

APPENDIX A
MENTOR QUESTIONNAIRE

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MENTOR QUESTIONNAIRE



STUDY OF TEACHER INDUCTION PROGRAMS

Induction refers to a program of professional development and support for beginning teachers. Teacher induction programs consist of various components and activities and often include mentoring and professional development workshops.

This form asks about your mentoring experiences and your background. For each item, please mark only one answer, unless instructions say to "MARK (X) ALL THAT APPLY." Thank you very much for helping us to learn more about teacher induction.

We want you to know that:

- 1. We are asking you these questions to gather information about your career decisions and your experiences working with beginning teachers.**
- 2. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can. Your answers to questions will not affect your eligibility for any public programs.**
- 3. All responses are confidential. Your responses will be combined with those of other mentors, and the answers you give will never be identified as yours.**

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The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110).

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 1850-0802. The time required to complete this information collection is estimated to average 10 minutes per respondent, including the time to review instructions, 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, DC 20202. 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 of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208.

A. MENTORING EXPERIENCES

YOU MAY USE EITHER A PENCIL OR A PEN.

Mentoring describes a formal or informal learning relationship, usually between two individuals where the mentor has either experience or expertise in a particular area and provides information, advice, support, and feedback to the beginning teacher. Literacy and mathematics coaches or lead teachers often take on the role of mentor for beginning teachers.

Questions A1-A6 refer to mentoring positions held PRIOR to the 2005-2006 school year.

A1. Have you mentored beginning teachers?

- 1 Yes
0 No → **GO TO A7**

A2. For how many school years have you been a mentor?

|_|_| YEARS

A3. For what grade level(s) were you a mentor?

MARK (X) ALL THAT APPLY

- x Prekindergarten
0 Kindergarten
1 1st
2 2nd
3 3rd
4 4th
5 5th
6 6th
7 7th
8 8th
9 Other (*Please specify*)

A4. Excluding the training session which you are currently attending, have you ever attended training sessions, workshops, or seminars to prepare you for a mentoring position(s)?

- 1 Yes
0 No → **GO TO A6**

A5. As part of training for your previous mentoring position(s), did you attend workshops or seminars on . . .

	MARK (X) YES OR NO FOR EACH	
	Yes	No
a. Coaching strategies?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Content-focused coaching in literacy/language arts?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Content-focused coaching in mathematics?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Conducting classroom observations?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Giving effective feedback?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Leading study groups?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Analyzing student work?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Working with adult learners to set goals?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Roles and responsibilities of a mentor?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Helping the beginning teacher with classroom management?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Helping the beginning teacher with lesson planning?	1 <input type="checkbox"/>	0 <input type="checkbox"/>

A6. As part of your previous mentoring experience, how often did you . . .

	MARK (X) ONE FOR EACH					
	Never	Weekly	Bi-Monthly	Monthly	A Few Times a Year	Upon Request as Needed
a. Observe <u>beginning</u> teachers and give them feedback on their practice?	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. Conduct/lead study groups on teaching and learning?	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. Review and analyze a portfolio of information collected by <u>beginning</u> teachers?	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. Work with <u>beginning</u> teachers to set goals to improve their practice?	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. Work with <u>beginning</u> teachers to identify strategies for effective instruction?	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. Help beginning teachers plan lessons?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Have beginning teachers observe teaching by you or others?	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

A7. How did you obtain this current mentor position?

- 1 Applied voluntarily, on my own
- 2 Someone at the district approached me to apply for the position
- 3 Assigned
- 4 Other (*Please specify*)

B. PROFESSIONAL PREPARATION

B1. Please describe your postsecondary degrees in the chart below.

A. Year Degree Received	B. Type of Degree	C. Name of College or University	D. Major Field of Study	E. Minor Field of Study
_ _ _ _	1 <input type="checkbox"/> Associate's 2 <input type="checkbox"/> Bachelor's 3 <input type="checkbox"/> Master's 4 <input type="checkbox"/> Other (<i>Please specify</i>) _____			
_ _ _ _	1 <input type="checkbox"/> Associate's 2 <input type="checkbox"/> Bachelor's 3 <input type="checkbox"/> Master's 4 <input type="checkbox"/> Other (<i>Please specify</i>) _____			
_ _ _ _	1 <input type="checkbox"/> Associate's 2 <input type="checkbox"/> Bachelor's 3 <input type="checkbox"/> Master's 4 <input type="checkbox"/> Other (<i>Please specify</i>) _____			

B2. Are you currently working toward an advanced degree (for example, Master's, Ed.D., or Ph.D.) or additional credits?

1 Yes →

0 No

1 **Degree:** _____

2 **Additional Credits**

a. NAME OF COLLEGE OR UNIVERSITY:

b. MAJOR FIELD OF STUDY: _____

B3. From the list below, select the areas in which you are certified.

MARK (X) ALL THAT APPLY

- 1 General elementary education
- 2 Bilingual education
- 3 Special education *(Please specify area of certification)*

- 4 A specific subject area or areas *(Please specify)*

- 5 Other *(Please specify)*

- 6 Not certified

B4. Are you working toward additional certification?

- 1 Yes → *(Please specify)*

- 0 No

B5. Have you been certified through the National Board of Professional Teaching Standards (NBPTS)?

- 2 Yes → *(Please specify area of certification)*

- 1 No, but I'm working toward NBPTS certification now → *(Please specify area of certification)*

- 0 No

B6. For how many school years have you been a teacher?

|_|_| NUMBER OF YEARS

B7. Please list each school at which you have been a classroom teacher prior to becoming a mentor for the 2005-2006 school year. For each school listed, indicate the grade level you taught and the years you taught at that grade level.

School Name	Grade-Level Taught	Date Start		Date End	
		Month	Year	Month	Year
1. _____	_____	_ _	_ _	_ _	_ _
2. _____	_____	_ _	_ _	_ _	_ _
3. _____	_____	_ _	_ _	_ _	_ _
4. _____	_____	_ _	_ _	_ _	_ _
5. _____	_____	_ _	_ _	_ _	_ _
6. _____	_____	_ _	_ _	_ _	_ _

B8. Please indicate any other education positions you have held, for example, a district-level position.

Position Held	Date Start		Date End	
	Month	Year	Month	Year
1. _____	_ _	_ _	_ _	_ _
2. _____	_ _	_ _	_ _	_ _
3. _____	_ _	_ _	_ _	_ _

C. BACKGROUND INFORMATION

C1. In what year were you born?

|_|_|_|_| YEAR

C2. What is your ethnic background?

- 1 Hispanic or Latino
2 Not Hispanic or Latino

C3. Mark the box or boxes that best describes your race.

- 1 American Indian or Alaska Native
2 Asian
3 Black or African American
4 Native Hawaiian or Other Pacific Islander
5 White

C4. Are you male or female?

- 1 Male
2 Female

C5. Please PRINT your name, home address, and telephone number. This information will be used to contact you if there are questions about survey responses.

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (|_|_|_|_|) - |_|_|_|_| - |_|_|_|_|
Area Code Number

Cell Phone Number: (|_|_|_|_|) - |_|_|_|_| - |_|_|_|_|
Area Code Number

Home Email Address: _____

Work Email Address: _____

**Thank you for completing this survey.
Please return this survey to the Mathematica representative at the training.**