APPENDIX C: CCTT INSTITUTE PARTICIPANT TELEPHONE SURVEY INSTRUMENT (DRAFT—SCIENCE AND MATH FOCUS)

Introduction and Disclaimer

SECTION A. DESCRIPTION AND EVALUATION OF WORKSHOP AND FOLLOW-UP ACTIVITIES

First, I'm going to read a list of focus areas of workshops. Please tell me which of these were the major areas of focus of the workshop you attended. Did the workshop you attended focus primarily on content or subject matter, teaching methods, lab techniques, new technologies, and/or issues regarding females and/or minority students? [CIRCLE ALL THAT APPLY].

Content or subject matter [IF R ANSWERS CONTENT OR SUBJET MATTER,	ASK	
	YES	NO
Did that include incorporating and synthesizing interdisciplinary content?	1	0
Teaching methods	1	0
Lab techniques 1	0	
New technologies	1	0
Issues regarding females and/or minority students	1	0

Now, I'd like to ask you about activities you did before, during and after the workshop. I'm going to read a list of possible activities you might have done **before** the workshop, and I'd like you to tell me whether or not you did each one. [READ LIST. CIRCLE ONE ANSWER IN EACH ROW.]

	YES	S NO	DK
Did you read any background material, textbooks, or lab manuals?	1	0	9
Did you complete any surveys to assess your skill level, interests			
teaching responsibilities or objectives?	0	9	
Did you identify a course or unit you wanted to develop or ways			
you anticipated incorporating project information at your			
home institution?	1	0	9
Did you prepare a project/problem to work on during the workshop?	1	0	9
Did you do any other types of activities [before the workshop]? 1	0	9	

Now I'm going to read a list of some types of materials that can be used in courses, and I'd like you to tell me whether you worked on developing each of them at the workshop [IF R ASKS, ANSWER regardless of whether you worked on them during workshop sessions or outside of workshop sessions. READ LIST. CIRCLE ON ANSWER IN EACH ROW.]

		YES	NO	DΚ
Textbooks or written material		1	0	9
Lecture notes or other handouts (e.g.lists of resource)	1	0	9	
Problem sets, project descriptions, or lab exercises		1	0	9
Other activities			1	0
9				

IF R ANSWERED "YES" TO ONE OR MORE ITEMS. ASK

By the close of the workshop, had you completed these materials so that they could actually be used, or did you need to do more work before they could be used? [READ WHATEVER ITEM(S) R ANSWERED "YES" TO AND CIRCLE "9" FOR ANY ITEMS R DID NOT ANSWER "YES" TO]

				Need	ed	
		Comp	leted	more	work	N/A
Textbook(s) or written materials	1	-	2		9	
Lecture notes or other handouts	1		2		9	
Problem sets, project descriptions, or lab exe	ercises	1		2		9
Other activities		1		2		9

During the workshop, did you give any presentations or practice lessons during the workshop

0	No		
1	Yes >	. How many?	

This next question concerns *follow-up activities*. I'm going to read a list of types of follow-up activities in which you may have participated *after the workshop*, and I'd like you to tell me whether you participated in each type of activity. [READ ITEMS. CIRCLE ONE ANSWER IN EACH ROW.]

	\/=0	NO	D1/
	YES	NO	DK
Did you participate in one or more formal follow-up sessions at scheduled times? Did you participate in one or more informal group get-togethers? 1 Did you review or site test any materials or products developed	1	0	9
	0	9	
as part of the workshop?	1	0	9
Did you receive any technical assistance from the PI or other project staff? [IF R ASKS, THIS REFERS ONLY TO TECHNICAL ASSISTANCE REGARDING ISSUES RELATED TO THE			
WORKSHOP]	1	0	9
After the workshop	YES	NO	DK
Did you communicate with the Facilitator and/or other participants by telephone? Did you communicate with the Facilitator and/or other participants by e-mail?	1	0	9
	1	0	9
IIF R ANSWERED "YES" ASKI			

[IF R ANSWERED "YES". ASK]

Was this communication ongoing or sporadic? [CIRCLE ONE ANSWER]

- 1 Ongoing
- 2 Sporadic
- 9 Don't recall

SECTION B. IMPACT

WHAT PARTICIPANT LEARNED

Next, I'm going to read a list of some types of knowledge and skills. For each item, I'd like you to tell me whether the workshop gave you little or none of that type of skill or knowledge, some of that skill or knowledge, or a lot of that skill or knowledge. [READ ITEMS. CIRCLE ONE ANSWER IN EACH ROW.]

To what extent did the workshop give you	Little or none	Some	a lot	N/A
Increased content knowledge? New or more in-depth perspectives	1	2	3	9
on teaching and learning? New or improved skills in teaching?	1 1	2 2	3 3	9 9

New or improved experimental or					
lab techniques?	1	2	3	9	
New or improved technological skills		1	2	3	9
New or more in-depth knowledge					
of issues regarding females and minority					
students		1	2	3	9
New information about other resources for					
use in teaching		1	2	3	9
New contacts with colleagues from other institutions		1	2	3	9
Increased motivation or stimulation for					
teaching excellence		1	2	3	9

Did you get any benefit out of the workshop?

1 Yes . Please describe:

0 No . Why not?

Now or improved experimental or

[IF R GOT NO BENEFIT OUT OF THE WORKSHOP SKIP THIS SECTION]

PARTICIPANTSÕ EVALUATION OF WORTH OF VARIOUS ASPECTS OF WORKSHOP. EXPLANATORY FOR OUTCOMES.

I am going to read a list of workshop features, and I'd like you to tell me how much of a contribution each of the following made to what you got out of the workshop. Please indicate whether each item I read made no contribution to what you got out of the workshop, a small contribution, a moderate contribution, or a great contribution. If the workshop did not include one feature, please indicate that. [READ LIST. CIRCLE ONE ANSWER IN EACH ROW.]

<u>Littl</u>	e or No	Mod	Moderate		N/A
1		2		3	9
1		2		3	9
	2		3	9	
1		2		3	9
1		2		3	9
	2		3	9	
1		2		3	9
		_		_	_
1		2		3	9
4		•		•	•
1		2		3	9
1		2		3	9
	Littl 1 1 1 1 1 1 1 1 1 1	1 1 2 1 1	1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1	1 2 1 2 2 3 1 2 2 3 1 2 1 2 1 2 1 2 1 2	1 2 3 1 2 3 2 3 1 2 3 2 3 9 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3

Impact on Curriculum and/or Courses or Units

During or as a result of the workshop[CIRCLE ONE ANSWER FOR EACH ROW.]					
a. Did you develop or redesign a majorb. Did you develop one or more new coc. Did you revise one or more existing of	urses or units?	? 1 1	YES 0	NO 9	DK
d. Did you develop one or more propos or funding to revise or develop courses/	als requesting permission	n 1	0	9	
IF R ANSWERED NO, GO TO NEXT SI All in all, how many courses or units did revise? Did you develop or revise [this course/th colleagues? [CIRCLE ONE ANSWER.] 1 Yes 0 No How many of the courses that you [deve	you develop and/or nese courses] in collabor				
Was the course that you [developed/rev 1 Yes 0 No	ised] BY YOURSELF int	terdiscipl	inary?		
Did [this course/these courses] receive to ONE ANSWER.] 1 yes 2 Some did and some did not 0 No 9 N/A	formal departmental and	/or progi	am app	roval? [CIRCLE
Now, I'd like to ask you to be more your course(s) as a result of your pa		•	anges y	ou ma	de in
How important was the change to the co	ourse(s)?				
vvas II	(1) of little or no importa(2) of moderate importa(3) of major importance	ance			
Did you introduce new content that you learned at the workshop?	1 Yes > 0 No		>	1	2
Did you change the content to focus on key issues or "big ideas?" 3	1 Yes > 0 No	:	>	1	2
Did you introduce new experimental techniques or lab techniques that you learned at the workshop? 3 Did you introduce new equipment, mate	1 Yes > 0 No	;	>	1	2
or computer software that you learned a					

workshop? Did you change teaching methods in any	1 Yes > 0 No	> 1	2	3
other way?	1 Yes > 0 No	> 1	2	3
Please describe in your own words the changes participation in the workshop. [INTV: THIS INCL				
Have you taught one or more of the courses or your participation in the workshop. [CIRCLE ON 1 Yes > CONTINUE WITH QUESTIONS. 0 No > SKIP TO NEXT SECTION		ed/(or)/re	vised] as a	a result of
How many?				
Have your team taught [this material]? 1 Yes 0 No a. In all approximately how many students have b. Approximately what percentage of these students in the students of the second students. Say Please give up to the second students in the second students in the second students.	dents are female?	%		
SUSTAINED EFFECTS				
If you have taught this course/these units more how did what you did as a result of your particip PROMPT: FOR EXAMPLE, DID YOU INCREAS BECOME MORE KEY?)	ation workshop ch	ange ove	r time? (IN	NTV .
BARRIERS TO SUSTAINED EFFECTS				
[Is the course/unit] still being offered? 1 Yes				
0 No > B16a. Why not?				
				_ _

Impact on Students

B17. I'm going to read a list of various types of knowledge and skills. For each item I read, I'd like you to compare the average level of knowledge and skills of students who completed the courses you developed or modified as a result of your participation in the workshop with the knowledge and skills of students who completed similar courses you taught previously. If there is no valid basis for comparison, please indicate that. [INTV: FIRST ASK WHETHER BETTER/WORSE, OR ABOUT THE SAME. THEN, IF R ANSWERS BETTER OR WORSE, ASK "SUBSTANTIALLY, OR SOMEWHAT..."]

			2=Sc 3=Nc 4=Sc 5=Sc	ubstantia omewha o differe omewha ubstantia o valid c	t worse nce t better ally bette		ble
In-depth knowledge of subject area		1	2	3	4	5	9
Problem solving skills		1	2	3	4	5	9
Communication skills		1	2	3	4	5	9
Ability to apply new knowledge	1	2	3	4	5	9	
Critical thinking skills		1	2	3	4	5	9
Ability to collaborate with others	1	2	3	4	5	9	
Ability to use advanced technology		1	2	3	4	5	9
Understanding of the scientific method	1	2	3	4	5	9	
Diagon describe in your own words the	imna	ot of the	ohongo		.do oo o	requit of	fvour

Please describe in your own words, the impact of the changes you made as a result of your participation in the CCTT Workshop on your students?

Impact on Non-Classroom Activities

(FOR EACH ITEM, CIRCLE ONE ANSWER IN EACH COLUMN.)

	None	A little	Moderate	Great
a. Have you participated in any further professional development activities or workshops designed to change the content of courses or to improve instruction? 1 Yes > 0 No	,	1 2	3	4
 b. Have you begun any new communication or continued existing communication with experts in one or more disciplines. 1 Yes > 0 No 		1 2	3	4

c. Have you established any new research or teaching collaborations with colleagues 1 Yes > 0 No	1	2	3	4	
d. Have you attended any professional meetings, seminars, or workshops1 Yes > 0 No	1	2	3	4	
e. Have you delivered one or more papers at a professional meeting1 Yes > 0 No	1	2	3	4	
f. Have you delivered one or more papers at a professional meeting? 1 Yes > 0 No	1	2	3	4	
g. Have you made one or more presentations to local campuses or community organizations1 Yes > 0 No	1	2	3	4	
Has your participation at the workshop had any in than the things we've just covered? 0 No 1 Yes >	npact on you	, your co	ourses, o	or your lab	s, other
Please tell me about these impacts.					

Impact on Broader Community

B21. Have you shared any information or skills you learned in the workshop with colleagues either in your school or in other institutions... [READ LIST. CIRCLE ONE ANSWER IN EACH ROW.]

item,		YES	NO	DK
Through informal discussions with one or more colleagues?		1	0	9
Through presentations to one or more colleagues/				
Through observation of your class or laboratory by one				
or more colleagues		1	0	9
Through participation in any department or campus				
committees on curricular change and/or reform?	1	0	9	
Through any other activities?	1	0	9	
(specify),				

To the best of your knowledge, as a result of what you learned at the UFE workshop, \dots [READ LIST. CIRCLE ONE ANSWER IN EACH ROW.]

YES NO DK

Have any of your colleagues modified the content of a course			
or laboratory?	1	0	9
Have any of your colleagues developed a new course, unit in a			
course or laboratory?	1	0	9
Have any of your colleagues attended any other CCTT workshops?	1	0	9
Have any of your colleagues made any other changes (specify) 1	0	9	

SECTION C. BARRIERS TO IMPLEMENTATION

IF R DID NOT DO ANYTHING IN HIS/HER COURSES SKIP TO NEXT SECTION.

We're interested knowing whether you encountered any barriers to implementing what you learned at the UFE workshop. In answering, please include any type of barrier you may have experienced. For instance, barriers might include that you have not taught any courses that relate to the workshop since your participation, that heavy teaching demands have not allowed you to complete revisions of a course, or that you were not able to obtain equipment you needed. Did you encounter any barriers to implementing what you learned at the UFE workshop? [CIRCLE ONE ANSWER.]

) No
1 Yes > C1a. Please tell me about these barriers.
When you attended the workshop, did you intend to develop any new courses or modify any existing courses or units? [CIRCLE ONE ANSWER.] 1 = Yes 0 No >
Can you tell me the reasons you did not do this after the workshop?

SECTION D. DEMOGRAPHIC INFORMATION

SECTION B. BEMOGRAFING IN CAMATION
At the time you participated in the project, how many years had you been on the faculty of the institution where you were teaching at that time? years
Which of the following best describes the school/college/university where you were employed when you attended the UFE project? [READ LIST. CIRCLE ONE ANSWER.] 1 High School 2 Two-year college 3 Four year college 4 Comprehensive University 5 Doctoral institution 6 Other (specify)
INTV: IS R MALE OR FEMALE? [CIRCLE ONE ANSWER] 1 Male 2 Female
What is your date of birth? Month Day Year Are you Hispanic or Latino or NOT Hispanic or Latino? [CIRCLE ONE ANSWER] 1 Hispanic or Latino 0 Not Hispanic or Latino 9 DK or Refused

I'm going to read a list of race categories. Please choose one or more categories that best indicate your race. (INT: READ LIST. CIRCLE ALL THAT APPLY) (9 REFUSED)

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian
- 5 Native Hawaiian or Other Pacific Islander
- 6 Caucasian

What was your citizenship when you participated in the project? Were you a U.S. Citizen or national, a permanent resident, or another type of no-US Citizen (that is, a temporary resident)? [CIRCLE ONE ANSWER.]

- 1 U.S. Citizen or national
- 2 Permanent resident
- 3 Other non-U.S. Citizen (that is, temporary resident)
- 9 Refused

Do you have a hearing impairment, visual impairment, a mobility/orthopedic impairment, and/or some other type of disability? [CIRCLE ALL THAT APPLY.]

- 1 Hearing impairment
- 2 Visual impairment
- 3 Mobility/Orthopedic Impairment
- 4 Other (specify)
- 5 None
- 9 Refused

INTV Those are all of my questions. Would you like to add any other comments regarding your experiences at the workshop or the impact of the program on your teaching or your students' learning?

INTV: END INTERVIEW BY SAYING: Thank you very much for completing this interview. DO YOU HAVE ANY OTHER COMMENTS OF SUGGESTIONS ABOUT THE CCTT CURRICULUM DEVELOPMENT PROCESS OR YOU EXPERIENCE(S) PRIOR TO, DURING, OR AFTER THE INSTITUTE?

Thank you for your help!