



# i3 CPC Expansion Project 2016 Spring Teacher Survey {Teacher} - {Sch\_NM}

## PART A: About Your Classroom Session

**A1** **A1. What grade level do you teach?**

- Second grade
- Other

(If "Other", skip ahead to last page.)

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

**For the following questions, please answer with a whole number only. Enter "0" if none. (Click on the icons to select your answers.)**

**A2\_a A2a. What is the total number of lead teachers in your class?** *(A lead teacher is a full-time, certified teacher.)*

\_\_\_\_\_

**A2\_b A2b. 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.)*

\_\_\_\_\_

**A2\_c A2c. 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.)*

\_\_\_\_\_

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

**A3. In a typical week, are any of the following individuals in your class?** *(Mark one for each row.)*

Yes No

A3\_a a. Volunteer

A3\_b b. Speech  
Therapist

A3\_c c. Social Worker

A3\_d d. Translator/  
interpreter

A3\_e e. Special  
education  
specialist

A3\_f f. Other

A3\_fx (If "Other"):

**Please specify:**

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# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

- A4** **A4. What is the total number of children in your class?**  
*(Click on the icon to select a whole number.)*

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# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

**A5. What is the total number of children in your class who...**

**A5\_a** **a. are English language learners?** *(Enter a whole number, enter "0" if none.)*

\_\_\_\_\_

**A5\_b** **b. have an Individualized Education Plan (IEP)?** *(Enter a whole number, enter "0" if none.)*

\_\_\_\_\_

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

**A6. What is the total number of children in each of the following racial/ethnic groups?** *(Please select only one race/ethnicity for each child.)*

A6\_a White, not Hispanic: \_\_\_\_\_

A6\_b Black, not Hispanic: \_\_\_\_\_

A6\_c Hispanic: \_\_\_\_\_

A6\_d Asian/Pacific Islander: \_\_\_\_\_

A6\_e Alaskan Native/Native American: \_\_\_\_\_

A6\_f Not identified/Don't know: \_\_\_\_\_

A6\_TOT Total (must equal {A4}): \_\_\_\_\_

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

**A7** **A7. About how many students in your class have been absent 18 days or more so far this year?** *(Enter a whole number, enter "0" if none.)*

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**A8** **A8. 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. Select all that apply.)*

- English
- Spanish
- Other language

**A8\_x** (If "Other language"):  
**Please specify:**

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**A9** **A9. How many field trips has your classroom taken this year?** *(Enter a whole number, enter "0" if none.)*

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# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

**A10** **A10. Which primary curriculum or curricula do you use in your classroom?** *(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

**A10\_x** (If "Other curriculum"):  
**Please specify:**

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**A11. 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:**

**A11a** Supplemental curriculum #1:

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**A11b** Supplemental curriculum #2:

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# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

**A16. 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
<b>A16_a</b> a. Personal and social development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A16_b</b> b. Language and literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A16_c</b> c. Mathematical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A16_d</b> d. The arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A16_e</b> e. Physical development and health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A16_f</b> f. Scientific thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A17** **A17. What percentage of your students going to the next grade in fall 2016 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

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

**A18. 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)**

- A18\_  
a1
- August -  Less than 10%  
December:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

- A18\_  
a2
- January -  Less than 10%  
Present:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

## b. School events and activities

- A18\_  
b1
- August -  Less than 10%
- December:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

- A18\_  
b2
- January -  Less than 10%
- Present:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

## c. Child development and parenting events

- A18\_  
c1
- August -  Less than 10%
- December:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

A18\_  
c2

- January -  Less than 10%
- Present:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

#### d. Language, math, and science events

A18\_  
d1

- August -  Less than 10%
- December:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

A18\_  
d2

- January -  Less than 10%
- Present:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more



## e. Health, safety, and nutrition events

- A18\_  
e1
- August -  Less than 10%
- December:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

- A18\_  
e2
- January -  Less than 10%
- Present:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

## f. Career and education events

- A18\_  
f1
- August -  Less than 10%
- December:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

A18\_  
f2

- January -  Less than 10%
- Present:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

### **g. Field and community events**

A18\_  
g1

- August -  Less than 10%
- December:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

A18\_  
g2

- January -  Less than 10%
- Present:
- 10%
  - 20%
  - 30%
  - 40%
  - 50%
  - 60%
  - 70%
  - 80%
  - 90% or more

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

**A19. 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%)*

A19\_ a. Never: \_\_\_\_\_  
a1

A19\_ b. One or two times \_\_\_\_\_  
b1 total:

A19\_ c. Once a month: \_\_\_\_\_  
c1

A19\_ d. Twice per month: \_\_\_\_\_  
d1

A19\_ e. Once a week: \_\_\_\_\_  
e1

A19\_ f. Two or more times \_\_\_\_\_  
f1 per week:

A19\_ TOTAL (100%): \_\_\_\_\_  
1TOT

## 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%)

A19\_  
a2 a. Never: \_\_\_\_\_

A19\_  
b2 b. One or two times \_\_\_\_\_  
total:

A19\_  
c2 c. Once a month: \_\_\_\_\_

A19\_  
d2 d. Twice per month: \_\_\_\_\_

A19\_  
e2 e. Once a week: \_\_\_\_\_

A19\_  
f2 f. Two or more times \_\_\_\_\_  
per week:

A19\_  
2TOT TOTAL (100%): \_\_\_\_\_

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

**A20. 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 participating this many hours per week:

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

A20\_ a. 2.5 hours per week or \_\_\_\_\_  
a1 more:

A20\_ b. 1-2.4 hours per \_\_\_\_\_  
b1 week:

A20\_ c. Less than 1 hour per \_\_\_\_\_  
c1 week:

A20\_ d. Not at all: \_\_\_\_\_  
d1

A20\_ TOTAL (100%): \_\_\_\_\_  
1TOT

## January - Present

### Percentages of parents participating this many hours per week:

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

A20\_ a. 2.5 hours per week or \_\_\_\_\_  
a2 more:

A20\_ b. 1-2.4 hours per \_\_\_\_\_  
b2 week:

A20\_ c. Less than 1 hour per \_\_\_\_\_  
c2 week:

A20\_ d. Not at all: \_\_\_\_\_  
d2

A20\_ TOTAL (100%): \_\_\_\_\_  
2TOT

A20\_2 **How often do you communicate with the parent liaison to ensure family engagement activities offered through the parent resource room reflect the classroom themes?**

- Never
- Every other month
- Monthly
- Once a week
- More than once a week

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART A: About Your Classroom Session

**A21. Over the course of the current school year, about what percentage of parents in your class 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%
A21_a a. Attending parent-teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21_b 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"/>
A21_c c. Volunteering in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21_d d. Talking with you on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21_e e. Discussing their child's progress with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21_f f. Helping you with assignments or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21_g 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"/>
A21_h h. Receiving newsletters or information about school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21_i i. Going on field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21_j j. Attending school events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21_k k. Attending special events for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21_l 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"/>
A21_m 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"/>
A21_n n. Planning school trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21_o o. Planning classroom activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A21_p p. Receive a home visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# i3 CPC Expansion Project

## 2016 Spring Teacher Survey

### PART B: About Your Professional Development and Preparation

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

- Yes
- No

**B2** 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.)*

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**B3\_a** 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

**B3\_b** (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

**B3\_bx**

(If other): **Please specify other trainings:**

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# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART B: About Your Professional Development and Preparation

**B4** B4. How well-prepared do you feel you are to use your school'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
B5_a	a. Seven year olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5_b	b. Eight year olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5_c	c. Children who are English language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5_d	d. Children with challenging behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5_e	e. Children with disabilities and other special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# i3 CPC Expansion Project

## 2016 Spring Teacher Survey

### PART B: About Your Professional Development and Preparation

**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

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART B: About Your Professional Development and Preparation

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

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
<b>B9_a</b> a. My school principal is an effective school leader.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B9_b</b> 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"/>
<b>B9_c</b> c. My school principal makes welcoming families a top priority.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B9_d</b> d. I work with the principal or assistant principal to help make decisions about which policies and practices to implement at our school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B9_e</b> e. I believe my opinions on policies and practices for the school impact the decisions that are made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART B: About Your Professional Development and Preparation

**B10. Indicate your level of agreement to the following questions.** *(Mark one for each row.)*

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
<b>B10_a</b> a. The Erikson professional development module content was relevant to my instructional goals or classroom practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B10_b</b> b. The Erikson professional development module coaching improved my classroom strategies or practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART C: About you and your aide

### C1. When did you start working for this school?

Month:

- C1\_m
- January
  - February
  - March
  - April
  - May
  - June
  - July
  - August
  - September
  - October
  - November
  - December

Year:

- C1\_y
- 2015
  - 2014
  - 2013
  - 2012
  - 2011
  - 2010
  - 2009
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- 1932
- 1931
- 1930

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

\_\_\_\_\_

**C3** **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.)*

\_\_\_\_\_

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART C: About you and your aide

**C4** 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** C5. What was your primary field of study?

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

**C5\_x** (If other):

**Please specify:**

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**C6** C6. Do you have classroom aides?

- Yes
- No



# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART C: About you and your aide

(If classroom aide):

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

**C6\_a C6a. Counting this year, how many years has your aide been assisting in an elementary school classroom?** *(Enter a whole number.)*

---

**C6\_b C6b. 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

**C6\_c C6c. On average, what percentage of time does your aide spend in your classroom each day?**

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

**C6\_d C6d. 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

**C6\_dx**

(If other):

**Please specify:**

---

**C6\_e C6e. 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

**C6\_ex** (If other):

**Please specify:**

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**C6\_f C6f. How effective are you and your aide as a team?**

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

**C6\_g C6g. 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

# i3 CPC Expansion Project 2016 Spring Teacher Survey

## PART C: About you and your aide

**C7** C7. 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

**C7\_x**

(If other):

**Please specify:**

---

**C8. What is your year of birth?**

Year:

**C8**

- 1995
- 1994
- 1993
- 1992
- 1991
- 1990
- 1989
- 1988
- 1987
- 1986
- 1985
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- 1921
- 1920

**C9** **C9. What is your gender?**

- Male
- Female

**i3 CPC Expansion Project  
2016 Spring Teacher Survey**

**PART C: About you and your aide**

**C10** C10. In the space below, please provide any suggestions or recommendations for strategies to help children continue their learning gains in second grade and beyond.

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# **i3 CPC Expansion Project 2015 Spring Teacher Survey**

(If not a second grade teacher):

**If you are not a second grade teacher, you do not need to complete this survey. Thank you!**

Click "Submit" to close.

(If second grade teacher):

**Thank you for taking the time to complete this survey!**

Click "Submit" to close.