



U.S. Department of Education SEELS Longitudinal Study

Teacher Survey

Marking Instructions

Please use a No. 2 pencil or black or blue ink only.
Print legible numbers and capital block letters in the boxes.

Correct Numbers and Letters

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | A | B | C |
|---|---|---|---|---|---|

Correct Mark



Incorrect Marks



Thank you for your help in completing this survey – it is vitally important to the success of this significant U.S. Department of Education study. Study findings will be critical as federal, state and local agencies work to improve the quality of services and results for youth.

Be assured that your answers will be completely confidential; no information will be reported that identifies you, this student, or this school. The SEELS study is authorized to collect data under law 20 U.S.C. 123g;34CFR Part 99.

If you have questions about the study or survey, please:
e-mail us at seels@sri.com,
or call our hotline toll-free at 1-800-961-9895,
or visit our web site at www.SEELS.net.

Again, thank you!

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Today's Date: / -

Definition of "Language Arts:"

By language arts, we mean an extremely wide range of instruction, including any of the following - language arts, reading, English, language, functional communication, writing, or literature.

Do you provide language arts instruction to the student named on the front cover?

- No →  DO NOT COMPLETE THIS SURVEY. PLEASE PASS IT ON TO THIS STUDENT'S MAIN LANGUAGE ARTS INSTRUCTOR.
- Yes PLEASE GO ON TO SECTION A

A. ABOUT THIS STUDENT'S LANGUAGE ARTS INSTRUCTIONAL SETTING

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE INSTRUCTIONAL SETTING IN WHICH YOU PROVIDE LANGUAGE ARTS INSTRUCTION TO THE STUDENT NAMED ON THE FRONT COVER. (Please see definition of 'language arts' above)

A1. Do you provide language arts instruction to this student in a classroom setting or individually (e.g., homebound instruction)?

PLEASE MARK **ONE** BOX.

- Individually → → → → → → → → → PLEASE GO TO SECTION B, PAGE 4.
- Classroom setting PLEASE CONTINUE WITH QUESTION A2.

A2. What is the grade level of this class?

PLEASE MARK ALL THAT APPLY.

- | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Prekindergarten/ Kindergarten | <input type="checkbox"/> 1st grade | <input type="checkbox"/> 2nd grade | <input type="checkbox"/> 3rd grade | <input type="checkbox"/> 4th grade |
| <input type="checkbox"/> 9th grade | <input type="checkbox"/> 5th grade | <input type="checkbox"/> 6th grade | <input type="checkbox"/> 7th grade | <input type="checkbox"/> 8th grade |
| | <input type="checkbox"/> 10th grade | <input type="checkbox"/> 11th grade | <input type="checkbox"/> 12th grade | <input type="checkbox"/> Ungraded |

A3. How many of the students in this class are English language learners (ELL), limited-English-proficient (LEP) or English-as-a-second-language (ESL) students?

Number of ELL, LEP, or ESL students

A4. Compared with other students this age or grade, about what percentage of students in this language arts class are at each of the following academic ability levels in reading?

PLEASE ENTER **ONE** NUMBER ON **EACH** LINE. IF NONE, ENTER "0".

- % a. Much above average
- % b. Somewhat above average
- % c. Average
- % d. Somewhat below average
- % e. Much below average

(Total = 100%)

A5. How many of the following are usually in this classroom during language arts instruction?

PLEASE ENTER **ONE NUMBER ON EACH LINE**. ENTER "0" IF NONE ARE IN THIS CLASS.

Number

a. General education students

b. Special education students

c. General education teachers

d. Special education teachers

e. Classroom aides

f. One-to-one instructional assistants assigned to a specific student

g. Other specialists

h. Adult volunteers

A6. Are any of the students in the language arts class, of which this student is a part, identified as having the following primary disabilities? If yes how many?

PLEASE ENTER YES OR NO ON EACH LINE IN COLUMN A AND IF YES PLEASE ENTER THE NUMBER OF STUDENTS IN COLUMN B. ENTER "0" IF NONE.

| | A | | B |
|---|--------------------------|--------------------------|----------------------|
| | Yes | No | Number of Students |
| a. Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| b. Autism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| c. Deafness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| d. Hearing impairment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| e. Deaf-blindness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| f. Developmental delay | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| g. Learning disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| h. Mild mental retardation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| i. Moderate/severe mental retardation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| j. Multiple disabilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

A6. Are any of the students in the language arts class, of which this student is a part, identified as having the following primary disabilities? If yes how many?

PLEASE ENTER YES OR NO ON EACH LINE IN COLUMN A AND IF YES PLEASE ENTER THE NUMBER OF STUDENTS IN COLUMN B. ENTER "0" IF NONE.

| | A | | B |
|----------------------------------|--------------------------|--------------------------|---|
| | Yes | No | Number of Students |
| k. Orthopedic impairment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value=""/> <input type="text" value=""/> |
| l. Other health impairment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value=""/> <input type="text" value=""/> |
| m. Serious emotional disturbance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value=""/> <input type="text" value=""/> |
| n. Speech or language impairment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value=""/> <input type="text" value=""/> |
| o. Traumatic brain injury | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value=""/> <input type="text" value=""/> |
| p. Visual impairment/blindness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value=""/> <input type="text" value=""/> |
| q. Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text" value=""/> <input type="text" value=""/> |

B. ABOUT THIS STUDENT'S LANGUAGE ARTS INSTRUCTION

B1. For approximately how much time in a typical week do you provide language arts instruction to this student? PLEASE ENTER ONE NUMBER.

Number of minutes per week of language arts instruction

minutes

OR

Number of hours per week of language arts instruction

hours

B2. Which of the following best describes the language arts curriculum materials for this student?

PLEASE MARK ONE BOX.

- General education grade-level curriculum materials are used without modification.
- Some modifications in general education curriculum materials have been made (e.g., modified content expectations, somewhat below-grade-level curriculum used).
- Substantial modifications in general education curriculum materials have been made (e.g., very different content expectations, significantly below-grade-level curriculum used).
- Specialized curriculum or materials are used (e.g., parallel curriculum, individualized curriculum or materials).

B3. What is the primary goal for reading achievement for this student?

PLEASE MARK ONE BOX.

- Reading at grade level
- Improving general reading skills, but not necessarily to reach grade level
- Developing functional reading skills, such as word recognition for daily living
- Building pre-reading skills (i.e., letter recognition, auditory discrimination of sounds, matching words, etc.)
- No goals regarding reading achievement

C3. In Column A, please indicate how often the class as a whole engages in the following activities during language arts instruction.

In Column B, please indicate how often this student engages in these activities during language arts instruction.

PLEASE MARK ONE BOX ON EACH LINE IN COLUMN A AND IN COLUMN B.

| | A | | | | B | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | The class as a whole | | | | This student | | | |
| | Never | Rarely | Sometimes | Often | Never | Rarely | Sometimes | Often |
| a. Respond orally to questions | <input type="checkbox"/> |
| b. Take quizzes or tests | <input type="checkbox"/> |
| c. Work independently | <input type="checkbox"/> |
| d. Work with a peer partner or group | <input type="checkbox"/> |
| e. Participate in class discussion | <input type="checkbox"/> |
| f. Work on a project or presentation | <input type="checkbox"/> |
| g. Complete a writing assignment | <input type="checkbox"/> |
| h. Present in front of the class or a group | <input type="checkbox"/> |
| i. Read aloud | <input type="checkbox"/> |
| j. Read literature, poetry, plays, or dramas | <input type="checkbox"/> |
| k. Read informational materials | <input type="checkbox"/> |
| l. Practice phonics or phonemic skills | <input type="checkbox"/> |
| m. Practice/learn vocabulary | <input type="checkbox"/> |
| n. Read silently | <input type="checkbox"/> |
| o. Sight word reading | <input type="checkbox"/> |

C4. In Column A, please indicate how important each of the factors listed below is in determining grades or formal progress reports for students in the class as a whole. In Column B, please indicate how important each of the factors is in determining grades or formal progress reports for this student.

PLEASE MARK ONE BOX ON EACH LINE IN COLUMN A AND IN COLUMN B OR MARK THE BOX BELOW IF PROGRESS IS NOT EVALUATED FOR THIS STUDENT.

Progress is not evaluated or grades are not determined for this student.

| | A | | | B | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | The class as a whole | | | This student | | |
| | Not Important | Somewhat Important | Very Important | Not Important | Somewhat Important | Very Important |
| a. Attitude/behavior | <input type="checkbox"/> |
| b. Class participation | <input type="checkbox"/> |
| c. Homework | <input type="checkbox"/> |
| d. Student portfolio | <input type="checkbox"/> |
| e. Performance on daily class work | <input type="checkbox"/> |
| f. Performance on special projects and activities | <input type="checkbox"/> |
| g. Performance relative to a set standard | <input type="checkbox"/> |
| h. Performance relative to the rest of the class | <input type="checkbox"/> |
| i. Results of tests | <input type="checkbox"/> |
| j. Attendance | <input type="checkbox"/> |

C5. If this student needs to be disciplined in this class, to what extent is this discipline similar to what is done with other students?

PLEASE MARK ONE BOX.

- The same
- Somewhat different
- Very different
- Student does not require or rarely requires disciplining from adults in this class

C6. Does this student have either an Individualized Education Plan (IEP) or a "504 plan" for students with disabilities?
PLEASE MARK ONE BOX.

- No, this student does not have an IEP or 504 plan. PLEASE GO TO SECTION E, PAGE 11. → → → → → → → →
- Yes, this student has an IEP or 504 plan. PLEASE CONTINUE WITH QUESTION C7.
- Don't know PLEASE CONTINUE WITH QUESTION C7.

C7. Which of the following, if any, have been made available to you in order to support your teaching with this student?
PLEASE MARK ALL THAT APPLY.

- Special materials or equipment to use with the student
- In-service training on the needs of this student
- Co-teaching/team teaching with special education and general education teachers
- Special procedures to use with the student
- Consultation services by special education or other staff
- Teacher aides or instructional assistants or aides for individual students
- Smaller student load or class size
- Other: (specify) _____
- None of these has been provided
- None is needed

C8. In preparing for this student's enrollment in this class, which of the following kinds of information were provided to you?
PLEASE MARK ALL THAT APPLY.

Information about...

- This student's IEP goals
- This student's academic abilities or previous academic performance
- This student's social/behavioral needs
- Instructional modifications or adaptations needed by this student
- Grading modifications needed by this student
- Behavioral support plans that apply to this student
- None of these

C9. Which of the following, if any, are provided to this student to help him/her in this class?
 PLEASE MARK ALL BOXES THAT APPLY OR MARK "NONE".

Accommodations/modifications

- More time in taking tests
- Test read to student
- Modified tests
- Alternative tests or assessments
- Modified grading standards
- Slower-paced instruction
- Additional time to complete assignments
- Shorter or different assignments
- More frequent feedback
- Physical adaptations (e.g., preferential seating, special desks) Please describe:

Additional supports and assistance

- Reader or interpreter
- Teacher aides, instructional assistants, or other personal aides
- Student progress monitored by special education teacher or related services provider
- Peer tutor
- Tutoring by an adult
- Behavior management program
- Learning strategies/study skills assistance
- Self-advocacy training

Learning aids

- Books on tape
- Communication aids (e.g., Touch Talker, manual printing board)
- Use of a computer for activities not allowed other students (e.g., to produce work other students write, use of a spell checker when other students do not use one)
- Computer software designed for students with disabilities
- Computer hardware adapted for student's unique needs (e.g., alternative keyboards, switch interface)
- Other: (specify) _____

No additional accommodations, additional support, or learning aids indicated in the IEP or 504 plan

C10. How often does this student's language arts program involve the following?
 PLEASE MARK ONE BOX ON EACH LINE.

| | Never | Rarely | Sometimes | Often |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Work with curriculum and/or materials designed for students receiving special education services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Language/communication development, such as ESL, augmentative communication, or sign language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Braille instruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C11. In your view, how appropriate is this student's placement in your classroom?

PLEASE MARK ONE BOX.

- Very appropriate
- Somewhat appropriate
- Not very appropriate
- Not at all appropriate
- Not sure

C12. In your opinion, how adequate are the educational supports that are provided to this student because of his/her disabilities?

PLEASE MARK ONE BOX AND THEN CONTINUE WITH SECTION E ON PAGE 11.

- Very adequate
- Somewhat adequate
- Not very adequate
- Not at all adequate
- Not sure

D. ABOUT THE LANGUAGE ARTS INSTRUCTION PROVIDED TO THIS STUDENT

PLEASE COMPLETE THIS SECTION IF YOU PROVIDE LANGUAGE ARTS INSTRUCTION TO THIS STUDENT IN A SPECIAL EDUCATION OR INDIVIDUALIZED INSTRUCTIONAL SETTING.

D1. How often does this student use the following instructional materials for language arts instruction?

PLEASE MARK ONE BOX ON EACH LINE.

| | Never | Rarely | Sometimes | Often |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Computers for Internet use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Computers for writing and other language arts activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Printed materials to supplement textbooks (e.g., literature selections) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Textbooks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Worksheets or workbooks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D2. How often does this student engage in each of the following instructional activities or instructional groupings during language arts instruction?

PLEASE MARK ONE BOX ON EACH LINE. IF STUDENT IS TAUGHT IN AN INDIVIDUALIZED SETTING, MARK N/A FOR GROUP ACTIVITIES.

| | Never | Rarely | Sometimes | Often | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Respond orally to questions | <input type="checkbox"/> |
| b. Take quizzes or tests | <input type="checkbox"/> |
| c. Work independently | <input type="checkbox"/> |
| d. Work with a peer partner or group | <input type="checkbox"/> |
| e. Participate in class discussion | <input type="checkbox"/> |
| f. Work on a project or presentation | <input type="checkbox"/> |
| g. Complete a writing assignment | <input type="checkbox"/> |
| h. Present in front of the class or a group | <input type="checkbox"/> |
| i. Read aloud | <input type="checkbox"/> |
| j. Read literature, poetry, plays, or dramas | <input type="checkbox"/> |
| k. Read informational materials | <input type="checkbox"/> |
| l. Practice phonics or phonemic skills | <input type="checkbox"/> |
| m. Practice/learn vocabulary | <input type="checkbox"/> |
| n. Read silently | <input type="checkbox"/> |
| o. Sight word reading | <input type="checkbox"/> |

D3. How often does this student engage in each of the following instructional groupings during language arts instruction?

PLEASE MARK **ONE BOX ON EACH LINE**. IF STUDENT IS TAUGHT IN AN INDIVIDUALIZED SETTING, MARK N/A.

| | Never | Rarely | Sometimes | Often | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Whole-class instruction | <input type="checkbox"/> |
| b. Small group instruction | <input type="checkbox"/> |
| c. Individual instruction from a teacher | <input type="checkbox"/> |
| d. Individual instruction from another adult | <input type="checkbox"/> |

D4. How often does this student's language arts instruction involve the following?

PLEASE MARK **ONE BOX ON EACH LINE**.

| | Never | Rarely | Sometimes | Often |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Work with curriculum and/or materials designed for students receiving special education services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Language/communication development, such as ESL, augmentative communication, or sign language | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Braille instruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D5. How important are the following factors in determining grades or evaluations of progress for this student in language arts instructions?

PLEASE MARK **ONE BOX ON EACH LINE**, OR MARK THE BOX BELOW IF YOU DO NOT DETERMINE GRADES OR EVALUATE PROGRESS FOR THIS STUDENT.

Progress is not evaluated or grades are not determined for this student.

| | Not important | Somewhat important | Very important |
|---|--------------------------|--------------------------|--------------------------|
| a. Attitude/behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Class participation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Homework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Student portfolio | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Performance on daily class work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Performance on special projects and activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Performance relative to a set standard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Performance relative to the rest of the class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Results of tests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Attendance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D6. Which of the following, if any, are provided to this student to help him/her in this class?
PLEASE MARK ALL THAT APPLY OR MARK "NONE" IF NONE OF THESE HAVE BEEN PROVIDED.

Accommodations/modifications

- More time in taking tests
- Test read to student
- Modified tests
- Alternative tests or assessments
- Modified grading standards
- Slower-paced instruction
- Additional time to complete assignments
- Shorter or different assignments
- More frequent feedback
- Physical adaptations (e.g., preferential seating, special desks) Please describe:

Additional supports and assistance

- Reader or interpreter
- Teacher aides, instructional assistants, or other personal aides
- Student progress monitored by special education teacher or related services provider
- Peer tutor
- Tutoring by an adult
- Behavior management program
- Learning strategies/study skills assistance
- Self-advocacy training

Learning aids

- Books on tape
- Communication aids (e.g., Touch Talker, manual printing board)
- Use of a computer for activities not allowed other students (e.g., to produce work other students write, use of a spell checker when other students do not use one)
- Computer software designed for students with disabilities
- Computer hardware adapted for student's unique needs (e.g., alternative keyboards, switch interface)
- Other: _____

- No additional accommodations, additional support, or learning aids indicated in the IEP or 504 plan

E. ABOUT THIS STUDENT'S PERFORMANCE AND FAMILY SUPPORT

E1. On the basis of this student's performance in your class, what is your best estimate of the student's overall reading ability?
PLEASE MARK ONE BOX.

- | | |
|---|---|
| <input type="checkbox"/> Preschool/Kindergarten level | <input type="checkbox"/> 7th grade level |
| <input type="checkbox"/> 1st grade level | <input type="checkbox"/> 8th grade level |
| <input type="checkbox"/> 2nd grade level | <input type="checkbox"/> 9th grade level |
| <input type="checkbox"/> 3rd grade level | <input type="checkbox"/> 10th grade level |
| <input type="checkbox"/> 4th grade level | <input type="checkbox"/> 11th grade level |
| <input type="checkbox"/> 5th grade level | <input type="checkbox"/> 12th grade level or higher |
| <input type="checkbox"/> 6th grade level | |

E2. Which of the following best describes the grades this student is receiving for his/her performance in language arts instruction? *PLEASE MARK ONE BOX, SELECT THE TYPE OF GRADES THAT MOST CLOSELY RESEMBLES THOSE YOU GIVE, OR MARK "00."*

00 - Student does not receive grades, progress notes, or report cards.

- | | | |
|---|-----------|---|
| <u>Mark ONE</u> | OR | <u>Mark ONE</u> |
| <input type="checkbox"/> Mostly As | | <input type="checkbox"/> Mostly "excellent" |
| <input type="checkbox"/> Mostly As & Bs | | <input type="checkbox"/> Mostly "good" |
| <input type="checkbox"/> Mostly Bs | | <input type="checkbox"/> Mostly "fair" |
| <input type="checkbox"/> Mostly Bs & Cs | | <input type="checkbox"/> Mostly "poor" |
| <input type="checkbox"/> Mostly Cs | | <input type="checkbox"/> Mostly "needs improvement" |
| <input type="checkbox"/> Mostly Cs & Ds | | <input type="checkbox"/> Mostly "satisfactory" |
| <input type="checkbox"/> Mostly Ds | | <input type="checkbox"/> Mostly "unsatisfactory" |
| <input type="checkbox"/> Mostly Ds & Fs | | <input type="checkbox"/> Mostly "passing" |
| <input type="checkbox"/> Mostly Fs | | <input type="checkbox"/> Mostly "failing" |

E3. How often does this student do each of the following in this class? *PLEASE MARK ONE BOX ON EACH LINE. IF THE STUDENT HAS NOT HAD AN OPPORTUNITY TO EXHIBIT A BEHAVIOR, PLEASE ESTIMATE HOW OFTEN HE OR SHE WOULD DEMONSTRATE THE BEHAVIOR IF GIVEN THE OPPORTUNITY.*

| | Never | Sometimes | Very Often |
|---|--------------------------|--------------------------|--------------------------|
| a. Easily transition from one classroom activity to another | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Gets easily distracted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Follow your directions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Ask for what he or she needs in order to do his or her best in class | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Act sad or depressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Join group activities without being told to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Make friends easily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Have low self-esteem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Start conversations rather than waiting for others to talk first | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Act impulsively | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Invite others to join in activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Fight with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Control his or her temper in conflict situations with other students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Receive criticism well | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Avoid situations that are likely to result in trouble | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Appear lonely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Cooperate with peers without prompting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Respond appropriately when pushed or hit by another student | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. Perform up to his or her ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| t. Do things on his or her own even if they are hard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| u. Argue with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. Keep at a task until he or she is finished, even if it takes a long time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| w. Complete homework on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| x. Communicate his or her thoughts and ideas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E4a. Which of the following best describes this student's English language proficiency?

PLEASE MARK ONE BOX.

Native English speaker **PLEASE GO TO QUESTION E5 BELOW**

Bilingual (proficient or developing proficiency in both first language and English)

Limited English proficient

Non-English speaker

Not applicable; student does not use spoken language

} PLEASE CONTINUE WITH E4b.

E4b. Are you proficient in the language or communication mechanism used by this student?

Yes No

E5. Approximately how often have you communicated with this student's parent/guardian(s) during this school year about his/her progress (by phone, in person, or in writing), not counting routine progress reports or report cards?

PLEASE MARK ONE BOX.

Never

Once

A few times over the school year

Once every other month

Once a month

Once a week or several times a month

Every day or several times a week

E6. This school year, has this student's parent/guardian(s) attended parent-teacher conferences with you or attended "back-to-school night"?

PLEASE MARK ONE BOX.

Yes

No

Not applicable. We do not have parent conferences or "back-to-school night."

Don't know

E7. How involved is this student's parent/guardian(s) in his/her school experiences (e.g., monitoring homework or student's progress in school)?

PLEASE MARK ONE BOX.

Not at all involved

Not very involved

Fairly involved

Very involved

Don't know

ALL RESPONDENTS, PLEASE COMPLETE THIS SECTION.

F1. What is your main assignment at this school (i.e., the activity at which you spend most of your time)?

PLEASE MARK **ONE** BOX.

- Full-time general education teacher
- Full-time special education teacher
- Part-time general education teacher
- Part-time special education teacher
- Itinerant teacher (i.e., you provide instruction at more than one school)
- Long-term substitute (i.e., will fill the role of a regular teacher on a long-term basis, but are still considered a substitute)
- Related services provider (e.g., speech therapist)
- Paraeducator
- Other: (specify) _____

F2. Are you credentialed to teach language arts, reading, or English at this student's grade level?

- Yes No

F3. For how many years have you been a teacher?

Years in teaching

F4. How many years have you taught students who receive special education services?

Years in teaching students who receive special education services

F5. Which of the following types of certificates, credentials, or licenses do you hold in this state for your primary teaching assignment?

PLEASE MARK **ONE** BOX.

- Regular or standard or advanced certificate
- Probationary, provisional, or temporary certificate
- Emergency certificate or waiver
- Other: (specify) _____

F6. Through what type of preparation program did you earn or are you earning the certificate or licensure for your primary teaching assignment?

PLEASE MARK **ONE** BOX.

- Bachelor's, master's, or fifth-year program
- Alternative program (e.g., a fast-track program that does not require an education degree but allows certification based on other credentials)
- Continuing professional development
- Other: (specify) _____
- None

F7. Which of the following certificates, credentials, or licenses do you hold in this state?

PLEASE MARK ALL THAT APPLY.

- General education credential
- Disability-specific credential or endorsement
- Special education credential or endorsement (for more than one disability category)
- Speech/language certification
- Physical therapy license
- Occupational therapy license
- Other: (specify) _____
- None

F8. What is the highest level of education you have completed?

PLEASE MARK ONE BOX.

- High school diploma
- Associate's degree
- Bachelor's degree
- At least 1 year of course work beyond a bachelor's but not a graduate degree
- Master's degree
- Education specialist or professional diploma with at least 1 year of course work past a master's degree
- Doctoral degree
- Other: (specify) _____

F9. During the past 3 years, have you participated in any continuing professional development activities totaling 8 or more hours to help you in any of the following areas?

IF YES, PLEASE MARK ALL AREAS IN WHICH YOU RECEIVED 8 OR MORE HOURS OF IN-SERVICE TRAINING.

- Teach language arts, reading, English, or writing
- Work with students who are considered to be "at risk"
- Work with students with disabilities
- Behavior management
- Collaborate with other educators
- Work with parents
- Use technology in instruction
- Consider and build on the cultural diversity of students
- None

F10. In the past 12 months, how many hours, in total, have you spent in continuing professional development (e.g., district-sponsored workshops, conferences, professional reading, or coursework)?

IF NONE, PLEASE ENTER "0."

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Number of hours of continuing professional development

