



i3 CPC Expansion Project 2015 Spring Teacher Survey {Teacher} {Grade} - {Sch_NM}

PART A: About Your Classroom Session

A1. What grade level do you teach?

- PreKindergarten
- Kindergarten
- First grade

(If A1=1 – skip to last page)

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PART A: About Your Classroom Session

For the following questions, please answer with a whole number only. Enter "0" if none.

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

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.)*

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.)*

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PART A: About Your Classroom Session

A3. 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:

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PART A: About Your Classroom Session

A4. What is the total number of children in your class? *(Enter a whole number.)*

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PART A: About Your Classroom Session

A5. What is the total number of children in this class session who...

a. are English language learners?

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

b. have an Individualized Education Plan (IEP)?

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

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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.)*

White, not Hispanic: _____
Black, not Hispanic: _____
Hispanic: _____
Asian/Pacific Islander: _____
Alaskan Native/Native American: _____
Not identified/Don't know: _____
Total (must equal {A4}): _____

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PART A: About Your Classroom Session

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

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

(If other):

Please specify:

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

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PART A: About Your Classroom Session

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

(If other):

Please specify:

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:

Supplemental curriculum #1:

Supplemental curriculum #2:

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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
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"/>

A17. What percentage of your students going to the next grade in fall 2015 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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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)

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

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

b. School events and activities

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

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

c. Child development and parenting events

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

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

d. Language, math, and science events

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

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

e. Health, safety, and nutrition events

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

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

f. Career and education events

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

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

g. Field and community events

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

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

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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%)

- 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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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%)

- a. 2.5 hours per week or more: _____
- b. 1-2.4 hours per week: _____
- c. Less than 1 hour per week: _____
- d. Not at all: _____
- TOTAL (100%): _____

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%)

- a. 2.5 hours per week or more: _____
- b. 1-2.4 hours per week: _____
- c. Less than 1 hour per week: _____
- d. Not at all: _____
- TOTAL (100%): _____

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PART A: About Your Classroom Session

A21. 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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PART B: About Your Professional Development and Preparation

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. Five year olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Six year olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Children who are English language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children with challenging behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children with disabilities and other special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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

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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
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 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
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. The Erikson professional development module coaching improved my classroom strategies or practices.	<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: 2015
 2014
 2013
 2012
 2011
 2010
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- 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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PART C: About you and your aide

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

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PART C: About you and your aide

(If C6=1):

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

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

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

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%

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

(If other):

Please specify:

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

(If other):

Please specify:

C6f. How effective are you and your aide as a team?

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

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

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PART C: About you and your aide

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

(If other):

Please specify:

C8. What is your year of birth?

- Year: 1995
- 1994
 - 1993
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- 1921
- 1920

C9. What is your gender?

- Male
- Female

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PART C: About you and your aide

C10. 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.

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(If PreKindergarten teacher):

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

Click "Submit" to close.

(If not a PreKindergarten teacher):

Thank you for taking the time to complete this survey!

Click "Submit" to close.