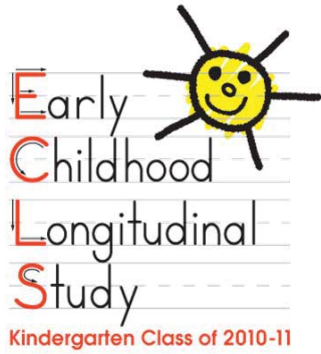




25276



Spring 2015 Teacher Questionnaire

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

**Westat
Rockville, Maryland**

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

RETURN THIS COMPLETED QUESTIONNAIRE IN THE SEALED TYVEK® ENVELOPE DIRECTLY TO YOUR SCHOOL COORDINATOR OR AN ECLS-K:2011 STAFF MEMBER. DO NOT MAIL THIS QUESTIONNAIRE UNLESS YOU ARE ASKED TO DO SO BY STUDY STAFF AND ARE PROVIDED WITH AN ENVELOPE FOR MAILING.

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-0750. Approval expires 11/30/2017. The time required to complete this survey is estimated to average 13 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Early Childhood Longitudinal Study, National Center for Education Statistics, 1990 K Street, N.W., Washington, D.C. 20006-5574.

The collection of information in this survey is authorized by 20 U.S. Code, Section 9543. 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.



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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 teach one or more of the children who are participants in this study.

The Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011 (ECLS-K:2011) is collecting information from teachers of children who are in the study to investigate the relationship between children's academic progress and various school, classroom, teacher, and home characteristics. Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. However, only you can provide this information. Although we realize you are very busy, we urge you to complete this 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.

DEFINITIONS

For the purposes of this study, the following definition applies:

- 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.

THANK YOU VERY MUCH FOR YOUR HELP.



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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.

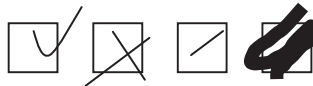
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



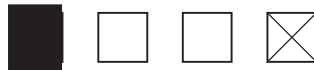
Incorrect Marks:

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:

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

Write words like this:

John Smith



SECTION A. STUDENT, SCHOOL, AND STAFF ACTIVITIES

A1. Which of the following subjects do you teach during this school year? MARK ONE RESPONSE ON EACH ROW.

	Yes	No
a. Reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>
c. Science	<input type="checkbox"/>	<input type="checkbox"/>
d. Social studies	<input type="checkbox"/>	<input type="checkbox"/>

A2. How often does the typical child in your class(es) 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"/>



A3. On the days children work in these areas, how much time does the typical child in your class(es) 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"/>

A4. How many days a week do children have recess? MARK ONE RESPONSE.

- Zero (no recess on any day) **(SKIP TO Q A6)**
- One
- Two
- Three
- Four
- Five
- Other/Varies by week



A5. 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.

- One
 Two
 Three
 Four
 Five
 Other/Varies by day

A6. What percentage of children in your class(es) have parents who participate in the following activities? MARK ONE RESPONSE ON EACH ROW.

	0%	1-25%	26-50%	51-75%	76% or more
a. Attend teacher-parent conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteer regularly to help in your classroom or another part of the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Attend open houses or parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Attend art/music events or demonstrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A7. How important is each of the following in evaluating the children in your class(es) for reporting to parents? MARK ONE RESPONSE ON EACH ROW.

	Not important	Somewhat important	Very important	Extremely important
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"/>

**SECTION B. VIEWS ON SCHOOL CLIMATE AND SCHOOL ENVIRONMENT**

B1. 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"/>

B2. 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. The attitudes and habits students bring to my class(es) 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"/>



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SECTION C. TEACHER BACKGROUND

C1. What is your gender? *MARK ONE RESPONSE.*

Male

Female

C2. In what year were you born? *WRITE IN YEAR BELOW.*

1	9		
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YEAR

C3. Are you Hispanic or Latino? *MARK ONE RESPONSE.*

Yes

No

C4. 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



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C5. 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.

	<u>Total years grade or program taught</u>
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"/>

C6. 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)

C7. Is this school year the first year you have taught in this school? *MARK ONE RESPONSE.*

Yes

No



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C8. What is the highest level of education you have completed? *MARK ONE RESPONSE.*

- Did not complete high school **(SKIP TO Q C11)**
- High school diploma or equivalent/GED **(SKIP TO Q C11)**
- Some college or technical or vocational school **(SKIP TO Q C11)**
- Associate's degree
- Bachelor's degree
- Master's degree
- An advanced professional degree beyond a master's degree (for example, Ph.D., MD)

C9. 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. English	<input type="checkbox"/>	<input type="checkbox"/>
d. Reading and/or language arts	<input type="checkbox"/>	<input type="checkbox"/>
e. Curriculum and instruction	<input type="checkbox"/>	<input type="checkbox"/>
f. Mathematics education	<input type="checkbox"/>	<input type="checkbox"/>
g. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>
h. Science education	<input type="checkbox"/>	<input type="checkbox"/>
i. Life science	<input type="checkbox"/>	<input type="checkbox"/>
j. Physical science	<input type="checkbox"/>	<input type="checkbox"/>
k. Earth science	<input type="checkbox"/>	<input type="checkbox"/>
l. Special education	<input type="checkbox"/>	<input type="checkbox"/>
m. Other education-related major (for example, secondary education, educational psychology, administration, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
n. Non-education major (for example, history, etc.)	<input type="checkbox"/>	<input type="checkbox"/>



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C10. 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. English	<input type="checkbox"/>	<input type="checkbox"/>
d. Reading and/or language arts	<input type="checkbox"/>	<input type="checkbox"/>
e. Curriculum and instruction	<input type="checkbox"/>	<input type="checkbox"/>
f. Mathematics education	<input type="checkbox"/>	<input type="checkbox"/>
g. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>
h. Science education	<input type="checkbox"/>	<input type="checkbox"/>
i. Life science	<input type="checkbox"/>	<input type="checkbox"/>
j. Physical science	<input type="checkbox"/>	<input type="checkbox"/>
k. Earth science	<input type="checkbox"/>	<input type="checkbox"/>
l. Special education	<input type="checkbox"/>	<input type="checkbox"/>
m. Other education-related major (for example, secondary education, educational psychology, administration, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
n. Non-education major (for example, history, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

C11. 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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C12. 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.

C13. Date Questionnaire Completed:

--	--

MONTH

--	--

DAY

2	0	1	5
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YEAR

THANK YOU FOR YOUR COOPERATION!



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C - No DR C - DR Comp

C - DR Ref Ref





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