



Child-Development- Supplement

ELEMENTARY/MIDDLE SCHOOL TEACHER QUESTIONNAIRE

for

**THE CHILD DEVELOPMENT SUPPLEMENT
TO
THE FAMILY ECONOMICS STUDY**

Name Label

Day Label

This questionnaire has four sections: 1) Information on the Target Child, 2) Information on the Class, 3) Information on the Teacher, and 4) a Time Diary. Circle the best answer or fill in the requested information. Follow any statements that appear in bold or parentheses. If you come to any question you do not want to answer, go on to the next question. The name of the Target Child is on a label on the inside of the cover of this questionnaire.

A. The Target Child

A1. On what date was this questionnaire completed?

_____/_____/_____
(Month) (Day) (Year)

A2. In what grade is the target child this year?

1. Pre-Kindergarten
2. Kindergarten
3. Pre-first grade (after kindergarten)
4. First grade
5. Second grade
6. Third grade
7. Fourth grade
8. Fifth grade
9. Sixth grade
10. Seventh grade
11. Eighth grade
12. Ungraded
13. Other (**Specify**): _____

A3. In what capacity do you know the target child?

1. Regular classroom teacher
2. Special education teacher
3. Other (**Specify**): _____

A4. How long has the target child been your student?

1. Less than half the school year
2. More than half the school year, but not the entire year
3. The entire school year
4. More than one school year

A5. We are interested in the target child’s verbal ability as evidenced in the classroom. Please answer the following questions based on your experience with the target child. Please consider the target child in relation to other children (his/her) age.

This Student:	Well Below Average ▼	Somewhat Below Average ▼	Average For Age ▼	Somewhat Above Average ▼	Well Above Average ▼
a. Recalls and communicates personal experiences (he/she) has had to peers in a logical way.....	1	2	3	4	5
b. Recalls and communicates the essence of a story or other sequential material which (he/she) has heard or read in school.....	1	2	3	4	5
c. Instructs peers in tasks which are sequential in nature.....	1	2	3	4	5
d. Relates and communicates personal experiences (he/she) has had to teachers in a logical way.....	1	2	3	4	5
e. Responds to questions asked of (him/her) in a thoughtful and logical way	1	2	3	4	5
f. Rephrases questions or asks follow-up questions if (he/she) does not get the information (he/she) wanted from the initial question.....	1	2	3	4	5
g. Is easily understood when (he/she) i talking to teachers.....	1	2	3	4	5

h. Is a good listener in conversations
with adults..... 1 2 3 4 5

A6. We are interested in the target child's behavior. As you read each sentence, decide whether the phrase is often true, sometimes true, or not true of the target child's behavior **over the last three months.**

This Student:	Often True ▼	Sometimes True ▼	Not True ▼
a. Has sudden changes in mood.....	1	2	3
b. Feels or complains that no one loves (him/her).....	1	2	3
c. Is rather high strung, tense and nervous.....	1	2	3
d. Cheats or tells lies.....	1	2	3
e. Is too fearful or anxious.....	1	2	3
f. Argues too much.....	1	2	3
g. Has difficulty concentrating, cannot pay attention for long.....	1	2	3
h. Is easily confused, seems to be in a fog.....	1	2	3
i. Bullies or is cruel or mean to others.....	1	2	3
j. Is disobedient at school.....	1	2	3
k. Does not seem to feel sorry after (he/she) misbehaves...	1	2	3
l. Has trouble getting along with other children.....	1	2	3
m. Is impulsive, or acts without thinking.....	1	2	3
n. Feels worthless or inferior.....	1	2	3
o. Is not liked by other children.....	1	2	3
p. Has a lot of difficulty getting (his/her) mind off certain thoughts (has obsessions).....	1	2	3
q. Is restless or overly active, cannot sit still.....	1	2	3
r. Is stubborn, sullen, or irritable.....	1	2	3

This Student:		Often True	Sometimes True	Not True
		▼	▼	▼
s.	Has a very strong temper and loses it easily.....	1	2	3
t.	Is unhappy, sad or depressed.....	1	2	3
u.	Is withdrawn, does not get involved with others.....	1	2	3
v.	Breaks things on purpose or deliberately destroys (his/her) own or other's things.....	1	2	3
w.	Clings to adults.....	1	2	3
x.	Cries too much.....	1	2	3
y.	Demands a lot of attention.....	1	2	3
z.	Is too dependent on others.....	1	2	3
aa.	Feels others are out to get (him/her).....	1	2	3
bb.	Hangs around with kids who cause trouble.....	1	2	3
cc.	Is secretive, keeps things to (himself/herself).....	1	2	3
dd.	Worries too much.....	1	2	3
ee.	Makes excessive demands for teacher's attention.....	1	2	3
ff.	Is an academic underachiever and does (his/her) work only when forced to do so.....	1	2	3
gg.	Simply goes through the motions in class.....	1	2	3
hh.	Appears to have given up, withdraws from class activities, and only participates when made to do so.....	1	2	3
ii.	Acts up in class.....	1	2	3

A7. How **academically** competent do you feel this child is?

1. Extremely competent
2. Pretty competent
3. Not very competent
4. Not at all competent

A8. How **socially** competent is this child with (his/her) peers (popular, likable, etc.)?

1. Extremely competent
2. Pretty competent
3. Not very competent
4. Not at all competent

A9. How **physically** competent is this child, for example, in sports and outdoor games?

1. Extremely competent
2. Pretty competent
3. Not very competent
4. Not at all competent

A10. How far in school do you expect this student to go?

1. 11th grade or less
2. Graduate from high school
3. Post-high school vocational training
4. Some college
5. Graduate from 2 year college with Associate's degree or other paraprofessional degree
6. Graduate from 4 year college
7. Master's degree or teaching credential program
8. M.D., Law, Ph.D. or other doctoral degree

A11. Does the target child have any physical, emotional or mental condition which interferes with or limits his/her ability to do regular school work at grade level?

1. Yes
5. No \longrightarrow **Go to A12**
8. Don't Know \longrightarrow **Go to A12**

A11a. What is this condition? **(Please circle all that apply)**

	Yes ▼	No ▼
a. An epileptic fit or convulsion?.....	1	5
b. Asthma?.....	1	5
c. Diabetes?.....	1	5
d. Speech impairment or delay?.....	1	5
e. Serious hearing difficulty or deafness?.....	1	5
f. Serious difficulty seeing or blindness?.....	1	5
g. Mental retardation?.....	1	5
h. A serious emotional disturbance?.....	1	5
i. Orthopedic impairment?.....	1	5
j. Developmental delay?.....	1	5
k. A learning disability (Specify): _____ _____	1	5
l. Autism?.....	1	5
m. Hyperactivity, ADHD or ADD?.....	1	5
n. Other (Specify): _____	1	5

A12. Has the target child been classified according to state guidelines as needing special education?

- 1. Yes
- 5. No
- 8. Don't Know

A13. Is the target child a Language Minority (LM) student? (A LM target child is a student in whose home a non-English language is typically spoken.)

- 1. Yes
- 5. No

A14. Is the target child a Limited English Proficient (LEP) student? (A LEP target child is a LM student who has limited English language skills.)

- 1. Yes
- 5. No

A15. Compared to other students in his/her class, would you say the target child is above average, average, or below average **inreading**?

- 1. Above average
- 2. Average
- 3. Below average
- 8. Don't Know

A16. Compared to other students in his/her class, would you say the target child is above average, average, or below average **inmath**?

- 1. Above average
- 2. Average
- 3. Below average
- 8. Don't Know

A17. Has the target child skipped any grades?

- 1. Yes
- 5. No —————→ **Go to A18**
- 8. Don't Know —————→ **Go to A18**

A17a. Which grade(s) did he/she skip?**(Specify):** _____

A18. Is the target child a member of your school's gifted/talented program?

- 1. Yes
- 5. No

A19. Has the target child repeated any grades?

- 1. Yes
- 5. No —————→ **Go to A20**
- 8. Don't Know —————→ **Go to A20**

A19a. Which grade(s) did he/she repeat?**(Specify):** _____

A19b. What was the one main reason for repeating?

1. Academic failure
2. Immaturity, acts too young
3. Medical problems
4. Truancy
5. Parent Request
7. Other reason **(Specify):** _____
8. Don't Know

A20. Does target child receive any of the following services from the school?

	Yes ▼	No ▼	Don't Know ▼
a. English as a second language (ESL).....	1	5	8
b. Special transportation.....	1	5	8
c. Speech therapy.....	1	5	8
d. Physical therapy.....	1	5	8
e. Physical examinations.....	1	5	8
f. Dental examinations.....	1	5	8
g. Learning, speech or vision testing.....	1	5	8
h. Psychological testing.....	1	5	8
i. Care for sick children.....	1	5	8
j. Testing for cognitive development.....	1	5	8
k. Other (Specify): _____	1	5	8

A21. How many days in the last month has the target child been **late**?

_____ (Number of days)

A22. How many days in the last month has the target child been **absent**?

_____ (Number of days)

A23. During the school year, how often has the target child’s parents (or any other adult in the household) come to school for any of the following activities?

	Never ▼	1 or 2 Times ▼	3 or More Times ▼	Don’t Know ▼
a. Conference with teacher.....	1	2	3	8
b. Conference with principal.....	1	2	3	8
c. Informal talk with teacher or principal.....	1	2	3	8
d. Classroom “open house” or programs.....	1	2	3	8
e. Observe classroom activities.....	1	2	3	8
f. Meeting with school counselor.....	1	2	3	8
g. Volunteer in the classroom or for school projects or trips.....	1	2	3	8
h. Attend school event in which the target child participated, such as a play, sporting event, or concert.....	1	2	3	8

A24. In this school year, did the target child have any behavior or discipline problems at this school which resulted in the target student's parents being sent a note or being asked to come in and talk with the teacher or principal?

- 1. Yes
- 5. No → **Go to A25**
- 8. Don't Know → **Go to A25**

A24a. Did this happen just once or more than once?

- 1. Once
- 2. More than once
- 8. Don't Know

A25. Do you see any of the following as barriers to involvement for the target child's family?

	Not A Problem ▼	Somewhat of A Problem ▼	A Serious Problem ▼
a. Work schedules.....	1	2	3
b. Lack of will/interest.....	1	2	3
c. Poor management skills.....	1	2	3
d. Illiteracy.....	1	2	3
e. Poor standard English proficiency.....	1	2	3
f. Culturally different from teachers/school.....	1	2	3
g. Other (Specify): _____	1	2	3

A26. How many different teachers does the target child have during the day?

_____ (**Number of teachers**)

A26a. If more than one teacher provides instruction to the target child, how often do these teachers discuss the target child?

1. Every day
2. Once a week
3. Once a month
4. A few times a year
5. Once a year
6. Never

A27. How are the students grouped for Language Arts/Reading and Writing instruction?

1. As a whole class —————→ **Go to A28**
2. Multiple reading groups

A27a. Do the groups include students from other classes?

1. Yes
5. No

A27b. How many groups are formed?

_____ (**Number of groups**)

A27c. Are groups based on (ability/skill) level?

1. Yes
5. No —————→ **Go to A27e**

A27d. Which group is the target child in?

1. High ability group
2. Average ability group
3. Below average ability group

A27e. Where do the reading groups meet?

1. All groups meet in my classroom
2. Some groups go to another classroom
7. Other (**Specify**): _____

A28. Do you have the target child for a Language Arts/Reading and Writing instruction segment?

- 1. Yes
- 5. No —————→ **Go to A30**

A29. In general, does the target child have homework due for these Language Arts/Reading and Writing segments?

- 1. Yes
- 5. No —————→ **Go to A30**

A29a. How often do you assign homework for Language Arts/Reading and Writing?

A29b. In general, does the target child complete (his/her) homework?

- 1. Yes
- 5. No

A29c. Do you review the homework assignments?

- 1. Yes
- 5. No —————→ **Go to A30**

A29d. On average, how long does the target child need to complete these homework assignments?

_____:_____
(Hours:Minutes)

A29e. In general, is parental assistance necessary for these assignments?

- 1. Yes
- 5. No

A30. How are the students grouped for math instruction?

1. As a whole class —————→ **Go to A32**
2. Multiple math groups

A30a. Do the groups include students from other classes?

1. Yes
5. No

A30b. How many different groups are formed?

_____ (**Number of groups**)

A30c. Are groups based on ability/skill level?

1. Yes
5. No —————→ **Go to A30e**

A30d. Which group is the target child in?

1. High ability group
2. Average ability group
3. Below average ability group

A30e. Where do the math groups meet?

1. All groups meet in my classroom
2. Some groups go to another classroom
7. Other (**Specify**): _____

A31. Do you have the target child for a math instruction segment?

1. Yes —————→ **Continue with A32**
5. No —————→ **Go to B1**

A32. In general, does the target child have homework due for these math segments?

- 1. Yes
- 5. No —————→ **Go to B1**

A32a. How often do you assign homework in math?

A32b. In general, does the target child complete (his/her) homework?

- 1. Yes
- 5. No

A32c. In general, do you review the homework assignments?

- 1. Yes
- 5. No —————→ **Go to B1**

A32d. On average, how long does it take the target child to complete these homework assignments?

_____:_____
(Hours:Minutes)

A32e. In general, is parental assistance necessary for these assignments?

- 1. Yes
- 5. No

B. The Classroom

B1 . How many students are in the target child’s class?

_____ (Number of students in class)

B2. How many of each of the following types of teachers do you have in the target child's class?
(Indicate the number of teachers in each category)

**Number of
Teachers**
▼

- a. Full-time teacher(s)..... _____
- b. Part-time teacher(s)..... _____
- c. Full-time Instructional Aide(s)..... _____
- d. Part-time Instructional Aide(s)..... _____
- e. Student Teacher(s)..... _____

B3. What is the ethnic background of the children in the target child’s class? (Indicate the number of children in each category)

**Number of
Children**
▼

- a. White (not of Hispanic origin)..... _____
- b. Black (not of Hispanic origin)..... _____
- c. Hispanic..... _____
- d. Asian or Pacific Islander..... _____
- e. American Indian or Alaskan Native..... _____
- f. Other (Specify): _____

B4 . How many students in the target child’s class receive special education services?

_____ (Number of students)

B5. Are any parts of the target child's class taught in a language other than English?

- 1. Yes
- 5. No —————→ **Go to B6**

B5a. What portion of this class is taught in a language other than English?

- 1. 100%
- 2. 75%
- 3. 50%
- 4. 25%
- 5. Less than 25%

B5b. What languages (other than English) do students receive instruction in?

_____ (Specify languages)

B6. How would you characterize your approach to teaching this student's class? (Please choose the one approach you use the most)

- 1. Academic
- 2. Traditional
- 3. Developmental
- 4. Progressive
- 7. Other (Specify): _____

B7. Were children assigned to your class on the basis of ability?

- 1. Yes
- 5. No —————→ **Go to B8**

B7a. If yes, how does the average level of ability of the children in your class compare to the other classes in your school?

- 1. Above average
- 2. Average
- 3. Below average

B8. How many computers do you have in your classroom?

_____ (Number of computers)

B9. Do you use computers in your lesson plans for the class?

1. Yes
5. No

B10. How often do the students in your class use computers at school?

1. Every day
2. A few times a week
3. A few times a month
4. A few times a year
5. Never

B11. In general, how adequate are the amounts of the supplies and materials listed below for your classes?

	Always Adequate Supply ▼	Sometimes Not Adequate ▼	Often Not Adequate ▼	Do Not Use ▼
a. Textbooks	1	2	3	4
b. Tradebooks	1	2	3	4
c. Programmed instructional materials.....	1	2	3	4
d. Workbooks and practice sheets....	1	2	3	4
e. Manipulative materials (e.g. games, puzzles).....	1	2	3	4
f. Audiovisual equipment and software.....	1	2	3	4
g. Computer equipment and software.....	1	2	3	4
h. Paper and pencils.....	1	2	3	4
i. Ditto or photocopier equipment...	1	2	3	4
j. Paints, clay, art materials.....	1	2	3	4
k. Musical instruments and recordings.....	1	2	3	4

B12. How are the desks or tables organized in the target child's classroom? **(Circle one number)**

1. Classroom has (no/few) desks
2. Desks or tables are in rows facing front of classroom
3. Desks or tables are arranged in a circle/semicircle
4. Desks or tables are set-up in cluster arrangement
5. No set arrangement: desks are rearranged frequently to accommodate different activities

B13. Indicate how much each of the following characteristics describe your classroom.

	Very Accurate ▼	Fairly Accurate ▼	Not Accurate ▼	Not at All Accurate ▼
a. Discipline is emphasized in my classroom.....	1	2	3	4
b. The classroom environment for students is structured.....	1	2	3	4
c. Deviation by students from classroom rules is not tolerated.....	1	2	3	4
d. The classroom environment is "flexible".....	1	2	3	4

C. Teacher Characteristics

C1. How many years of full-time teaching experience do you have?

1. Less than 1 year
2. 1-2
3. 3-4
4. 5-9
5. 10-14
6. 15-19
7. 20-29
8. 30 or more

C2. How long have you been teaching at this particular school? **(Enter time in years and months)**

_____ **(Years)** _____ **(Months)**

C3. What is your highest level of education?

1. Less than high school diploma
2. High school diploma or GED
3. Some college
4. Associate's degree
5. Child Development Associate Credential (CDA)
6. Bachelor's degree
7. Master's degree
8. Doctorate degree

C4. Do you have **state teaching** certification in any of the following areas?

	Yes	No
	▼	▼
a. Early childhood education.....	1	5
b. Elementary education.....	1	5
c. Middle or junior high school.....	1	5
d. Secondary education.....	1	5
e. Special education	1	5
f. Bilingual education.....	1	5

g. Other (Specify): _____ 1 5

C5. Are you...

1. Male
2. Female

C6. Are you...

1. White (not of Hispanic origin)
2. Black (not of Hispanic origin)
3. Hispanic
4. Asian or Pacific Islander
5. American Indian or Alaskan Native
6. Other (**Specify**): _____

C7. Are you...

1. Single
2. Married
3. Divorced
4. Widowed
7. Other (**Specify**): _____

C8. In what year were you born?

19 _____ (**Year**)

C9. Are you proficient in any languages other than English?

1. Yes
5. No → **Go to C10**

C9a. If yes, which languages?

_____ (**Specify languages**)

C10. What is your mother's highest level of education?

1. Less than high school diploma
2. High school diploma or GED
3. Some college
4. Bachelor's degree
5. Master's degree

- 6. Doctorate degree

C11. What is your father's highest level of education?

- 1. Less than high school diploma
- 2. High school diploma or GED
- 3. Some college
- 4. Bachelor's degree
- 5. Master's degree
- 6. Doctorate degree

C12. In the past 4 weeks, did you spend any of your own money for classroom supplies, such as chalk, pencils, paper, or books?

- 1. Yes
- 5. No → **Go to C13**

C12a. How much of your own money did you spend?

- 1. Less than \$10
- 2. \$10.00 - \$19.99
- 3. \$20.00 - \$29.99
- 4. \$30.00 - \$49.99
- 5. \$50.00 or more

C13. Do you...

	Yes ▼	No ▼
a. Live in the same catchment area as this school?.....	1	5
b. Live in the same city or town as this school?.....	1	5
c. Live in the same county as this school?.....	1	5

C14. What is your yearly income at this school?

\$ _____

C15. How often are you required by the school to contact the parents of the children in your class for any reason, either in person or by phone?

1. No requirements
2. Once a week or more
3. 1-3 times a month
4. 4 times a year
5. 2 times a year
6. 1 time a year
7. Other (**Specify**): _____

C16. During the past month, how frequently did parent volunteers in your classroom assist in the following ways:

	Never ▼	Once ▼	2 or 3 Times a Month ▼	1 or 2 Times a Week ▼	Nearly Every Day ▼
a. Read to the children.....	1	2	3	4	5
b. Work with individuals or small groups on developing specific skills.....	1	2	3	4	5
c. Help with daily routines such as lining children up for lunch, collecting lunch money, taking children to the bathroom, etc.....	1	2	3	4	5

C17. How often are the children in your class assessed in the following ways in reading?

	Never ▼	1 or 2 Times a Year ▼	3 to 5 Times a Year ▼	6 to 10 Times a Year ▼	11 to 18 Times a Year ▼
a. State or local standardized tests.....	1	2	3	4	5
b. Teacher-made tests.....	1	2	3	4	5
c. Performance based assessments (portfolios).....	1	2	3	4	5

TIME DIARY

Now we would like to ask you about how you and the target child spend your time at school. Please fill out this section for the day of the week listed on the front of this booklet.

- If the child is not in your class on that day, choose the day before or the day after.
- To help us get accurate information, either fill out the information as the day progresses, or as soon as possible after the target day.

We thank you for your help in this - time use information is extremely valuable for our research.

D1. Date diary completed for:

(MM) (DD) (YY)

D2. What day of the week was that?

1. Monday
2. Tuesday
3. Wednesday
4. Thursday
5. Friday

D3. How long did it take you to get to work on that target day?

_____:_____
(Hours:Minutes)

D4. What time did you arrive at school?

_____:_____ OR _____:_____
AM PM

D5. What time did school officially begin?

_____:_____ OR _____:_____
AM PM

D6. Please fill in the following chart to describe what you did between the time you arrived at school and the official beginning of the school day. We are interested in each activity that you did during that time. Please use the 10 items listed in the far left column to describe your morning activities. If you need to choose "10. Other" to describe your activity, please specify exactly what you did in the appropriate space. For each activity, write the time you began doing the activity and the time the activity ended.

Chosen Activity	Morning Activity (in chronological order)	Time Began	Time Ended
1. Set up room 2. Clerical tasks 3. Prepared lesson/ reviewed lessons 4. Talked with parents 5. Talked with colleagues 6. Graded papers/tests 7. Record keeping 8. Staff meeting 9. Supervised before school activities(Specify where): _____ _____ 10. Other (Specify): _____	#1	____:____	____:____
	#2	____:____	____:____
	#3	____:____	____:____
	#4	____:____	____:____
	#5	____:____	____:____

TARGET CHILD TIME DIARY

(PLEASE READ INFORMATION BELOW BEFORE BEGINNING SECTION)

The next section concerns the target child and his/her activities during the day. The target child's name and the day selected for time diary entries can be found inside the front cover of this booklet.

- Please fill in information about each activity the target child did during the school day in chronological order starting with the first (#1) activity upon arrival in your classroom.
- Continue filling in the sequence of the target child's activities on through the day until the child left your classroom for the day.
- Each ending time for one activity should be a beginning time for the next activity.

There is a template that is included with this questionnaire that should be used when filling out this section. It contains the codes that should be used for answering some of the questions. It is designed to slide down the page so that the questions and codes are always available to see.

Activity	Time Began	Time End	Where was he/she? (Insert appropriate # from list?)	Who was doing this activity with the child? (Insert appropriate # from list)	Were you with the child at the time?
#1	____:____	____:____			1. Yes _____ 5. No _____
#2	____:____	____:____			1. Yes _____ 5. No _____
#3	____:____	____:____			1. Yes _____ 5. No _____
#4	____:____	____:____			1. Yes _____ 5. No _____
#5	____:____	____:____			1. Yes _____ 5. No _____
#6	____:____	____:____			1. Yes _____ 5. No _____
#7	____:____	____:____			1. Yes _____ 5. No _____
#8	____:____	____:____			1. Yes _____ 5. No _____
#9	____:____	____:____			1. Yes _____ 5. No _____
#10	____:____	____:____			1. Yes _____ 5. No _____
#11	____:____	____:____			1. Yes _____ 5. No _____

What did you do during this time? (Insert appropriate # from list)	How was the class structured for this activity? (Insert appropriate # from list)	What instructional format was used for the child's activity? (Insert appropriate # from list)	What materials were used for the child's activity? (Insert appropriate # from list)	What was the child's behavior like during this activity? (Insert appropriate # from list)
→	→			
→	→ Go to next activity.			
→	→ Go to next activity.			
→	→ Go to next activity.			
→	→ Go to next activity.			
→	→ Go to next activity.			
→	→ Go to next activity.			
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→	→ Go to next activity.			
→	→ Go to next activity.			
→	→ Go to next activity.			

Activity	Time Began	Time End	Where was he/she? (Insert appropriate # from list?)	Who was doing this activity with the child? (Insert appropriate # from list)	Were you with the child at the time?
#12	____:____	____:____			1. Yes _____ 5. No _____
#13	____:____	____:____			1. Yes _____ 5. No _____
#14	____:____	____:____			1. Yes _____ 5. No _____
#15	____:____	____:____			1. Yes _____ 5. No _____
#16	____:____	____:____			1. Yes _____ 5. No _____
#17	____:____	____:____			1. Yes _____ 5. No _____
#18	____:____	____:____			1. Yes _____ 5. No _____
#19	____:____	____:____			1. Yes _____ 5. No _____
#20	____:____	____:____			1. Yes _____ 5. No _____
#21	____:____	____:____			1. Yes _____ 5. No _____
#22	____:____	____:____			1. Yes _____ 5. No _____

What did you do during this time? (Insert appropriate # from list)	How was the class structured for this activity? (Insert appropriate # from list)	What instructional format was used for the child's activity? (Insert appropriate # from list)	What materials were used for the child's activity? (Insert appropriate # from list)	What was the child's behavior like during this activity? (Insert appropriate # from list)
→ → Go to next activity.				
→ → Go to next activity.				
→ → Go to next activity.				
→ → Go to next activity.				
→ → Go to next activity.				
→ → Go to next activity.				
→ → Go to next activity.				
→ → Go to next activity.				
→ → Go to next activity.				
→ → Go to next activity.				
→ → Go to next activity.				

D7. What time does school officially end?

_____ : _____ **OR** _____ : _____
AM **PM**

D8. Did you remain at school after the children left?

- 1. Yes
- 5. No \longrightarrow **Go to D10**

D9. Please fill in the following chart to describe what you did between the official end of school and the time you left school. We are interested in each activity that you did during that time. Please use the 10 items listed in the far left column to describe your afternoon activities. If you need to choose "10. Other" to describe your activity, please specify exactly what you did in the appropriate space. For each activity, write the time you began doing the activity and the time the activity ended.

Chosen Activity	Afternoon Activity (in chronological order)	Time Began	Time Ended
1. Set up room 2. Clerical tasks 3. Prepared lesson/ reviewed lessons 4. Talked with parents 5. Talked with colleagues 6. Graded papers/tests 7. Record keeping 8. Staff meeting 9. Supervised after school activities(Specify where): _____ _____ 10. Other (Specify): _____	#1	____:____	____:____
	#2	____:____	____:____
	#3	____:____	____:____
	#4	____:____	____:____
	#5	____:____	____:____

D10. What time did you leave the school building?

_____ : _____ **OR** _____ : _____
AM **PM**

D11. Did you do any school-related work at home last evening?

- 1. Yes
- 5. No —————→ **Go to D13**

D12. Please fill in the following chart to describe what school-related work you did after you arrived home on the target day. We are interested in each activity that you did during that time. Please use the 7 items listed in the far left column to describe your evening activities. If you need to choose "7. Other" to describe your activity, please specify exactly what you did in the appropriate space. For each activity, write the time you began doing the activity and the time the activity ended.

Chosen Activity	Evening Activity (in chronological order)	Time Began	Time Ended
1. Planned future lessons 2. Graded papers/tests 3. Administrative tasks 4. Talked with parents 5. Professional reading 6. Continuing education 7. Other (Specify): _____ _____	#1	____:____	____:____
	#2	____:____	____:____
	#3	____:____	____:____
	#4	____:____	____:____

D13. Was yesterday a fairly typical school day?

- 1. Yes —————→ **Go to the next page**
- 5. No

D14. If not, please describe what was unusual about yesterday.

If there are any other comments you would like to make, please use the space below.

Thank you for completing this questionnaire. Your help is greatly appreciated.

Please place this questionnaire in the self-stamped addressed envelope provided for you and mail to the address on the envelope.

If you are interested in seeing the results of this study, please fill out the postcard that was enclosed with this questionnaire. Thank you again for your assistance in this important project!

We want to send a \$20.00 honorarium to you as a token of appreciation for your time. When we receive this questionnaire, we plan to send the check to the name and address listed at the bottom of the Child Permission Form we sent to you. If either the name or the address information on that form is incorrect, please give us the correct information, below:

What is your name? _____

Where should we send your check?

Street Address: _____

City and State: _____

Zip Code: _____

K

<p>Sample Label</p>

Please return in the self-addressed, stamped envelope to:

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