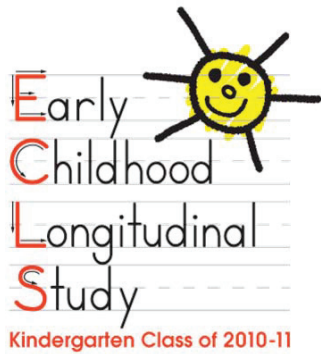




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Spring 2015 Mathematics Teacher Questionnaire Child Level

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 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	T_ID	Link_ID
<input type="text"/>	<input type="text"/>	<input type="text"/>
C_ID		
<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 **mathematics** to 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.

This questionnaire has two parts:

- Part 1 should be completed for the child whose name is on the cover of this questionnaire.
- Part 2 has questions about your mathematics class – you only need to fill out Part 2 if there is a **red dot** next to the child's name on the cover of the questionnaire.

The instructions preceding each part of the questionnaire will guide you.

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.

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.

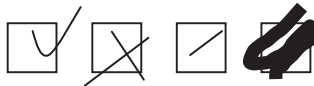
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



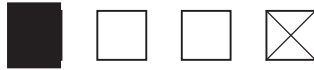
Incorrect Marks:

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



PART 1:

Please answer the questions in Part 1 about the child identified on the cover of this questionnaire.





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SECTION A. STUDENT INFORMATION

Please answer the following questions about the child identified on the cover of this questionnaire.

A1. 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"/>

A2. How long has this child been in your math class this school year until now? MARK ONE RESPONSE.

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

A3. Please indicate the total number of times this child has been absent from your math class during 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

A4. 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 mathematics	<input type="checkbox"/>	<input type="checkbox"/>
b. Gifted and talented program in mathematics	<input type="checkbox"/>	<input type="checkbox"/>



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A5. Is English this child's native language? *MARK ONE RESPONSE.*

Yes **(SKIP TO Q A7)**

No

Don't know

A6. During this school year, how often is this child's math 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

A7. Overall, how would you rate this child's academic skills in MATH, based on curriculum standards for his/her current grade level? *MARK ONE RESPONSE.*

Below grade level

About on grade level

Above grade level

A8. How often does this child work to the best of her/his ability in MATH? *MARK ONE RESPONSE.*

Never

Seldom

Usually

Always

A9. 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 PART 2, PAGE 9)**

Two

Three

Four

Five or more



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A10. 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.

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Instructional Group

If there is a red dot next to the child's name on the cover of this questionnaire, please continue with Part 2.

If there is no red dot next to the child's name on the cover, skip to question E4 on page 20.



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PART 2:

To be completed only if there is a red dot next to the child's name on the cover of this questionnaire.

If there is no red dot next to the child's name on the cover, skip to question E4 on page 20.



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SECTION B. MATHEMATICS INSTRUCTION

Please answer the following questions for the math class in which the child on the cover of this questionnaire receives math instruction.

- B1. From the first day of school until today, please indicate on how many days you have covered each of the following MATHEMATICS skills and concepts in this child's class. Please include the time during which you provide direct instruction as well as the time you spend supervising students as they work.**

Please focus on the skill areas that are shown in bold text. (The unbolded examples are only a sample of things you may do or cover under this skill area.) MARK ONE RESPONSE ON EACH ROW.

	Not yet taught or not taught in this grade	On 1-10 days	On 11-20 days	On 21-40 days	On 41-80 days	On more than 80 days
a. Using operations to solve problems , for example, solving problems by multiplying or dividing two whole numbers; solving multiple-step word problems that use several different operations; interpreting remainders; finding factor pairs; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Using algebraic thinking , for example, solving word problems by representing the problem as an equation with a symbol for the unknown number; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Understanding place value , for example, reading and writing multi-digit whole numbers; comparing two numbers based on meanings of the digits in each place; using understanding of place value to round whole numbers to any place; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adding and subtracting multiple-digit numbers using strategies based on place value and properties of operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Understanding fractions , for example, comparing fractions with different numerators or denominators; adding and subtracting fractions; multiplying fractions by whole numbers; understanding the relationship between decimals and fractions; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Solving problems involving measurement , for example, solving problems involving measures of distance, time, volume, or money; understanding the relative size of units of measurement; finding the area or perimeter of rectangles; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Representing and interpreting data , for example, making line plots or other visuals to display fractions of a unit; using addition and subtraction of fractions to answer questions about a line plot; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drawing and identifying lines and angles , for example, drawing points, lines, line segments, rays, angles, and perpendicular and parallel lines; recognizing right triangles; understanding lines of symmetry; etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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B2. How often do the children in this class engage in the following mathematics activities? MARK ONE RESPONSE ON EACH ROW.

	Almost every day	Once or twice a week	Once or twice a month	Less than once a month or never
a. Solve mathematics problems from textbooks or worksheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Solve mathematics problems from the blackboard, whiteboard/SMART Board®, or projector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Solve mathematics problems in small groups or with a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work with measuring instruments (for example, rulers, compasses, protractors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work with manipulatives (for example, geometric shapes, fraction bars)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use a calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Take mathematics tests/quizzes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Write a few sentences about how to solve a mathematics problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Discuss solutions to mathematics problems with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Work on and discuss mathematics problems that reflect real-life situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Use a computer for math (beyond using a computer's calculator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Create or interpret visual representations (for example, diagrams, graphs, tables, models)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SECTION C. CLASSROOM AND STUDENT CHARACTERISTICS

Please answer the following questions for the math class in which the child identified on the cover of this questionnaire receives math instruction.

C1. As of today's date, how many children ...

WRITE NUMBER IN BOX. IF THERE ARE NO CHILDREN IN A PARTICULAR CATEGORY, WRITE "0."

	Number of children
a. Are currently enrolled in this class?	<input type="text"/> <input type="text"/>
b. Are boys?	<input type="text"/> <input type="text"/>
c. Are girls?	<input type="text"/> <input type="text"/>

C2. What grade levels are included in this class? MARK ALL THAT APPLY.

a. 2nd grade or lower	<input type="checkbox"/>
b. 3rd grade	<input type="checkbox"/>
c. 4th grade	<input type="checkbox"/>
d. 5th grade	<input type="checkbox"/>
e. 6th grade or higher	<input type="checkbox"/>

C3. How many of the children in this class are repeating their grade this year? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

<input type="text"/>	<input type="text"/>	Number of children repeating their grade
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C4. How many children in this class ...

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

Number of children

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

C5. How many children in this class are absent on an average day? WRITE NUMBER IN BOX. IF NONE, WRITE "0."

<input type="text"/>	<input type="text"/>	Number of children absent on an average day
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C6. How many children in this class are below grade level, about on grade level, or above grade level in mathematics skills?

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

<input type="text"/>	<input type="text"/>	Number of children below grade level
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<input type="text"/>	<input type="text"/>	Number of children about on grade level
----------------------	----------------------	---

<input type="text"/>	<input type="text"/>	Number of children above grade level
----------------------	----------------------	--------------------------------------

C7. At this point in the school year, how would you rate the behavior of the children in this class?

MARK ONE RESPONSE.

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



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C8. Approximately what percentage of the students in this class demonstrate the following problems?
MARK ONE RESPONSE ON EACH ROW.

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

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

C9. How many children in this class have a diagnosed disability? *WRITE NUMBER IN BOX. IF NONE, WRITE "0."*

		Number of children
--	--	--------------------

C10. Do you have any children who are English language learners in this class? (English language learners are children whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.) *MARK ONE RESPONSE.*

Yes

No **(SKIP TO Q D1)**

C11. How many English language learners (ELLs) do you have in this class? *WRITE NUMBER IN BOX. IF NONE, WRITE "0."*

		Number of ELL children
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SECTION D. CLASSROOM INSTRUCTION AND EVALUATION

Please answer the following questions for the math class in which the child identified on the cover of this questionnaire receives math instruction.

- D1. In a typical day, how much time do children in this math class spend in the following activities?**
 MARK ONE RESPONSE ON EACH ROW. DO NOT INCLUDE LUNCH OR RECESS BREAKS.

	<u>No time</u>	<u>1-15 minutes</u>	<u>16-30 minutes</u>	<u>31-45 minutes</u>	<u>Longer than 45 minutes</u>
a. Working independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Working on individual tasks under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working with peers under teacher direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Working in small groups with teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teacher lecture with large group and/or large group discussion led by teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- D2. Do any of the following staff members provide direct instruction to students in this math class who are struggling or at risk of failure in math? INCLUDE STAFF OTHER THAN YOURSELF WHO PROVIDE DIRECT INSTRUCTION EITHER IN THIS CLASS OR IN A PULL-OUT SETTING. EXCLUDE PARAPROFESSIONALS/AIDES. MARK YES OR NO ON EACH ROW.**

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



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D3. In this class, how frequently do you or your students use computers or the following electronic devices for instructional purposes in math? Please include any desktop, laptop, or other computer-type devices. MARK ONE RESPONSE ON EACH ROW.

	Not available	Never	Rarely	Sometimes	Often
a. Desktop or laptop computer or other computer-type device (for example, iPad/other tablet, eReader such as Kindle or Nook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Cell phone/smartphone (for example, iPhone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Interactive whiteboard (for example, SMART Board, Activboard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Document camera or document projector (for example, ELMO, HoverCam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. LCD or DLP projector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Digital camera (still or video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. CD player, MP3 player/iPod, cassette/tape player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. DVD player, VCR, or video streaming device (for example, Roku)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Student response system (for example, clickers, responders, ActiVote, ActivExpression)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Microphone or classroom audio sound system (for example, TopCat, Redcat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4. In an average week, how many days a week is math homework assigned in this math class? Please count homework assigned over the weekend as one day. MARK ONE RESPONSE.

- 0 days (SKIP TO Q D6)
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days



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D5. On days when homework is assigned, how much time do you expect children in this class to spend on homework in math? MARK ONE RESPONSE.

- 1 to 10 minutes
 11 to 20 minutes
 21 to 30 minutes
 More than 30 minutes

D6. In this class, how often do you use a formal assessment in MATH for the following purposes? MARK ONE RESPONSE ON EACH ROW.

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



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Please answer the following question about the school's practices regarding math.

D7. For each of the following statements about MATH indicate how strongly you agree or disagree.
 MARK ONE RESPONSE ON EACH ROW.

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>	<u>Don't know</u>
a. This school has a set of clear, predetermined, grade-level benchmarks (that is, cut scores, goals/targets, or percentiles) that are used to determine which students are struggling or at risk of failure in math in <u>fourth grade</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This school has clear, predetermined criteria for determining the level of intervention <u>fourth-grade students</u> will receive in math.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. This school has clear, predetermined criteria for determining when <u>fourth-grade students</u> no longer need a math intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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SECTION E. STAFF ACTIVITIES

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

Yes

No (**SKIP TO Q E3**)

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

E2. How often did you participate in professional development activities covering the following topics in the last 12 months? MARK ONE RESPONSE ON EACH ROW.

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

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

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



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E4. Date Questionnaire Completed:

--	--

MONTH

--	--

DAY

2	0	1	5
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YEAR

THANK YOU FOR YOUR COOPERATION!



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