

## OPENSIED ELEMENTARY FIELD TEST

### INSTRUCTIONS FOR GRADE 5 STUDENT EXIT TICKETS

#### UNIT 1: NURSE LOGS

##### Class Selection (if applicable)

If you teach science to more than one group of students, we'll ask you to **pick only one class** for the exit tickets. (If you teach science to only one group of students, you can skip to “When to Administer the Exit Tickets.”) To select this class, please use these criteria:

- Please avoid the first science class of the day.
- If you teach an entire class dedicated to a special population, such as an advanced level class, please select another class if possible.
- Among classes that are not for special populations and are not your first class of the day, please select the class that has the most diversity in terms of student demographics (e.g., race/ethnicity, language spoken at home) and academic outcomes.

Based on the above criteria, please use your professional judgement in selecting the one class you will collect data from.

##### When to Administer the Exit Tickets

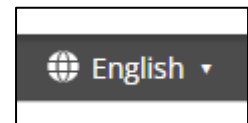
***Your students will complete an exit ticket immediately following Lessons 6 and 13 in Unit 1.***

Most of the questions are yes/no/I don't know questions about the selected lesson. These questions are intended to help us learn more about the students' responses to the lesson materials and will not assess students' science knowledge.

##### How to Administer the Digital Exit Tickets

We hope that your students will be able to complete the exit ticket on a computer or tablet. However, if that's not possible, I can send you paper-and-pencil versions (see “Acquiring Paper Exit Tickets” below).

If your students need a Spanish version of the exit ticket, they can change the language from English to Spanish in the top right corner of the digital version.



Your unique link was emailed to you from Horizon Research, Inc. Please have students access their exit ticket for both lessons using that link. Some ways you may share it with students are



providing the link on a digital classroom (such as Google Classroom, Canva, etc.) or by creating a QR code to scan with tablets.

The exit ticket will ask students which lesson they just completed; please help them answer this question if needed. Please ask your students to complete it to the best of their ability individually, but students may ask for support if needed.

We will also email you a weekly reminder to administer the exit ticket immediately after teaching the assigned lesson. If you did not teach one of the selected lessons that week, you may disregard the reminder email.

### Acquiring Paper Exit Tickets

If you need paper copies, would you please reach out to me at [openscienced@horizon-research.com](mailto:openscienced@horizon-research.com) as soon as possible letting me know:

1. The best shipping address to use;
2. How many students you have (including how many need a Spanish version of the exit ticket);
3. Whether you (a) can scan and return the exit tickets by email to me or (b) would like me to send a postage-paid return envelope.

### Contacting Us

If you have any questions about what we're asking you and your students to do, I hope you won't hesitate to email me at [openscienced@horizon-research.com](mailto:openscienced@horizon-research.com) or call me toll free at 877-297-6829.

Thank you very much for your help. I hope your school year is off to a great start.

Sincerely,

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## COPY OF STUDENT EXIT TICKET QUESTIONS

Thank you for answering a few questions about your science lesson today. Please read each question carefully and do your best to answer every question by marking the bubble using a ✓ or an X. There are no right or wrong answers. Your answers are anonymous, which means your name is not on this and no one will know what you answered. If you do not know what the question is asking or need help with a new word, you may ask a teacher for help.

1. Today's science lesson was interesting.

|                       |     |
|-----------------------|-----|
| <input type="radio"/> | Yes |
| <input type="radio"/> | No  |

2. I learned something new in science today.

|                       |     |
|-----------------------|-----|
| <input type="radio"/> | Yes |
| <input type="radio"/> | No  |

3. What we learned in science today is important to my life.

|                       |     |
|-----------------------|-----|
| <input type="radio"/> | Yes |
| <input type="radio"/> | No  |

4. Today we started science by talking about what we learned last time.

|                       |              |
|-----------------------|--------------|
| <input type="radio"/> | Yes          |
| <input type="radio"/> | No           |
| <input type="radio"/> | I don't know |

5. The work we did today helps us answer our questions.

|                       |              |
|-----------------------|--------------|
| <input type="radio"/> | Yes          |
| <input type="radio"/> | No           |
| <input type="radio"/> | I don't know |

6. I have ideas about what we should explore next.

|                       |              |
|-----------------------|--------------|
| <input type="radio"/> | Yes          |
| <input type="radio"/> | No           |
| <input type="radio"/> | I don't know |

7. What we learned in science today could help people where I live.

|                       |              |
|-----------------------|--------------|
| <input type="radio"/> | Yes          |
| <input type="radio"/> | No           |
| <input type="radio"/> | I don't know |

8. Did you share your ideas with anyone else in science today?

|                       |     |
|-----------------------|-----|
| <input type="radio"/> | Yes |
| <input type="radio"/> | No  |

9. If you answered yes to the last question, did any of your ideas help others in your class?

|                       |              |
|-----------------------|--------------|
| <input type="radio"/> | Yes          |
| <input type="radio"/> | No           |
| <input type="radio"/> | I don't know |



10. Did any other students share their ideas in science today?

|                       |     |
|-----------------------|-----|
| <input type="radio"/> | Yes |
| <input type="radio"/> | No  |

11. If you answered yes to the last question, did you learn more in science today because other students said their ideas?

|                       |     |
|-----------------------|-----|
| <input type="radio"/> | Yes |
| <input type="radio"/> | No  |

12. I participate in science activities and discussions.

|                       |                  |
|-----------------------|------------------|
| <input type="radio"/> | Never            |
| <input type="radio"/> | Only sometimes   |
| <input type="radio"/> | Most of the time |
| <input type="radio"/> | All of the time  |

13. I feel like I belong when I am doing science in this class.

|                       |                  |
|-----------------------|------------------|
| <input type="radio"/> | Never            |
| <input type="radio"/> | Only sometimes   |
| <input type="radio"/> | Most of the time |
| <input type="radio"/> | All of the time  |

**These science lessons will be used by all different kinds of people, so the next few questions ask a little more about you. We also want to know if different groups of people have different opinions of the lessons. You do not have to answer any of these questions if you do not want to.**

14. Which of the following best describes you? MARK ALL THAT APPLY.

|                                      |                          |
|--------------------------------------|--------------------------|
| African American or Black            | <input type="checkbox"/> |
| Asian or Asian American              | <input type="checkbox"/> |
| American Indian or Native Alaskan    | <input type="checkbox"/> |
| Native Hawaiian or Pacific Islander  | <input type="checkbox"/> |
| Latinx or Hispanic                   | <input type="checkbox"/> |
| White                                | <input type="checkbox"/> |
| I don't want to answer this question | <input type="checkbox"/> |

15. Are you a:

|                       |                                      |
|-----------------------|--------------------------------------|
| <input type="radio"/> | Boy                                  |
| <input type="radio"/> | Girl                                 |
| <input type="radio"/> | I don't want to answer this question |

16. Do you speak or use a language other than English at home?

|                       |              |
|-----------------------|--------------|
| <input type="radio"/> | Yes          |
| <input type="radio"/> | No           |
| <input type="radio"/> | I don't know |