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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 contains several sections:

- a) Classroom and student characteristics
- b) Class organization and resources
- c) Parent involvement
- d) Evaluation and grading practices
- e) School and staff activities
- f) Views on school climate and the school environment
- g) 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 page 4) or by writing your responses in the space provided. Your best estimates are acceptable answers.

DEFINING "YOUR CLASS"

Most of the items in this questionnaire ask you to provide information about "your class." By the term "your class," we generally mean the group of students who spend the majority of their school day with you--though some or all of them may leave your classroom for certain activities, including some academic instruction.

In some schools, it may be easy for a teacher to decide which group of children to consider as his or her class, while in other schools it may not be as easy to decide. **If you are not sure what group of children to think about when answering questions about "your class," please ask for assistance from the ECLS-K:2011 study representatives when they visit your school.**

THANK YOU VERY MUCH FOR YOUR HELP.



MARKING DIRECTIONS

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

MARKING BOXES

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

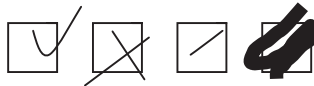
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



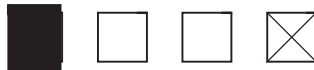
Incorrect Marks:

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



How to Change an Answer:

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



PRINTING ANSWERS IN BOXES

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

Write one number per box like this:



Write words like this:



**SECTION A. CLASSROOM AND STUDENT CHARACTERISTICS****A1. As of today's date, how many children...***WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN IN A PARTICULAR CATEGORY, WRITE "0."*

	<u>Number of children</u>
a. Are currently enrolled in your class?	<input type="text"/> <input type="text"/>
b. Have joined the class since the beginning of the school year?	<input type="text"/> <input type="text"/>
c. Have left the class since the beginning of the school year?	<input type="text"/> <input type="text"/>
d. Are boys?	<input type="text"/> <input type="text"/>
e. Are girls?	<input type="text"/> <input type="text"/>

A2. What grade levels are included in your class? MARK ALL THAT APPLY.

a. 1st grade	<input type="checkbox"/>
b. 2nd grade	<input type="checkbox"/>
c. 3rd grade	<input type="checkbox"/>
d. 4th grade	<input type="checkbox"/>
e. 5th grade or higher	<input type="checkbox"/>

A3. During this school year have you taught the following subjects to any or all of the students in your class? MARK ONE RESPONSE ON EACH ROW.

	<u>Yes, to all of the students in my class</u>	<u>Yes, to some of the students in my class</u>	<u>No, not to any of the students in my class</u>
a. Reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



A4. How many of the children in your class are repeating this grade this year? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

Number of children repeating this grade

A5. How many children in your class ...
WRITE NUMBER IN BOX. IF NONE, WRITE "0."

Number of children

a. Are classified as Gifted and Talented?	<input type="text"/> <input type="text"/>
b. Are participating in a Gifted and Talented program?	<input type="text"/> <input type="text"/>

A6. How many children in your class ...
WRITE NUMBER IN BOX. IF NONE, WRITE "0."

Number of children

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

A7. How many children in your class are below grade level, about on grade level, or above grade level in each of the following subjects?

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

	Below grade level	About on grade level	Above grade level
a. English reading skills?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. Mathematics skills?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>



A8. At this point in the school year, how would you rate the behavior of the children in your class? MARK ONE RESPONSE.

- Group misbehaves very frequently and is almost always difficult to handle.
- Group misbehaves frequently and is often difficult to handle.
- Group misbehaves occasionally.
- Group behaves well.
- Group behaves exceptionally well.

A9. Approximately what percentage of the students in your classroom demonstrates the following problems? MARK ONE RESPONSE ON EACH ROW.

	0%	1-10%	11-25%	26-50%	51-75%	76-100%
a. Have difficulty paying attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Lack self-control (disruptive behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are rejected by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Do not accept authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Abry, T., Swanson, J., and Fabes, R. A. (2012). *The Classroom Environment Student Difficulties Scale*. Arizona State University, Unpublished measure. Adapted with permission.

A10. How many children in your class have a diagnosed disability? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

		Number of children
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A11. Do you have any children who are English language learners in your class? (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 ONE RESPONSE.

- Yes
- No (SKIP TO Q B1)



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A12. How many English language learners (ELLs) do you have in your class? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

		Number of ELL children
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A13. What languages are spoken by you or any other teacher or aide to the ELL children in your class for academic instruction, instructional support, or conversation? MARK ALL THAT APPLY.

a. English	<input type="checkbox"/>
b. Spanish	<input type="checkbox"/>
c. Vietnamese	<input type="checkbox"/>
d. A Chinese language	<input type="checkbox"/>
e. Japanese	<input type="checkbox"/>
f. Korean	<input type="checkbox"/>
g. A Filipino language	<input type="checkbox"/>
h. Arabic	<input type="checkbox"/>
i. An Asian Indian language	<input type="checkbox"/>
j. Sign language	<input type="checkbox"/>
k. Other language (PLEASE SPECIFY)	<input type="checkbox"/>
<input style="width: 480px; height: 30px;" type="text"/>	



SECTION B. CLASS ORGANIZATION AND RESOURCES

B1. 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

B2. How often does the typical child in your class 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"/>



B3. On the days children work in these areas, how much time does the typical child in your class 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"/>

B4. How often do the children in your class go to the school library or media center? *MARK ONE RESPONSE.*

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

B5. How many days a week do children have recess? *WRITE NUMBER IN BOX. IF NONE, WRITE "0" AND SKIP TO Q B7.*

Days per week



B6. 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

B7. In a typical day, how much time do children in your class 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 outdoors (including recess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B8. 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"/>



- B9.** 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.*

	Not available	Never	Rarely	Sometimes	Often
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"/>
h. Other electronic devices (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B10.** 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 C1**)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days

- B11.** On days when homework is assigned, how much time do you expect children to spend on homework in the following areas? *MARK ONE RESPONSE ON EACH ROW.*

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

**SECTION C. PARENT INVOLVEMENT**

C1. How many regularly scheduled conferences do you have with a parent or guardian of each child in your class during the school year? MARK ONE RESPONSE.

- No conferences
 One conference
 Two conferences
 Three or more conferences

C2. What percentage of children in your class have parents who participate in the following activities? MARK ONE RESPONSE ON EACH ROW.

	<u>0%</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"/>

**SECTION D. EVALUATION AND GRADING PRACTICES**

D1. How important is each of the following in evaluating the children in your class 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"/>



D2. How often do you use a formal assessment in READING for the following purposes? MARK ONE RESPONSE ON EACH ROW.

	Never	Once a year	2 times a year	3 to 4 times a year	5 to 8 times a year	1 to 2 times a month	1 to 2 times a week
a. To evaluate how well each student is responding to the core curriculum provided in the general education classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To monitor each student's progress on specific skills over the school year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To identify the deficits in specific skills of struggling students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. To monitor the progress of students who fall below benchmark levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. To determine whether students need placement in a more or less intensive level of instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3. How often do you use a formal assessment in MATH for the following purposes? MARK ONE RESPONSE ON EACH ROW.

	Never	Once a year	2 times a year	3 to 4 times a year	5 to 8 times a year	1 to 2 times a month	1 to 2 times a week
a. To evaluate how well each student is responding to the core curriculum provided in the general education classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To monitor each student's progress on specific skills over the school year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To identify the deficits in specific skills of struggling students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. To monitor the progress of students who fall below benchmark levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. To determine whether students need placement in a more or less intensive level of instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SECTION E. SCHOOL AND STAFF ACTIVITIES

E1. Did you participate in any professional development* within the last 12 months? MARK ONE RESPONSE.

Yes

No (SKIP TO Q E3)

* 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.

E2. 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"/>



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E3. Have you received support from any of the following staff members during the current academic year? MARK ONE RESPONSE ON EACH ROW. IF THE RESOURCE IS NOT AVAILABLE TO YOU, MARK THE LAST COLUMN.

	Yes, support received	No, support not received but available	Resource not available
a. A school or district staff member whose role is to provide ongoing training and support to classroom teachers in the delivery of effective READING instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A school or district staff member whose role is to provide ongoing training and support to classroom teachers in the delivery of effective MATH instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A school or district staff member who provides ongoing training and support to classroom teachers in the delivery of effective behavioral supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A school or district staff member to support teachers in collecting, organizing, and managing assessment data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A school or district staff member to support teachers in the interpretation and use of assessment data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SECTION F. VIEWS ON SCHOOL CLIMATE AND SCHOOL ENVIRONMENT

F1. 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.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
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. Parents are supportive of school staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 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"/>
e. 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"/>
f. The academic standards at this school are too low.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 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"/>
h. 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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F2. 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 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"/>
d. I am adequately trained to teach a class of students who have a wide range of READING skills.	<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 a class of students who have a wide range of READING skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am adequately trained to teach a class of students who have a wide range of MATH skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have the resources I need to teach a class of students who have a wide range of MATH skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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F3. To what extent do you agree or disagree with each of the following statements? 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 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"/>
b. 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"/>
c. 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"/>
d. I really enjoy my present teaching job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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"/>

F4. For each of the following statements about READING, indicate how strongly you agree or disagree. 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>	<u>Don't know</u>
a. This school has a set of clear, predetermined, grade-level benchmarks (that is, cut scores, goals/targets, or percentiles) that are used to determine which students are struggling or at risk of failure in reading in <u>third grade</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This school has clear, predetermined criteria for determining the level of intervention <u>third-grade students</u> will receive in reading.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This school has clear, predetermined criteria for determining when <u>third-grade students</u> no longer need a reading intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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F5. For each of the following statements about MATH, indicate how strongly you agree or disagree.
 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>	<u>Don't know</u>
a. This school has a set of clear, predetermined, grade-level benchmarks (that is, cut scores, goals/targets, or percentiles) that are used to determine which students are struggling or at risk of failure in math in <u>third grade</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This school has clear, predetermined criteria for determining the level of intervention <u>third-grade students</u> will receive in math.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This school has clear, predetermined criteria for determining when <u>third-grade students</u> no longer need a math intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SECTION G. TEACHER BACKGROUND

G1. What is your gender? MARK ONE RESPONSE.

- Male
- Female

G2. In what year were you born? WRITE IN YEAR BELOW.

1	9		
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YEAR

G3. Are you Hispanic or Latino? MARK ONE RESPONSE.

- Yes
- No

G4. 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

G5. 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)



G6. Counting this school year, how many years have you taught each of the following grades and programs, including years in which you taught part time?

WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR TEACHING, WRITE "1." WRITE "0" IF YOU HAVE NEVER TAUGHT THE GRADE OR PROGRAM LISTED.

	Total years grade or program taught
a. Preschool or kindergarten	<input type="text"/> <input type="text"/>
b. First grade	<input type="text"/> <input type="text"/>
c. Second grade	<input type="text"/> <input type="text"/>
d. Third grade	<input type="text"/> <input type="text"/>
e. Fourth grade	<input type="text"/> <input type="text"/>
f. Fifth grade	<input type="text"/> <input type="text"/>
g. Sixth grade or higher	<input type="text"/> <input type="text"/>
h. English as a Second Language (ESL), bilingual education, and/or dual language program	<input type="text"/> <input type="text"/>
i. Special education program	<input type="text"/> <input type="text"/>
j. Program for gifted children	<input type="text"/> <input type="text"/>

G7. Counting this school year, how many total years have you been a schoolteacher, including years in which you taught part time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."

Year(s)

G8. Is this school year the first year you have taught in this school? MARK ONE RESPONSE.

Yes

No

IF YOU DO **NOT** HAVE A DEGREE FROM A COLLEGE OR UNIVERSITY, CHECK HERE. (SKIP TO Q G11)



G9. 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"/>

G10. 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"/>

G11. 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"/>



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G12. 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.

G13. Date Questionnaire Completed:

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

THANK YOU FOR YOUR COOPERATION!



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For Office Use Only

C - No DR

C - DR Comp

C - DR Ref

Ref



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