

# ELL Support Survey

Thank you for responding to the ELL Support Survey! The survey should take about 15 minutes to complete. The Oregon Department of Education and The Center for Education Innovation, Evaluation & Research are working together to evaluate the second year of services under HB 3499 English Language Learner Strategic Plan. The information collected in this form will be summarized when it is provided to the various EL Specialists with all identifying information removed. However, in order to provide the information to the correct specialist, we need to collect this demographic information. It may also help us understand patterns of services/needs in different regions. We are collecting email addresses only for ease in contacting you if we have any questions about your response. If you have any questions, please contact Cheryl Davis, External Evaluator, at [cheryl.davis@wesd.org](mailto:cheryl.davis@wesd.org).

\* Required

1. **Email address \***

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2. **1. What is your name? \***

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3. **2. What is your title? \***

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4. **3. What is the name of your district/agency? \***

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5. **4. How many times over the past year did you receive English Language Learner support in person or virtually? Include in-depth virtual contact such as phone calls or remote video chats. \***

*Mark only one oval.*

- Initial consultation visit/contact only      *Skip to question 11.*
- 1 - 3
- 4 - 6
- 7 - 9
- 10 - 12
- More than 12

## Meeting Satisfaction

**6. 5. Was the frequency of these meetings adequate to meet your needs? \***

*Check all that apply.*

- Yes
- No (Also select "Other" and explain)
- Other: \_\_\_\_\_

**7. 6. Was the length of the meetings adequate to meet your needs? \***

*Check all that apply.*

- Yes
- No (Also select "Other" and explain)
- Other: \_\_\_\_\_

**Technical Assistance Areas**

Below are several English Language Learner Technical Assistance (TA) areas where you may have received support.

**8. 7. For each TA area, please indicate your level of satisfaction with this support. Mark any items where you did not request or desire assistance as Not Applicable (NA). \***

*Mark only one oval per row.*

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	NA
1. Administrative Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Coaching / Observation / Feedback	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Curriculum Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Data	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Documentation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. EL Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Establishing Language Objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Exiting Support / Protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Family Night / Parent Engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Lesson Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Math Coaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Model Teaching Techniques	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Monitoring Support / Protocol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Newcomer Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Professional Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Provide Classroom Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Starting ELD Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. 8. For any of the TA areas above where you described your level of satisfaction as Dissatisfied or Very Dissatisfied, please identify the item number and the reasons for your dissatisfaction. If none, enter "None." \*

Five horizontal lines for text entry.

### Impact Information

This information is vital to collect to report to the Oregon Legislature as to the impact of the dollars allocated to this program.

10. 9. What changes have you made in your practices or policies as a result of the English Language Learner support you received? \*

Five horizontal lines for text entry.

11. 10. What has been the impact on the child, student's family, classroom, teacher, or administrator resulting from the English Language Learner support you received? \*

Five horizontal lines for text entry.

Skip to question 12.

### Non-participants

12. Why did you choose not to work with the English Language Learner Program this year? \*

Five horizontal lines for text entry.

### Future Plans

13. **11. Are you interested in receiving English Language Learner support next year? \***

*Mark only one oval.*

Yes

Maybe

No *Skip to question 13.*

## Final Comments

14. **Do you have any additional comments you would like to add to help us improve services to our consumers in the state of Oregon?**

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