



i3 CPC Expansion Project 2014 Spring Teacher Survey {Tch_FN} {Tch_LN} - {Sch_NM}

PART A: About Your Classroom Session

A. What grade level do you teach?

- PreKindergarten - 3 year olds only
- PreKindergarten - 4 year olds only
- PreKindergarten - mixed ages
- Kindergarten

A1. What session do you teach?

- One full-day class session
- Two separate sessions
- One morning session only
- One afternoon session only
- Three sessions

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A2. What is the total number of lead teachers in your class? A lead teacher is a full-time, certified teacher. (Enter a whole number.)

Full-day session: _____

Morning session: _____

Afternoon session: _____

Third session: _____

A3a. What is the total number of FULL-TIME assistant teachers/teacher aides in your class? This can include regular aides, CPC aides, special ed aides, etc. (Enter a whole number, enter "0" if none.)

Full-day session: _____

Morning session: _____

Afternoon session: _____

Third session: _____

A3b. What is the total number of PART-TIME assistant teachers/teacher aides in your class? This can include regular aides, CPC aides, special ed aides, etc. (Enter a whole number, enter "0" if none.)

Full-day session: _____

Morning session: _____

Afternoon session: _____

Third session: _____

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A1=1

A4. In a typical week, are any of the following individuals in your full-day class session? *(Mark one for each row.)*

- | | Yes | No |
|---------------------------------------|--------------------------|--------------------------|
| a. Volunteer | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Speech
Therapist | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Social Worker | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Translator/
interpreter | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Special
education
specialist | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other | <input type="checkbox"/> | <input type="checkbox"/> |

(If other):

Please specify:

A1=2 or A1=3 or A1=5

A4. In a typical week, are any of the following individuals in your morning class session? (Mark one for each row.)

Yes No

a. Volunteer

b. Speech
Therapist

c. Social
Worker

d. Translator/
interpreter

e. Special
education
specialist

f. Other

(If other):

Please specify:

A1=2 or A1=4 or A1=5

A4. In a typical week, are any of the following individuals in your afternoon class session? *(Mark one for each row.)*

Yes No

a. Volunteer

b. Speech
Therapist

c. Social
Worker

d. Translator/
interpreter

e. Special
education
specialist

f. Other

(If other):

Please specify:

(If third session):

A4. In a typical week, are any of the following individuals in your third class session? *(Mark one for each row.)*

- | | Yes | No |
|---------------------------------------|--------------------------|--------------------------|
| a. Volunteer | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Speech
Therapist | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Social
Worker | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Translator/
interpreter | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Special
education
specialist | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other | <input type="checkbox"/> | <input type="checkbox"/> |

(If other):

Please specify:

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A5. What is the total number of children in your class? *(Enter a whole number.)*

Full-day session: _____

Morning session: _____

Afternoon session: _____

Third session: _____

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A6. What is the total number of children in this class session who...

a. are English language learners? *(Enter whole numbers, enter "0" if none.)*

Full-day session: _____

Morning session: _____

Afternoon session: _____

Third session: _____

b. have an Individualized Education Plan (IEP)? *(Enter whole numbers, enter "0" if none.)*

Full-day session: _____

Morning session: _____

Afternoon session: _____

Third session: _____

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A7. What is the total number of children in each of the following racial/ethnic groups? *(Please select only one race/ethnicity for each child.)*

A1=1

Full day session *(Enter whole numbers, enter "0" if none.)*

White, not Hispanic: _____

Black, not Hispanic: _____

Hispanic: _____

Asian/Pacific Islander: _____

Alaskan Native/Native American: _____

Not identified/Don't know: _____

Total: _____

A1=2 or A1=3 or A1=5

Morning session *(Enter whole numbers, enter "0" if none.)*

White, not Hispanic: _____

Black, not Hispanic: _____

Hispanic: _____

Asian/Pacific Islander: _____

Alaskan Native/Native American: _____

Not identified/Don't know: _____

Total: _____

A1=2 or A1=4 or A1=5

Afternoon session *(Enter whole numbers, enter "0" if none.)*

White, not Hispanic: _____

Black, not Hispanic: _____

Hispanic: _____

Asian/Pacific Islander: _____

Alaskan Native/Native American: _____

Not identified/Don't know: _____

Total: _____

(If third session)

Third session (*Enter whole numbers, enter "0" if none.*)

White, not Hispanic: _____

Black, not Hispanic: _____

Hispanic: _____

Asian/Pacific Islander: _____

Alaskan Native/Native American: _____

Not identified/Don't know: _____

Total: _____

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A8. About how many students in each class have been absent 18 days or more so far this year? *(Enter whole numbers, enter "0" if none.)*

Full-day session: _____

Morning session: _____

Afternoon session: _____

Third session: _____

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A9. Please indicate which of the following languages are regularly used for instruction in your class. *(We want to know if the children are taught in a language other than English.)*

A1=1

Full day session *(Select all that apply.)*

- English
- Spanish
- Other language

(If other):

Please specify:

A1=2 or A1=3 or A1=5

Morning session *(Select all that apply.)*

- English
- Spanish
- Other language

(If other):

Please specify:

A1=2 or A1=4 or A1=5

Afternoon session *(Select all that apply.)*

- English
- Spanish
- Other language

(If other):

Please specify:

(If third session)

Third session (*Select all that apply.*)

- English
- Spanish
- Other language

(If other):

Please specify:

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A10. How many field trips has your classroom taken this year? (*Enter whole numbers, enter "0" if none.*)

Full-day session: _____

Morning session: _____

Afternoon session: _____

Third session: _____

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A11. Which curriculum or curricula do you use in your classroom?

a. Primary curriculum (*Select up to two.*)

- High/Scope
- Creative Curriculum
- Scholastic
- OWL (Opening the World of Learning)
- Curiosity Corner
- Readers/Writers Workshop
- Blueprint
- Doors to Discovery
- Everyday Math
- District-developed curriculum
- Other curriculum

(If other):

Please specify:

A12. If you use *any* supplemental curriculum in your classroom in addition to the one(s) listed above, please tell us the name of the one or two supplemental curricula you use most often:

Supplemental curriculum #1:

Supplemental curriculum #2:

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A17. About how many of your students are or will be ready for the next grade in each of these areas? (Mark one for each row.)

	None	Very Few	Some	About half	Most	All
a. Personal and social development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Language and literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mathematical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Physical development and health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Scientific thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A18. What percentage of your students going to the next grade in fall 2014 do you expect will remain in this school (or main building)?

- All
- Almost all (90% or more)
- Most (70-90%)
- A majority (50-70%)
- Half or fewer

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A19. Thinking of the first and second half of the school year separately, please rate the percentage of parents who participated in these types of parent involvement:

a. Activities at home (e.g., homework, visiting a library, reading to the child)

August - Less than 10%
December:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

January - Less than 10%
Present:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

b. School events and activities

August - Less than 10%
December:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

January - Less than 10%
Present:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

c. Child development and parenting events

August - Less than 10%
December:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

January - Less than 10%
Present:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

d. Language, math, and science events

August - Less than 10%
December:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

January - Less than 10%
Present:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

e. Health, safety, and nutrition events

August - Less than 10%
December:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

January - Less than 10%
Present:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

f. Career and education events

August - Less than 10%
December:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

January - Less than 10%
Present:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

g. Field and community events

August - Less than 10%
December:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

January - Less than 10%
Present:

- 10%
- 20%
- 30%
- 40%
- 50%
- 60%
- 70%
- 80%
- 90% or more

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A20. Thinking of the first and second half of the school year separately, please tell us the percentage of parents who attended events and activities at the school about this often:

August – December

Percentages of parents attending school events and activities:

(Enter a whole number in each box, enter "0" if none, boxes must total 100%)

- a. One or two times total:
 - b. Once a month:
 - c. Twice per month:
 - d. Once a week:
 - e. Two or more times per week:
- TOTAL (100%):

January – Present

Percentages of parents attending school events and activities:

(Enter a whole number in each box, enter "0" if none, boxes must total 100%)

- a. One or two times total:
 - b. Once a month:
 - c. Twice per month:
 - d. Once a week:
 - e. Two or more times per week:
- TOTAL (100%):

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A21. Thinking of the first and second half of the school year separately, please tell us the percentage of parents who participated this many hours per week, including both home and school activities:

August – December

Percentages of parents attending school events and activities:

(Enter a whole number in each box, enter "0" if none, boxes must total 100%)

- a. One or two times total:
 - b. Once a month:
 - c. Twice per month:
 - d. Once a week:
 - e. Two or more times per week:
- TOTAL (100%):

January – Present

Percentages of parents attending school events and activities:

(Enter a whole number in each box, enter "0" if none, boxes must total 100%)

- a. One or two times total:
 - b. Once a month:
 - c. Twice per month:
 - d. Once a week:
 - e. Two or more times per week:
- TOTAL (100%):

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A22. Over the course of the current school year, about what percentage of parents in your class(es) have participated in the following types of activities? Just an estimate is fine. (Mark one for each row.)

	None	Less than 25%	25-50%	51-75%	75-100%
a. Attending parent-teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Attending programs or workshops on parenting or other topics for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Volunteering in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Talking with you on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discussing their child's progress with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Helping you with assignments or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Participating in a parent program activity at the school or center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Receiving newsletters or information about school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Going on field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Attending school events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Attending special events for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Discussing school activities with other parents in the school or center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Attending meetings of the parent-teacher association or another group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Planning school trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Planning classroom activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Receive a home visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PART B: About Your Professional Development and Preparation

B1. In the past 9 months, have you taken any college courses on education topics?

- Yes
- No

B2. In the past 9 months, how many workshops, conferences, or trainings on education topics have you attended? *(Enter a whole number, enter "0" if none.)*

B3. If you could receive trainings or workshops in the next 12 months to help you do your job better, would you be interested?

- Yes
- No, I don't need any additional training

(If yes):

Which training topics would be of most help to you? *(Select all that apply.)*

- Child development
- Behavioral issues
- Child assessment
- The specific curriculum(a) you are using in the classroom
- General instructional issues (e.g., lesson planning, promoting literacy, etc.)
- Communicating with families
- Promoting family involvement
- Strategies for working with English learners
- Strategies for working with children with disabilities and other special needs
- Other

(If other):

Please specify other trainings:

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B4. How well-prepared do you feel you are to use your program's curriculum?

- Well prepared
- Somewhat prepared
- Not prepared

B5. How well prepared do you feel you are to work with the following groups of children? (Mark one for each row.)

	Well prepared	Somewhat prepared	Not prepared	N/A
a. Three year olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Four year olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Five year olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children who are English language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children with challenging behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Children with disabilities and other special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B6. How often do you plan or formally meet with other teachers at your grade level?

- Weekly
- Twice per month
- Once per month
- Once per semester
- Once per year
- Never

B7. How often do you plan or formally meet with other teachers in a grade level other than your own?

- Weekly
- Twice per month
- Once per month
- Once per semester
- Once per year
- Never

B8. How often do you receive observation and coaching from your principal or other school instructional leader?

- Weekly
- Twice per month
- Once per month
- Once per semester
- Once per year
- Never

B9. Indicate your level of agreement to the following questions. (Mark one for each row.)

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. My school principal is an effective school leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My school principal gives teachers time and space for collaboration and teamwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My school principal makes welcoming families a top priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PART C: About you and your aide

C1. When did you start working for this school?

- Month: January
 February
 March
 April
 May
 June
 July
 August
 September
 October
 November
 December

- Year: 2013
 2012
 2011
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- 1934
- 1933
- 1932
- 1931
- 1930

C2. Counting this year, how many years have you been year(s) teaching this grade? *(Enter a whole number.)*

C3. How many years have you been teaching, including all K-12 classrooms and preschool (as either lead or assistant teacher)? *(Enter a whole number.)*

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C4. What is the highest level of education you have completed?

- Associate's degree
- Bachelor's degree
- Master's degree (for example, MA, MS, MBA)
- Professional or doctoral degree (for example, JD, PhD, EdD)

C5. What was your primary field of study?

- Elementary education
- Secondary education
- Special education or early intervention
- Early childhood education
- Other

(If other):

Please specify:

C6. Do you have classroom aides?

- Yes
- No

If you have more than one classroom aide, please answer the following questions about the one who has the most responsibility in your classroom.

(If classroom aide):

C7a. Counting this year, how many years has your aide been assisting in a preschool classroom? (Enter a whole number.)

(If classroom aide):

C7b. What is the highest level of education your aide has completed?

- Associate's degree
- Bachelor's degree
- Master's degree (for example, MA, MS, MBA)
- Professional or doctoral degree (for example, JD, PhD, EdD)
- Don't Know

(If classroom aide):

C7c. On average, what percentage of time does your aide spend in your classroom each day?

- less than 25%
- 25%-50%
- 50%-75%
- 75%-100%

(If classroom aide):

C7d. If your aide is not in the classroom full time, why not? (Mark all that apply.)

- Aide is shared with one or more other classes
- Not enough funding for a full-time position
- Aide is subject-specific (including special ed), and comes in only for certain activities
- Other

(If other):

Please specify:

(If classroom aide):

C7e. What activities does your aide engage in during the day? (Mark all that apply.)

- Provide one-on-one student support

- Lead small group lessons
- Lead full group lessons
- Support children with IEPs
- Support children with behavioral problems
- Assist with personal care & hygiene, meals, and other daily routines
- Meet with parents
- Complete paperwork
- Do room setup and maintenance
- Other

(If other):

Please specify:

(If classroom aide):

C7f. How effective are you and your aide as a team?

- very effective
- somewhat effective
- mixed
- somewhat ineffective
- very ineffective

(If classroom aide):

C7g. What teambuilding strategies do you and your aide use? (Mark all that apply.)

- Joint daily lesson planning
- Joint participation in professional development
- Regular meetings to discuss instructional approaches
- Regular meetings to discuss child progress and family involvement
- An organizational system/chart to assign tasks

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C8. Please select the one option below that best describes your race/ethnicity.

- White, not of Hispanic origin
- Black, not of Hispanic origin
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Other

(If other):

Please specify:

C9. What is your year of birth?

- Year: 1995
- 1994
 - 1993
 - 1992
 - 1991
 - 1990
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- 1921
- 1920

C10. What is your gender?

- Male
- Female

C11. In the space below, please provide any suggestions or recommendations for strategies to help children continue their learning gains in kindergarten and the early grades.

Thank you for taking the time to complete this survey!

Click "Submit" to close.