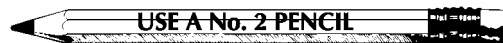


# Spring 2007 Grade 8 Math Teacher Questionnaire

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

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Use a #2 pencil to complete this questionnaire.



L  
A  
B  
E  
L

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 01/31/2009. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instruction, search existing data resources, gather the data needed, and complete and review the information collected. 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. 20202-4700. 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., 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.

# INTRODUCTION

Dear Teacher,

This questionnaire is a vital part of a unique longitudinal study of students' educational experiences beginning with kindergarten and continuing through middle school. You have received this questionnaire because one or more of the students in your **mathematics** class(es) have been participating in this study for many years. The student is identified on the cover of this questionnaire.

The **Early Childhood Longitudinal Study, Kindergarten Class of 1998 – 1999 (ECLS-K)** is collecting information from teachers of students who are in the study to investigate the relationship between students' achievement and various school, classroom, teacher, and home factors. We are interested in collecting information on this student's mathematics instruction in your classroom. Obviously, only you can provide this information. Therefore, although we realize you are very busy, we urge you to complete this questionnaire as accurately as possible. The information you provide is being collected for research purposes only and will be kept strictly confidential.

This questionnaire contains one section about the student identified on the cover of this questionnaire and a second section about the math class in which this student is enrolled. Your best estimates are acceptable answers.

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

## MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE.

## CHECKING BOXES

It is important that you check the box next to your answers and print clearly.

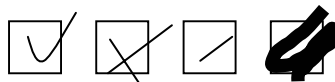
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



**Incorrect Marks:**

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



## PRINTING ANSWERS IN BOXES:

Print entire answer in box. 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 –  $\ominus$ , and do not write a seven with a line through it like this –  $\bar{7}$ .

Write digits like this:

1 2 3 4 5 6 7 8 9 0

Write words like this:

John Smith

## STUDENT INFORMATION

Please answer these questions about the student identified on the cover of this questionnaire.

1. Does this student usually work hard for good grades in your class?

Yes

No

2. Does this student seem to relate well to other students in your class?

Yes

No

3. Is this student exceptionally passive or withdrawn in your class?

Yes

No

4. Does this student talk with you outside of class about school work, plans after high school, or personal matters?

Yes

No

5. Has this student fallen behind in school work in this class?

Yes (GO TO QUESTION 6 ON PAGE 5)

No (GO TO QUESTION 7 ON PAGE 5)

**6. Why has this student fallen behind in school work?  
MARK ALL THAT APPLY.**

- Health problem
- A disciplinary problem
- Lack of effort
- Disorganized
- Lacks prerequisite skills
- Some other reason (PLEASE SPECIFY)

**7. When you assign homework for this class, how often does this student complete it?  
MARK ONE RESPONSE ONLY.**

- Homework not assigned
- Never
- Rarely
- Some of the time
- Most of the time
- All of the time

**8. How often is this student...  
MARK ONE ON EACH ROW.**

		Never	Rarely	Some of the time	Most of the time	All of the time
a.	Attentive in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Disruptive in your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Absent from your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Tardy to your class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. **Have you spoken to a guidance counselor or other member of the school staff this school year about the following? MARK ONE ON EACH ROW.**

	Yes	No	NA (no guidance counselor or other staff member to speak to)	NA (student did not exhibit this behavior)
a. Student's poor school performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Student's disruptive behavior in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. **Have you recommended this student for academic honors, advanced placement, or honors classes?**

- Yes
- No
- Not Applicable (No such honor available)

11. Please rate this student's skills in the following areas, as exhibited in your class.  
MARK ONE ON EACH ROW.

	Outstanding	Very good	Good	Fair	Poor	Not applicable/ not observed
a. Ability to apply mathematical concepts to "real world" problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ability to complete or conduct proofs or demonstrations of his/her mathematical reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ability to talk about his/her reasoning or thinking in solving a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ability to explain his/her reasoning in solving a problem in writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ability to use representations to model mathematical ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ability to use a calculator to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ability to use a computer to complete mathematics assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## CLASS INFORMATION

12. As of today's date, how many students in this class belong to each of the following racial/ethnic groups?

WRITE NUMBER ON EACH LINE. ENTER "0" ON THE LINE IF THERE ARE NO STUDENTS IN A CATEGORY.

a. Asian or Pacific Islander

b. Hispanic, regardless of race

c. Black, not of Hispanic origin

d. White, not of Hispanic origin

e. American Indian or Alaska Native

f. Other

g. Total class enrollment  
(sum of a through f)

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13. At this point in the school year, how would you rate the behavior of students in this class? MARK ONE RESPONSE ONLY.

- 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



## INSTRUCTION

14. Which of the following best describes this student's mathematics course?  
**MARK ONE RESPONSE ONLY – IF THE STUDENT IS ENROLLED IN MORE THAN ONE MATHEMATICS COURSE, PLEASE ANSWER FOR THE COURSE THAT YOU CONSIDER MOST ADVANCED.**

- General mathematics
- Introduction to Algebra/Pre-algebra
- Algebra
- Integrated or sequential mathematics
- Algebra II
- Geometry

15. Which of the following best describes this mathematics course?  
**MARK ONE RESPONSE ONLY.**

- Instruction for students performing below grade level in mathematics
- Regular
- Honors, Enrichment, or Gifted & Talented

16. About how much time in total does this student's mathematics class meet in a typical week? **MARK ONE RESPONSE ONLY.**

- Less than 3 hours
- 3 to 4.9 hours
- 5 to 6.9 hours
- 7 to 9.9 hours
- 10 or more hours

17. Are computers available for use by you or your students? **MARK ONE RESPONSE ONLY.**

- Yes, computers are available to my students and me. **(GO TO QUESTION 18)**
- No **(SKIP TO QUESTION 19)**

18. When using computers for mathematics instruction, how many computers are available for your students? MARK ONE RESPONSE ONLY.

- One computer for each student
- One computer for every two students
- One computer for every three or more students
- I do not use computers in my mathematics instruction

19. By the end of the school year, approximately what percentage of instructional time will you have spent during this class on each of the following mathematics components? WRITE IN THE PERCENT. THE TOTAL SHOULD ADD TO 100%.

	Percent
a. Number (e.g., whole numbers, fractions, decimals, ratio, proportion, percent)	<input type="text"/>
b. Geometry (e.g., lines and angles, shapes, congruence and similarity, spatial relationships, symmetry, and transformation)	<input type="text"/>
c. Algebra (e.g., patterns, equations and formulas, relationships)	<input type="text"/>
d. Data (e.g., data collection and organization, data representation, data interpretation, probability)	<input type="text"/>
e. Measurement (e.g., attributes and units, tools, techniques and formulas)	<input type="text"/>
f. Other	<input type="text"/>
TOTAL	<hr/> 100%

**20. How often do the students in this class engage in the following?**

**MARK ONE ON EACH ROW.**

	<b>Almost every day</b>	<b>Once or twice a week</b>	<b>Once or twice a month</b>	<b>Never or hardly ever</b>
a. Solve mathematics problems in small groups or with a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discuss their solutions to mathematics problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Take tests or quizzes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use a graphing calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use a scientific (not graphing) calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use another kind of calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Use computers to practice or review mathematics topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Have assigned homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Write about how to solve a mathematics problem	<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. Work on problems for which there is no immediate solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21. How much time do you expect a student to spend completing homework for this class on days you assign it? MARK ONE RESPONSE ONLY.**

- I do not assign homework
- Less than 15 minutes
- About 15 to 30 minutes
- About 30 minutes to an hour
- More than an hour

22. Which textbook (or commercially produced workbook) constitutes the primary source that you use in this class? WRITE THE TITLE, AUTHORS, PUBLISHER, AND PUBLICATION DATE/EDITION.

I do not use a textbook as my primary source for this class

Title

Author

Publisher

Publication date/edition

23. Which textbook (or commercially produced workbook) constitutes the secondary source that you use in this class? WRITE THE TITLE, AUTHORS, PUBLISHER, AND PUBLICATION DATE/EDITION.

I do not use a textbook as my secondary source for this class

Title

Author

Publisher

Publication date/edition

24. How important is each of the following in assigning grades to students in your class?

MARK ONE ON EACH ROW.

	Not important	Somewhat important	Very important	Extremely important	Not applicable
a. Individual student's achievement relative to the rest of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual student's achievement relative to local or state standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Individual improvement or progress over past performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Classroom behavior or conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Completion of homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Date questionnaire completed:

<input type="text"/>	<input type="text"/>	<input type="text" value="2007"/>
MONTH	DAY	YEAR

**THANK YOU FOR YOUR COOPERATION.**