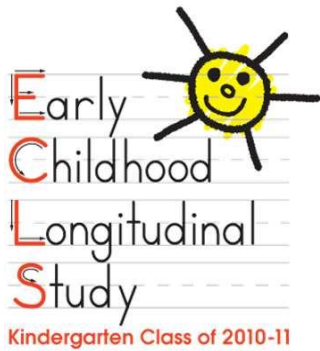




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# Spring 2013 Teacher Questionnaire Child Level

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 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"/>	<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"/>	<input type="text"/>	<input type="text"/>	T	<input type="text"/>	<input type="text"/>
C_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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C	<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 information collection is 1850-0750. Approval expires 10/31/2015. The time required to complete this information collection is estimated to average 20 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.



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**Dear Teacher,**

This questionnaire is a vital 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. The child who is the subject of this questionnaire is identified on the cover.

**The Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (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. 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.

**DEFINITIONS**

For the purposes of this study, the following definitions apply:

- Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP or an IFSP.
- Individualized Family Service Plan (IFSP): A written statement of the educational program and other services designed to enhance the family's capacity to meet the developmental needs of an infant or toddler (preschool-aged) with a disability. The plan includes a description of the appropriate services needed to assist transition into elementary school.



## TYPES OF LANGUAGE INSTRUCTION EDUCATIONAL PROGRAMS (LIEPS)<sup>1</sup>

### Programs that focus on developing students' literacy in two languages

- Two-way immersion program (TWI) or two-way bilingual program: The goal of these programs is to develop strong skills and proficiency in both students' home language and English. These programs may also be called dual language programs. These programs include students whose native language is not English (but who all speak the same non-English language) and students whose native language is English. Instruction is provided in both languages, typically starting with a smaller proportion of instruction in English, and gradually moving to half of the instruction in each language. Students typically stay in these programs throughout elementary school.
- Developmental bilingual program, late exit transitional program, or maintenance bilingual education program: The goal of these programs is to develop some skills and proficiency in students' home language and strong skills and proficiency in English. Content is taught in both languages by teachers fluent in both languages. These programs may also be called dual language programs. Instruction at lower grades is in the students' home language with a gradual transition to English. Students typically transition into mainstream classrooms with their English-speaking peers. The programs can vary in the focus placed on acquiring literacy in students' home language, but students generally do continue to receive some degree of support in their home language after the transition to English classrooms.
- Transitional program, early exit bilingual program, or early exit transitional program: The goal of these programs is to develop English proficiency skills as soon as possible, without delaying learning of academic core content. Instruction begins in students' home language but rapidly moves to English. Students typically are transitioned into mainstream classrooms with their English-speaking peers as soon as possible.
- Heritage language program or indigenous language program: The goal of these programs is to develop literacy in two languages. Content is taught in both languages by teachers fluent in both languages. These programs typically target non-English speakers with weak literacy skills in their home language.

### Programs that focus on developing students' literacy solely in English

- Sheltered English instruction or content-based English as a Second Language (ESL) program: The goal of these programs is to develop proficiency in English while learning content in an all-English setting. Students from various linguistic and cultural backgrounds can be in the same class. Instruction is adapted to students' proficiency in English and is supported by visual aids and support in the students' home languages as available. Fully developed prototypes of this program include Sheltered Instruction Observational Protocol (SIOP) and Specially Designed Academic Instruction in English (SDAIE).
- Structured English Immersion (SEI): The goal of SEI is to develop fluency in English. This program usually serves only English language learners. All instruction is in English, though the instruction is adjusted to the English proficiency level of students so subject matter is comprehensible. Teachers may have some receptive skills in the students' home language(s) and generally use sheltered instructional techniques.
- Pull-out English as a Second Language (ESL) or English Language Development (ELD): The goal of these programs is to develop fluency in English. ELL students leave their mainstream classroom for part of the day to receive ESL instruction, which generally focuses on grammar, vocabulary, and communication skills, not academic content. There typically is no support provided for students' home languages.
- Push-in English as a Second Language (ESL) program: The goal of push-in ESL is to develop fluency in English. Students receive ESL instruction in a mainstream classroom, with instruction in English with some native language support if needed. The ESL teacher or an instructional aide provides clarification, translation if needed, and uses ESL strategies.

**THANK YOU VERY MUCH FOR YOUR HELP.**

<sup>1</sup> National Clearinghouse for English Language Acquisition. (n.d.). Types of language instruction educational programs (LIEPs). Retrieved [January 6, 2012] from [http://www.ncele.gwu.edu/files/uploads/5/Language\\_Instruction\\_Educational\\_Programs.pdf](http://www.ncele.gwu.edu/files/uploads/5/Language_Instruction_Educational_Programs.pdf).



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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.

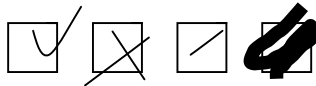
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

#### Correct Mark:



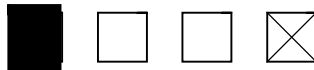
#### Incorrect Marks:

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

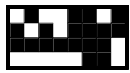
Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write one number per box like this:

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

Write words like this:

John Smith
------------



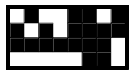
### A. Social Skills

Teachers rated children in their classroom on social skills (including their ability to exercise self-control, interact with others, resolve conflict, and participate in group activities); externalizing and internalizing problem behaviors (e.g., fighting, arguing, anger, depression, low self-esteem, impulsiveness); and learning dispositions or “approaches to learning” (e.g., curiosity, self-direction, organization, and persistence). The social skills and problem behavior items were adapted from the Social Skills Rating Scale (SSRS) by Gresham and Elliot 1990 and are published by NCS Pearson. These items are copyright protected and are not listed. The approaches to learning items were created for the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99 (ECLS-K) by Atkins-Burnett. They are not copyright protected and, therefore, are listed below.

For the set of items below, please think about this child's behavior during the past month or two. Decide how often the child demonstrates the behavior described. We realize that some items apply more to older children, but please answer as accurately as you can. For each item, mark one of the following responses:

- |                |  |
|----------------|--|
| Never          | → Child never exhibits this behavior.                          |
| Sometimes      | → Child exhibits this behavior occasionally or sometimes.      |
| Often          | → Child exhibits this behavior regularly but not all the time. |
| Very often     | → Child exhibits this behavior most of the time.               |
| No opportunity | → No opportunity to observe this behavior.                     |

	How Often?				No opportunity to observe
	Never	Some times	Often	Very often	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A11. Keeps belongings organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A14. Shows eagerness to learn new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A15. Works independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**A. Social Skills (continued)**

	<u>How Often?</u>				<u>No opportunity to observe</u>
	<u>Never</u>	<u>Some times</u>	<u>Often</u>	<u>Very often</u>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21. Easily adapts to changes in routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A23. Persists in completing tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A24. Pays attention well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A25. Follows classroom rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

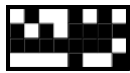
Source: *Social Skills Rating System (SSRS)*. Copyright © 1990, NCS Pearson. Adapted with permission. All rights reserved.

## B. Classroom Behaviors

Please read each statement and decide whether it is a "true" or "untrue" description of this child's reaction to a number of situations within the past six months. If you cannot answer one of the items because you have never seen the child in that situation, then mark "not applicable."

<u>The child:</u>	<u>Almost always untrue</u>	<u>Usually untrue</u>	<u>Sometimes true, sometimes untrue</u>	<u>Usually true</u>	<u>Almost always true</u>	<u>Not applicable</u>
B1. Is easily distracted when listening to a story.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2. Can stop him/herself when s/he is told to stop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3. Looks around the room when doing school work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4. Can stop him/herself from doing things too quickly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5. When working on an activity, has a hard time keeping her/his mind on it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6. Has an easy time waiting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7. Has a hard time paying attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8. Has a hard time waiting his/her turn to talk when excited.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9. Needs to be told to pay attention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10. Gets distracted when trying to pay attention in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11. Likes to plan carefully before doing something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B12. Is good at following directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13. Has a hard time slowing down when rules say to walk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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### C. Student-Teacher Relationship

Teachers rated 15 items from the Student-Teacher Relationship Scale (STRS) to measure the teacher's perception of the closeness and conflict in his/her relationship with the student. The items from the STRS are not listed because the scale is copyright protected.

	Definitely does not apply	Not really	Neutral, not sure	Applies sometimes	Definitely applies
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Pianta, R.C. & Steinberg, M. (Eds.) (1992). *Teacher-child relationships and the process of adjusting to school*. San Francisco, CA, US: Jossey Bass. Used with permission.



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## D. Student Information

**D1. In which grade is this child enrolled? MARK ONE RESPONSE.**

- Kindergarten
- First grade
- Second grade
- Third grade or higher
- This is an ungraded classroom

**D2. How long has this child been in your classroom this school year? MARK ONE RESPONSE.**

- Entire school year
- More than one semester but less than the entire school year
- More than one quarter but less than one semester
- Less than one quarter of the school year

**D3. Please indicate the total number of absences for this child for the current school year. MARK ONE RESPONSE.**

- No absences
- 1 to 4 absences
- 5 to 7 absences
- 8 to 10 absences
- 11 to 19 absences
- 20 or more absences

**D4. Has this child ever fallen 2 or more weeks behind in school work this year? MARK ONE RESPONSE.**

- Yes
- No **(SKIP TO Q D6)**
- Not applicable (child has been enrolled in your class less than 2 weeks) **(SKIP TO Q D6)**



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**D5. Why has this child fallen behind in school work? MARK ALL THAT APPLY.**

- |                                       |                          |
|---------------------------------------|--------------------------|
| a. A health problem                   | <input type="checkbox"/> |
| b. A disciplinary problem             | <input type="checkbox"/> |
| c. Lack of effort                     | <input type="checkbox"/> |
| d. Disorganized                       | <input type="checkbox"/> |
| e. Lacks pre-requisite skills         | <input type="checkbox"/> |
| f. Frequent absences                  | <input type="checkbox"/> |
| g. Emotional/family problems          | <input type="checkbox"/> |
| h. Some other reason (PLEASE SPECIFY) | <input type="checkbox"/> |

**D6. Does this child receive (or has he/she received during this school year) instruction in any of the following types of programs in your school? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Individual tutoring or remedial program in reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual tutoring or remedial program in mathematics	<input type="checkbox"/>	<input type="checkbox"/>
c. Pull-out (that is, out of classroom) small group remedial program in reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
d. Pull-out (that is, out of classroom) small group remedial program in mathematics	<input type="checkbox"/>	<input type="checkbox"/>
e. Gifted and talented program in reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
f. Gifted and talented program in mathematics	<input type="checkbox"/>	<input type="checkbox"/>

**D7. Does this child receive (or has he/she received during this school year) instruction and/or related services in your school at any of the following times outside of the regular school day? MARK ONE RESPONSE ON EACH ROW.**

	<u>Yes</u>	<u>No</u>	<u>Not offered</u>	<u>Don't know</u>
a. Instruction or services before school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Instruction or services after school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Instruction or services on weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**D8. Is English this child's native language? MARK ONE RESPONSE.**

- Yes **(SKIP TO Q D14)**
- No
- Don't know

**D9. Does this child participate in an instructional program designed to teach English language skills to children with limited English proficiency? MARK ONE RESPONSE.**

- Yes
- No **(SKIP TO Q D14)**

**D10. Would you say the instruction this child receives is primarily... MARK ONE RESPONSE.**

*EXAMPLES OF THE PROGRAMS INCLUDED IN EACH CATEGORY ARE PROVIDED BELOW. SEE PAGE 4 FOR DEFINITIONS OF THESE EXAMPLES.*

**Programs that focus on developing students' literacy in two languages. For example:**

- Two-way immersion program or two-way bilingual program
- Developmental bilingual program, late exit transitional program, or maintenance bilingual education program
- Transitional program, early exit bilingual program, or early exit transitional program
- Heritage language program or indigenous language program

**Programs that focus on developing students' literacy solely in English. For example:**

- Sheltered English instruction or content-based English as a Second Language (ESL) program
- Structured English Immersion (SEI)
- Pull-out English as a Second Language (ESL) or English Language Development (ELD)
- Push-in ESL program

**Other program(s) (PLEASE SPECIFY)**

**No specialized language program is provided to this child. (SKIP TO Q D13)**

**D11. How often does this child usually receive specialized language instruction of the following program types? 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. Program that focuses on developing students' literacy in two languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Program that focuses on developing students' literacy solely in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D12. On the days when this child receives specialized language instruction, for how much time does he/she receive instruction of the following program types? 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. Program that focuses on developing students' literacy in two languages	<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. Program that focuses on developing students' literacy solely in English	<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. Other program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D13. During this school year, how often is this child's academic instruction provided in his/her native language? MARK ONE RESPONSE.**

- None of the time
- Less than half of the time
- Half of the time
- More than half of the time
- Almost all the time

**D14. Does this child have an IEP/IFSP on record with the school? MARK ONE RESPONSE.**

- Yes
- No



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**D15. Does this child receive instruction in any of the following types of programs in your school? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Speech-language therapy for children with speech or language disorders/impairments	<input type="checkbox"/>	<input type="checkbox"/>
b. Special education services, not including speech therapy, whether provided in the classroom or in a pull-out setting	<input type="checkbox"/>	<input type="checkbox"/>

**D16. Does this child receive special accommodations (for example, for a disability or limited English proficiency) to participate in the school's testing or assessment program? MARK ONE RESPONSE.**

- Yes
- No
- Don't know
- Child does not participate in the school's testing or assessment program
- There is no testing or assessment program at this grade level

**D17. During *structured* play time, how does this child compare with other children in the class in terms of physical activity? MARK ONE RESPONSE.**

- A lot less active than most
- A little less active than most
- About the same as most
- A little more active than most
- A lot more active than most

**D18. During *unstructured* play time, how does this child compare with other children in the class in terms of physical activity? MARK ONE RESPONSE.**

- A lot less active than most
- A little less active than most
- About the same as most
- A little more active than most
- A lot more active than most



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**D19. Overall, how would you rate this child's academic skills in each of the following areas, based on curriculum standards for his/her current grade level? MARK ONE RESPONSE ON EACH ROW.**

	Below grade level	About on grade level	Above grade level
a. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Oral language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D20. How many instructional groups based on achievement or ability levels in READING do you currently have in this child's class? MARK ONE RESPONSE.**

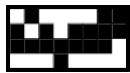
- I do not use instructional groups for reading (SKIP TO Q D22)
- Two
- Three
- Four
- Five or more

**D21. In which reading instructional group is this child currently placed? USE "1" FOR THE HIGHEST INSTRUCTIONAL GROUP. WRITE THE NUMBER OF THE CHILD'S INSTRUCTIONAL GROUP BELOW.**

		Instructional Group
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**D22. How many instructional groups based on achievement or ability levels in MATHEMATICS do you currently have in this child's class? MARK ONE RESPONSE.**

- I do not use instructional groups for mathematics (SKIP TO Q D24)
- Two
- Three
- Four
- Five or more



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**D23. In which mathematics instructional group is this child currently placed? USE "1" FOR THE HIGHEST INSTRUCTIONAL GROUP. WRITE THE NUMBER OF THE CHILD'S INSTRUCTIONAL GROUP BELOW.**

		Instructional Group
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**D24. During this school year, how often have other students ... MARK ONE RESPONSE ON EACH ROW.**

	Never	Rarely	Sometimes	Often	Very often
a. Teased, made fun of, or called <u>this student</u> names?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pushed, shoved, slapped, hit, or kicked <u>this student</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Told lies or untrue stories about <u>this student</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Intentionally excluded or left <u>this student</u> out from playing with them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D25. During this school year, how often has this student ... MARK ONE RESPONSE ON EACH ROW.**

	Never	Rarely	Sometimes	Often	Very often
a. Teased, made fun of, or called <u>other students</u> names?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pushed, shoved, slapped, hit, or kicked <u>other students</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Told lies or untrue stories about <u>other students</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Intentionally excluded or left <u>other students</u> out from playing with him or her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Espelage, D. L. & Holt, M. (2001). Bullying and peer victimization during early adolescence: Peer influences and psychosocial correlates. *Journal of Emotional Abuse*, 2, 123-142. Adapted and used with permission.





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**D26. During this school year, have this child's parents/guardians participated in the following activities? MARK ONE RESPONSE ON EACH ROW.**

	<u>Yes</u>	<u>No</u>	<u>Not applicable/ not offered</u>
a. Attended regularly-scheduled conferences at your school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Attended parent/teacher informal meetings that you initiated to talk about the child's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Returned your telephone calls or e-mails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Initiated contact with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Volunteered to help in your classroom or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D27. How involved at the school would you say this child's parents/guardians are? MARK ONE RESPONSE.**

- Not involved at all
- Somewhat involved
- Very involved
- Don't know

**D28. During this school year, besides regular teacher conferences, have you communicated with this child's parents/guardians? MARK ONE RESPONSE.**

- Yes
- No (SKIP TO Q D30)

**D29. Was the purpose of the communication with this child's parents/guardians to discuss ... MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Behavior problems the child is having in school?	<input type="checkbox"/>	<input type="checkbox"/>
b. Any problems the child is having with school work?	<input type="checkbox"/>	<input type="checkbox"/>
c. Anything the child is doing particularly well in or better in at school?	<input type="checkbox"/>	<input type="checkbox"/>



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**D30. Are you this child's primary teacher in the following subject areas? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
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"/>

**D31. How far in school do you think this child will go? Would you say you think he/she will ... MARK ONE RESPONSE.**

- Receive less than a high school diploma?
- Graduate from high school?
- Finish a four- or five-year college degree?
- Earn an advanced degree?

**D32. Date Questionnaire Completed:**

				2	0	1	3
MONTH		DAY		YEAR			

**THANK YOU FOR YOUR COOPERATION!**



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