



Teacher Survey

Conducted by:

A Consortium of California Research and Policy Organizations:

- ❖ American Institutes for Research (AIR)
- ❖ RAND
- ❖ Policy Analysis for California Education (PACE)
- ❖ WestED
- ❖ EdSource

This survey is for general education teachers in grades 1 - 4. If you do not teach in these grades, or if you are a special education teacher, please check this box → and return the survey in the enclosed envelope.

Section A: Teacher Background and Experience

1. What is your gender? *Please check one.*

Female....

Male.....

2. Which best describes you? *Please check one.*

Asian or Pacific Islander

Hispanic, regardless of race.....

Black, not of Hispanic origin.....

White, not of Hispanic origin.....

American Indian or Native Alaskan

3. What grades do you currently teach? *If you teach at a combined grade level, e.g. 1-2, please indicate all grades represented in your class. Please check all that apply.*

Kindergarten.....

1st grade

2nd grade.....

3rd grade

4th grade.....

5th grade.....

6th grade.....

4. Counting this school year, how many years have you taught in any of the following grades? *Combined grade teaching experience should be divided among the grades. For example, if you taught a combined third and fourth grade class for five years, this experience should count as 2.5 years of third grade teaching experience and 2.5 years of fourth grade teaching experience.*

- a. Preschool/ Head Start ____ years
- b. Kindergarten ____ years
- c. First grade ____ years
- d. Second grade ____ years
- e. Third grade ____ years
- f. Fourth grade ____ years
- g. Fifth grade and above..... ____ years
- h. Other teaching experience ____ years

5. How many years have you worked as an elementary school teacher **at this school**? *Include the current year if you are a teacher this year. Record whole years, not fractions or months. If less than 4 months, enter "0".*

_____ years

6. How many years have you worked as an elementary school teacher **of classes with 20 or fewer students**? *Include the current year if you are teaching 20 or fewer students. Record whole years, not fractions or months. If less than 4 months, enter "0".*

_____ years

7. What is the highest degree you have earned? *Please check one.*

Associate.....

Bachelor's

Master's

Doctorate

8. If you have a Bachelor's degree, at which school did you earn it? *If you have more than one Bachelor's degree, please answer about your most recent degree.*

9. About how many undergraduate and graduate college **courses** (not credits) have you completed that focused **primarily or exclusively** on each of the following subjects? *Please enter a number on each line. If none, enter "0."*

Number of Courses (not Credits) with
Primary or Exclusive Focus in Area

- a. Early childhood education/child development _____
- b. Special education _____
- c. Methods of teaching English Language Learners (ELL)/
Limited English Proficient (LEP) students _____
- d. Methods of teaching reading _____
- e. Methods of teaching mathematics _____
- f. Elementary education (not included above) _____

10. What were you doing **last** school year (1998-99)? *Use your most recent previous job. Please check one.*

- Teaching
 - Training to become a teacher
 - In a non-teaching job in this school
 - In a non-teaching job in this district.....
 - In a non-teaching job in another district.....
 - In a job other than education.....
 - Unemployed
 - Other (*Please specify*)
-

11. If you were teaching **last** school year (1998-99), where were you teaching? *Please check one.*

- I was teaching at this school
- I was teaching at another school in this district
- I was teaching in another district.....
- I was not teaching

12. If you were teaching **last** school year (1998-99), what grades did you teach? *If you taught at a combined grade level, e.g. 1-2, please indicate all grades represented in your class. Please check all that apply.*

Kindergarten.....

1st grade

2nd grade.....

3rd grade

4th grade.....

5th grade and above

Other (*Please specify*).....

I was not teaching

13. Which of the following California teaching credentials or certificates do you hold? *Please check one box on each line.*

	<u>Yes</u>	<u>No</u>
a. Multiple Subject Teaching	<input type="checkbox"/>	<input type="checkbox"/>
b. Single Subject Teaching	<input type="checkbox"/>	<input type="checkbox"/>
c. Specialist Instruction in Special Education	<input type="checkbox"/>	<input type="checkbox"/>
d. CLAD.....	<input type="checkbox"/>	<input type="checkbox"/>
e. BCLAD.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Specialist Credential in Reading.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Emergency Teaching Permit.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Teaching Credential Waiver	<input type="checkbox"/>	<input type="checkbox"/>
i. Life Credential	<input type="checkbox"/>	<input type="checkbox"/>
j. Elementary Credential	<input type="checkbox"/>	<input type="checkbox"/>
k. Other (<i>Please specify</i>).....	<input type="checkbox"/>	<input type="checkbox"/>

14. How many in-service or professional development days is your district providing this year?

_____ days

15. During the **current** school year (1999-2000), how many hours of in-service and professional development did you receive in each of the following topics? Also indicate if the activities included tactics for implementing the topic in smaller classes (20 or fewer students).

Topic	Hours Spent per Topic <i>Please check one box on each line</i>			Included Tactics for Implementing Topic in Smaller Classes? <i>Please check one box on each line</i>	
	None	8 or less	More than 8	Yes	No
a. Language arts or reading standards/framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Teaching phonics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mathematics standards/framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using manipulatives to teach mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teaching problem-solving and reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The use of educational technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Student assessment methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Classroom management techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Cooperative learning in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Individualized instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Teaching ELL/LEP students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. For the most recent full week, please indicate how much time you spent **in addition to your contracted hours** on each of the following school-related activities. *Please check one box on each line.*

	None	Less than 1 hour	1-2 hours	3-4 hours	5 or more hours
a. Planning and preparing for teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Correcting students' papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other record-keeping/paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Formal and informal meetings with other teachers about school-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Communicating with parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. During the **current** school year (1999-2000), how many days were you absent from teaching? *Exclude absences for professional development.*

_____ days

Section B: Resources

18. Which of the following describes the environment in which you currently teach? *Please check one.*

- Permanent classroom, standard classroom size
- Portable classroom
- Non-standard size classroom (e.g., bookroom, auditorium, stage).....
- (Please specify)* _____
- Other
- (Please specify)* _____

19. Compared with last year, how has the **availability** of the following resources changed? *Please check one box on each line. If you were not teaching last year, please check the "Not applicable" box.*

	<u>Change in Availability</u>			
	Less Available	Same	More Available	Not Applicable
a. Textbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Workbooks/practice sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Manipulatives (blocks/puzzles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Audiovisual equipment and tapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Computer equipment and computer software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Art materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Materials for ELL/LEP children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Materials for teaching children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Paper for making copies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. About how much of your own money will you spend this year buying things you need for your class? *If none, enter "0."*

\$ _____

21. Compared with last year, is this year's amount: *Please check one.*

Much larger than last year's?

Larger than last year's?

About the same as last year's?

Less than last year's?

Much less than last year's?

Not applicable: I did not teach last year

Section C: Characteristics of Classroom and Students

22. Is your classroom a(n): *Please check one box on each line.*

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| a. Structured English immersion classroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Regular (i.e., English language mainstream) classroom? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Alternative Program (Bilingual) classroom? | <input type="checkbox"/> | <input type="checkbox"/> |

23. Counting yourself, how many teachers are in your current classroom for the full day?

_____ teachers

24. How many students are currently in your classroom?

_____ students

25. How many children currently enrolled in your class are girls? *If none, enter "0."*

_____ girls

26. About how many of the children in your class belong to the following racial / ethnic groups? *If none, enter "0."*

- Asian or Pacific Islander _____ students
- Hispanic, regardless of race..... _____ students
- Black, not of Hispanic origin..... _____ students
- White, not of Hispanic origin..... _____ students
- American Indian or Native Alaskan _____ students

27. About how many of the children in your class have the following characteristics? *If none, enter "0."*

- a. Are classified as English language learners (ELL)/
limited English proficient (LEP)? _____ students
- b. Receive some instruction at school in their
native language (other than English)? _____ students
- c. Have an Individualized Education Plan (IEP)
for children with disabilities? _____ students
- d. Are classified as Gifted and Talented? _____ students
- e. Are repeating a grade this year? _____ students
- f. Are below grade level in their reading and literacy skills? .. _____ students
- g. Are below grade level in their mathematics skills? _____ students
- h. Are tardy, on an average day? _____ students
- i. Are absent, on an average day? _____ students
- j. Receive free- or reduced-price lunch? _____ students
- k. Are pulled out of class on a regular basis (i.e., to meet
with resource specialists, for adaptive PE, to meet with
speech/language therapists, for reading lab, etc.)? _____ students
- l. Are receiving remedial instruction from you or others
because they were identified as being at risk of being
retained in grade? _____ students
- m. Will probably be retained in grade at the end of the
school year?..... _____ students

28. **During the past month of school**, about how many of your students have you had to:
If none, enter "0."

- a. Stop from fighting (verbal or physical) in the classroom? ... _____ students
- b. Contact a parent because of poor behavior? _____ students

29. **During the past week**, with how many different children did you discuss personal concerns (e.g., problems with other students, shyness, problems not related to school)?
If none, enter "0."

_____ students

30. For how many of your students have you had **at least one** individual conference (excluding group meetings like "parent night") with parents this school year?

_____ students

31. For how many of your students have you had **more than one** individual conference (excluding group meetings like "parent night") with parents this school year?

_____ students

32. Think about the students in your class who need help with **reading** skills. About how often do these students receive **five or more continuous minutes** of the following kinds of individual assistance **in your classroom**? *Please check one box on each line.*

	Never	Less than once a week	1-2 times per week	3-4 times per week	5 or more times per week
a. Individual instruction from you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual instruction from an aide or volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Individual instruction from a specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Who assists **in your classroom**, and how much time do they usually work with students on **instructional activities**? Do not include non-instructional work, such as photocopying or preparing materials.

- A. In the first column, please indicate the number of each of the following types of individuals. *If none, enter "0."*
- B. In the second column, indicate the total number of hours each type of person works with students on **instructional activities** in a typical week. *For example, if you have two aides who each spend three hours per week in your classroom, enter a "6" in the second column to indicate they spend a total of 6 hours per week in your class.*

	A. <u>How Many?</u>	B. Total # <u>Hrs./Week</u>
a. Regular adult aide(s)	_____	_____
b. Special education aide(s)	_____	_____
c. ELL/LEP or Bilingual education aide(s)	_____	_____
d. Parent or adult volunteer(s)	_____	_____
e. Student aide(s).....	_____	_____
f. Other specialist teacher(s) who work in your classroom.....	_____	_____

34. On the most recent regular school day, about how many of your students:

	No students	A few students	About half the students	Most students	All students
a. Competed with each other for your attention in class?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sought assistance from another student regarding school work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Engaged in exclusionary behaviors (i.e., formed cliques)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Instructional Activities and Curricular Focus

35. **For the most recent full week of teaching,** please indicate how much total time you spent that week on each of the following: *Please check one box on each line.*

	None	About 30 minutes	1-2 hours	3-4 hours	5 or more hours
a. Diagnosing learning needs of individual students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reviewing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Providing individual feedback (oral and written) on student work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Addressing individual students' personal concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discussing student-initiated topics that were not part of the planned lesson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. How often do children in this class typically do each of the following **language arts** activities? *Please check one box on each line.*

	Never	Less than once a week	About 1-2 times per week	About 3-4 times per week	5 or more times per week
a. Dictate stories to a teacher or aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discuss new or difficult vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work on phonics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Listen to you read stories where they see the print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work in a reading workbook or worksheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Write with encouragement to use invented spellings, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Write narrative or descriptive pieces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Have guided discussion about their reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Read aloud to a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Work in a mixed-ability group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. In a typical day, how much time do you spend on **language arts** lessons?

_____ minutes per day

38. During this typical day, about how many minutes do you spend teaching **language arts** lessons to:

- a. the whole class?_____minutes per day
- b. large groups (5 or more students)?_____minutes per day
- c. small groups (2-4 students)?_____minutes per day
- d. individual students?_____minutes per day

39. During your most recent **language arts** lesson, about how many of your students:

	No students	A few students	About half the students	Most students	All students
a. Completed the whole lesson for the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were "off task" (but not disruptive) for more than 5 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Helped another student complete his/her work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Disrupted the work of other students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Asked for help from you or from another adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. **Thinking about the last week (five days)** of lessons in **language arts**, approximately how many hours overall did you spend on each of the following parts of the Language Arts curriculum? *Please check one box on each line.*

	None	Less than 1 hour	1-2 hours	3-4 hours	5 or more hours
a. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Speaking, Listening, and Viewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Appreciating and Responding to Literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Study Skills and Information Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. About how much **language arts** homework do you typically assign **each week**? *If none, enter "0."*

_____ minutes per week

42. Compared with ELL/LEP students you have previously taught, are the ELL/LEP students in your current class learning: *Please check one.*

Much more English?

More English?

About the same amount of English?

Less English?

Much less English?

I am not currently teaching any ELL/LEP students or I have not previously taught any ELL/LEP students.

43. How often do children in this class typically do each of the following **mathematics** activities? *Please check one box on each line.*

	Never	Less than once a week	About 1-2 times per week	About 3-4 times per week	5 or more time per week
a. Work with manipulatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Play with math-related games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use a calculator for math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work with measuring instruments (e.g., rulers, measuring cups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Explain how a math problem is solved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do math worksheets or problems in textbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Practice computational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Use math in context of other subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Use patterns to discover mathematical relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Work in a mixed-ability group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. In a typical day, how much time do you spend on **mathematics** lessons?

_____ minutes per day

45. During this typical day, about how many minutes do you spend teaching **mathematics** lessons to: *If none, enter "0."*

a. the whole class?_____ minutes per day

b. large groups (5 or more students)?_____ minutes per day

c. small groups (2-4 students)?_____ minutes per day

d. individual students?_____ minutes per day

46. **Thinking about the last week (five days)** of lessons in **mathematics**, approximately how many hours overall did you spend on each of the following parts of the Mathematics curriculum? *Please check one box on each line.*

	None	Less than 1 hour	1-2 hours	3-4 hours	5 or more hours
a. Understanding numbers and numeration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Arithmetic operations with whole numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fractions and decimals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Geometry and spatial sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Estimation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Problem-solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. About how much **mathematics** homework do you typically assign **each week**? *If none, enter "0."*

_____ minutes per week

Section E: Closing Questions

48. Please indicate whether you strongly disagree, disagree, agree, or strongly agree with each of the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
a. We have to hurry all year long just to cover the basic things my students need to know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Compared with last year, I am trying new teaching approaches more frequently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have time to explore my curriculum topics in depth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I know what each of my students know and can do in the subjects I teach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I would like to give more individual attention to my students, but I just don't have time to do it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I almost always provide feedback to my students on their writing assignments within one day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Proposition 227 has made it easier to teach ELL/LEP students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I find it hard to meet the instructional needs of all of my students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Compared with last year, I am consulting or collaborating with other teachers about instruction more often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

49. If you have taught in small classes (i.e., those with 20 or fewer students) for two or more years, we are particularly interested in learning how subsequent years were different from your first year of teaching in a small class. Otherwise, if you have any comments or feelings about class size reduction and its effects on your teaching that you would like to share with us, please write them below. *If you need more space, please include an additional sheet of paper.*

Thank you for participating in this important study. Please place your completed survey inside the enclosed postage-paid envelope and mail it to:

**Class Size Reduction Study
American Institutes for Research
1791 Arastradero Road
Palo Alto, CA 94304-1337**