

TEACHER FOLLOW-UP SURVEY

2004-2005 SCHOOL YEAR



School Name
School Road
City, MD 21029

(Please correct any errors in name, address, and ZIP Code.)

TEACHER STATUS FORM for PUBLIC AND PRIVATE SCHOOLS

NOTICE

Please return this form within 2 weeks in the enclosed envelope.

This report is authorized by law (20 U.S. Code 9003, P.L. 103-382, section 404 of the Improving America's Schools Act of 1994). Your answers will be kept confidential and will be used only for statistical purposes.

FORM **TFS-1**
(9-16-2004)

INSTRUCTIONS

All of the teachers listed on the following page were selected for last year's Schools and Staffing Survey, sponsored by the National Center for Education Statistics. To help us select a sample for this year's Teacher Follow-up Survey, please indicate the current occupational status for each of the teachers listed. Use the OCCUPATIONAL STATUS CODES listed below. If available, enter each teacher's email address. Also, please make corrections to any misspelled teacher names in the space provided above each name. If you have any questions, call the U.S. Census Bureau toll free at 1-800-579-8520.

Please return your completed form, WITHIN 2 WEEKS, to the Census Bureau in the enclosed pre-addressed envelope. If you do not have the return envelope call 1-800-579-8520, or mail your form to:

U.S. Census Bureau
SMQAB-TFS
1201 E. 10th Street
Jeffersonville, IN 47132-0001

OCCUPATIONAL STATUS CODES

(Mark (X) ONE of these codes for each teacher listed on page 3.)

- 1 Teaching in this school
- 2 On leave (e.g., maternity/paternity, disability, sabbatical), but returning to teaching in this school by the end of this school year (2004-05)
- 3 Still teaching at the elementary or secondary level, but not in this school
- 4 Working in this school, but not as a teacher
- 5 Has left this school for a non-teaching occupation in the field of education
- 6 Has left this school for an occupation or activity not in the field of education or is on leave and will not be returning until after the 2004-05 school year (include retired, homemaking and/or child rearing, and extended maternity/paternity, disability, or sabbatical leave)
- 7 Teacher has left this school; no other information available
- 8 Living outside of the United States
- 9 Deceased

NOTE – *For the purpose of this survey, teacher aides, student teachers and short-term substitutes are not considered teachers. Therefore, codes 1, 2 and 3 above do NOT apply to persons who are teacher aides, student teachers or short-term substitute teachers. They should be assigned code 4, 5, or 6, whichever is appropriate, based on their main activity.*

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0617. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns about the content of this form, write directly to: Schools and Staffing Survey, National Center for Education Statistics, 1990 K Street, N.W., Washington, DC 20006-5651.

