



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
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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 the 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: [Month] [Day] - [Year]

Do you provide Language Arts, Reading or English instruction to the student named on the front cover? (This could include a wide range of instruction in any of the following: functional communication, language arts, reading, English, language, writing, or literature.)

- 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.

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 following are usually in this classroom during language arts, reading, or English instruction? PLEASE ENTER ONE NUMBER IN EACH LINE. ENTER "0" IF NONE ARE IN THIS CLASS.

Number
a. Students
b. Teachers
c. Classroom aides
d. One-to-one instructional assistants assigned to a specific student
e. Other specialists
f. Adult volunteers

A4. 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"/>
k. Orthopedic impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
l. Other health impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
m. Serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
n. Speech or language impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
o. Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
p. Visual impairment/blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
q. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

A5. 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

A6. 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 IN EACH LINE. IF NONE, ENTER "0".

Percentage of students

% a. Much above average

% b. Somewhat above average

% c. Average

% d. Somewhat below average

% e. Much below average

(Total = 100%)

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

B4. 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"/>

B5. 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.

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

B6. How often does this student use the following instructional groupings during language arts instruction?
PLEASE MARK ONE BOX ON EACH LINE.

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

B7. How often does this student's language arts, reading, or English instruction program involve the following?
PLEASE MARK ONE BOX ON EACH LINE.

	Never or Rarely	Sometimes	Often	N/A
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"/>

B8. How important is each of the factors listed below in determining grades or evaluation of progress for this student in language arts instruction?
PLEASE MARK ONE BOX ON EACH LINE, OR MARK THE BOX BELOW IF YOU DO NOT DETERMINE GRADES OR EVALUATE PROGRESS FOR THIS STUDENT.

	Not important	Somewhat important	Very important
<input type="checkbox"/> Progress is not evaluated or grades are not determined for this student			
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"/>

B9. 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: (specify) _____

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

C1. 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

C2. 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 THE BOX BELOW IF THE STUDENT DOES NOT RECEIVE GRADES, PROGRESS NOTES OR REPORT CARDS.**

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

Mark ONE

OR

Mark ONE

- Mostly As
- Mostly As & Bs
- Mostly Bs
- Mostly Bs & Cs
- Mostly Cs
- Mostly Cs & Ds
- Mostly Ds
- Mostly Ds & Fs
- Mostly Fs

- Mostly "excellent"
- Mostly "good"
- Mostly "fair"
- Mostly "poor"
- Mostly "needs improvement"
- Mostly "satisfactory"
- Mostly "unsatisfactory"
- Mostly "passing"
- Mostly "failing"

C3. 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"/>

C4a. Which of the following best describes this student's English language proficiency?

PLEASE MARK ONE BOX.

Native English speaker **PLEASE GO TO QUESTION C5 ON NEXT PAGE**

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 C4b.

C4b. Are you proficient in the language or communication mechanism used by this student?

Yes

No

C5. 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

C6. 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

C7. 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

D. ABOUT YOU

D1. 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)
-

D2. Are you credentialed to teach language arts, reading, or English at this student's grade level?

- Yes
- No

D3. For how many years have you been a teacher?

Years in teaching

D4. How many years have you taught students who receive special education services?

Years in teaching students who receive special education services

D5. 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) _____

D6. 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

D7. 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

D8. 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) _____

D9. 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

D10. 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

D11. 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 → Fully competent				
	1	2	3	4	5
a. Motivate students to participate in academic tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use technology in instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adapt instruction or materials to students' individual needs and achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teach reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teach language arts at this student's grade level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Monitor students' progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Manage student behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Collaborate with other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Work with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Consider and build on the cultural diversity of students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

