Form Approved
OMB No: 1850-0652
App.Exp: 06/30/2003

EDUCATION LONGITUDINAL STUDY OF 2002

TEACHER QUESTIONNAIRE

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

Conducted by:
RTI

USES OF THE DATA

The data from this survey will be used by educators and by federal and state policy makers to address important issues facing the nation's schools: educational standards, high school course taking patterns, dropping out of school, the education of the disadvantaged, the needs of language minority students, and the features of effective schools.

CONFIDENTIALITY

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. 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. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 U.S. Code 242m, Section 308d). 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 reported.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0652. The time required to complete this collection of information 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 collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** National Center for Education Statistics, ESLSD, 1990 K Street, N.W., Washington, D.C., 20006.

Educational Organizations That Have Endorsed ELS: 2002

American Association of School Administrators
American Association of School Librarians
American Federation of Teachers
Council of Chief State School Officers
Council of the Great City Schools
National Association of Independent Schools
National Association of Secondary School Principals
National Catholic Educational Association Department of Secondary Schools
National Education Association
National Parent Teacher Association
National Resource Center for Safe Schools
National School Boards Association
National School Safety Center

INTRODUCTION

This questionnaire is part of a major longitudinal study designed to provide trend data about critical transitions experienced by young people as they develop, attend school, and embark on their careers. Your school has agreed to participate in this study and has allowed us to survey a random sample of tenth grade students. **A list of the sampled students whom you have taught this year should be enclosed with this questionnaire.** (If the list is missing, please call Amy Rees Sommer toll-free at RTI at 1-877-226-0150.) You have been identified as a teacher of one or more of the sampled students. We are seeking information from you to supplement other study data about these students.

This questionnaire has two parts:

Part I asks you questions about the characteristics and behaviors of the sampled students whom you had in one of your classes in fall 2001 or whom you are currently teaching. The enclosed student list assigns each student a column letter and a code number. You will answer questions for the first student on the list in column A, the second student in column B, etc. Before answering questions for each student, write that student's initials in the appropriate column where indicated. Just beneath the initials, write the student's code number (from the student list) and darken the ovals that correspond with that number. Once you have completed answering questions about a student, proceed to the next column and fill in the initials and code number for the next student. If you have more than sixteen students on your list of students, your packet should contain a "Continuation Booklet" for use in answering questions about students 17 and above.

Part II requests some general information about your background and activities.

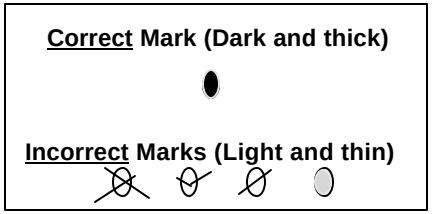
Please answer directly on the questionnaire by darkening the appropriate oval or by writing your response in the space provided. If you are unsure of an answer, please provide an educated guess.

We realize that you are very busy; however, we would appreciate it if you would complete the questionnaire and return it to RTI in the enclosed prepaid envelope within the next two weeks. If you have questions, please call Amy Rees Sommer toll-free at 1-877-226-0150 between 9:00 a.m. and 5:00 p.m. Eastern Time, Monday through Friday. You may also E-mail questions to: ELS@rti.org. (In the subject line, please type Teacher Questionnaire.)

THANK YOU VERY MUCH FOR YOUR HELP.

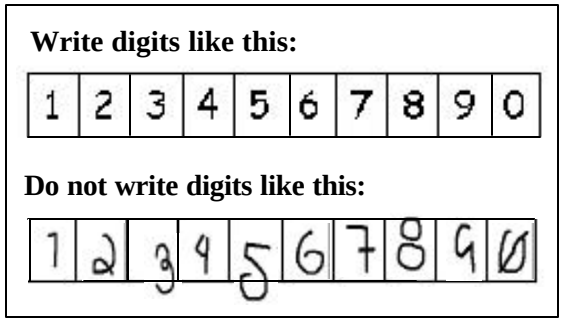
GENERAL INSTRUCTIONS: PLEASE READ CAREFULLY AND USE A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE. It is important that you completely fill in the ovals next to your answers and print clearly. Listed below are examples of correct and incorrect ways to mark your answers.

FILLING IN OVALS:

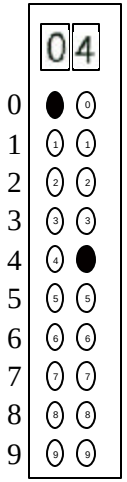


PRINTING NUMBERS IN BOXES:

Print one number per box. The numbers should be printed with solid connected lines and should not touch or cross any of the box lines. Do not cross zeroes or sevens.



ENTERING STUDENT CODE NUMBERS:



← **Write in the student's code number and then darken the ovals corresponding to each digit.**

Use leading zeroes when appropriate.

PART I: STUDENT INFORMATION

Teacher Identification number (please copy from enclosed student list): ☐☐☐☐☐☐☐☐

Please answer the questions in this section for each student listed on the enclosed Student List. In column A, fill in the ovals corresponding to the appropriate responses to Questions 1-21 for the first listed student. Continue until you have completed a column for each student listed on the Student List.

NOTE: DK = Don't Know, NA = Not Applicable, NN = Not Necessary

COLUMN (from enclosed list). Please write student's initials here. Initials →	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P	
CODE NUMBER	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐	
Before answering the questions about this student, write the "Code Number" (third column on the Student List enclosed with the questionnaire) in the boxes and darken the ovals that correspond to that number.																	
0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0
1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1 1	1
2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2 2	2
3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3 3	3
4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4
5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5 5	5
6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6
7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7 7	7
8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8 8	8
9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9 9	9

☐☐☐☐☐

FOR ALL OF THE QUESTIONS IN PART I (Questions 1-21): STUDENT INFORMATION, MARK ONE RESPONSE FOR EACH STUDENT UNLESS OTHERWISE INSTRUCTED.

COLUMN (from enclosed list). Please write student's initials here. Initials →	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P
1. Did you teach this student during the fall of 2001? **If yes, go to question 2. If no, skip to question 3.**	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No
2. How well do you remember this student from the fall semester? **V=Very well, W=Well, N=Not well**	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N	○ V ○ W ○ N
3. Are you teaching this student during the spring of 2002?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No

IMPORTANT: If you did not teach this student in the fall of 2001 <u>and</u> you are not teaching this student during the spring of 2002, do not answer the remaining questions in Part I for this student. Because each column refers to a student, leave this student's column blank for Questions 4-21.

4. Does this student usually work hard for good grades in your class?	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK
5. Does this student seem to relate well to other students in your class?	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK
6. Is this student exceptionally passive or withdrawn in your class?	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK

NOTE: DK = Don't Know

COLUMN (from enclosed list). Please write student's initials here. Initials →	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P
7. Does this student talk with you outside of class about school work, plans for after high school, or personal matters?	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK
8. Have you communicated with this student's parents this year about the following?																
a. Student's poor academic performance	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA
b. Student's disruptive behavior in school	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA
c. Student's failure to complete homework assignments	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA
d. Student's absenteeism	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA
e. Student's accomplishments	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA

NOTE: NA = Not Applicable

COLUMN (from enclosed list). Please write student's initials here. Initials →	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P
9. How involved are the parents of this student in his/her academic performance?																
Very involved	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Somewhat involved	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Not involved	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Don't Know	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
10. Is this class too difficult, the appropriate level, or not challenging enough for this student?																
Too difficult	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Appropiate level	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Not challenging enough	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
11. In your opinion, does this student have a learning-, physical-, or emotional-disability that affects his/her school work?	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK

NOTE: DK = Don't Know

COLUMN (from enclosed list). Please write student's initials here. Initials →	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P
12. Has this student fallen behind in school work?	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK	○ Yes ○ No ○ DK
IF YES... Why has this student fallen behind in school work? (MARK ALL THAT APPLY FOR EACH STUDENT)																
a. Health problem	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
b. Limited proficiency in English language	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
c. A disciplinary action	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
d. Lack of effort	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
e. Some other reason	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

NOTE: DK = Don't Know

COLUMN (from enclosed list). Please write student's initials here. Initials →	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P
13. How often does this student complete homework assignments for your class?																
Never (N)	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N
Rarely (R)	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R
Some of the time (S)	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S
Most of the time (M)	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M
All of the time (A)	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A
No **H**omework **A**ssigned	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA	○ NHA
Don't **K**now (DK)	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK
14. How often is this student absent from your class?																
Never (N)	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N
Rarely (R)	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R
Some of the time (S)	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S
Most of the time (M)	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M
All of the time (A)	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A
Don't **K**now (DK)	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK

COLUMN (from enclosed list). Please write student's initials here. Initials →	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P
15. How often is this student tardy to your class?																
Never (N)	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N
Rarely (R)	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R
Some of the time (S)	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S
Most of the time (M)	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M
All of the time (A)	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A
Don't **K**now (DK)	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK
16. How often is this student attentive in your class?																
Never (N)	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N
Rarely (R)	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R
Some of the time (S)	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S
Most of the time (M)	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M
All of the time (A)	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A
Don't **K**now (DK)	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK

COLUMN (from enclosed list). Please write student's initials here. Initials →	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P
17. How often is this student disruptive in your class?																
Never (N)	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N	○ N
Rarely (R)	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R	○ R
Some of the time (S)	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S	○ S
Most of the time (M)	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M	○ M
All of the time (A)	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A	○ A
Don't **K**now (DK)	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK	○ DK
18. Have you spoken to a guidance counselor or other member of the school staff this school year about the following?																
a. Student's poor school performance	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN
b. Student's disruptive behavior in school	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN	○ Yes ○ No ○ NN
19. Have you recommended this student for academic honors, advanced placement, or honors classes?	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA	○ Yes ○ No ○ NA

NOTE: NA = Not Available

NOTE: NN = Not Necessary

COLUMN (from enclosed list). Please write student's initials here. Initials →	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P
20. How far in school do you expect this student to get?																
Less than high school graduation only	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
HS graduation or GED only	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Will attend or complete a 2-year school course in a community or vocational school	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Will go to college but not complete a 4-year degree	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Will graduate from college	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Will obtain a Master's degree or equivalent	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Will obtain a Doctorate, professional degree or other advanced degree (Ph.D., M.D., etc.)	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
Don't Know	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O

QUESTION 21 IS FOR ENGLISH TEACHERS ONLY. IF YOU ARE A MATH TEACHER, SKIP TO THE INSTRUCTION BOX AT THE BOTTOM OF PAGE 11.

COLUMN (from enclosed list). Please write student's initials here. Initials →	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P
21. Please rate this student's compositional skills, as exhibited in performance in your English class.																
a. Ability to organize ideas logically and coherently																
O=Outstanding	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
V=Very Good	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
G=Good	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
F=Fair	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
P=Poor	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
b. Ability to employ the conventions of English grammar and usage																
O=Outstanding	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
V=Very Good	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
G=Good	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
F=Fair	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
P=Poor	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P

QUESTION 21 IS FOR ENGLISH TEACHERS ONLY. IF YOU ARE A MATH TEACHER, SKIP TO THE INSTRUCTION BOX AT THE BOTTOM OF THIS PAGE.

COLUMN (from enclosed list). Please write student's initials here. Initials →	Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O	Column P
21. (continued) Please rate this student's compositional skills, as exhibited in performance in your English class.																
c. Ability to elaborate points with appropriate detail																
O=Outstanding	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
V=Very Good	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
G=Good	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
F=Fair	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P=Poor	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
d. Ability to express analytical, critical, or creative thinking																
O=Outstanding	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
V=Very Good	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
G=Good	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
F=Fair	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P=Poor	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O

INSTRUCTION: RETURN TO THE BEGINNING OF PART I ON PAGE 1 AND COMPLETE THE NEXT COLUMN FOR THE NEXT STUDENT ON YOUR STUDENT LIST. WHEN YOU HAVE COMPLETED A COLUMN FOR ALL STUDENTS LISTED ON THE STUDENT LIST, GO TO PART II ON PAGE 12.

PART II: TEACHER BACKGROUND AND ACTIVITIES

22. What is your sex?

- ○ Male
- ○ Female

23. Are you Hispanic (or Latino/Latina)?

- ○ Yes
- ○ No

24. Please select one or more of the following choices to best describe your race. Are you… (MARK ALL THAT APPLY)

- ○ White
- ○ Black/African American
- ○ Asian
- ○ Native Hawaiian or Other Pacific Islander
- ○ American Indian or Alaska Native

25. In what year were you born?

Year

1	9		

26. Counting this year, how many years have you taught at the elementary and secondary level? Please also note the number of years in total.

Elementary Total (K-6)	Secondary (7-12)	Total (K-12)
years	years	years

27. Counting this year, how many years in total have you taught in this school?

years

28. What is your employment status in this school or school system?

MARK ONE RESPONSE

- Regular full-time teacher
- Regular part-time teacher
- Long-term substitute teacher

29. In the state in which your school is located, what type of teaching certification do you hold in the field you teach the students named on the student list?

MARK ONE RESPONSE IN THE COLUMN THAT APPLIES TO YOU

	ENGLISH TEACHERS	MATH TEACHERS
Regular or standard certification (standard certification offered in your state)	O	O
Probationary certification (the initial certification issued after satisfying all requirements except the completion of the probationary period)	O	O
Temporary, provisional, or emergency certification (require additional coursework before regular certification can be obtained)	O	O
I am not certified in this field, but am currently in a program to obtain state certification in this field	O	O
I am not certified in this field and I am not currently in a program to obtain state certification in this field	O	O

30. What academic degree(s) do you hold?

MARK ALL THAT APPLY

- O No degree
- O Associate degree (A.A., A.S., etc.)
- O Bachelor's degree (B.A., B.S., etc.)
- O Education specialist/professional diploma
- O Master's (M.A., M.S., M.B.A., etc.)
- O Doctorate (Ph.D., Ed.D., D.P.H., etc.)
- O First professional (M.D., D.D.S., J.D./L.L.B., etc.)

IF YOU DO NOT HAVE A DEGREE OR YOUR HIGHEST DEGREE IS AN ASSOCIATE DEGREE, SKIP TO QUESTION 33 ON PAGE 17.

IF YOUR HIGHEST DEGREE IS A BACHELOR'S DEGREE OR HIGHER, GO TO QUESTION 31 ON PAGE 15.

31. What were your major and minor (or 2nd major) fields of study for your bachelor's degree?

MARK ONE RESPONSE IN EACH COLUMN

	Major	Minor/2nd major
Education	○	○
English	○	○
Mathematics	○	○
History/social studies/social science	○	○
Natural/physical sciences	○	○
Foreign languages	○	○
Physical education	○	○
Vocational education	○	○
Business	○	○
Other	○	○
Does not apply	○	○

IF YOUR HIGHEST DEGREE IS A BACHELOR'S DEGREE, SKIP TO QUESTION 33 ON PAGE 17.

IF YOUR HIGHEST DEGREE IS AN EDUCATION SPECIALIST/PROFESSIONAL DIPLOMA OR HIGHER, GO TO QUESTION 32 ON PAGE 16.

32. What were your major and minor (or 2nd major) fields of study for your highest graduate qualification?

MARK ONE RESPONSE IN EACH COLUMN

	Major	Minor/2nd major
Education	○	○
English	○	○
Mathematics	○	○
History/social studies/social science	○	○
Natural/physical sciences	○	○
Foreign languages	○	○
Physical education	○	○
Vocational education	○	○
Business	○	○
Other	○	○
Does not apply	○	○

33. How many undergraduate and graduate courses have you taken in the subject area of the class(es) you teach the students named on the enclosed list? Please report the number of courses, not credit hours.

(MARK ONE RESPONSE ON EACH LINE)

	Does not apply	None	1-3	4-6	7-9	10 or more	I don't know
a. Undergraduate courses in English	O	O	O	O	O	O	O
b. Graduate courses in English	O	O	O	O	O	O	O
c. Undergraduate courses in math	O	O	O	O	O	O	O
d. Graduate courses in math	O	O	O	O	O	O	O

34. Suppose you could go back to college and start over again. In view of your present knowledge, would you become a teacher?

(MARK ONE RESPONSE)

O Certainly would

O Probably would

O Chances for and against are even

O Probably would not

O Certainly would not

35. How often do you use a computer at home or in school to… **MARK ONE RESPONSE ON EACH LINE**

	Never	Less than once a month	Between once a week and once a month	A few times a week	Almost every day	Every day
a. Create instructional materials (e.g., handouts, syllabi, tests)?	O	O	O	O	O	O
b. Gather information from Web sites for planning lessons?	O	O	O	O	O	O
c. Access model lesson plans from the Internet?	O	O	O	O	O	O
d. Access research and best practices for teaching from the Internet?	O	O	O	O	O	O
e. Take professional development courses via the Internet?	O	O	O	O	O	O
f. Participate in discussions via the Internet with colleagues?	O	O	O	O	O	O
g. Download instructional software from the Internet to use in class?	O	O	O	O	O	O
h. Give multimedia presentations in class?	O	O	O	O	O	O
i. Keep administrative records (e.g., grades, attendance, lesson plan)?	O	O	O	O	O	O
j. Prepare multimedia presentations?	O	O	O	O	O	O
k. Communicate with colleagues and other professionals through E-mail or listserves?	O	O	O	O	O	O
l. Communicate with students' parents via E-mail or listserves?	O	O	O	O	O	O
m. Communicate with students outside of class hours?	O	O	O	O	O	O
n. Post homework or other class requirements or information?	O	O	O	O	O	O

36. In the last 3 years, how many hours of training or professional development on how to teach special education students have you had? If none, enter "00."

Hours of Training

37. In the last 3 years, have you had 8 hours or more of training or professional development on how to teach Limitied English Proficient (LEP) students? (An LEP student is an English Language Learner who has limited English skills.)

- ○ Yes
- ○ No

38. In the last 3 years, have you received training in these areas from any source?

MARK ONE RESPONSE ON EACH LINE

	Yes	No
a. Basic computer training	○	○
b. Software applications	○	○
c. Use of the Internet	○	○
d. Use of other technology (e.g., satellite access, wireless Web, interactive video, closed-circuit TV, videoconferencing)	○	○
e. Integration of computers and other technology into the classroom curriculum	○	○
f. Follow-up or advanced training	○	○

39. During the first semester of the current school year, how many days of teaching did you miss for any reason?

Number of days

40. In addition to your duties at this school, do you hold any other paying jobs that are <u>full-time</u> at any time of the year?

MARK ONE RESPONSE

- ○ No → SKIP TO QUESTION 42
- ○ Yes, summer only
- ○ Yes, school year only
- ○ Yes, during the entire year

→ GO TO QUESTION 41

41. Is this <u>full-time</u> work related to the field of education?

- ○ Yes
- ○ No

42. In addition to your duties at this school, do you hold any other paying jobs that are <u>part-time</u> at any time of the year?

MARK ONE RESPONSE

- ○ No → SKIP TO QUESTION 44 ON PAGE 21
- ○ Yes, summer only
- ○ Yes, school year only
- ○ Yes, during the entire year

→ GO TO QUESTION 43

43. Is this <u>part-time</u> work related to the field of education?

- ○ Yes
- ○ No

44. When students are successful in achieving intended goals or objectives, it is often attributed to one of the following sources. In your opinion, how important is each source of success?

MARK ONE RESPONSE ON EACH LINE

	Extremely Important	Very Important	Not very Important	Not at all Important
a. Student's home background	O	O	O	O
b. Student's intellectual ability	O	O	O	O
c. Student's enthusiasm or perseverance	O	O	O	O
d. Teacher's attention to the unique interests and abilities of the student	O	O	O	O
e. Teacher's use of effective methods of teaching	O	O	O	O
f. Teacher's enthusiasm or perseverance	O	O	O	O

QUESTION 45 IS FOR MATH TEACHERS ONLY. IF YOU ARE AN ENGLISH TEACHER, SKIP TO QUESTION 46 ON PAGE 22.

45. How much do you agree or disagree with the following statements?

(MARK ONE RESPONSE ON EACH LINE)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Most people can learn to be good at math.	O	O	O	O
b. You have to be born with the ability to be good at math.	O	O	O	O

46. Please provide the following information.

Last Name _____ First Name _____ MI _____ Maiden Name _____

( ) - Best time of day to call: : ○ AM ○ PM

Home telephone number

( ) - Best time of day to call: : ○ AM ○ PM

School office telephone number Extension

E-mail address:_____

47. Date survey completed:

Month Day Year

2002

THANK YOU FOR YOUR COOPERATION

PLEASE RETURN THIS QUESTIONNAIRE USING THE ENCLOSED ENVELOPE