

Box Elder School District
Needs Assessment Questionnaire
 EYE 1 Teachers

Name: _____ School _____

Part A: Please choose the response for each item that most nearly indicates your level of need for assistance and write in the box.

- 1=Little or no need for assistance in this area*
- 2=Moderate need for assistance in this area*
- 3=High need for assistance in this area*

<p>OPERATIONS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Organizing and managing my classroom <input type="checkbox"/> Maintaining student discipline <input type="checkbox"/> Understanding Title I requirements (Title I schools only) <input type="checkbox"/> Managing my time and work <input type="checkbox"/> Assisting students with special needs (SPED, 504, Health Plans, etc) <input type="checkbox"/> Motivating students <input type="checkbox"/> District/School procedures & policies <input type="checkbox"/> UPASS, NCLB accountability and assessment requirements <input type="checkbox"/> BESD Teacher Evaluation process <input type="checkbox"/> Understanding legal responsibilities as a teacher <input type="checkbox"/> Services provided by the district <input type="checkbox"/> Professional development opportunities, requirements 	<p>CURRICULUM/PROGRAMS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Understanding EYE requirements <input type="checkbox"/> Understanding the Utah State Common Core Curriculum <input type="checkbox"/> Understanding purpose and expectations of PLCs <input type="checkbox"/> How to obtain instructional materials and resources <input type="checkbox"/> Planning for instruction <input type="checkbox"/> Available student data <input type="checkbox"/> Using a variety of research-based teaching methods <input type="checkbox"/> Creating rubrics <input type="checkbox"/> Understanding Standards-Based grading <input type="checkbox"/> Understanding the Three Tier Model of Instruction (Elementary) <input type="checkbox"/> Diagnosing student needs <input type="checkbox"/> Interventions for at-risk students <input type="checkbox"/> Evaluating student progress <input type="checkbox"/> Grouping for effective instruction
<p>COMMUNICATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Communicating with the principal <input type="checkbox"/> Communicating with parents <input type="checkbox"/> Communicating with students <input type="checkbox"/> Communicating with staff members 	<p>OTHER:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Building schedules (start/end times, early out, etc) <input type="checkbox"/> Busing schedules (if applicable) <input type="checkbox"/> School/District Calendar <input type="checkbox"/> School/District protocols (who to contact first)

	<input type="checkbox"/> My mentor's responsibilities
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Part B: Please respond briefly to the following:

List other professional needs you have that are not addressed by the preceding items:

What support would be most beneficial to you as a beginning teacher:

Other Comments:
