



**Spring 2007**



**Even Start Classroom Literacy  
Interventions and Outcomes Study**

**TEACHER QUESTIONNAIRE  
KINDERGARTEN**

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

Date: \_\_\_ / \_\_\_ / \_\_\_

**Prepared for the U.S. Department of Education  
Institute of Education Sciences**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is OMB # xxxxxxxx. The time required to complete this information collection is estimated to average 5 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, DC 20202-4651.

## **DIRECTIONS**

*Please complete the questionnaire and return it in the postage-paid envelope or mail to:*

*Therese Koraganie*

*Westat*

*1650 Research Blvd.*

*Rockville, MD 20850*

*If you have any questions regarding the completion of this form, please call the CLIO hotline at 1-888-445-1016.*

---

## **DEFINITIONS**

**(appear in *italics* in questionnaire):**

**Kindergarten** - traditional year of school primarily for 5-year-olds prior to first grade

**Transitional first grade** - extra year of school for children who have attended kindergarten and have been judged not ready for first grade

**Class** - refers to the child's total school day, including time spent with any teacher, as well as time spent on meals, naps, recess, and between activities

**English language learners (ELL)** – children whose native language is other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.

**A. School and Classroom Environment**

1. What type of school is this? (*Circle one.*)
- |  |   |
|--|---|
| Public school.....                                   | 1 |
| Catholic school.....                                 | 2 |
| Private school with other religious affiliation..... | 3 |
| Private school with no religious affiliation.....    | 4 |
2. Do you teach.... (*Circle one answer in each row*):
- |                           | <b>Yes</b> | <b>No</b> |
|---------------------------|------------|-----------|
| a. a full-day class?..... | 1          | 2         |
| b. a half-day class?..... | 1          | 2         |
3. How often does this class meet? (*Please answer questions 3 – 10 for the class containing the children on the Teacher Report Forms.*)
- a. Number of days each week..... \_\_\_\_\_
4. Approximately how many students are currently enrolled in this class?
- Number of students..... \_\_\_\_\_
5. How many children currently enrolled in this class are Hispanic or Latino (*Mexican, Puerto Rican, Cuban, Central or South American, or other Hispanic culture or origin*)?
- Number of Hispanic or Latino students..... \_\_\_\_\_
6. How many children currently enrolled in this class are: (*Please enter a number on each line. If none, please enter 0*)
- |   |       |
|---|-------|
| a. American Indian or Alaska Native.....          | _____ |
| b. Asian.....                                     | _____ |
| c. Black or African American.....                 | _____ |
| d. Native Hawaiian or Other Pacific Islander..... | _____ |
| e. White.....                                     | _____ |
7. How many children who are *English Language Learners (ELL)* are there in this class? (*See definition on inside cover.*)
- Number of ELL children..... \_\_\_\_\_
8. How many children who are eligible for free or reduced-price lunch or breakfast are there in this class?
- Number of eligible children..... \_\_\_\_\_
9. How many paid instructional staff (other than yourself) do you have in this class in a typical week?
- Number of paid instructional staff:..... \_\_\_\_\_

10. Please describe your use of the following reading instructional activities **this year**.
- **Circle column A ONLY** if the instructional activity is one that you use frequently when you teach reading or one on which you rely heavily in your reading instruction.
  - **Circle column B** if you use the instructional activity, but it is a small part of your teaching, and not one you use frequently. It might be an activity that you use if there is time, but it is not one on which you rely heavily for your reading instruction.
  - **Circle column C** if the activity is not one you use in your reading instruction.

		Circle only one response for each item...		
		A Central to my reading instruction	B Small part of my reading instruction	C Not Part of my reading instruction
Reading text	a. I read stories aloud to the whole class.	1	2	3
	b. I conduct story discussions with small groups of students.	1	2	3
	c. I read stories to small groups of students.	1	2	3
	d. I highlight personal connections to stories read aloud.	1	2	3
	e. I develop language experience stories with my class.	1	2	3
	f. Students read aloud their own written dictation.	1	2	3
	g. Students orally answer questions about stories they have heard.	1	2	3
	h. Students read texts that are easy to decode.	1	2	3
	i. Students reread familiar books.	1	2	3
	j. Students “read” picture books.	1	2	3
	k. Students create story maps based on stories read aloud.	1	2	3
Work with sounds and words	l. I teach phonemic awareness skills while reading stories.	1	2	3
	m. Students isolate first sounds in words that I say.	1	2	3
	n. Students isolate final sounds in words that I say.	1	2	3
	o. Students isolate middle sounds in words that I say.	1	2	3
	p. Students blend sounds with rhyming words.	1	2	3
	q. Students practice naming letters.	1	2	3
	r. Students match sounds with letters.	1	2	3
	s. Students blend sounds to form words.	1	2	3
	t. I practice identifying sounds and syllables in spoken words by clapping and counting.	1	2	3
	u. I teach sight words.	1	2	3
v. Students use pictures to identify unknown words.	1	2	3	

		<b>A</b> <b>Central to my</b> <b>reading</b> <b>instruction</b>	<b>B</b> <b>Small part of</b> <b>my reading</b> <b>instruction</b>	<b>C</b> <b>Not Part of</b> <b>my reading</b> <b>instruction</b>
	w. I engage students in rhyming games and songs.	1	2	3
	x. Students memorize poems.	1	2	3
	y. Students retell stories in sequence and identify characters and main events.	1	2	3
	z. Students write words and sentences using invented spelling.	1	2	3
	aa. Students write words that use sounds that we have practiced.	1	2	3
	bb. I discuss meaning of new and unusual words.	1	2	3
	cc. Students practice writing vocabulary words.	1	2	3
<b>Other Techniques</b>	dd. Students give definitions for words.	1	2	3
	ee. Students tell opposites of words.	1	2	3
	ff. Students read stories they have written to others.	1	2	3
	gg. Students make predictions while reading stories.	1	2	3
	hh. Students use dictionaries to find word meanings.	1	2	3
	ii. Students act out story as a play	1	2	3
	jj. Students point out parts of books	1	2	3

**B. Educational Background**

1. What is the highest degree you have obtained. *(Please circle one)*

- a. Bachelors..... 1
- b. Bachelors + additional courses..... 2
- c. Masters..... 3
- d. Masters + additional courses..... 4
- e. Doctorate..... 5
- f. Other (Please specify): \_\_\_\_\_..... 6

2. Describe your certification status. Which of the following describes the teaching certificate you currently hold in this state? (*Circle one*)
- a. Regular or standard state certificate or advanced professional certificate..... 1
  - b. Probationary certificate (issued after satisfying all requirements except the completion of a probationary period)..... 2
  - c. Provisional or other type of certificate given to persons who are still participating in what the state calls an "alternative certification program."..... 3
  - d. Temporary certificate (requires some additional college coursework, student teaching, and/or passage of a test before regular certification can be obtained)..... 4
  - e. Waiver or emergency certificate (issued to persons with insufficient teacher preparation who must complete a regular certification program in order to continue teaching)..... 5
  - f. I do not have any of the above certifications in this state..... 6

**C. Professional Development**

1. How many hours of professional development in language and literacy topics have you received since June 2005?
- \_\_\_\_\_ hours
2. For which topics listed here did you receive professional development since June 2005? (*Check all that apply.*)

Topics addressed in professional development		CHECK ALL THAT APPLY
<b>Phonemic Awareness</b>	a. Building phonological awareness, e.g. rhymes, dividing spoken language into sentences, words, syllables	<input type="checkbox"/>
	b. Identifying, adding, deleting sounds in spoken words	<input type="checkbox"/>
	c. Blending phonemes to form words	<input type="checkbox"/>
<b>Decoding</b>	d. Teaching letter-sound correspondence	<input type="checkbox"/>
	e. Teaching letter patterns (blends, digraphs, diphthongs)	<input type="checkbox"/>
	f. Using syllable patterns to read words	<input type="checkbox"/>
	g. Teaching component parts: roots, prefixes, suffixes	<input type="checkbox"/>
<b>Vocabulary</b>	h. Direct teaching of vocabulary words and their meaning	<input type="checkbox"/>
	i. Antonyms and synonyms	<input type="checkbox"/>
<b>Comprehension</b>	j. Setting motivation/asking prediction/preview questions	<input type="checkbox"/>
	k. Constructing information about character, setting, and main events	<input type="checkbox"/>
	l. Summarizing main ideas in narrative and informational text	<input type="checkbox"/>
	m. Asking questions at different levels (literal, inferential)	<input type="checkbox"/>
	n. Shared book conversations	<input type="checkbox"/>

Topics addressed in professional development		CHECK ALL THAT APPLY
Other	o. Other topic in the 5 dimensions of reading (Please specify: ) _____	<input type="checkbox"/>

**D. Demographic Information**

1. What is your gender? (*Circle one.*)

- Male..... 1
- Female..... 2

2. Are you Hispanic or Latino (*Mexican, Puerto Rican, Cuban, Central or South American, or other Hispanic culture or origin*)? (*Circle one.*)

- Yes..... 1
- No..... 2

3. What is your race? (*Circle all that apply.*)

- a. American Indian or Alaska Native..... 1
- b. Asian..... 2
- c. Black or African American..... 3
- d. Native Hawaiian or Other Pacific Islander..... 4
- e. White..... 5

4. Do you speak any languages other than English in your classroom? (*Circle one.*)

- Yes..... 1 (Go to Q5)
- No..... 2 (*Skip to Q7*)

5. What languages other than English do you speak in your classroom? (*Circle all that apply.*)

- a. Spanish..... 1
- b. Other (*Specify*): \_\_\_\_\_..... 2

6. About how much do you speak a language other than English in your classroom? (*Circle one.*)

- About one-quarter or less of the class time..... 1
- About half the time..... 2
- About three-quarters of the time..... 3
- All of the time..... 4

7. Including this year, how long have you been a teacher? (Please enter a number on each line. If zero, enter 0.)

- |   | <b>Enter # of<br/>years below...</b> |
|---|--------------------------------------|
| a. Total number of years as a teacher.....  | _____ Years                          |
| b. Number of years teaching in grades K-3.....  | _____ Years                          |
| c. Number of years teaching at this school.....   | _____ Years                          |
| d. Number of years teaching reading (either separately or as part<br>of regular classroom instruction)..... | _____ Years                          |
| e. Number of years teaching preschool or Head Start.....  | _____ Years                          |

**Mailing Address**

Please let us know where to send your check:

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

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Thank you for your time and for this information!**

**If found, return to:**  
Westat  
1650 Research Boulevard  
Room RA 1221F  
Rockville, MD 20850