP.

MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN OR A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE A FELT-TIP PEN.

MARKING BOXES

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

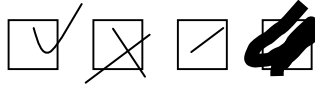
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



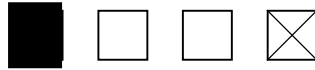
Incorrect Marks:

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



How to Change an Answer:

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



PRINTING ANSWERS IN BOXES

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

Write one number per box like this:

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

Write words like this:

John Smith

SECTION A. CLASSROOM AND STUDENT CHARACTERISTICS

A1. 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. As of today's date, how many children...

WRITE NUMBER IN BOX FOR EACH CLASS YOU TEACH. IF THERE ARE NO CHILDREN IN A PARTICULAR CATEGORY, WRITE "0."

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

	Morning class	Afternoon class	Full-day class
	A3. How many hours per day does each of your classes normally meet? WRITE THE NUMBER TO THE NEAREST HALF HOUR, FOR EXAMPLE, 2.5, 3.0, 3.5.	<input type="text"/> · <input type="text"/> hours/day	<input type="text"/> · <input type="text"/> hours/day
A4. How many days per week does each of your classes normally meet?	<input type="text"/> days/week	<input type="text"/> days/week	<input type="text"/> days/week

A5. What type(s) of kindergarten program(s) do you teach? MARK ONE PROGRAM TYPE FOR EACH CLASS YOU TEACH.

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

A6. Do you currently teach a multigrade class? MARK ONE RESPONSE.

Yes

No (**SKIP TO Q A8**)



- A7. What grade levels are included in each of the classes that you teach? MARK ALL GRADE LEVELS THAT APPLY FOR EACH CLASS THAT YOU TEACH.**

	Morning class	Afternoon class	Full-day class
a. Prekindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Transitional (or readiness) kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Regular kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transitional/pre-1st grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 1st grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 2nd grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 3rd grade or higher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A8. As of today's date, how many children in each of your classes are the following ages? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR AGE, WRITE "0."**

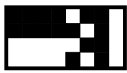
	Number of children		
	Morning class	Afternoon class	Full-day class
a. 3 years old or younger	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. 4 years old	<input type="text"/> <input type="text"/>	<input type="text"/> <input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

- A9. As of today's date, how many children in each of your classes belong to each of the following racial/ethnic groups? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR RACE/ETHNICITY, WRITE "0." IF YOU ARE NOT SURE ABOUT A CHILD'S RACE/ETHNICITY, PLEASE CATEGORIZE HIM OR HER WHERE YOU THINK HE OR SHE FITS BEST.**

	Number of children		
	Morning class	Afternoon class	Full-day class
a. Hispanic/Latino of any race	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. American Indian or Alaska Native, not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Asian, not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Black or African American, not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. White, not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Two or more races, not Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Total class enrollment (sum of a through g)	<input type="text"/>	<input type="text"/>	<input type="text"/>

- A10. As of today's date, how many boys and girls are there in each of your classes? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

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



- A11. How many of the children in each of your classes are repeating kindergarten this year? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

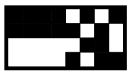
	Number of children		
	Morning class	Afternoon class	Full-day class
Number of children repeating kindergarten	<input type="text"/>	<input type="text"/>	<input type="text"/>

- A12. What proportion of the children in each of your classes demonstrated the following skills when they started school this year? MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.**

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

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

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

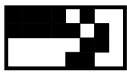


A12. (CONTINUED) What proportion of the children in each of your classes demonstrated the following skills when they started school this year? MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.

d. Recognize numbers to 20	Morning class	Afternoon class	Full-day class
Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About $\frac{1}{2}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. Count to 20	Morning class	Afternoon class	Full-day class
Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About $\frac{1}{2}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f. Add or subtract two numbers	Morning class	Afternoon class	Full-day class
Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About $\frac{1}{2}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than $\frac{3}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A13. How many children in each of your classes...***WRITE NUMBER IN BOX FOR EACH CLASS YOU TEACH. IF NONE, WRITE "0."*

	Number of children		
	Morning class	Afternoon class	Full-day class
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 reading skills?	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Are about on grade level in their English reading skills?	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Are above grade level in their English reading 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"/>
i. Are tardy, on an average day?	<input type="text"/>	<input type="text"/>	<input type="text"/>
j. Are absent, on an average day?	<input type="text"/>	<input type="text"/>	<input type="text"/>

A14. At this point in the school year, how would you rate the behavior of the children in each of your classes? MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.

	Morning class	Afternoon class	Full-day class
Group misbehaves very frequently and is almost always difficult to handle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group misbehaves frequently and is often difficult to handle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group misbehaves occasionally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group behaves well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group behaves exceptionally well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A15.** How many children in each of your classes have a diagnosed disability? *WRITE NUMBER IN BOX. IF NONE IN A CLASS, WRITE "0" AND SKIP TO Q A18 FOR THAT CLASS.*

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

- A16.** In each of your classes, how many of those children with a diagnosed disability are currently receiving special health or educational services or accommodations for their disabilities, for example, speech therapy, assistance by an aide in the classroom, or testing accommodations? *WRITE NUMBER IN BOX. IF NONE IN A CLASS, WRITE "0."*

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

- A17.** In each of your classes, how many of those children with a diagnosed disability need more help than they are currently receiving? *WRITE NUMBER IN BOX. IF NONE IN A CLASS, WRITE "0."*

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

THE NEXT SERIES OF QUESTIONS ASKS ABOUT THE USE OF DIFFERENT LANGUAGES IN THE CLASSROOM BY TEACHERS, CHILDREN, AND OTHER ADULTS.

- A18.** Are any languages other than English used by teachers, aides, or other adults in your classroom?

Yes

No (SKIP TO Q A21)

A19. How often is a non-English language used by teachers, aides, or other adults in each of your classes in the following ways? MARK ONE FOR EACH CLASS YOU TEACH.

	<u>Morning class</u>	<u>Afternoon class</u>	<u>Full-day class</u>
a. For academic instruction in reading/literacy			
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For academic instruction in mathematics			
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. For academic instruction in other subjects			
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. For instructional support (for example, explaining directions)			
Never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Less than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than half the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A19. (CONTINUED) How often is a non-English language used by teachers, aides, or other adults in each of your classes in the following ways? MARK ONE FOR EACH CLASS YOU TEACH.**

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

- A20. What languages are used for academic instruction in each of your classes? MARK ALL THAT APPLY FOR EACH CLASS THAT YOU TEACH.**

	Morning class	Afternoon class	Full-day class
a. English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A Chinese language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A Filipino language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. An Asian Indian language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other language (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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A21. In which languages other than English are the books or other written materials in your classroom? MARK ALL THAT APPLY. IF YOU TEACH MORE THAN ONE CLASS, CONSIDER ALL CLASSES WHEN MARKING YOUR RESPONSES.

a. None other than English	<input type="checkbox"/>
b. Spanish	<input type="checkbox"/>
c. French	<input type="checkbox"/>
d. Vietnamese	<input type="checkbox"/>
e. A Chinese language	<input type="checkbox"/>
f. Japanese	<input type="checkbox"/>
g. Korean	<input type="checkbox"/>
h. A Filipino language	<input type="checkbox"/>
i. Arabic	<input type="checkbox"/>
j. An Asian Indian language	<input type="checkbox"/>
k. Sign language	<input type="checkbox"/>
l. Other language (PLEASE SPECIFY)	<input type="checkbox"/>
<div style="border: 1px solid black; height: 30px; width: 400px; margin-top: 5px;"></div>	

A22. Do any of the children in each of your classes speak a language other than English (aside from native English speakers who are learning a foreign language)? MARK YES OR NO FOR EACH CLASS THAT YOU TEACH.

	Morning class	Afternoon class	Full-day class
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No (IF "NO" FOR ALL CLASSES TAUGHT, SKIP TO Q A24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A23. Which languages other than English are spoken by one or more children in each of your classes? MARK ALL THAT APPLY FOR EACH CLASS YOU TEACH.

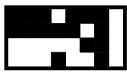
	Morning class	Afternoon class	Full-day class
a. Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A Chinese language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A Filipino language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. An Asian Indian language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other language (PLEASE SPECIFY) <div style="border: 1px solid black; height: 20px; width: 300px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A24. Do you have any children who are English language learners in each of your classes? (English language learners are children whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.) MARK YES OR NO FOR EACH CLASS THAT YOU TEACH.

	Morning class	Afternoon class	Full-day class
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No (IF "NO" FOR ALL CLASSES TAUGHT, SKIP TO Q B1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A25. How many English language learners (ELL) do you have in each of your classes? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

	Number of children								
	Morning class	Afternoon class	Full-day class						
Number of ELL children	<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>		



- A26.** How many of the ELL children in each of your classes receive instruction designed to teach listening to, speaking, reading, and writing the English language to children with limited English proficiency in the following ways? *WRITE NUMBER IN BOX. IF NONE, WRITE "0."*

	Number of children		
	Morning class	Afternoon class	Full-day class
a. Receive no instruction for ELLs in the school	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Receive instruction for ELLs within the regular class	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Receive instruction for ELLs outside the regular class	<input type="text"/>	<input type="text"/>	<input type="text"/>

- A27.** If you provide specialized language instruction in your classroom for English language learners, would you say this instruction is primarily... *MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.*

	Morning class	Afternoon class	Full-day class
a. English as a Second Language (ESL)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bilingual education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dual-language program (also called two-way immersion (TWI))?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. No specialized language instruction provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



A28. Which languages other than English are spoken by you or any other teacher or aide to the ELL children in each of your classes for instructional support or conversation? MARK ALL THAT APPLY FOR EACH CLASS YOU TEACH.

	Morning class	Afternoon class	Full-day class
a. No language other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A Chinese language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A Filipino language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. An Asian Indian language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Sign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other language (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div>			

A29. How often do English language learners (ELL children) in your class or classes do each of the following activities? MARK ONE RESPONSE ON EACH ROW. INCLUDE ACTIVITIES IN YOUR CLASSROOM OR IN A PULL-OUT PROGRAM.

	Once a month or less	2-3 times a month	1-2 times a week	3-4 times a week	Daily
a. Take assessments to monitor their English language proficiency	<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 (that is, ELL child is paired with a non-ELL child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION B. CLASS ORGANIZATION AND RESOURCES**

- B1.** In a typical day, how much time does a child in your class or classes spend in the following types of 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.** Does your classroom have the following interest areas or centers for activities? MARK YES OR NO ON EACH ROW. IF YOU TEACH MORE THAN ONE CLASS, CONSIDER ALL CLASSES WHEN MARKING YOUR RESPONSES.

	Yes	No
a. Reading area with books	<input type="checkbox"/>	<input type="checkbox"/>
b. Listening center	<input type="checkbox"/>	<input type="checkbox"/>
c. Writing center or area	<input type="checkbox"/>	<input type="checkbox"/>
d. Math area with manipulatives	<input type="checkbox"/>	<input type="checkbox"/>
e. Area for playing with puzzles and blocks (Legos, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
f. Water or sand table	<input type="checkbox"/>	<input type="checkbox"/>
g. Computer area	<input type="checkbox"/>	<input type="checkbox"/>
h. Science or nature area with manipulatives	<input type="checkbox"/>	<input type="checkbox"/>
i. Dramatic play area or corner	<input type="checkbox"/>	<input type="checkbox"/>
j. Art area	<input type="checkbox"/>	<input type="checkbox"/>



B3. During a typical day, how much time per day would you estimate that you spend on classroom discipline and handling disruptive behavior? MARK ONE RESPONSE.

- Less than 15 minutes a day
- 15 minutes to less than 30 minutes a day
- 30 minutes to less than 45 minutes a day
- 45 minutes to less than 1 hour a day
- 1 hour to less than 2 hours a day
- 2 hours or more a day

B4a. 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. Theater/creative dramatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Foreign language (excluding English for ELL students)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B4b. 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	1 ½ to less than 2 hours	2 to less than 2 ½ hours	2 ½ to less than 3 hours	3 hours or more
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
i. Theater/ creative dramatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Foreign language (excluding English for ELL students)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B5. In an average week, how often do you divide your class or classes into achievement groups for reading and math activities or lessons? *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	<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"/>

**IF YOUR RESPONSE
IS "NEVER" FOR
BOTH a AND b, SKIP
TO Q B7.**



- B6. On days when you use achievement grouping, how many groups do you have in your class or classes? How many minutes are your class or classes usually divided into achievement groups for reading and math activities or lessons?**

IF YOU HAVE MORE THAN ONE CLASS, WRITE THE AVERAGE FOR YOUR CLASSES. IF YOU DO NOT USE ACHIEVEMENT GROUPING IN THE SUBJECT LISTED, PLEASE WRITE "0" IN THE NUMBER BOX AND SKIP TO THE NEXT QUESTION.

	Number of achievement groups	1-15 minutes/day	16-30 minutes/day	31-60 minutes/day	More than 60 minutes/day
a. Reading	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B7. How often do the children in your class or classes do the following activities? MARK ONE RESPONSE ON EACH ROW.**

	No library or media center in this school	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
a. Go to the school library or media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Borrow materials from the library or media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B8. How many days a week do children have recess? WRITE NUMBER IN BOX. IF NONE, WRITE "0" AND SKIP TO Q B10.**

Days per week

- B9. On days when children have recess, between the school day starting time and the dismissal time, how many times a day do children have recess? MARK ONE RESPONSE.**

- Once
 Twice
 Three or more times



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

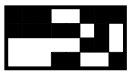
	No time	1-15 minutes	16-30 minutes	31-45 minutes	Longer than 45 minutes
a. Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Free play indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>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

B11. Do any of the following staff members provide direct instruction to students in your class 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 YES OR NO ON EACH ROW.*

	Yes	No
a. A READING specialist/interventionist who has specialized training in reading instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. A MATH specialist/interventionist who has specialized training in math instruction	<input type="checkbox"/>	<input type="checkbox"/>
c. A special education teacher	<input type="checkbox"/>	<input type="checkbox"/>

B12. How many hours a week do different types of paid paraprofessionals/aides and/or volunteers usually work directly with children on instructional tasks either in your classroom or in a pull-out setting? *WRITE THE NUMBER OF HOURS IN THE APPROPRIATE BOXES BELOW. IF NONE, WRITE "0."*

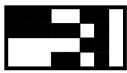
a. General paraprofessionals/aides	<input type="text"/> <input type="text"/> <input type="text"/>	Hours per week
b. Special education paraprofessionals/aides	<input type="text"/> <input type="text"/> <input type="text"/>	Hours per week
c. ESL or bilingual education paraprofessionals/aides	<input type="text"/> <input type="text"/> <input type="text"/>	Hours per week
d. Volunteers (for example, parents, high school students, community members)	<input type="text"/> <input type="text"/> <input type="text"/>	Hours per week



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B13. How often are the following materials or resources used in your class or classes? *MARK ONE RESPONSE ON EACH ROW.*

	<u>Not available</u>	<u>Never</u>	<u>Once a month or less</u>	<u>Two or three times a month</u>	<u>Once or twice a week</u>	<u>Three or four times a week</u>	<u>Daily</u>
a. Art materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Musical instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Costumes for creative dramatics/theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cooking or food related items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Science equipment (for example, magnifying glass, scales, thermometers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- B14.** Please report the following about the computers in your classroom. Please include any desktop, laptop, or other computer-type device (for example, tablets) used for instructional or administrative purposes.

In row a, report the number of computers that are located in your classroom everyday and the number of these with Internet access. *IF NONE, WRITE "0."*

In row b, report the number of computers that can be brought into your classroom (for example, laptops on carts) and the number of these that have Internet access. Indicate the number that are generally brought in at one time. *IF NONE, WRITE "0."*

	<u>Total number of devices</u>	<u>Number with Internet access</u>
a. Located in your classroom every day	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Can be brought into your classroom (for example, laptop on carts)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

- B15.** How frequently do you or your students use computers or the following electronic devices for instructional purposes? Please include any desktop, laptop, or other computer-type devices. *MARK ONE RESPONSE ON EACH ROW.*

	<u>Not available</u>	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Often</u>
a. Computer (desktop, laptop or other computer-type device such as a tablet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. LCD or DLP projector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interactive whiteboard (for example, SMART Board, Activboard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Digital camera (still or video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. CD player or MP3 player/iPod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. DVD player or VCR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C. INSTRUCTIONAL ACTIVITIES AND CURRICULAR FOCUS

Reading and Language Arts Instruction

C1. How often do you use the following resources to teach reading in your class or classes? *MARK ONE RESPONSE ON EACH ROW.*

	<u>Never or hardly ever</u>	<u>Once or twice a month</u>	<u>Once or twice a week</u>	<u>Almost every day</u>
a. Basal reading series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children's newspapers and/or magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading kits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Computer software for reading instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A variety of trade books (for example, novels, collections of poetry, nonfiction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Materials from other subjects (for example, science, social studies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. 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. Perform plays and skits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Write stories in a journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Work in mixed-achievement groups on language arts activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Peer tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Read text with controlled vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Read text with strong phonetic patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. 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"/>

- C3.** For this school year as a whole, please indicate how often each of the following **READING and LANGUAGE ARTS** skills is taught in your class or classes. *MARK ONE RESPONSE ON EACH ROW.*

	Not Taught		Taught				
	Taught at a higher grade level	Children should already know	Once a month or less	2 to 3 times a month	1 to 2 times a week	3 to 4 times a week	Daily
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. Alphabet and letter recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Matching letters to sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing own name (first and last)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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"/>
f. 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"/>
g. 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"/>
h. 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"/>
i. 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"/>
j. 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"/>
k. Making predictions based on text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Using context cues for comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Communicating complete ideas orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. 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"/>
o. 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"/>
p. 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"/>
q. Composing and writing stories with an understandable beginning, middle, and end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



C3. (CONTINUED) For this school year as a whole, please indicate how often each of the following **READING** and **LANGUAGE ARTS** skills is taught in your class or classes. *MARK ONE RESPONSE ON EACH ROW.*

	Not Taught		Taught				
	Taught at a higher grade level	Children should already know	Once a month or less	2 to 3 times a month	1 to 2 times a week	3 to 4 times a week	Daily
r. Conventional spelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Alphabetizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Reading aloud fluently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mathematics Instruction

C4. How often do children in your class or classes do each of the following MATH activities?
MARK ONE 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. Work with counting manipulatives to learn basic operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Play math-related games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use a calculator for math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use music to understand math concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 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"/>
h. 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"/>
i. 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"/>
j. Engage in calendar-related activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Do math worksheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Do math problems from their textbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Complete math problems on the chalkboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. 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"/>
o. 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"/>
p. Work in mixed achievement groups on math activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Peer tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. 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"/>



C5. For this school year as a whole, please indicate how often each of the following MATH skills is taught in your class or classes. *MARK ONE RESPONSE ON EACH ROW.*

	Not Taught		Taught				
	Taught at a higher grade level	Children should already know	Once a month or less	2 to 3 times a month	1 to 2 times a week	3 to 4 times a week	Daily
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. Writing all numbers between 1 and 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 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"/>
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. Writing all numbers between 1 and 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 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"/>
g. Identifying relative quantity (for example, equal, less, more, least, most)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 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"/>
i. 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"/>
j. 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"/>
k. Recognizing the value of coins and currency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. 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"/>
m. 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"/>
n. Place value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Reading two-digit numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Reading three-digit numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

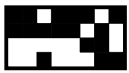
- C5. (CONTINUED) For this school year as a whole, please indicate how often each of the following MATH skills is taught in your class or classes. *MARK ONE RESPONSE ON EACH ROW.*

	Not Taught		Taught				
	Taught at a higher grade level	Children should already know	Once a month or less	2 to 3 times a month	1 to 2 times a week	3 to 4 times a week	Daily
q. Reading simple graphs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. 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"/>
s. Fractions (for example, recognizing that $\frac{1}{4}$ of a circle is colored)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Ordinal numbers (for example, first, second, third)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Using measuring instruments accurately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Telling time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Estimating quantities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Estimating probability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Writing math equations to solve word problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Science and Social Studies Instruction**

- C6.** For this school year as a whole, please indicate if each of the following **SCIENCE** or **SOCIAL STUDIES** topics or skills is taught in your class or classes. *MARK ONE RESPONSE ON EACH ROW.*

	<u>Taught in my class or classes</u>	<u>Not taught in my class or classes</u>
a. Human body	<input type="checkbox"/>	<input type="checkbox"/>
b. Plants and animals	<input type="checkbox"/>	<input type="checkbox"/>
c. Dinosaurs and fossils	<input type="checkbox"/>	<input type="checkbox"/>
d. Solar system and space	<input type="checkbox"/>	<input type="checkbox"/>
e. Weather (for example, rainy, sunny)	<input type="checkbox"/>	<input type="checkbox"/>
f. Understand and measure temperature	<input type="checkbox"/>	<input type="checkbox"/>
g. Water	<input type="checkbox"/>	<input type="checkbox"/>
h. Sound	<input type="checkbox"/>	<input type="checkbox"/>
i. Light	<input type="checkbox"/>	<input type="checkbox"/>
j. Magnetism and electricity	<input type="checkbox"/>	<input type="checkbox"/>
k. Machines and motors	<input type="checkbox"/>	<input type="checkbox"/>
l. Tools and their uses	<input type="checkbox"/>	<input type="checkbox"/>
m. Health, safety, nutrition, and personal hygiene	<input type="checkbox"/>	<input type="checkbox"/>
n. Important figures and events in American history	<input type="checkbox"/>	<input type="checkbox"/>
o. Community resources (for example, grocery store, police)	<input type="checkbox"/>	<input type="checkbox"/>
p. Map-reading skills	<input type="checkbox"/>	<input type="checkbox"/>



- C6. (CONTINUED) For this school year as a whole, please indicate if each of the following SCIENCE or SOCIAL STUDIES topics or skills is taught in your class or classes. MARK ONE RESPONSE ON EACH ROW.**

	<u>Taught in my class or classes</u>	<u>Not taught in my class or classes</u>
q. Different cultures	<input type="checkbox"/>	<input type="checkbox"/>
r. Reasons for rules, laws, and government	<input type="checkbox"/>	<input type="checkbox"/>
s. Ecology	<input type="checkbox"/>	<input type="checkbox"/>
t. Geography	<input type="checkbox"/>	<input type="checkbox"/>
u. Scientific method	<input type="checkbox"/>	<input type="checkbox"/>
v. Social problem solving	<input type="checkbox"/>	<input type="checkbox"/>
w. Hands-on activities or investigations in science	<input type="checkbox"/>	<input type="checkbox"/>
x. Laboratory skills or techniques	<input type="checkbox"/>	<input type="checkbox"/>
y. Communicating ideas in science	<input type="checkbox"/>	<input type="checkbox"/>
z. Relevance of science to society	<input type="checkbox"/>	<input type="checkbox"/>
aa. Community service	<input type="checkbox"/>	<input type="checkbox"/>
bb. Current events in the news	<input type="checkbox"/>	<input type="checkbox"/>

- C7. 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 (SKIP TO Q D1)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

- C8. On days when homework is assigned, how much time do you expect children to spend on homework in the following areas? MARK ONE RESPONSE FOR EACH ROW.**

	<u>I never assign homework</u>	<u>1 to 10 minutes</u>	<u>11 to 20 minutes</u>	<u>21 to 30 minutes</u>	<u>More than 30 minutes</u>
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"/>



64006

SECTION D. PARENT INVOLVEMENT

D1. 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.

	<u>None</u>	<u>1-25%</u>	<u>26-50%</u>	<u>51-75%</u>	<u>76% or more</u>
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"/>



64006

D3. During this school year, have you made contacts with parents in the following ways? MARK ONE RESPONSE ON EACH ROW.

	<u>Never</u>	<u>One to two times</u>	<u>Three to five times</u>	<u>Six to ten times</u>	<u>11 to 14 times</u>	<u>15 or more times</u>
a. Sent home letters, newsletters, or other notices addressed to all parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Shared portfolios or other collections of children's work for parents to see	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Used e-mail, list-serve, or class/school website to send out classroom updates or information to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Used e-mail or written notes to address individual questions or concerns of parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Talked to parents by telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



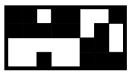
SECTION E. EVALUATION AND GRADING PRACTICES

E1. How important is each of the following in evaluating the children in your class or classes for reporting to parents? MARK ONE RESPONSE ON EACH ROW.

	<u>Not important</u>	<u>Somewhat important</u>	<u>Very important</u>	<u>Extremely important</u>
a. Individual child's achievement relative to the rest of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual child's achievement relative to local, state, or professional standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Individual improvement or progress over past performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Daily attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Classroom behavior or conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cooperativeness with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2. Across all subjects, how often do you use the following to assess your students? MARK ONE RESPONSE ON EACH ROW.

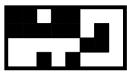
	<u>Never</u>	<u>1 or 2 times a year</u>	<u>3 to 8 times a year</u>	<u>1 or 2 times a month</u>	<u>1 or 2 times a week</u>	<u>3 or more times a week</u>
a. State or local standardized tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Classroom tests or quizzes (including those made by you and those from other sources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Individual or group projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worksheets that you grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work samples (for example, writing sample, brief story, report)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



64006

E3. Which of the following do you use to provide parents with information about their children's performance? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Standard report card (for example, a letter grade assigned for each subject)	<input type="checkbox"/>	<input type="checkbox"/>
b. Progress report form (narrative report)	<input type="checkbox"/>	<input type="checkbox"/>
c. Competency based checklists	<input type="checkbox"/>	<input type="checkbox"/>
d. Portfolio of child's work	<input type="checkbox"/>	<input type="checkbox"/>
e. Standardized test scores	<input type="checkbox"/>	<input type="checkbox"/>
f. Benchmark assessments	<input type="checkbox"/>	<input type="checkbox"/>



SECTION F. SCHOOL AND STAFF ACTIVITIES

F1. Did you participate in any professional development* within the last 12 months? MARK ONE RESPONSE.

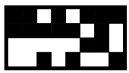
Yes

No (**SKIP TO Q G1**)

* Professional development may include continuing formal education; courses, conferences, workshops, or in-service training; staff meetings that include staff development activities; and receiving coaching or mentoring.

F2. During the past 12 months, how often have you participated in the following staff development and training activities? MARK ONE RESPONSE ON EACH ROW.

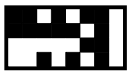
	<u>Never</u>	<u>Once</u>	<u>2 times</u>	<u>3 to 4 times</u>	<u>More than 4 times</u>
a. Workshops involving study groups or small-group problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Direct instruction from an outside consultant on a specific topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Release time for attending professional conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. College or university courses related to your profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional development via distance learning (web-based, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Workshops on using computers and technology in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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F3. How often did you participate in professional development activities covering the following topics in the last 12 months? MARK ONE RESPONSE ON EACH ROW.

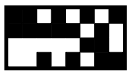
	Never	Once	2 times	3 to 4 times	More than 4 times
a. How to use assessment data to identify students who are struggling or at risk of failure in READING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How to use assessment data to identify students who are struggling or at risk of failure in MATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to use and apply assessment data to guide READING instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How to use and apply assessment data to guide MATH instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to implement the READING curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How to implement the MATH curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

G1. How important do you believe the following characteristics are for a child to be ready for kindergarten? *MARK ONE RESPONSE ON EACH ROW.*

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



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G2. Please indicate the extent to which you agree or disagree with each of the following statements about your school. *MARK ONE RESPONSE ON EACH ROW.*

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
a. The level of child misbehavior (for example, noise, horseplay, or fighting in the halls or cafeteria) in this school interferes with my teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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"/>
c. I feel accepted and respected as a colleague by most staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teachers in this school are continually learning and seeking new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Routine administrative duties and paperwork interfere with my job of teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parents are supportive of school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. There is a great deal of cooperative effort among the staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. In this school, staff members are recognized for a job well done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The academic standards at this school are too low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. There is broad agreement among the entire school faculty about the central mission of the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The school administrator sets priorities, makes plans, and sees that they are carried out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. The school administration's behavior toward the staff is supportive and encouraging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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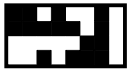
G3. To what extent do you agree or disagree with the following statements? *MARK ONE RESPONSE ON EACH ROW.*

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
a. I am adequately trained to teach the children with disabilities who are in my class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inclusion of children with disabilities in my class has worked well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am adequately trained to teach English language learners in my class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Inclusion of English language learners in my class has worked well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have the resources I need to teach the children in my class who have disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have the resources I need to teach the children in my class who are English Language Learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



G4. To what extent do you agree or disagree with each of the following statements? *MARK ONE RESPONSE ON EACH ROW.*

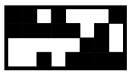
	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. If I try really hard, I can get through even to the most difficult or unmotivated students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If some students in my class are not doing well, I feel that I should change my approach to the subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. By trying a different teaching method, I can significantly affect a student's achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 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"/>
e. 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"/>
f. 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"/>
g. The attitudes and habits students bring to my class greatly reduce their chances for academic success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My success or failure in teaching is due primarily to factors beyond my control rather than to my own effort or ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. 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"/>
j. If a student did not remember information I gave in a previous lesson, I would know how to increase his/her retention in the next lesson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. If a student in my class becomes disruptive and noisy, I feel assured that I know some techniques to redirect him/her quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I really enjoy my present teaching job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. 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"/>
n. If I could start over, I would choose teaching again as my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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G5. Indicate how much you agree or disagree with the following statements about your school and staff. *MARK ONE RESPONSE ON EACH ROW.*

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
a. There is a consensus among administrators and teachers on goals and expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We have an active professional development program for teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Teachers are very active in planning staff development activities in this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION H. TEACHER BACKGROUND

H1. What is your gender? MARK ONE RESPONSE.

Male

Female

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

1	9		
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YEAR

H3. Are you Hispanic or Latino? MARK ONE RESPONSE.

Yes

No

H4. Which best describes your race? MARK ONE OR MORE RESPONSES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

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

Did not complete high school

High school diploma or equivalent/GED

Some college or technical or vocational school

Associate's degree

Bachelor's degree

Master's degree

An advanced professional degree beyond a master's degree (for example, Ph.D., MD)



H6. What is the highest level of education completed by your own parents? 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, Ph.D., MD)

H7. Counting this school year, how many years have you taught each of the following grades and programs?

WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.0, 3.5). PLEASE INCLUDE PART-TIME TEACHING. WRITE "0" IF YOU HAVE NEVER TAUGHT THE GRADE OR PROGRAM LISTED.

	Total years grade or program taught
a. Preschool or Head Start	□ □ . □
b. Kindergarten (including transitional/readiness kindergarten and transitional/pre-1st grade)	□ □ . □
c. First grade	□ □ . □
d. Second through fifth grade	□ □ . □
e. Sixth grade or higher	□ □ . □
f. English as a Second Language (ESL)	□ □ . □
g. Bilingual education program	□ □ . □
h. Dual-language program	□ □ . □
i. Special education program	□ □ . □
j. Physical education program	□ □ . □
k. Art or music program	□ □ . □



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H8. Counting this school year, how many years have you taught in your current school, including part-time teaching? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.0, 3.5). IF THIS IS YOUR FIRST SEMESTER TEACHING IN THIS SCHOOL, WRITE "0.5."

. Years

H9. Counting this school year, how many years have you been a schoolteacher? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.0, 3.5). IF THIS IS YOUR FIRST SEMESTER TEACHING, WRITE "0.5."

. Years

H10. Have you taken the exam for National Board for Professional Teaching Standards certification? MARK ONE RESPONSE.

- Not taken
- Taken and passed
- Taken and have not yet passed
- Taken and awaiting test results

H11a. What is the name of the college or university where you earned your highest degree?

COLLEGE OR UNIVERSITY

H11b. In what city and state is it located?

CITY

STATE

CHECK HERE IF YOU DO NOT HAVE A DEGREE FROM A COLLEGE OR UNIVERSITY.
(SKIP TO Q H14)



H12. If you have an associate's or bachelor's degree, indicate your undergraduate major field of study. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
c. Special education	<input type="checkbox"/>	<input type="checkbox"/>
d. Other education-related major (such as secondary education, educational psychology, education administration, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Non-education major (such as history, English, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

H13. If you have a graduate degree, indicate the major field of study of your highest level graduate degree. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
c. Special education	<input type="checkbox"/>	<input type="checkbox"/>
d. Other education-related major (such as secondary education, educational psychology, education administration, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Non-education major (such as history, English, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

H14. Have you ever taken a college course in the following areas? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Special education	<input type="checkbox"/>	<input type="checkbox"/>
c. English as a Second Language (ESL) or teaching English language learners	<input type="checkbox"/>	<input type="checkbox"/>
d. Child development	<input type="checkbox"/>	<input type="checkbox"/>



H15. Have you ever taken a college course that addressed issues related to the following? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Using published research evidence to identify and select effective interventions and supports for students	<input type="checkbox"/>	<input type="checkbox"/>
b. Using formal assessment data to inform the choice of READING interventions and supports for students	<input type="checkbox"/>	<input type="checkbox"/>
c. Using formal assessment data to inform the choice of MATH interventions and supports for students	<input type="checkbox"/>	<input type="checkbox"/>
d. Using data to inform the choice of behavioral interventions and supports for students	<input type="checkbox"/>	<input type="checkbox"/>

H16. Which of the following describes the teaching certificate you currently hold in THIS state? MARK ONE RESPONSE.

- Regular or standard state certificate or advanced professional certificate.
- Certificate issued after satisfying all requirements except the completion of a probationary period.
- Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained.
- Certificate issued to persons who must complete a certification program in order to continue teaching.
- I do not hold any of the above certifications in THIS state. **(SKIP TO Q H19)**

H17. In what areas are you certified? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
b. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
c. Special education	<input type="checkbox"/>	<input type="checkbox"/>
d. English as a Second Language (ESL) or instruction for English language learners or bilingual education	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; width: 300px; height: 30px; margin: 0 auto;"></div>		



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H18. This school year, do you qualify as a "Highly Qualified Teacher (HQT)" according to your state's requirements? *MARK ONE RESPONSE.*

Generally, to be Highly Qualified, teachers must meet requirements related to having 1) a bachelor's degree, 2) full state certification, and 3) demonstrated competency in the subject area(s) taught. The HQT requirement is a provision under the Elementary and Secondary Education Act, as reauthorized by the No Child Left Behind Act of 2001.

- Yes
- No
- I don't know

H19. Date Questionnaire Completed:

		2	0	1	2
MONTH	DAY	YEAR			

THANK YOU FOR YOUR COOPERATION



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C - No DR

C - DR Comp

C - DR Ref

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