



31069



# Fall 2010 Kindergarten Teacher Questionnaire

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

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

S_ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	T_ID	<input type="text"/>					
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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 05/31/2013. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Room 9086, Washington, D.C. 20006-5650.

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). 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 (PL 107-279, Title I, Part C, Sec. 183). 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, unless otherwise compelled 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.



## 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 one or more of the children in your class or classes are participants in this study.

This questionnaire contains three sections:

- a) Classroom and student characteristics
- b) Views on school readiness, school climate, and the school environment
- c) 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. Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

Please record your answers directly on the questionnaire by marking the appropriate answer (as instructed on the next page) or by writing your responses in the space provided. Your best estimates are acceptable answers.

Many of the questions ask that you respond separately for each kindergarten class that you teach – half-day morning and/or afternoon or full-day.

- Report on **half-day morning and half-day afternoon classes** separately, in the appropriate columns. If you teach only half-day classes, do not report any information in the full-day class column.
- If you teach a **full-day class** (the same children are with you for the full day), please record your answers in only the full-day class column; do not report on the morning and afternoon sessions of the class separately.
- If you teach a class with a **day care** component, please report only on the instructional portion of the class, in the appropriate class column. For example, if the instructional portion of the class is held in the morning, and the day care portion in the afternoon, record your answers in the morning class section.

## DEFINITIONS

Reference is made to English language learners (ELL), as well as to English as a Second Language (ESL), bilingual education, and dual-language programs in this questionnaire. For this study, the following definitions apply:

- English language learner (ELL): A student whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.
- English as a Second Language (ESL): An instructional program designed to teach listening, speaking, reading, and writing English language skills to students with limited proficiency in English. The program may focus on a student's level of proficiency in general English. As a language instruction educational program, the ESL program should be connected to academic achievement with the goal of meeting the academic standards that all children must meet.
- Bilingual education program: A program in which native language is used to varying degrees, in conjunction with English, to teach English and academic content to students with limited proficiency in English.



- Dual-language program: Also known as two-way immersion, the goal of these programs is for students to develop language proficiency in two languages by receiving content instruction in English and another language in a classroom that usually consists of both native English speakers and native speakers of the other language.

THANK YOU VERY MUCH FOR YOUR HELP.

MARKING DIRECTIONS

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

MARKING BOXES

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

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

Correct Mark:



Incorrect Marks:

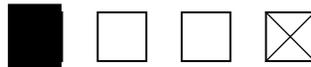
Light and thin, outside the box, thick or scrawled.



How

Completely black out the box of the

mark an "X" in the box next to the



PRINT

S:

Answers should be printed clearly and cross zeroes or sevens. That is, do not write a seven with a line through it like t

ross any of the box lines. Do not hrough it like this – 0, and do not

Write one number per box like this:



Write words like this:





**SECTION A. CLASSROOM AND STUDENT CHARACTERISTICS**

**A1. Which of the following describes the kindergarten class or classes you currently teach? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Full-day	<input type="checkbox"/>	<input type="checkbox"/>
b. Morning half-day class	<input type="checkbox"/>	<input type="checkbox"/>
c. Afternoon half-day class	<input type="checkbox"/>	<input type="checkbox"/>
d. One class, some children stay for a full-day, some for a half-day	<input type="checkbox"/>	<input type="checkbox"/>

**FOR THE QUESTIONS BELOW, PLEASE ANSWER FOR EACH OF THE CLASSES YOU TEACH. SEE COVER PAGE FOR INSTRUCTIONS.**

**A2. How many hours per day does each of your classes normally meet? WRITE THE NUMBER TO THE NEAREST HALF HOUR, FOR EXAMPLE, 2.5, 3.0, 3.5.**

Hours per Day		
Morning class	Afternoon class	Full-day class
<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

**A3. How many days per week does each of your classes normally meet?**

Morning class	Afternoon class	Full-day class
<input type="text"/> days/week	<input type="text"/> days/week	<input type="text"/> days/week



**A4. What type(s) of kindergarten program(s) do you teach? MARK ONE PROGRAM TYPE FOR EACH CLASS YOU TEACH.**

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

**A5. Do you currently teach a multigrade class?**

Yes (**GO TO Q A6**)

No (**SKIP TO Q A7**)

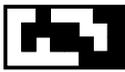


- A6. What grade levels are included in each of the classes that you teach? MARK ALL THAT APPLY FOR EACH CLASS THAT YOU TEACH.**

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

- A7. As of today's date, how many children in each of your classes are the following ages? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR AGE, WRITE "0."**

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

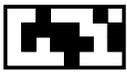


- A8. As of today's date, how many children in each of your classes belong to each of the following racial/ethnic groups? WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN OF A PARTICULAR RACE/ETHNICITY, WRITE "0."**

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

- A9. As of today's date, how many boys and girls are there in each of your classes? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

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



- A10. How many of the children in each of your classes are repeating kindergarten this year? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

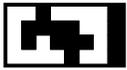
	Number of Children		
	Morning class	Afternoon class	Full-day class
Number of children repeating kindergarten	<input type="text"/>	<input type="text"/>	<input type="text"/>

- A11. What proportion of the children in each of your classes demonstrated the following skills when they started school this year? MARK ONE FOR EACH CLASS YOU TEACH.

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

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

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



- A11. (CONTINUED) What proportion of the children in each of your classes demonstrated the following skills when they started school this year? MARK ONE FOR EACH CLASS YOU TEACH.

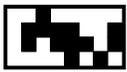
<b>d. Recognize numbers to 20</b>	<b>Morning class</b>	<b>Afternoon class</b>	<b>Full-day class</b>
Less than $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About $\frac{1}{4}$ of the children	<input type="checkbox"/>	<input type="checkbox"/>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

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

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



**A12. At this point in the school year, how would you rate the behavior of the children in each of your classes? MARK ONE FOR EACH CLASS YOU TEACH.**

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

**A13. In a typical day, how much time does a child in your class spend in the following activities? MARK ONE RESPONSE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.**

	<u>No time</u>	<u>Half hour or less</u>	<u>About one hour</u>	<u>About two hours</u>	<u>About three hours</u>	<u>Four hours or more</u>
a. Teacher-directed whole class activities	<input type="checkbox"/>					
b. Teacher-directed small group activities	<input type="checkbox"/>					
c. Teacher-directed individual activities	<input type="checkbox"/>					
d. Child-selected activities	<input type="checkbox"/>					



**A14. Does your classroom have the following interest areas or centers for activities? MARK YES OR NO ON EACH ROW. IF YOU TEACH MORE THAN ONE CLASS, CONSIDER ALL CLASSES WHEN MARKING YOUR RESPONSES.**

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

**A15. In some schools, certain activities are used to make the transition into kindergarten less difficult for children. Are any of the following done in your school? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. I (or someone at the school) phone or send home information about the kindergarten program to parents	<input type="checkbox"/>	<input type="checkbox"/>
b. Preschoolers spend some time in the kindergarten classroom	<input type="checkbox"/>	<input type="checkbox"/>
c. The school days are shortened at the beginning of the school year	<input type="checkbox"/>	<input type="checkbox"/>
d. Parents and children visit kindergarten prior to the start of the school year	<input type="checkbox"/>	<input type="checkbox"/>
e. I (or another teacher) visit the homes of the children at the beginning of the school year	<input type="checkbox"/>	<input type="checkbox"/>
f. Parents come to the school for orientation prior to the start of the school year	<input type="checkbox"/>	<input type="checkbox"/>
g. Staggered school entry where kindergartners start the school year in smaller groups before meeting with the full class	<input type="checkbox"/>	<input type="checkbox"/>



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**A16. How much time per day would you estimate that you spend on classroom discipline and handling disruptive behavior?**

- Less than ½ hour a day
- ½ hour to less than 1 hour a day
- 1 to less than 1½ hours a day
- 1½ to less than 2 hours a day
- 2 to less than 2½ hours a day
- 2½ to less than 3 hours a day
- 3 hours or more a day

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

**A17. Are any languages other than English used by teachers, aides, or other adults in your classroom?**

- Yes (**GO TO Q A18**)
- No (**SKIP TO Q A20**)



**A18. How often is a non-English language used by teachers, aides, or other adults in each of your classes in the following ways? MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.**

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



**A18. (CONTINUED) How often is a non-English language used by teachers, aides, or other adults in each of your classes in the following ways? MARK ONE RESPONSE FOR EACH CLASS YOU TEACH.**

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

**A19. What languages are used for academic instruction in each of your classes? MARK ALL THAT APPLY FOR EACH CLASS THAT YOU TEACH.**

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



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**A20. In which languages other than English are the books or other written materials in your classroom? MARK ALL THAT APPLY. IF YOU TEACH MORE THAN ONE CLASS, CONSIDER ALL CLASSES WHEN MARKING YOUR RESPONSES.**

- None other than English
- Spanish
- French
- Vietnamese
- A Chinese language
- Japanese
- Korean
- A Filipino language
- Arabic
- Other language (PLEASE SPECIFY)

**A21. Do any of the children in each of your classes speak a language other than English (aside from native English speakers who are learning a foreign language)? MARK YES OR NO FOR EACH CLASS THAT YOU TEACH.**

	Morning class	Afternoon class	Full-day class
Yes ( <b>GO TO Q 22</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No ( <b>IF "NO" FOR ALL CLASSES TAUGHT, SKIP TO Q A23</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**A22. Which languages other than English are spoken by one or more children in each of your classes? MARK ALL THAT APPLY FOR EACH CLASS YOU TEACH.**

	Morning class	Afternoon class	Full-day class
a. Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A Chinese language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A Filipino language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other language (PLEASE SPECIFY) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A23. Do you have any children who are English language learners in each of your classes? (English language learners are children whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.) MARK YES OR NO FOR EACH CLASS THAT YOU TEACH.**

	Morning class	Afternoon class	Full-day class
Yes (GO TO Q 24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No (IF "NO" FOR ALL CLASSES TAUGHT, SKIP TO Q B1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A24. How many English language learners (ELL) do you have in each of your classes? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

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



- A25. How many of the ELL children in each of your classes receive instruction designed to teach listening to, speaking, reading, and writing the English language to children with limited English proficiency in the following ways? WRITE NUMBER IN BOX. IF NONE, WRITE "0."**

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

- A26. If you provide specialized language instruction in your classroom for English language learners, would you say this instruction is primarily (MARK ONE FOR EACH CLASS YOU TEACH):**

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



- A27. Which languages other than English are spoken by you or any other teacher or aide to the ELL children in each of your classes for instructional support or conversation? MARK ALL THAT APPLY FOR EACH CLASS YOU TEACH.**

	Morning class	Afternoon class	Full-day class
a. No language other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A Chinese language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Japanese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Korean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A Filipino language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other language (PLEASE SPECIFY) <input style="width: 300px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A28. How much time per day do you and any other teacher or aide speak any non-English language in each of your classes? MARK ONE FOR EACH CLASS YOU TEACH.**

	Morning class	Afternoon class	Full-day class
1 - 15 minutes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 - 30 minutes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 - 60 minutes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 60 minutes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

**B1. How important do you believe the following characteristics are for a child to be ready for kindergarten? MARK ONE RESPONSE ON EACH ROW.**

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



**B2. Please indicate the extent to which you agree with each of the following statements on children's preparation for school. MARK ONE RESPONSE ON EACH ROW.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Attending preschool (for example, nursery school, prekindergarten, or Head Start) is very important for success in kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children who begin formal reading and math instruction in preschool will do better in elementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents should make sure their children know the alphabet before they start kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Most children should learn to read in kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Parents need help in learning how to teach their children how to read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parents should set aside time every day for their kindergarten children to practice school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Homework should be given to kindergarten children almost every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Parents should read to their children and play counting games at home regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B3. How much control do you feel you have IN YOUR CLASSROOM over such areas as selecting skills to be taught, deciding about teaching techniques, and disciplining children? MARK ONLY ONE.**

- No control
- Slight control
- Some control
- Moderate control
- A great deal of control



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**B4. To what extent do you agree or disagree with each of the following statements on teaching? MARK ONE ON EACH ROW.**

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. I really enjoy my present teaching job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am certain I am making a difference in the lives of the children I teach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could start over, I would choose teaching again as my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am satisfied with my class size.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION C. TEACHER BACKGROUND**

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

Male

Female

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

1	9		
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YEAR

**C3. Are you Hispanic/Latino? MARK ONLY ONE.**

Yes

No

**C4. Which best describes your race? MARK ONE OR MORE 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

**C5. What is the highest level of education you have completed? MARK ONLY ONE.**

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 (e.g., PhD, MD)

Don't know



**C6. What is the highest level of education completed by your own parents? MARK ONLY ONE.**

- 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 (e.g., PhD, MD)
- Don't know

**C7. Counting this school year, how many years have you taught each of the following grades and programs?**

**WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.0, 3.5) PLEASE INCLUDE PART-TIME TEACHING. WRITE "0.0" IF YOU HAVE NEVER TAUGHT THE GRADE OR PROGRAM LISTED.**

	<u>Total Years Grade or Program Taught</u>
a. Preschool or Head Start	□ □ . □
b. Kindergarten (including Transitional/Readiness Kindergarten and Transitional/pre-1st grade)	□ □ . □
c. First grade	□ □ . □
d. Second through fifth grade	□ □ . □
e. Sixth grade or higher	□ □ . □
f. English as a Second Language (ESL)	□ □ . □
g. Bilingual education program	□ □ . □
h. Dual-language program	□ □ . □
i. Special education program	□ □ . □
j. Physical education program	□ □ . □
k. Art or music program	□ □ . □



**C8. Counting this school year, how many years have you taught in your current school, including part-time teaching? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.0, 3.5). IF THIS IS YOUR FIRST SEMESTER TEACHING IN THIS SCHOOL, WRITE "0.5."**

.  Years

**C9. Counting this school year, how many years have you been a school teacher? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.0, 3.5). IF THIS IS YOUR FIRST SEMESTER TEACHING, WRITE "0.5."**

.  Years

**C10. Have you taken the exam for National Board for Professional Teaching Standards certification? MARK ONLY ONE.**

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

**C11. What is the name of the college or university where you earned your highest degree?**

COLLEGE OR UNIVERSITY

**C11a. In what city and state is it located?**

CITY

STATE



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**C12. 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"/>

**C13. 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"/>



**C14. Have you ever taken a college course in the following areas? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
c. Special education	<input type="checkbox"/>	<input type="checkbox"/>
d. English as a Second Language (ESL) or teaching English language learners	<input type="checkbox"/>	<input type="checkbox"/>
e. Child development	<input type="checkbox"/>	<input type="checkbox"/>
f. Methods of teaching reading/language arts	<input type="checkbox"/>	<input type="checkbox"/>
g. Methods of teaching mathematics	<input type="checkbox"/>	<input type="checkbox"/>
h. Methods of teaching science	<input type="checkbox"/>	<input type="checkbox"/>
i. Classroom management	<input type="checkbox"/>	<input type="checkbox"/>

**C15. Did any of the college courses mentioned in item C14 address issues related to the following? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Response to Intervention	<input type="checkbox"/>	<input type="checkbox"/>
b. Early Intervening Services	<input type="checkbox"/>	<input type="checkbox"/>

**C16. Which of the following describes the teaching certificate you currently hold in THIS state? MARK ONLY ONE.**

- Regular or standard state certificate or advanced professional certificate.
- Certificate issued after satisfying all requirements except the completion of a probationary period.
- Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained.
- Certificate issued to persons who must complete a certification program in order to continue teaching.
- I do not hold any of the above certifications in THIS state. **(SKIP TO Q C19)**



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**C17. In what areas are you certified? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
b. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
c. Special education	<input type="checkbox"/>	<input type="checkbox"/>
d. English as a Second Language (ESL) or instruction for English language learners	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>		

**C18. This school year, do you qualify as a "Highly Qualified Teacher (HQT)" according to your state's requirements?**

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

- Yes
- No
- I don't know

**C19. Date Questionnaire Completed:**

		2	0	1	0
MONTH	DAY	YEAR			

**THANK YOU FOR YOUR COOPERATION**



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