

Teacher Strengths and Needs Assessment

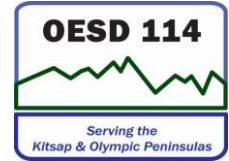
**Your Teaching Practices**

Please respond to each of the statements listed that reflect effective teaching practices for supporting children’s learning. **Please check one.**

| <b>Social and Emotional Support</b>  |   |   |   |
|--|---|---|---|
| <b>Teaching Practice</b>   | <b>Are you comfortable using this practice?</b>                   | <b>During a typical day, how often do you use this practice?</b>  | <b>How much support do you need to use this practice?</b>   |
| Understands the relationship between children’s social emotional development and challenging behaviors.  | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| I use descriptive praise for children’s skills, behaviors, and activities.   | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| Understands that children’s challenging behaviors are conveying some type of message.  | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| Children seek and receive guidance and/or comfort from me.   | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| Develop strategies for dealing with situations when children’s behaviors “push my buttons.”  | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| Uses validation, acknowledgement, mirroring back, labeling feelings, voice tones, or gestures to show an understanding of children’s feelings. | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| Helps children recognize cues of emotional escalation.   | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |



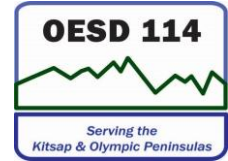
**Olympic Educational Service District 114**  
 105 National Avenue North, Bremerton, Washington 98312  
 (360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



| <b>Well-Organized Classrooms</b>  |   |   |   |
|---|---|---|---|
| <b>Teaching Practice</b>  | <b>Are you comfortable using this practice?</b>                   | <b>During a typical day, how often do you use this practice?</b>  | <b>How much support do you need to use this practice?</b>   |
| Materials in all centers are adequate to support the number of children allowed to play.  | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| I offer a balance of child-directed and teacher-directed activities.  | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| I use strategies to ensure that children are actively involved in transitions.  | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| I provide clear behavioral expectations and, when necessary, efficient redirection.   | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| Children spend most of their time playing and working with materials or with other children.  | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| Careful supervision occurs in order to ensure safety. I locate myself in a space with clear view of all areas and actively supervise with attention to all areas and all children inside and outside the classroom. | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| Materials and centers are prepared ahead of time and before children arrive at the center/activity.   | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |



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| <b>Instructional Interactions</b>  |   |   |   |
|--|---|---|---|
| <b>Teaching Practice</b>   | <b>Are you comfortable using this practice?</b>                   | <b>During a typical day, how often do you use this practice?</b>  | <b>How much support do you need to use this practice?</b>   |
| I provide plenty of time for children to think and respond to questions and comments, to explain their answers, and to think about difficult problems.   | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| I give children opportunities to practice their thinking skills (e.g., encourage them to ask questions, make observations, test predictions) and make these meaningful.  | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| I give children meaningful feedback that supports their learning (e.g., summarize their thoughts, ask them to explain their thinking, or provide hints), and encourages them to keep trying even when things get hard. | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| When children answer a question, I respond (i.e., model more complex language) by repeating and expanding on what they say.  | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |
| I explain and describe my thinking process or share what I understand to help encourage conversation and child talk.   | <input type="checkbox"/> a. No<br><input type="checkbox"/> b. Yes | <input type="checkbox"/> a. Never<br><input type="checkbox"/> b. Seldom<br><input type="checkbox"/> c. Sometimes<br><input type="checkbox"/> d. Usually<br><input type="checkbox"/> e. Always | <input type="checkbox"/> a. None<br><input type="checkbox"/> b. Some<br><input type="checkbox"/> c. A lot |