
Career Connections to Teaching with Technology (CCTT)
Year 5, Interim Evaluation Report

By

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APPENDIX A: TEACHER PARTICIPANT TELEPHONE SURVEY

Introduction and Disclaimer (Project, Course, and Person Identification; Dates of Involvement)

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TEACHER PARTICIPANT TELEPHONE SURVEY

DURING THE COURSE DID YOU:

Read any background or other reading materials or lab manuals?

Complete any surveys to assess your skill level, interests, teaching responsibilities, or objectives?

Identify a unit you wanted to develop or other ways you anticipated incorporating project information at your home school?

Prepare a project/problem to work on during the course?

Do any other types of activities? If "yes,"

Did that include incorporating and synthesizing interdisciplinary content?

Teaching methods?

Lab technologies?

New technologies?

In preparation for the course, were you asked to use any:

Reading materials

Lecture notes or other handouts

Problem sets, project descriptions, or lab exercises

Other activities _____

By the end of the professional development, to be more effective in your teaching, did you feel you needed more work with:

	Completed	Needed More Work
Reading materials	1	2
Lecture notes or other handouts	1	2
Problem sets, project descriptions, or lab exercises	1	2
Other activities _____	1	2

NOW IN TERMS OF FOLLOW-UP ACTIVITIES:

	YES	NO
Did you participate in one or more formal follow-up sessions at scheduled times?	1	2
Did you participate in one or more informal group get-togethers?	1	2
Did you participate in any online follow-up?	1	2
Did you review or site-test any materials or products developed as part of the workshop?	1	2
Did you receive any technical assistance from the project staff?	1	2

After the course . . .

	YES	NO
Did you communicate with the staff and/or other participants by telephone?	1	2
Did you communicate with the staff and/or other participants by e-mail?	1	2
Did you collaborate online with other participants or colleagues?	1	2

[IF R ANSWERED “YES,” ASK]

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

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

IMPACT

WHAT PARTICIPANT LEARNED/COURSE VALUE TO YOU:

To what extent did the course give you . . .

	Little or None
Increased content knowledge	1
New or more in-depth perspectives on teaching and learning	1
New or improved skills in teaching	1
New or improved experimental or lab techniques	1

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

Did you get any benefit out of the program?

1 Yes. Please describe:

2 No. Why not?

PARTICIPANT’S EVALUATION OF ASPECTS OF THE PROJECT:

I’m going to read a list of possible course 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 course.

	Little or No	Moderate
Preparation prior to the course	1	2
Content of the sessions	1	2
Study materials used during the course	1	2
The experience of developing products or materials at the course	1	2
Other hands-on learning activities, such as laboratories or computer work	1	2
Materials from the course that you used in your school	1	2
Presentations or practice lessons that you gave	1	2
Interactions with the instructors (both structured and unstructured)	1	2
Discussions of how participants would use what was learned in their own courses	1	2
Informal interactions with other participants	1	2
Follow-up activities (formal or informal)	1	2

IMPACT ON YOUR CURRICULUM:

During or as a result of your participation,

	YES	NO
a. Did you develop or redesign a major or a program of studies?	1	2
b. Did you develop one or more new units?	1	2
c. Did you revise one or more existing units?	1	2
d. Did you develop one or more proposals requesting permission or funding to revise or develop materials/units?	1	2

All in all, how many units did you develop and/or revise? _____

Did you develop or revise [this unit/these units] in collaboration with one or more colleagues?
[CIRCLE ONE ANSWER.]

1 Yes.

2 No.

How many of the units that you [developed/revise] were interdisciplinary? _____

Were the unit or units that you [developed/revise] interdisciplinary?

1 Yes.

2 No.

Did [this unit/these units] receive formal departmental and/or program approval? [CIRCLE ONE ANSWER.]

- 1 Yes.
- 2 Some did and some did not.
- 3 No/ N/A

Now I'd like to ask you to be more specific about the types of changes you made in units or teaching as a result of your participation in the project.

		How important was the change to the course?		
		Of Little or No Importance	Of Moderate Importance	Of Major Importance
Did you introduce new content that you learned?	1 Yes	1	2	3
	2 No			
Did you change the content to focus on key issues or "big ideas"?	1 Yes	1	2	3
	2 No			
Did you introduce new experimental techniques or lab techniques?	1 Yes	1	2	3
	2 No			
Did you introduce new equipment, materials or computer software that you learned?	1 Yes	1	2	3
	2 No			
Did you change teaching methods in any other way?	1 Yes	1	2	3
	2 No			

Please describe in your own words the changes you made to your classes as a result of your participation in the project.

[INTV: THIS INCLUDES DESCRIPTION OF NEW CLASSES.]

Have you taught one or more of the courses or units you [developed/revised] as a result of your participation? [CIRCLE ONE ANSWER.]

- 1 Yes. CONTINUE WITH QUESTIONS IN THIS SECTION.
- 2 No. SKIP TO NEXT SECTION.

How many? _____

Have your team taught [this material]?

- 1 Yes.
- 2 No.

a. In all, approximately how many students have completed this material? _____

b. Approximately what percentage of these students is female? _____%

[IF R NEEDS PROMPTING, SAY "Please give us your best estimate."]

SUSTAINED EFFECTS:

If you have taught this course/these units more than once since participating, how did what you did as a result of your participation change over time? [INTV PROMPT: FOR EXAMPLE, DID YOU INCREASE OR DECREASE WHAT YOU DID? DID IT BECOME MORE KEY?]

BARRIERS TO SUSTAINED EFFECTS:

[Is the course or unit/Are these courses or units] still being offered?

- 1 Yes.
- 2 No. Why not?

IMPACT ON STUDENTS:

I'm going to read a list of various types of knowledge and skills. For each item, I'd like you to compare the average level of knowledge and skills of students who completed the courses/units you developed or modified as a result of your participation in the course with the knowledge and skills of students who completed similar courses/units you taught previously. If there is no valid basis for comparison, please indicate that.

	Substantially Worse	Somewhat Worse	No Difference	Somewhat Better	Subst Be
In-depth knowledge of subject area	1	2	3	4	
Problem-solving skills	1	2	3	4	
Communication skills	1	2	3	4	
Ability to apply new knowledge	1	2	3	4	
Critical thinking skills	1	2	3	4	
Ability to collaborate with others	1	2	3	4	
Ability to use advanced technology	1	2	3	4	
Understanding of the scientific method	1	2	3	4	

Please describe, in your own words, the impact on your students of the changes you made as a result of your participation in the project.

IMPACT ON NON-CLASSROOM ACTIVITIES:

FOR EACH ITEM, CIRCLE ONE ANSWER IN EACH COLUMN.]

		None	A Little	Mod
a. Have you participated in any further professional development activities or workshops designed to change the content of courses/units or to improve instruction?	1 Yes	1	2	
	2 No			
b. Have you begun any new communication or continued existing communication with experts in one or more disciplines?	1 Yes	1	2	
	2 No			
c. Have you established any new research or teaching collaborations with colleagues?	1 Yes	1	2	
	2 No			
d. Have you attended any professional meetings, seminars, or workshops?	1 Yes	1	2	
	2 No			
e. Have you delivered one or more papers at a professional meeting?	1 Yes	1	2	
	2 No			
f. Have you made one or more presentations to local campuses or community organizations?	1 Yes	1	2	
	2 No			

Please tell me in your own words what you feel the major impacts were.

IMPACT ON BROADER COMMUNITY:

	YES	NO
Have you shared any information or skills you learned with colleagues either in your institution or in other institutions?	1	2
Through informal discussions with one or more colleagues?	1	2
Through presentations to one or more colleagues?	1	2
Through observation of your class or laboratory by one or more colleagues?	1	2
Through participation in any departmental or school committees on curricular change and/or reform?	1	2
Through any other activities? (Please specify.)	1	2
To the best of your knowledge, as a result of what you shared . . .		
	YES	NO
Have any of your colleagues modified the content of a unit/program of study?	1	2
Have any of your colleagues developed a new unit/program of study?	1	2
Have any of your colleagues attended or joined the project?	1	2
Have any of your colleagues made any other changes? (Please specify.)	1	2

BARRIERS TO IMPLEMENTATION

Did you encounter any barriers to implementing what you learned from your involvement with this course?

2 No.

1 Yes. Please tell me about these barriers.

When you took the program, did you **intend** to develop any new material/units or modify any existing material/units? [CIRCLE ONE ANSWER.]

1 Yes.

2 No. Please explain:

TIME SPENT RELATED TO THE COURSE

Number of hours in preparation before the course _____

Number of hours during the course _____

Number of hours after the course developing _____

Number of hours after the course implementing _____

Number of hours after the course — Other (What?) _____

Approximate total number of hours _____

DEMOGRAPHIC INFORMATION

At the time you participated in the project, how many years had you been at the school where you were teaching at the time? _____ years

Which of the following best describes the school where you were employed when you took the course?

- 1 Elementary school
- 2 Middle school
- 3 High school
- 4 Community college
- 5 Four-year college
- 6 University
- 7 Other (Please specify.) _____

INTV: IS R MALE OR FEMALE?

- 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
- 2 Not Hispanic or Latino

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 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 non-U.S. 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)

Do you have a hearing impairment, a 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 (Please specify.) _____
- 5 No impairment or disability

INTV: Those are all of my questions. Thank you very much for your help in completing this interview. Would you care to add any other comments about your experience(s) with the project or the impact on your teaching or your students' learning?

SUGGESTIONS AND COMMENTS: