

Student Mathematics Survey

Please read each item carefully and answer thoughtfully based on your experiences during the current school year. This information will help us understand your class. Thank you for your help.

Your Class

1. How much importance does your **teacher** place on the following in your current mathematics class?
(Darken one circle on each line.)

	No Importance	Minor Importance	Moderate Importance	Major Importance
a. Increasing your interest in mathematics.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Learning and memorizing facts, rules, and steps.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Preparing you for further study in mathematics.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How often does your mathematics teacher give tests that have items that require you to:
(Darken one circle on each line.)

	Never	Rarely	Some- times	Often	Almost Always
a. Answer multiple choice, true/false, or fill-in-the-blank questions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Write answers of several sentences (essay tests).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Solve simple problems.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Solve complex problems.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Solve problems that deal with real life situations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Do you agree or disagree with the following statements about **your mathematics class**?
(Darken one circle on each line.)

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I often feel bored in class.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The teacher expects me to do my best all the time.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Many students don't respect one another.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My teacher tries new and different ways to teach.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. My teacher tries to coordinate the work in my mathematics class with other classes at my school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your School

6. How much do you agree with the following statements about your current school and teachers?
(Darken one circle on each line.)

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Students get along well with teachers.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The teaching is good.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Teachers are interested in students.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Most of my teachers really listen to what I have to say.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I feel comfortable voicing my opinion in my mathematics class.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Since the beginning of the school year, how often did your parent(s), guardian(s), or other family members do any of the following? (Darken one circle on each line.)

	Never	Some- times	Often	I don't know	Not applicable
a. Attend parent-teacher conferences.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Express their support for the use of an investigative/hands-on approach to mathematics instruction.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Express their support for a traditional/textbook-based approach to mathematics instruction.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Yourself

8. What do you think about mathematics?
(Darken one circle on each line.)

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I enjoy learning mathematics.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Mathematics is important in the world around us.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I would like a job that involved using mathematics.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. What is the furthest your mother and father went in school? (Darken one circle for each row in each column.)
How far do YOU EXPECT to go? (Darken one circle in each row for yourself.)

	Mother		Father		Expect for Yourself	
	Yes	No	Yes	No	Yes	No
a. Finished elementary school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Some high school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Completed high school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Some college.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Completed college.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I don't know.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Are you: _____ Male _____ Female

11. What grade are you currently in? _____

12. How old are you? _____

13. Are your grades mostly:

(Darken only one.)

- | | |
|-----------------------------------|------------------------------------|
| <input type="radio"/> A's | <input type="radio"/> C's |
| <input type="radio"/> A's and B's | <input type="radio"/> C's and D's |
| <input type="radio"/> B's | <input type="radio"/> D's or lower |
| <input type="radio"/> B's and C's | |

14. How often do you speak English at home?

(Darken only one.)

- Always or almost always.....
- Sometimes.....
- Almost never.....

15. Which best describes you?
(Check all that apply.)

_____ **African-American**

_____ **American Indian or Alaskan Native** (“American Indian or Alaskan Native” means someone who is from one of the American Indian tribes, or one of the original people of Alaska.)

_____ **Asian or Pacific Islander** (“Asian or Pacific Islander” means someone who is Chinese, Japanese, Korean, Filipino, South East Asian, East Indian, Asian American or from some other Asian or Pacific Island background.)

_____ **Hispanic/Latino** (“Hispanic/Latino” means someone who is South American, Mexican, Mexican American, Chicano, Puerto Rican, Cuban, or from some other Spanish or Hispanic background.)

_____ **White** (Not Hispanic/Latino.)

_____ **Other** (Please specify.) _____

Thank you for filling out this survey!