Dear Applicant,

Thank you for your interest in the Enhanced Learning Maps (ELM) project. On behalf of your state education agency, the Center for Educational Testing and Evaluation (CETE) at the University of Kansas is seeking teachers to participate in a research program focused on the formative assessment process. CETE is interested in teachers’ feedback about the effectiveness of innovative instructional materials for use with general education students. Project participation is open to **mathematics teachers in grades 5 through 8** and **English language arts teachers in grades 2 through 5**. Selected teachers will be paid for their participation in grant activities and compensated for costs associated with attending training events.

The purpose of this project is to develop **instructional materials** that leverage the potential of the learning map model as a resource for supporting the formative assessment process. CETE is interested in engaging teachers as partners in the preliminary implementation and refinement of instructional materials. By completing this survey, you hereby agree, if selected for participation, to meet the expectations placed upon participants of this project, including but not limited to the following:

- Explore ELM resources in our digital library
- Read and consider notes and activities for planning instructional units
- Implement up to six ELM instructional units and student activities in classroom instruction
- Complete feedback surveys at the conclusion of each instructional unit
- Attend a three-day summer workshop in Kansas City about accessing and using these materials in instruction

Please note that by completing this survey you are not guaranteed participation in the project. Responses to this survey will generate a pool of candidates from which your state education agency will select the representatives from your state who will participate in the project.

We thank you for your interest.

The Enhanced Learning Maps Team  
EnhancedLM@ku.edu

What is your reason for applying for the Enhanced Learning Maps project?

What do you expect to gain as a result of participating?

How did you hear about the project?

What grade(s) do you anticipate working with during the 2016-2017 school year? (Check all that apply.)

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Please identify your subject area(s) for the 2016-2017 school year. (Check all that apply.)

- English Language Arts
- Mathematics

Please identify your role(s) for the 2016-2017 school year. (Check all that apply.)

- Elementary classroom teacher
- Secondary classroom teacher
- Special education teacher
- Specialist/learning coach/instructional coach
- Other: [ ____________ ]

What certifications or endorsements do you hold? (Check all that apply.)

- Early childhood
- Secondary English language arts
- Elementary grades
- Special education
- Middle grades mathematics
- Reading specialist
- Middle grades English language arts
- National Board certification
- Secondary mathematics
- Other: [ ____________ ]

What is your highest academic degree?

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<th>Bachelors</th>
<th>Masters</th>
<th>Masters + 30 or Education Specialist</th>
<th>Doctorate</th>
<th>None of these</th>
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How many total years of full-time teaching experience do you have?

- 1-5
- 6-10
- 11-15
- 16 or more

How many years of experience do you have in your anticipated position for the 2016-2017 school year?

- None
- 1-5
- 6-10
- 11-15
- 16 or more

In a typical year, how many students do you teach?

- 1-30
- 31-60
- 61-90
- 91-120
- 121-150
- more than 150

Please indicate your level of agreement with each statement.

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### I Reflect upon my Teaching.

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### I am a Resourceful Educator.

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### I am Adaptable in my Role as an Educator.

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### I am Willing to Modify my Instructional Practices.

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### I Believe my Students' Understanding Grows in Response to their Learning Opportunities.

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### How do you interact with technology?

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<th>Very Often</th>
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<th>Never</th>
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### Which statement best describes the extent of your experience with students who struggle to learn from whole class instruction?

- I have several students each year (more than half) who struggle to learn even when they apply good effort.
- I have a few students each year (less than half) who struggle to learn even when they apply good effort.
- I have little experience with students who struggle to learn.

### Which statement best describes the extent of your experience teaching students who receive special education services due to learning or other disabilities related to the subject(s) you teach?

- I have taught a substantial amount of students who received special education services and participated on their IEP teams to develop reasonable learning goals.
- I have taught some students who received special education services, but I have limited experiences developing individualized learning goals (i.e., serving on IEP teams).
- I have not had any experiences with students who receive special education services.

### What resources are available to your school/IEP team to provide accommodations to students who receive special education services? (Check all that apply.)

- Counselor
- Parent input
- Psychologist
- Timed testing
- Additional teacher input

- School wide testing data
- State standardized testing data
- Informal assessment/observation
- Other: [ ]
What resources are available in your classroom to provide accommodations to students who receive special education services? (Check all that apply.)

- Curriculum resources
- Alternate curriculum resources
- Paraprofessional or teacher aide
- Assignment/testing modifications
- Manipulatives (i.e., number cubes, charts, flashcards)
- Adapted materials (i.e., books on tape, large print, highlighted notes)
- Adapted equipment (i.e., special seat or a cut-out cup for drinking)
- Assistive technology (i.e., word processor, special software, communication system)
- Other:

How do you implement formative assessment?

How do you seek to close learning gaps in student knowledge? (Check all that apply.)

- Allow peer tutoring
- Differentiate instruction
- Use questioning strategies
- Provide descriptive feedback
- Build on students’ prior knowledge
- Set clear and measurable expectations
- Apply student-involved classroom assessment
- Individualize instruction (before, during, or after school)
- I am unsure how to close learning gaps in student knowledge
- Other:

Please confirm your availability for the summer training workshop to be held in Kansas City from July 6 - 8, 2016 if you were to be selected to participate. Depending on your location, this may mean you will need to travel on July 5th or 9th.

- Yes, I am available to attend the training workshop July 6 - 8.
- No, I am not available to attend the training workshop July 6 - 8.
- I do not know if I am available to attend the training workshop July 6 - 8.

Please confirm your understanding and willingness to comply with the following expectations if you were to be selected to participate.

- I understand that attendance and engagement in the summer workshop from July 6 - 8 is required.
- I understand that implementation of the ELM instructional units throughout the year is expected.
- I understand that feedback surveys for the ELM instructional units must be thoroughly completed.

- Yes, I understand and confirm the above expectations.
- No, I do not understand and/or confirm the above expectations, but I would like additional information.

Self Identification Information:

Submission of the following information is voluntary and will remain confidential. Your responses will not be used to identify you or determine your eligibility for participating in the Enhanced Learning Maps project.
What is your gender?

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<th>Female</th>
<th>Male</th>
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What is your ethnicity?

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<th>Hispanic/Latino</th>
<th>Not Hispanic/Latino</th>
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What is your race? (Please select all that apply.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Contact Information:

First Name

Last Name

Phone number (e.g., xxx-xxx-xxxx) where you can be reached after school

Preferred Email address

Re-enter preferred Email address

Name of school for 2016-2017

School district name and/or school district number

Please select your state.

[ ]

Supervisor Information:

We would like to confirm with your supervisor that you will have adequate support to participate in this project.

Supervisor Name

Title

Phone number (e.g., xxx-xxx-xxxx)

Email address

To learn more about the project, visit [www.enhancedlearningmaps.org](http://www.enhancedlearningmaps.org)