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 ■ X

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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2863101

SERIAL #

RS

Teacher Survey

Today's Date: Month ☐☐ – Day ☐☐ – Year ☐☐☐☐

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 ➡ STOP 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.*

☐ Prekindergarten/ Kindergarten	☐ 1st grade	☐ 2nd grade	☐ 3rd grade	☐ 4th grade
	☐ 5th grade	☐ 6th grade	☐ 7th grade	☐ 8th grade
☐ 9th grade	☐ 10th grade	☐ 11th grade	☐ 12th grade	☐ 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%)

2863102

SERIAL #

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)	☐	☐	☐☐
b. Autism	☐	☐	☐☐
c. Deafness	☐	☐	☐☐
d. Hearing impairment	☐	☐	☐☐
e. Deaf-blindness	☐	☐	☐☐
f. Developmental delay	☐	☐	☐☐
g. Learning disability	☐	☐	☐☐
h. Mild mental retardation	☐	☐	☐☐
i. Moderate/severe mental retardation	☐	☐	☐☐
j. Multiple disabilities	☐	☐	☐☐

Continued from page 4

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	☐	☐	☐☐
l. Other health impairment	☐	☐	☐☐
m. Serious emotional disturbance	☐	☐	☐☐
n. Speech or language impairment	☐	☐	☐☐
o. Traumatic brain injury	☐	☐	☐☐
p. Visual impairment/blindness	☐	☐	☐☐
q. Other: _____	☐	☐	☐☐

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

INSTRUCTIONS FOR NEXT SECTIONS

IF:	THEN:
The language arts instruction is provided in a **general education** setting, where the majority of students are not special education students... ➡	**COMPLETE Section C and SKIP Section D.**
The language arts instruction is provided in a **special education** setting... ➡	**SKIP Section C and COMPLETE Section D on page 9.**
The language arts instruction is provided in a homebound or **individual setting**... ➡	**SKIP Section C and COMPLETE Section D on page 9.**

C. ABOUT LANGUAGE ARTS INSTRUCTION IN A GENERAL EDUCATION SETTING

PLEASE COMPLETE THIS SECTION IF YOU PROVIDE LANGUAGE ARTS INSTRUCTION TO THIS STUDENT IN A GENERAL EDUCATION SETTING.

C1. **In Column A, please indicate how often the class as a whole uses the following materials in language arts instruction.**
In Column B, please indicate how often this student uses these materials in language arts instruction.
PLEASE MARK ONE BOX ON EACH LINE IN COLUMN A AND IN COLUMN B.

	A: The class as a whole				B: This student			
	Never	Rarely	Sometimes	Often	Never	Rarely	Sometimes	Often
a. Computers for Internet use	☐	☐	☐	☐	☐	☐	☐	☐
b. Computers for writing and other language arts activities	☐	☐	☐	☐	☐	☐	☐	☐
c. Printed materials to supplement textbooks (e.g., literature selections)	☐	☐	☐	☐	☐	☐	☐	☐
d. Textbooks	☐	☐	☐	☐	☐	☐	☐	☐
e. Worksheets or workbooks	☐	☐	☐	☐	☐	☐	☐	☐

C2. **In Column A, please indicate how often you use the following instructional groupings for the class as a whole during language arts instruction.**
In Column B, please indicate how often you use these groupings for this student.
PLEASE MARK ONE BOX ON EACH LINE IN COLUMN A AND IN COLUMN B.

	A: The class as a whole				B: This student			
	Never	Rarely	Sometimes	Often	Never	Rarely	Sometimes	Often
a. Whole-class instruction	☐	☐	☐	☐	☐	☐	☐	☐
b. Small group instruction	☐	☐	☐	☐	☐	☐	☐	☐
c. Individual instruction from a teacher	☐	☐	☐	☐	☐	☐	☐	☐
d. Individual instruction from another adult	☐	☐	☐	☐	☐	☐	☐	☐

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

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

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 adaptions (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	☐	☐	☐	☐
b. Language/communication development, such as ESL, augmentative communication, or sign language	☐	☐	☐	☐
c. Braille instruction	☐	☐	☐	☐

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	☐	☐	☐	☐
b. Computers for writing and other language arts activities	☐	☐	☐	☐
c. Printed materials to supplement textbooks (e.g., literature selections)	☐	☐	☐	☐
d. Textbooks	☐	☐	☐	☐
e. Worksheets or workbooks	☐	☐	☐	☐

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	☐	☐	☐	☐	☐
b. Take quizzes or tests	☐	☐	☐	☐	☐
c. Work independently	☐	☐	☐	☐	☐
d. Work with a peer partner or group	☐	☐	☐	☐	☐
e. Participate in class discussion	☐	☐	☐	☐	☐
f. Work on a project or presentation	☐	☐	☐	☐	☐
g. Complete a writing assignment	☐	☐	☐	☐	☐
h. Present in front of the class or a group	☐	☐	☐	☐	☐
i. Read aloud	☐	☐	☐	☐	☐
j. Read literature, poetry, plays, or dramas	☐	☐	☐	☐	☐
k. Read informational materials	☐	☐	☐	☐	☐
l. Practice phonics or phonemic skills	☐	☐	☐	☐	☐
m. Practice/learn vocabulary	☐	☐	☐	☐	☐
n. Read silently	☐	☐	☐	☐	☐
o. Sight word reading	☐	☐	☐	☐	☐

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	☐	☐	☐	☐	☐
b. Small group instruction	☐	☐	☐	☐	☐
c. Individual instruction from a teacher	☐	☐	☐	☐	☐
d. Individual instruction from another adult	☐	☐	☐	☐	☐

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	☐	☐	☐	☐
b. Language/communication development, such as ESL, augmentative communication, or sign language	☐	☐	☐	☐
c. Braille instruction	☐	☐	☐	☐

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	☐	☐	☐
b. Class participation	☐	☐	☐
c. Homework	☐	☐	☐
d. Student portfolio	☐	☐	☐
e. Performance on daily class work	☐	☐	☐
f. Performance on special projects and activities	☐	☐	☐
g. Performance relative to a set standard	☐	☐	☐
h. Performance relative to the rest of the class	☐	☐	☐
i. Results of tests	☐	☐	☐
j. Attendance	☐	☐	☐

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 adaptions (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.

- ☐ Preschool/Kindergarten level
- ☐ 1st grade level
- ☐ 2nd grade level
- ☐ 3rd grade level
- ☐ 4th grade level
- ☐ 5th grade level
- ☐ 6th grade level
- ☐ 7th grade level
- ☐ 8th grade level
- ☐ 9th grade level
- ☐ 10th grade level
- ☐ 11th grade level
- ☐ 12th grade level or higher

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.

Mark ONE	OR	Mark ONE
☐ Mostly As		☐ Mostly "excellent"
☐ Mostly As & Bs		☐ Mostly "good"
☐ Mostly Bs		☐ Mostly "fair"
☐ Mostly Bs & Cs		☐ Mostly "poor"
☐ Mostly Cs		☐ Mostly "needs improvement"
☐ Mostly Cs & Ds		☐ Mostly "satisfactory"
☐ Mostly Ds		☐ Mostly "unsatisfactory"
☐ Mostly Ds & Fs		☐ Mostly "passing"
☐ Mostly Fs		☐ 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	☐	☐	☐
b. Gets easily distracted	☐	☐	☐
c. Follow your directions	☐	☐	☐
d. Ask for what he or she needs in order to do his or her best in class	☐	☐	☐
e. Act sad or depressed	☐	☐	☐
f. Join group activities without being told to	☐	☐	☐
g. Make friends easily	☐	☐	☐
h. Have low self-esteem	☐	☐	☐
i. Start conversations rather than waiting for others to talk first	☐	☐	☐
j. Act impulsively	☐	☐	☐
k. Invite others to join in activities	☐	☐	☐
l. Fight with others	☐	☐	☐
m. Control his or her temper in conflict situations with other students	☐	☐	☐
n. Receive criticism well	☐	☐	☐
o. Avoid situations that are likely to result in trouble	☐	☐	☐
p. Appear lonely	☐	☐	☐
q. Cooperate with peers without prompting	☐	☐	☐
r. Respond appropriately when pushed or hit by another student	☐	☐	☐
s. Perform up to his or her ability	☐	☐	☐
t. Do things on his or her own even if they are hard	☐	☐	☐
u. Argue with others	☐	☐	☐
v. Keep at a task until he or she is finished, even if it takes a long time	☐	☐	☐
w. Complete homework on time	☐	☐	☐
x. Communicate his or her thoughts and ideas	☐	☐	☐

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

F. ABOUT YOU

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."

☐☐☐ Number of hours of continuing professional development

F11. On a scale of 1 (needs improvement) to 5 (fully competent), how would you rate your current ability to do each of the following?
PLEASE MARK ONE BOX ON EACH LINE.

	Needs improvement 1	2	3	4	Fully competent 5
a. Motivate students to participate in academic tasks	☐	☐	☐	☐	☐
b. Use technology in instruction	☐	☐	☐	☐	☐
c. Adapt instruction or materials to students' individual needs and achievements	☐	☐	☐	☐	☐
d. Teach reading skills	☐	☐	☐	☐	☐
e. Teach language arts at this student's grade level	☐	☐	☐	☐	☐
f. Monitor students' progress	☐	☐	☐	☐	☐
g. Manage student behavior	☐	☐	☐	☐	☐
h. Collaborate with other professionals	☐	☐	☐	☐	☐
i. Work with parents	☐	☐	☐	☐	☐
j. Consider and build on the cultural diversity of students	☐	☐	☐	☐	☐

F12. Please indicate the extent to which you agree or disagree with each of the following statements.
PLEASE MARK ONE BOX ON EACH LINE.

	Strongly agree	Agree	Disagree	Strongly Disagree
a. I am given the support I need to teach students with special needs.	☐	☐	☐	☐
b. I have adequate training for teaching students with special needs.	☐	☐	☐	☐
c. The school leadership has high expectations and standards for students and teachers.	☐	☐	☐	☐
d. The principal promotes instructional improvement among school staff.	☐	☐	☐	☐
e. This school is a safe place for students.	☐	☐	☐	☐

F13. Which best describes you?

☐ Hispanic, Latino or other Spanish Origin
☐ Not Hispanic, Latino or other Spanish Origin

F14. Please choose one or more categories that best describe your race.
PLEASE MARK ALL THAT APPLY.

☐ African American or Black
☐ American Indian or Alaska Native
☐ Asian
☐ Caucasian or White
☐ Native Hawaiian or other Pacific Islander
☐ Other: _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

Please return the questionnaire in the postage-paid envelope to:

SRI International
PO Box 6050
Hopkins, MN 55305-9970

Your Name:

Your E-mail:

Your Phone Number:

- -

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