

**CONTROL TEACHER SURVEY (2007-08)**

**NATIONAL EVALUATION OF READING COMPREHENSION PROGRAMS**

**U.S. DEPARTMENT OF EDUCATION**

**ATTACH LABEL HERE**

Teacher ID Teacher Name

School ID School Name

IF ABOVE INFORMATION IS INCORRECT,  
PLEASE MAKE CORRECTIONS DIRECTLY ON LABEL.

This survey is part of the Evaluation of Reading Comprehension Programs, a national evaluation being conducted for the U.S. Department of Education. The questions ask about the professional culture at your school, your reflections, and your background. All information you provide will be kept confidential. While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive and accurate. Thank you.

**Please return the completed form to:**

Mathematica Policy Research, Inc.

315 Enterprise Drive

Plainsboro, NJ 08536

ATTN: Ms. Season Bedell-Boyle

**If you have questions, please contact:**

Ms. Valerie Williams

Phone: 888.535.0283

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0812. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute for Education Sciences, Washington, D.C. 20208-5651.

OMB NO.: 1850-0812  
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**SECTION I. PROFESSIONAL CULTURE**

This section asks about the professional culture within your school.<sup>1</sup>

1-4. These items are intentionally skipped.

**5. CONVERSATIONS ABOUT TEACHING**

During the past school year, how often have you had conversations with colleagues about...

| <i>IN EACH ROW, CHECK ONE BOX ONLY</i>  | LESS THAN<br>ONCE A MONTH  | 2 OR 3 TIMES<br>A MONTH    | ONCE OR<br>TWICE A WEEK    | DAILY                      |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. The goals of this school?.....       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Development of new curriculum?.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Managing classroom behavior?.....    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. What helps students learn best?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**6. MY GRADE LEVEL**

How much do you disagree or agree with each of the following?

| <i>IN EACH ROW, CHECK ONE BOX ONLY</i>   | STRONGLY<br>DISAGREE       | DISAGREE                   | AGREE                      | STRONGLY<br>AGREE          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Teachers in this grade level trust each other.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. It's OK in this grade level to discuss feelings, worries, and frustrations with other teachers..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Teachers respect other teachers who take the lead in grade level improvement efforts.....           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Teachers in this grade level respect those colleagues who are expert at their craft.....            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

| <i>PLEASE NOTICE DIFFERENT RESPONSE CHOICES FOR THE ITEM BELOW.</i>                  | NOT AT<br>ALL              | A LITTLE                   | SOME                       | A GREAT<br>EXTENT          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| e. To what extent do you feel respected by other teachers in this grade level? ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

| <i>PLEASE NOTICE DIFFERENT RESPONSE CHOICES FOR THE ITEM BELOW.</i>          | NONE                       | SOME                       | ABOUT<br>HALF              | MOST                       | NEARLY<br>ALL              |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| f. How many teachers in this grade level really care about each other? ..... | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

<sup>1</sup> Questions 5 through 10 in this section are from The Consortium on Chicago School Research. (1999). "Improving Chicago's Schools: The Teachers' Turn, 1999; Elementary School Teacher Survey, 1999." Chicago, IL. Available at [www.consortium-chicago.org](http://www.consortium-chicago.org).

**7. ACCESS TO NEW IDEAS**

How often have you...

| <i>IN EACH ROW, CHECK ONE BOX ONLY</i>   | NEVER                      | ONCE                       | TWICE                      | 3 TO 4<br>TIMES            | 5 TO 9<br>TIMES            | 10 OR MORE<br>TIMES        |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Taken courses at a college or university relative to improving your school?.....  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Participated in a network with other teachers outside your school? .....  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Discussed curriculum and instruction matters with an outside professional group or organization? .....                                | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Attended professional development activities organized by your school (include meetings that focus on improving your teaching)? ..... | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Attended workshops or courses sponsored by your school district (exclude required in-services)? .....                                 | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. Attended professional development activities sponsored by the teachers' union? .....  | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

**8. MY EXPERIENCE OF CHANGE**

How much do you disagree or agree with the following?

| <i>IN EACH ROW, CHECK ONE BOX ONLY</i>   | STRONGLY<br>DISAGREE       | DISAGREE                   | AGREE                      | STRONGLY<br>AGREE          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Most changes introduced at this school involve only a few teachers; rarely does the whole faculty become involved ..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. We receive adequate professional development support for the changes we introduce at our school .....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Most changes introduced at this school gain little support among teachers.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**9. PROFESSIONAL DEVELOPMENT**

How much do you disagree or agree with the following?

| Overall, my professional development experiences over the past school year...                                | STRONGLY<br>DISAGREE       | DISAGREE                   | AGREE                      | STRONGLY<br>AGREE          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| <i>IN EACH ROW, CHECK ONE BOX ONLY</i>   |                            |                            |                            |                            |
| a. ...have included opportunities to work productively with teachers from other schools .....                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. ...have included enough time to think carefully about, to try, and to evaluate new ideas.....             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. ...have deepened my understanding of subject matter.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. ...have helped me understand my students better   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. ...have been sustained and coherently focused, rather than being short term and unrelated .....           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. ...have included opportunities to work productively with colleagues in my school .....                    | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. ...have led me to make changes in my teaching ..  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. ...have been closely connected to my school's improvement plan.....                                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| <i>CHECK ONE BOX ONLY</i>  |                            |                            |                            |                            |
| i. Most of what I learn in professional development addresses the needs of the students in my classroom..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**10. LEADERSHIP AND SUPPORT**

How much do you disagree or agree with the following?

| <i>IN EACH ROW, CHECK ONE BOX ONLY</i>   | STRONGLY<br>DISAGREE       | DISAGREE                   | AGREE                      | STRONGLY<br>AGREE          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. The principal at this school is strongly committed to shared decision-making.....         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. The principal at this school works to create a sense of community in the school .....     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. The principal at this school promotes parent and community involvement in the school..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. The principal at this school supports and encourages teachers to take risks .....         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. The principal at this school is willing to make changes .....                             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Most changes introduced at this school receive strong support from the principal.....     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. The principal at this school encourages teachers to try new methods of instruction .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**11. THOUGHTS ABOUT TEACHING READING<sup>2</sup>**

How much do you agree or disagree with the following?

| <i>IN EACH ROW, CHECK ONE BOX ONLY</i>  | STRONGLY<br>DISAGREE       | DISAGREE                   | AGREE                      | STRONGLY<br>AGREE          |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. I feel I need to make changes in the methods I use to teach children to read and spell.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. I get help from staff members to understand some children's difficulties learning to read .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. I have benefited from opportunities to learn more about methods for teaching reading.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. The children in my class are making satisfactory progress in learning to read.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. I do not have sufficient materials to teach reading effectively.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. I do not understand why some children learn to read easily while other children struggle to learn basic reading skills.....                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. The literacy coach supports my efforts to teach reading effectively .....  |                            |                            |                            |                            |
| <i>IF A LITERACY COACH IS NOT AVAILABLE FOR 5TH-GRADE STUDENTS, PLEASE SKIP THIS QUESTION AND CHECK THIS BOX</i> → <input type="checkbox"/> 1 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. I have a good understanding of how children acquire language and literacy skills .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. I wish I had more opportunities to discuss how to teach reading with other teachers .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. I feel I am good at teaching reading and writing.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k. The principal of my school supports my efforts to teach reading effectively .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l. I would like to learn methods to help children develop their oral language .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| m. I look for opportunities to learn effective methods to teach reading and writing .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| n. I could do a better job teaching reading if I had more assistance from aides or volunteers in my class .....                               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| o. I know how to assess the progress of my students in reading....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| p. The parents of children in my class support my efforts to teach their children to read .....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| q. The school day is organized to maximize instructional time.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

<sup>2</sup> Items on this page were borrowed from Joanne Carlisle's "Teacher's QUEST: Self-Administered Questionnaire" (Regents of the University of Michigan: Ann Arbor, MI, 2003), with minor modifications.

**SECTION II. TEACHER REFLECTIONS**

This section asks for your reflections.<sup>3</sup>

**12. TEACHER REFLECTIONS**

| <i>IN EACH ROW, CHECK <u>ONE</u> BOX ONLY</i>  | NOTHING                    | VERY LITTLE                | SOME                       | QUITE A BIT                | A GREAT DEAL               |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. How much can you do to control disruptive behavior in the classroom? .                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. How much can you do to motivate students who show low interest in school work? .....                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. How much can you do to get students to believe they can do well in school work? .....                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. How much can you do to help your students value learning?.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. How much can you do to get children to follow classroom rules? .....                                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. How much can you do to calm a student who is disruptive or noisy? .....                               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| g. How much can you use a variety of assessment strategies? .....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| h. How much can you assist families in helping their children do well in school? .....                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <i>PLEASE NOTICE <b>DIFFERENT</b> RESPONSE CHOICES FOR THE ITEMS BELOW.</i>                              | NOT AT ALL                 | SMALL EXTENT               | MODERATE EXTENT            | QUITE A BIT                | A GREAT EXTENT             |
| i. To what extent can you craft good questions for your students?.....                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| j. To what extent can you provide an alternative explanation or example when students are confused?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| <i>PLEASE NOTICE <b>DIFFERENT</b> RESPONSE CHOICES FOR THE ITEMS BELOW.</i>                              | NOT AT ALL                 | SLIGHTLY                   | MODERATELY                 | QUITE WELL                 | EXTREMELY WELL             |
| k. How well can you establish a classroom management system with each group of students? .....           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| l. How well can you implement alternative strategies in your classroom? .....                            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

<sup>3</sup> Items on this page were borrowed with permission from W.K. Hoy and A.E. Woolfolk’s “Teachers’ Sense of Efficacy Scale” (Elementary School Journal, 93, 355-372), with minor modifications.

**SECTION III. BACKGROUND**

This section asks about your background.

**13. How many years have you taught, either full-time or part-time, at the elementary or secondary level (not counting the current school year)?** *Include years teaching in both public and private schools. Do not include time spent as a student teacher.*

\$\$\$\$\$\$\$\$. TOTAL YEARS TEACHING

**14. How many years have you been teaching in THIS school (not counting the current school year)?** *If you have had a break in service of one year or more, please report the year that you returned to this school. Do not include time spent as a student teacher. Include years spent teaching both full- and part-time at this school.*

\$\$\$\$\$\$\$\$. TOTAL YEARS TEACHING AT THIS SCHOOL

**15. What grade levels have you taught?** *CHECK ALL THAT APPLY*

- |                                      |  |   |
|--------------------------------------|--|---|
| 1 <input type="checkbox"/> 1st grade | 6 <input type="checkbox"/> 6th grade   | 11 <input type="checkbox"/> 11th grade      |
| 2 <input type="checkbox"/> 2nd grade | 7 <input type="checkbox"/> 7th grade   | 12 <input type="checkbox"/> 12th grade      |
| 3 <input type="checkbox"/> 3rd grade | 8 <input type="checkbox"/> 8th grade   | 13 <input type="checkbox"/> Ungraded        |
| 4 <input type="checkbox"/> 4th grade | 9 <input type="checkbox"/> 9th grade   | 14 <input type="checkbox"/> Kindergarten    |
| 5 <input type="checkbox"/> 5th grade | 10 <input type="checkbox"/> 10th grade | 15 <input type="checkbox"/> Prekindergarten |

**16. Column A:** For each degree below, please check YES or No to indicate if you hold that degree. **Columns B and C:** For those degrees you hold, please specify your major field of study and the year you received the degree.

|   | A. DEGREE HELD             |                            | B. MAJOR | C. YEAR RECEIVED  |
|---|----------------------------|----------------------------|----------|-------------------|
|   | YES                        | NO                         |          |                   |
| <i>IN EACH ROW, CHECK ONE BOX IN COLUMN A. IF YOU ANSWER YES IN COLUMN A, COMPLETE COLUMNS B AND C FOR THAT ROW..</i> |                            |                            |          |                   |
| a. Associate's degree.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | _____    | \$\$\$\$\$\$\$\$. |
| b. Bachelor's degree .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | _____    | \$\$\$\$\$\$\$\$. |
| c. Master's degree .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | _____    | \$\$\$\$\$\$\$\$. |
| d. Educational specialist or professional diploma (at least one year beyond a master's degree) .....                  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | _____    | \$\$\$\$\$\$\$\$. |
| e. Certificate of Advanced Graduate Studies...  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | _____    | \$\$\$\$\$\$\$\$. |
| f. Doctorate (Ph.D., Ed.D.).....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | _____    | \$\$\$\$\$\$\$\$. |
| g. Professional (M.D., D.D.S., J.D., L.L.B) .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | _____    | \$\$\$\$\$\$\$\$. |



**17. Which of the following describes the teaching certificate you currently hold in this state?**

*CHECK ONE ONLY*

- 1  Regular or standard state certificate or advanced professional certificate
- 2  Probationary certificate (the initial certificate issued after satisfying all requirements except the completion of a probationary period)
- 3  Provisional or other type given to persons who are still participating in an “alternative certification program”
- 4  Temporary certificate (requires some additional college coursework and/or student teaching before regular certification can be obtained)
- 5  Emergency certificate or waiver (issued to teachers who do not have regular certification who need to complete a regular certification program in order to continue teaching)

**18. In what content area does the teaching certificate marked above allow you to teach in this state (e.g., elementary general, secondary general, special ed., a specific subject matter)?**

\_\_\_\_\_ CONTENT AREA

**19. Column A: Please indicate if you participated in any professional development activities listed below in the past 12 months.**

**Column B: If you mark “yes” in Column A, please indicate in Column B how many hours you spent on the activities.** *Include courses you have taken for recertification or advanced certification, workshops sponsored by your district, conferences, or other training that is relevant to your teaching.*

| <i>IN EACH ROW, CHECK ONE BOX IN COLUMN A.<br/>IF YOU ANSWER YES, CHECK ONE BOX IN COLUMN B.</i> | A. PARTICIPATED?           |                            | B. NUMBER OF HOURS         |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|  | YES                        | NO                         | 8 OR FEWER                 | 9-16                       | 17-32                      | 33 OR MORE                 |
| a. Reading instruction.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Science instruction .....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Social studies instruction .....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

