

# SRI International

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May, 1999

## **SPECIAL EDUCATION ELEMENTARY LONGITUDINAL STUDY (SEELS)**

### **DRAFT LANGUAGE ARTS TEACHER SURVEY**

SRI Project 3421

**THE SPECIAL EDUCATION ELEMENTARY LONGITUDINAL STUDY  
(SEELS)**

**Survey of Reading/Language Arts Teachers**

Student name
ID Number
Birthdate

Dear Language Arts/Reading Teacher:

The Special Education Elementary Longitudinal Study (SEELS), funded by the U.S. Department of Education, is studying the school experiences and outcomes of a variety of students, including students in special education. The study will give educators, policy-makers, practitioners, and parents important information about students' experiences and how they contribute to student performance. A brochure describing SEELS is enclosed.

The student named on the label above is one of more than 14,000 students nationwide who are included in SEELS. These students were in elementary and/or early middle school when SEELS began in the 1999-2000 school year; the study will follow these students through the 2003-2004 school year as they transition into middle and high school.

To understand students' educational experiences, we are focusing this component of the study on students' language arts instruction (separate surveys also deal with the student's overall school program and with school characteristics). You have been identified as the teacher who gives this student his or her main language arts instruction.

We urge you to take about XX minutes to complete this survey about the language arts instruction you provide this student and about his or her performance and behavior while s/he is in class with you. Please return the completed survey as soon as possible in the enclosed postage-paid envelope. A \$XX (gift certificate/check) will be mailed to you when we receive the completed survey and you will be eligible to be chosen to receive a thank you gift of.....

Please be assured that your answers will be completely confidential. No information will be reported that identifies you or this school.

If you have any questions about the study or the survey, please feel free to call the SEELS hotline toll free at 1-800-XXX-XXXX, send e-mail to (address), or visit the SEELS Web site at (URL).

Thank you in advance for your contribution to this important study.

**PLEASE TURN THE PAGE TO BEGIN THE SURVEY ‘ ‘ ‘ ‘ ‘**

Is the student named on the front cover in your classroom during your language arts/reading instruction period?

(By language arts instruction, we mean English, reading, writing, literature studies, or language or communication classes.)

*PLEASE CIRCLE ONE NUMBER.*

- 1 No **STOP:** Do not complete this survey. Please pass the survey on to this student's main language arts teacher. If you do not know who the student's main language arts teacher is, please return the survey in the enclosed envelope.
- 2 Yes **PLEASE GO ON TO SECTION A BELOW.**

**A. ABOUT THIS STUDENT'S LANGUAGE ARTS/READING PROGRAM AND CLASSROOM**

**Please answer the following questions about the class in which you provide language arts instruction to the student named on the front of this questionnaire.**

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

- 1 Classroom setting **PLEASE CONTINUE WITH QUESTION A2.**
- 2 Individually **PLEASE GO TO QUESTION A6, PAGE 3.**

A2. What is the grade level of this class? *PLEASE CIRCLE ALL THAT APPLY.*

- |   |              |   |                       |    |                        |
|---|--------------|---|-----------------------|----|------------------------|
| 0 | Ungraded     | 4 | 4th grade             | 9  | 9 <sup>th</sup> grade  |
| K | Kindergarten | 5 | 5th grade             | 10 | 10th grade             |
| 1 | 1st grade    | 6 | 6th grade             | 11 | 11th grade             |
| 2 | 2nd grade    | 7 | 7 <sup>th</sup> grade | 12 | 12 <sup>th</sup> grade |
| 3 | 3rd grade    | 8 | 8 <sup>th</sup> grade |    |                        |

A3. How many of the following are in this class? *PLEASE RECORD ONE NUMBER ON EACH LINE. ENTER "0" IF NONE ARE IN THIS CLASS. ENTER PART-TIME STAFF BASED ON FTE (I.E., 1.5 FOR ONE FULL TIME AND ONE HALF TIME)*

Number

- \_\_\_\_\_ Teachers
- \_\_\_\_\_ Teacher aides
- \_\_\_\_\_ One-to-one instructional assistants assigned to a specific student
- \_\_\_\_\_ General education students
- \_\_\_\_\_ Special education students

A4. Compared with other students of similar age and grade, how many students in this class are at each of the following academic ability levels in reading ? PLEASE RECORD ONE PERCENTAGE ON EACH LINE.

Number of students	
_____	Much above average
_____	Somewhat above average
_____	Average
_____	Somewhat below average
_____	Much below average.

A5. How many of the students in this class are considered to be English language learners (ELL), or limited-English-proficient (LEP)?

\_\_\_\_\_ Number of ELL (or LEP) students

A6. For approximately how much time is this student in your classroom for language arts/reading instruction in a typical week? PLEASE RECORD ONE NUMBER.

----- Number of minutes per week of language arts instruction

OR

----- Number of hours per week of language arts instruction

A7. In what other capacity(ies) are you involved with this student? PLEASE CIRCLE ALL THAT APPLY.

- 1 Student's classroom teacher for other parts of the day
- 2 Provide related services directly to this student **PLEASE GO TO QUESTION A8.**
- 3 Provide only Language Arts/Reading instruction to this student.
- 4 Provide consultation services to student's teacher(s)
- 5 Provide case-management for this student **PLEASE GO TO QUESTION A9.**
- 6 Program administrator
- 7 Other: \_\_\_\_\_

A8. Approximately how much time each day is this student in your classroom in a typical week? PLEASE ENTER ONE NUMBER IN EACH BOX. IF YOU DO NOT SEE THIS STUDENT ON A PARTICULAR DAY, PLEASE ENTER "0".

Monday	Tuesday	Wednesday	Thursday	Friday
--------	---------	-----------	----------	--------

Minutes <b>OR</b>	Minutes <b>OR</b>	Minutes <b>OR</b>	Minutes <b>OR</b>	Minutes <b>OR</b>
Hours	Hours	Hours	Hours	Hours

A9. Which of the following best describes the language arts curriculum materials for this student? *PLEASE CIRCLE ALL THAT APPLY.*

- |  |   |
|--|---|
| <p>1 General education grade-level curriculum materials are used without modification.</p> <p>2 Some modifications in general education curriculum materials have been made (e.g., modified content expectations, below grade level curriculum used).</p> <p>3 Substantial modifications in general education curriculum materials have been made (e.g., very different content expectations, significantly below grade level curriculum used).</p> <p>4 Specialized curriculum or materials are used (e.g., parallel curriculum, individualized curriculum or materials).</p> | <p><b>PLEASE GO TO SECTION B, PAGE 5</b></p> <p><b>PLEASE ANSWER QUESTION A10</b></p> |
|--|---|

A10. What is the **primary** goal for reading achievement for this student? *PLEASE CIRCLE ONE NUMBER.*

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

**IF YOU PROVIDE INDIVIDUAL (E.G., HOMEBOUND) INSTRUCTION TO THIS STUDENT, PLEASE GO TO SECTION C, PAGE 11.**

**B. ABOUT YOUR LANGUAGE ARTS/READING INSTRUCTION**

B1. Does this student receive language arts instruction in a general education class in which the majority of students are not special education students?

- 1 Yes **PLEASE CONTINUE WITH QUESTION B2.**
- 2 No **PLEASE GO TO SECTION C, PAGE 11**

B2. Please think about the various **instructional materials** you use during the language arts class of which this student is a part.

a. In column A, please indicate how often the **class as a whole** uses these materials for Language Arts/Reading.

*PLEASE CIRCLE ONE NUMBER FOR EACH LINE IN COLUMN A.*

b. In column B, please indicate how often **this student** uses these materials for Language Arts/Reading.

*PLEASE CIRCLE ONE NUMBER FOR EACH LINE COLUMN B.*

		<b>A</b> The class as a whole			<b>B</b> This student		
		Rarely/ Never	Occasionally	Frequently	Rarely/ Never	Occasionally	Frequently
a.	Textbooks	1	2	3	1	2	3
b.	Printed materials to supplement textbooks (i.e., literature selections)	1	2	3	1	2	3
c.	Worksheets or workbooks	1	2	3	1	2	3
d.	Hands-on materials or objects	1	2	3	1	2	3
e.	Computers for writing and other language arts activities	1	2	3	1	2	3
f.	Computers for Internet use	1	2	3	1	2	3
g.	Specialized skill-building curricula (i.e., phonics program, corrective reading programs)	1	2	3	1	2	3

B3. Please think about the **instructional activities** during the language arts class of which this student is a part.

a. In column A, please indicate how often the **class as a whole** participates in these activities during Language Arts/Reading.

*PLEASE CIRCLE ONE NUMBER FOR EACH LINE IN COLUMN A.*

b. In column B, please indicate how often **this student** participates in these same activities during Language Arts/Reading.

*PLEASE CIRCLE ONE NUMBER FOR EACH LINE COLUMN B.*

		<b>A</b> The class as a whole			<b>B</b> This student		
		Rarely/ Never	Occasionally	Frequently	Rarely/ Never	Occasionally	Frequently
a.	Responds orally to questions	1	2	3	1	2	3
b.	Take quizzes or tests	1	2	3	1	2	3
c.	Participates in class discussion	1	2	3	1	2	3
d.	Completes a reading assignment	1	2	3	1	2	3
e.	Works on a project or presentation	1	2	3	1	2	3
f.	Completes a writing assignment	1	2	3	1	2	3
g.	Works on a written report	1	2	3	1	2	3
h.	Reads silently	1	2	3	1	2	3
i.	Receives skill-building instruction	1	2	3	1	2	3

B4. Please think about the various **instructional groupings** that you use during the language arts class of which this student is a part.

a. In column A please indicate how often you use each of the following instructional groupings for the **class as a whole** during Language Arts/Reading.

*PLEASE CIRCLE ONE NUMBER ON EACH LINE IN COLUMN A.*

b. In column B, please indicate how often you use the instructional grouping for **this student** during Language Arts/Reading.

*PLEASE CIRCLE ONE NUMBER ON EACH LINE IN COLUMN B.*

		<b>A</b> The class as a whole			<b>B</b> This student		
		Rarely/ Never	Occasionally	Frequently	Rarely/ Never	Occasionally	Frequently
a.	Work with a peer partner	1	2	3	1	2	3
b.	Whole class instruction	1	2	3	1	2	3
c.	Instruction within small groups	1	2	3	1	2	3
d.	Individual instruction from you	1	2	3	1	2	3
e.	Individual instruction from another adult	1	2	3	1	2	3

B5. Please think about the various factors you use in determining grades or other formal progress reports for students in the language arts class of which this student is a part. If you do not prepare formal progress reports or determine grades for this student, circle "999."

a. 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**.  
*PLEASE CIRCLE ONE NUMBER ON EACH LINE IN COLUMN A.*

b. In column B, please indicate how important each of the factors listed below is in determining grades or formal progress reports for **this student**.  
*PLEASE CIRCLE ONE NUMBER ON EACH LINE IN COLUMN B*

		A The class as a whole			B This student		
		Not at all important	Somewhat important	Very important	Not at all important	Somewhat important	Very important
a.	Results of tests	1	2	3	1	2	3
b.	Improvement over past performance	1	2	3	1	2	3
c.	Performance relative to a set standard	1	2	3	1	2	3
d.	Performance relative to the rest of the class.	1	2	3	1	2	3
e.	Class participation	1	2	3	1	2	3
f.	Homework	1	2	3	1	2	3
g.	Attendance	1	2	3	1	2	3
h.	Performance on projects or practical exercises	1	2	3	1	2	3
i.	Attitude/behavior	1	2	3	1	2	3
j.	Items in student portfolios	1	2	3	1	2	3
999	I do not provide progress reports for this student						

B6. If you need to discipline this student, is what you do usually the same or different from what you do with other students in your class? *PLEASE CIRCLE ONE NUMBER.*

- 1 The same
- 2 Somewhat different
- 3 Very different
- 4 I do not discipline this student
- 5 Student does not or rarely requires disciplining from adults



B7. Does this student have either an Individualized Education Program (IEP) for special education services or a “504 plan” for students with disabilities? *PLEASE CIRCLE ONE NUMBER.*

- 1 No, this student does not have an IEP or 504 plan **PLEASE GO TO SECTION D, PAGE 13.**
- 2 Yes, this student has an IEP for special education services
- 3 Yes, this student has a 504 plan. **PLEASE GO TO QUESTION B8.**
- 9 Don't know

B8. Which of the following, if any, have been made available to you because this student is in your class? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Special materials to use with the student
- 2 In-service training on the needs of this student
- 3 Special procedures to use with the student
- 4 Consultation services
- 5 Teacher aides or instructional assistants
- 6 Smaller student load or class size
- 7 Other: \_\_\_\_\_
- 8 None of these
- 9 No assistance necessary

B9. In preparing for having this student in your class, were you given information about any of the following? *PLEASE CIRCLE ALL THAT APPLY.*

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

B10. Which of the following, if any, have been provided to this student to help him/her in this class? *PLEASE CIRCLE ALL THAT APPLY.*

**Accommodations/modifications**

- 1 More time in taking tests
- 2 Test read to student
- 3 Modified tests
- 4 Modified grading standards
- 5 Slower-paced instruction
- 6 Additional time to complete assignments
- 7 Shorter assignments
- 8 Physical adaptations (e.g., preferential seating, special desks)

**Additional Personnel**

- 7 Reader or interpreter
- 8 Teacher aides or instructional assistants

**Additional Supports & Assistance**

- 9 Student progress monitored by special education teacher
- 10 Tutoring by special education teacher
- 11 Behavior management program
- 12 Learning strategies/study skills assistance

**Learning Aids**

- 14 Books on tape
- 15 Communication aids (e.g., Touch Talker, manual printing board)
- 16 Use of spell checker
- 17 Computer software designed for children with disabilities
- 18 Computer hardware adapted for child's unique needs (e.g. alternate keyboards, switch interface)
- 19 Other: \_\_\_\_\_
- 20 None of these provided

B11. Is this student expected to keep up with what the other students in this class are learning?

- 1 Yes
- 2 No

**PLEASE GO TO B13.**

B12. Generally, does this student keep up what the other students in this class are learning?

- 1 Yes
- 2 No

B13. Overall, how appropriate is this student's placement in your classroom? Do you think it is:  
*PLEASE CIRCLE ONE NUMBER.*

- 1 Very appropriate
- 2 Somewhat appropriate
- 3 Not very appropriate
- 4 Not at all appropriate
- 9 Not sure

B14. Overall, how adequate is the special education support that is provided to this student? Do you think it is:

*PLEASE CIRCLE ONE NUMBER.*

- 1 Very adequate
- 2 Somewhat adequate
- 3 Not very adequate
- 4 Not at all adequate
- 9 Not sure

**PLEASE GO TO SECTION D, PAGE 13.**

**Please answer questions in this section only if you provide language arts instruction to this student in a special education classroom.**

**If you teach the student in an individualized setting, such as home-bound instruction, please begin with question C3.**

**C. ABOUT YOUR SPECIAL EDUCATION LANGUAGE ARTS/READING INSTRUCTION TO THIS STUDENT**

C1. How many students in the language arts class of which this student is a part are identified as having the following primary disabilities?

*PLEASE WRITE A NUMBER ON EACH LINE THAT PERTAINS TO THE PRIMARY DISABILITIES OF STUDENTS IN THIS CLASS, OR CIRCLE 999.*

Number of Students	
999	Not applicable; this student is instructed when no other students are present.
_____	Autism
_____	Deaf-blindness
_____	Developmental delay
_____	Emotional or behavioral impairment
_____	Hearing impairment/deafness
_____	Learning disability
_____	Mental retardation
_____	Orthopedic impairment
_____	Other health impairment
_____	Multiple disabilities
_____	Speech or language impairment
_____	Traumatic brain injury
_____	Visual impairment/blindness
_____	Other: _____

C2. How often does this student participate in the following **instructional groupings** in this class? *PLEASE CIRCLE ONE NUMBER ON EACH LINE.*

		Frequently	Occasionally	Rarely/Never
a.	Work with a peer partner	1	2	3
b.	Whole class instruction	1	2	3
d.	Instruction within small groups	1	2	3
c.	Individual instruction from you	1	2	3
e.	Individual instruction from another adult	1	2	3



C3. How often does this student use each of the following **instructional materials** for Language Arts/Reading instruction?

*PLEASE CIRCLE ONE NUMBER ON EACH LINE.*

		Frequently	Occasionally	Rarely/Never
a.	Textbooks	1	2	3
b.	Printed materials to supplement textbooks (i.e., literature selections)	1	2	3
c.	Worksheets or workbooks	1	2	3
d.	Hands-on materials or objects	1	2	3
e.	Computers for writing and other language arts activities	1	2	3
f.	Computers for Internet use	1	2	3
g.	Specialized skill-building curricula (i.e., phonics program, corrective reading programs)	1	2	3

C4. How often does this student participate in each of the following **instructional activities** during Language Arts/Reading instruction? *PLEASE CIRCLE ONE NUMBER ON EACH LINE.*

		Frequently	Occasionally	Rarely/Never
a.	Responds orally to questions	1	2	3
b.	Take quizzes or tests	1	2	3
c.	Participates in class discussion	1	2	3
d.	Completes a reading assignment	1	2	3
e.	Works on a project or presentation	1	2	3
f.	Completes a writing assignment	1	2	3
g.	Works on a written report	1	2	3
h.	Reads silently	1	2	3
i.	Receives skill-building instruction	1	2	3

C5. How important is each of the factors listed below in determining grades or formal progress report for this student in this class? *PLEASE CIRCLE ONE NUMBER ON EACH LINE, OR CIRCLE "999" IF YOU DO NOT DETERMINE GRADES OR FORMAL PROGRESS FOR THIS STUDENT.*

		Not at all Important	Somewhat Important	Very Important
a.	Results of tests	1	2	3
b.	Improvement over past performance	1	2	3
c.	Performance relative to a set standard	1	2	3
d.	Performance relative to the rest of the class.	1	2	3
e.	Class participation	1	2	3
f.	Homework	1	2	3
g.	Attendance	1	2	3
h.	Effort	1	2	3
i.	Performance on projects or practical exercises	1	2	3
j.	Attitude/behavior	1	2	3
k.	Items in student portfolios	1	2	3
999	I do not provide grades or formal progress reports for this student			

C6. Which of the following, if any, have been provided to this student to help him/her in this class? *PLEASE CIRCLE ALL THAT APPLY.*

**Accommodations/modifications**

- 1 More time in taking tests
- 2 Test read to student
- 3 Modified tests
- 4 Modified grading standards
- 5 Slower-paced instruction
- 6 Additional time to complete assignments
- 7 Shorter assignments
- 8 Physical adaptations (e.g., preferential seating, special desks)

**Additional Supports & Assistance**

- 9 Reader or interpreter
- 10 Teacher aides or instructional assistants
- 11 Student progress monitored by special education teacher
- 12 Tutoring by special education teacher
- 13 Behavior management program
- 14 Learning strategies/study skills assistance

**Learning Aids**

- 15 Books on tape
- 16 Communication aids (e.g., Touch Talker, manual printing board)
- 17 Use of spell checker
- 18 Computer software designed for children with disabilities
- 19 Computer hardware adapted for child's unique needs (e.g. alternate keyboards, switch interface)
- 20 Other: \_\_\_\_\_

21 None of these provided

**D. ABOUT THIS STUDENT’S PERFORMANCE AND FAMILY SUPPORT**

D1. On the basis of this student’s performance in your class, what is your best estimate of the student’s overall reading ability? *PLEASE CIRCLE ONE NUMBER.*

- |    |                    |    |                                  |
|----|--------------------|----|----------------------------------|
| 00 | Pre-reading        | 6  | 6th grade level                  |
| 0  | Kindergarten level | 7  | 7th grade level                  |
| 1  | First grade level  | 8  | 8th grade level                  |
| 2  | 2nd grade level    | 9  | 9th grade level                  |
| 3  | 3rd grade level    | 10 | 10 <sup>th</sup> grade level     |
| 4  | 4th grade level    | 11 | 11 <sup>th</sup> grade           |
| 5  | 5th grade level    | 12 | 12 <sup>th</sup> grade or higher |

D2. Which of the following best describes the grades this student is receiving for his performance in your language arts class? *PLEASE CIRCLE ONE NUMBER; SELECT THE TYPE OF GRADES THE MOST CLOSELY RESEMBLES THOSE YOU GIVE, OR CIRCLE 999, “UNGRADED.”*

- |     |           |           |   |                            |
|-----|-----------|-----------|---|----------------------------|
| 999 | Ungraded  |           |   |                            |
| 1   | Mostly As | <b>OR</b> | 6 | Mostly “excellent”         |
| 2   | Mostly Bs |           | 7 | Mostly “good”              |
| 3   | Mostly Cs |           | 8 | Mostly “fair”              |
| 4   | Mostly Ds |           | 9 | Mostly “needs improvement” |
| 5   | Mostly Fs |           |   |                            |

D3. Which of the following best describes this student’s English-language use?  
*PLEASE CIRCLE ONE NUMBER.*

- |   |   |                                  |
|---|---|----------------------------------|
| 1 | Native English-speaker                                    | <b>PLEASE GO TO QUESTION D4</b>  |
| 2 | Bilingual (proficient in both first language and English) |                                  |
| 3 | Limited-English-proficient                                | <b>PLEASE GO TO QUESTION D3b</b> |
| 4 | Non-English speaker                                       |                                  |

b. Are you proficient in the language other than English spoken by this student?

- |   |     |
|---|-----|
| 1 | Yes |
| 2 | No  |



**D4. How often does this student do each of the following in this class?**

*PLEASE CIRCLE ONE NUMBER FOR EACH LINE.*

		Never	Sometimes	Very Often	N/A	Don't Know
a.	*****	1	2	3	4	5
b.	*****	1	2	3	4	5
c.	*****	1	2	3	4	5
d.	*****	1	2	3	4	5
e.	*****	1	2	3	4	5
f.	*****	1	2	3	4	5
g.	*****	1	2	3	4	5
h.	*****	1	2	3	4	5
i.	*****	1	2	3	4	5
j.	*****	1	2	3	4	5
k.	*****	1	2	3	4	5
l.	*****	1	2	3	4	5
m.	*****	1	2	3	4	5
n.	*****	1	2	3	4	5
o.	*****	1	2	3	4	5
p.	*****	1	2	3	4	5
q.	*****	1	2	3	4	5
r.	Do things on his or her own even if they are hard	1	2	3	4	5
s.	Keeps at a task until s/he is finished, even if it takes a long time	1	2	3	4	5
t.	*****	1	2	3	4	5
u.	*****	1	2	3	4	5
v.	*****	1	2	3	4	5
w.	*****	1	2	3	4	5
x.	*****	1	2	3	4	5

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D5. 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)? *PLEASE CIRCLE ONE NUMBER.*

- 0 Never
- 1 Once
- 2 A few times over the school year
- 3 Once a month
- 4 Once a week or several times a month
- 5 Every day or several times a week

D6. This school year, has this student's parent/guardian(s) attended parent/teacher conferences with you or attended "back-to-school" night? *PLEASE CIRCLE ONE NUMBER.*

- 1 Yes
- 2 No
- 3 Not applicable. We do not have parent conferences or "back-to-school" night.
- 9 Don't know

D7. 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 CIRCLE ONE NUMBER.*

- 1 Not at all involved
- 2 Not very involved
- 3 Fairly involved
- 4 Very involved
- 9 Don't know

## **E. ABOUT YOU**

E1. What is your main assignment at this school (i.e., the activity at which you spend most of your time)? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Full-time general education teacher
- 2 Full-time special education teacher
- 3 Part-time general education teacher
- 4 Part-time special education teacher
- 5 Itinerant teacher (i.e., you to provide instruction at more than one school)
- 6 Long-term substitute (i.e., fills the role of a regular teacher on a long-term basis, but still considered a substitute)
- 7 Other: \_\_\_\_\_

E3. Do you co-teach with another credentialed teacher (i.e., both of you share responsibility for teaching)?

- 1 YES
- 2 NO

E2. What is the total number of students you teach in a typical week?

\_\_\_\_\_ Total students taught per week

E3. For how many years have you been a teacher?

\_\_\_\_\_ Years in teaching

E5. How many years have you taught or had special education students in your classroom?

\_\_\_\_\_ Years in teaching special education students

E6. What is the highest level of education you have completed? *PLEASE CIRCLE ONE NUMBER.*

- 1 Bachelor's degree
- 2 At least 1 year of course work beyond a bachelor's but not a graduate degree
- 3 Master's degree
- 4 Education specialist or professional diploma with at least 1 year of course work past a master's degree
- 5 Doctorate degree
- 6 Other (please specify) \_\_\_\_\_

E7. Which of the following types of credentials do you hold in this state for your current teaching assignment? *PLEASE CIRCLE ONE NUMBER.*

- 1 Regular or standard or advanced certificate
- 2 Probationary certificate
- 3 Provisional (or other type given to persons who are still participating in an "alternative certification program").
- 4 Temporary certificate (requires some additional coursework and/or student teaching).
- 5 Emergency certificate or waiver
- 6 Other

E8. Which of the following certificates, credentials, or licenses do you hold in this state? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 General education credential
- 2 Disability-specific credential or endorsement
- 3 Special education credential or endorsement (for more than one disability category)

- 4 Speech/language
- 5 Physical therapy license
- 6 Occupational therapy license
- 7 Other: \_\_\_\_\_
- 9 None of these

E9. Are you credentialed to teach language arts at this student's grade level?

- 1 Yes
- 2 No

E10. During the past 3 years, have you had any in-service training of at least 8-hours total to help you do the following?

*PLEASE CIRCLE ALL FOR WHICH YOU RECEIVED AT LEAST 8 HOURS OF IN-SERVICE TRAINING.*

- 1 Teach language arts, reading, English, or writing
- 2 Work with students who are considered to be “at-risk”
- 3 Work with students with disabilities
- 4 Classroom management
- 5 None of these

E11. How would you rate your current ability to do each of the following?

*PLEASE CIRCLE ONE NUMBER ON EACH LINE.*

		Very well prepared	Well prepared	Somewhat prepared	Not at all prepared
a.	Motivate students to participate in academic tasks	1	2	3	4
b.	Use technology in instruction	1	2	3	4
c.	Adapt instruction and/or materials to address varying needs and achievements of individual students	1	2	3	4
d.	Teach reading skills	1	2	3	4
e.	Teach English at this student’s grade level				
f.	Monitor students’ progress	1	2	3	4
g.	Adjust instruction based on student progress	1	2	3	4
h.	Manage behavior	1	2	3	4

E12. Please indicate the extent to which you agree or disagree with each of the following statement. *PLEASE CIRCLE ONE NUMBER ON EACH LINE.*

		Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
a.	I am given the support I need to teach students with special needs	1	2	3	4	8
b.	I have adequate training for teaching students with disabilities.	1	2	3	4	8
c.	The school leadership has high expectations and standards for students and teachers	1	2	3	4	8
d.	The principal promotes instructional improvement among school staff.	1	2	3	4	8
e.	This school is a safe place for students.	1	2	3	4	8

E13. Which best describes you? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 African-American or Black
- 2 American Indian or Alaskan Native
- 3 Asian
- 4 Caucasian or white
- 5 Hispanic, Latino, or other Spanish origin
- 6 Native Hawaiian
- 7 Other Pacific Islander
- 8 Other:\_\_\_\_\_

Thank you for your help! We would like to express our appreciation to you for completing this questionnaire by sending you a \$XX (check/gift certificate). In addition, returning the completed questionnaire will make you eligible to be chosen for a “thank you” gift, which will be sent to one teacher, selected randomly from those who complete the questionnaire. To whom should we send the check and the thank-you gift, if you are chosen as its recipient?

Name:\_\_\_\_\_

Street address:\_\_\_\_\_

City/state/zip code:\_\_\_\_\_

**Thank you again. Please return the completed questionnaire in the enclosed postage-paid envelope to:  
The Special Education Elementary Longitudinal Study  
SRI International  
Center for Education and Human Services  
333 Ravenswood Avenue  
Menlo Park, CA 94025**