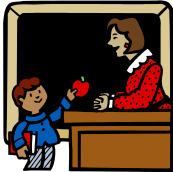


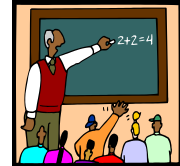
**APPENDIX C**

**TEACHER BACKGROUND  
QUESTIONNAIRE**

# TEACHER BACKGROUND QUESTIONNAIRE



## STUDY OF TEACHER INDUCTION PROGRAMS



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

The questions on this baseline form ask about your background, your current teaching experiences, and your plans for the future. 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 new teachers' career decisions and their experiences with teacher induction.
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 program.
3. All responses are confidential. Your responses will be combined with those of other teachers, and the answers you give will never be identified as yours.

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**For questions, call Pat Nemeth at 877-840-4740**

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 25 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. PROFESSIONAL BACKGROUND INFORMATION

**YOU MAY USE EITHER A PENCIL OR A PEN.**

**A1. Please describe your postsecondary degrees in the chart below.**

A. Year Degree Awarded	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			
_ _ _ _	2 <input type="checkbox"/> Bachelor's 3 <input type="checkbox"/> Master's 4 <input type="checkbox"/> Other ( <i>Please specify</i> ) _____			
_ _ _ _	3 <input type="checkbox"/> Master's 4 <input type="checkbox"/> Other ( <i>Please specify</i> ) _____			

**A2. Are you currently working toward an advanced degree (for example, Master's, Ed.D., or Ph.D.) or additional credits?**

1  Yes →

0  No ↙

**GO TO A3**

1  **Degree:** \_\_\_\_\_

2  **Additional Credits**

**a. NAME OF COLLEGE OR UNIVERSITY:**  
\_\_\_\_\_

**b. MAJOR FIELD OF STUDY:** \_\_\_\_\_

**A3. Have you taken a graduate school entrance exam?**

1  Yes → GO TO A5

0  No

**A4. Do you plan to take a graduate school entrance exam?**

1  Yes } → GO TO A6

0  No }

**A5. Which ones have you taken?**

MARK (X) ALL THAT APPLY

1  LSAT

2  GMAT

3  MCAT

4  GRE general

5  GRE subject (*Please specify subjects*)

\_\_\_\_\_

\_\_\_\_\_

6  Other (*Please specify*)

\_\_\_\_\_

\_\_\_\_\_

**A6. Did you apply to a graduate school program?**

1  Yes → GO TO A8

0  No

**A7. Do you plan to apply to a graduate school program?**

1  Yes

0  No

**A8. Do you have any outstanding education loans?**

1  Yes

0  No → GO TO A10

**A9. Are any of these forgivable or assumable loans?**

**NOTE:** Forgivable or assumable loans are erased if you meet certain teaching requirements.

1  Yes

0  No

**A10. Approximately how much do you have in outstanding education loans?**

**NOTE:** If you have consolidated your education loans with other loans, please estimate the amount for education, as best as you can.

1  Under \$5,000

2  \$5,000 to \$9,999

3  \$10,000 to \$19,999

4  \$20,000 to \$29,999

5  \$30,000 to \$39,999

6  \$40,000 to \$49,999

7  \$50,000 to \$59,999

8  \$60,000 to \$69,999

9  \$70,000 to \$79,999

10  \$80,000 or greater

11  Don't know

**A11. Which of the following statements most accurately describes the type of teaching certificate/license/credential that you currently hold?**

*States vary in the types of certificates they issue. Please select from the list below the statement that BEST describes the certificate/license/credential that you hold.*

MARK (X) ONE ANSWER ONLY

1  A **regular** or **standard** state certificate

Year certified |\_\_|\_\_|\_\_|\_\_|

2  A **certificate** that is issued to candidates after satisfying all requirements except the completion of a **probationary teaching period**

Year certified |\_\_|\_\_|\_\_|\_\_|

3  A **certificate** that is issued to candidates with the expectation that **additional requirements** be completed, such as passing a test or coursework

4  An **emergency certificate** or **waiver** that is issued for a specified time period to persons with insufficient teacher preparation

5  Other (*Please describe*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6  I am not certified → GO TO A14

**A12. Which of the following statements best describes how you earned your teaching certificate?**

- 1  In a **traditional teacher certification program** (see below for definition) as part of a bachelor's degree
- 2  In a **traditional teacher certification program** (see below for definition) as a "5th year" or master's degree
- 3  As part of an **alternative teacher certification program** (see below for definition)
- 4  Other (Please specify)

---

---

**Traditional teacher certification program** – An education program in which a candidate completes the necessary initial study leading to an entry-level teaching certificate before beginning employment as a school teacher. Higher education institutions deliver the training as part of a bachelor's or master's degree program.

**Alternative teacher certification program** – A program designed for individuals who already have a post-secondary degree. Minimal or no education courses or training are required before beginning employment in a school. Candidates often take courses and receive training while teaching. Training is delivered by higher education institutions, state agencies, or local school districts. Full certification is received one to three years after beginning the first teaching job.

**A13. 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)

---

---

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

---

---

- 5  Other (Please specify)

---

---

**A14. Are you currently pursuing state certification?**

- 1  Yes
  - 0  No
  - 2  Already state certified
- GO TO A16

**A15. Have you completed all of your coursework for this certification?**

- 1  Yes
- 0  No

**A16. Are you currently pursuing advanced professional certification?**

- 1  Yes
- 0  No → GO TO A18

**A17. Have you completed all your course work for this certification?**

- 1  Yes
  - 0  No
- GO TO A18

**A18. Did you student teach?**

- 1  Yes
- 0  No → GO TO A23

**NOTE: Student teaching (also called practice teaching)** – A school-based experience for students enrolled in a post-secondary education institution that is supervised by both a certified experienced teacher and a university or college supervisor. It is generally a requirement of pre-service teachers who have completed the education coursework leading to a degree and are seeking certification or licensure to teach in a public school.

**A19. How many weeks did you student teach?**

\_\_\_\_ NUMBER OF WEEKS

**A20. How would you describe your student teaching experience in terms of the classroom teacher with whom you spent the most time?**

- 1  The teacher/experience was excellent and I felt I learned a lot
- 2  The teacher/experience was adequate but I could have learned more
- 3  The teacher/experience did not teach/help prepare me much at all

**A21. Did you teach children from families of the same socio-economic level as children you're now teaching?**

- 1  Yes
- 0  No

**A22. Are you now teaching in the same school where you student taught?**

- 1  Yes
- 0  No

**A23. NOT INCLUDING STUDENT TEACHING, have you ever worked in a classroom before this current school year?**

- 1  Yes
- 0  No → GO TO A25

**A24. NOT INCLUDING THIS SCHOOL YEAR, please indicate the number of years you've worked in schools, the type of school, and the grade level you taught in any of the following positions (either part-time or full-time).**

**NOTE:** Enter "00" in Column A if you have never worked in this capacity  
Enter "01" in Column A if you worked less than one year

	A. Number of Years	B. School			C. Grade Level(s) or Main Assignment
		MARK (X) ALL THAT APPLY			
		This School	Different Public School	Private School	
a. Certified teacher.....	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
b. Emergency certified teacher .....	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
c. Teacher aide .....	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
d. Long-term substitute teacher .....	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
e. Substitute teacher .....	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____
f. Other ( <i>Please specify</i> ) .....	_ _	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	_____

**A25. Which grade level do you currently teach?**

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

**A26. Is this the grade level you prefer teaching?**

- 1  Yes
- 0  No

**A27. What is the total number of students enrolled in the class you taught during the most recent FULL WEEK of teaching?**

|\_|\_| STUDENTS → INDICATE:  
 a. |\_|\_| NUMBER OF BOYS  
 b. |\_|\_| NUMBER OF GIRLS

**A28. How many of these students are:**

- a. Hispanic or Latino, or ..... |\_|\_|
- b. Not Hispanic or Latino? ..... |\_|\_|

**A29. How many are:**

- a. American Indian or Alaska Native, ..... |\_|\_|
- b. Asian, ..... |\_|\_|
- c. Black or African American, ..... |\_|\_|
- d. Native Hawaiian or Other Pacific Islander, or ..... |\_|\_|
- e. White? ..... |\_|\_|

**A30. How many of your students . . .**

- a. Have an Individual Education Plan (IEP)? ..... |\_|\_|  
*DO NOT* include gifted and talented students.
- b. Have a 504 Service Agreement? ..... |\_|\_|
- c. Were approved for free or reduced-price lunches? ..... |\_|\_|
- d. Are in an ESL/ELL program? ..... |\_|\_|
- e. Receive Title I Services? ..... |\_|\_|

**A31. Are you a member of a teachers' union or an employee association similar to a union?**

- 1  Yes
- 0  No

## B. YOUR TEACHING CAREER

**B1. SINCE GRADUATING FROM COLLEGE, have you held a full-time job other than your current teaching job?**

- 1  Yes  
 0  No, this is my first job since college → **GO TO B3**

**B2. SINCE GRADUATING FROM COLLEGE, please tell us about the job you held the longest BEFORE your current teaching position.**

*DO NOT include a job that was an official part of your teacher preparation program (for instance, student teaching).*

a. What was your job title?

\_\_\_\_\_

1  Self-employed

b. What were your responsibilities? What did you do in this job? *(Please be specific)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. What did your employer make, do, or sell?

\_\_\_\_\_  
 \_\_\_\_\_

d. Was this job in the public or private sector?

**MARK (X) ONE ANSWER ONLY**

- 1  Public  
 2  Private, for profit  
 3  Private, not for profit

e. How many years did you work in this job?

\_\_\_\_|\_\_\_\_| NUMBER OF YEARS  
*(Enter "01" if you worked less than one year)*

**B3. Thinking back to your job search activities before your current teaching position, did you interview for any non-teaching jobs?**

- 1  Yes  
 0  No → **GO TO B6**

**B4. Describe the kinds of jobs you interviewed for.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B5. Did you receive any job offers?**

- 1  Yes  
 0  No

**B6. For your current teaching position, did you interview at . . .**

- |   | <u>Yes</u>                 | <u>No</u>                  |
|---|----------------------------|----------------------------|
| a. Other schools within your current district? .....          | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Other school districts? .....                              | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Other types of schools (e.g., private or parochial)? ..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |



**B7. Did the school district allow you any input as to where you would be placed?**

- 1  Yes
- 0  No

**B8. Is the school you're teaching in the one that you wanted to be placed in?**

- 1  Yes
- 0  No
- 2  Had no preference → **GO TO B10**

**B9. Did any of the following reasons influence your preference in a particular school?**

**MARK (X) ALL THAT APPLY**

- 1  The principal's leadership
- 2  A program of support and information provided to beginning teachers
- 3  The grade level/subject in which there was an opening
- 4  Other opportunities offered to you such as coaching a sports team, etc.
- 5  The school's organization/environment
- 6  The school's location
- 7  Knew other teachers in the school
- 8  Did student teaching at same school
- 9  Other reason (*Please specify*)

\_\_\_\_\_

\_\_\_\_\_

**B10. Prior to being hired, had you heard about a new teacher induction program in the district?**

- 1  Yes
- 0  No

**B11. Which of the following statements best describes your plans?**

**MARK (X) ONE ANSWER ONLY**

- 1  I plan to teach at least until I am eligible for retirement
- 2  I will probably continue teaching unless another opportunity presents itself
- 3  I plan to leave teaching as soon as I can
- 4  I plan to pursue another education-related career at some point
- 5  I plan to pursue another career outside the field of education at some point
- 6  I plan to have children and stop teaching at some point
- 7  I plan to stop working outside the home at some point for reasons not related to children
- 8  I am going to see if I like teaching before I make plans
- 9  I am undecided at this time
- 10  Other (*Please specify*)

\_\_\_\_\_

\_\_\_\_\_

**B12. Approximately how many years do you think you will remain in teaching after this year?**

**I will probably teach for . . .**

|\_\_|\_\_| more years

The following questions refer to your before-tax earnings from teaching and other employment. Consider the current school year to run from July 1, 2005 to June 30, 2006.

**B13. During the current school year, what is your academic-year, base teaching salary?**

\$ |\_\_|\_\_|\_\_|,|\_\_|\_\_|\_\_|.0|0|

**B14. Does your base teaching salary include additional compensation for teaching in a more challenging school?**

Yes

No

**B15. During the current school year, do you, or do you expect to, earn any additional compensation from this school system for extracurricular or additional activities such as coaching, student activity sponsorship, or professional development activities?**

Yes → a. How much? \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_|.0|0|

No

**B16. During the current school year, do you, or do you expect to, earn additional compensation from working in any job OUTSIDE this school system?**

Yes → a. How much? \$ |\_\_|\_\_|,|\_\_|\_\_|\_\_|.0|0|

No

## C. PERSONAL BACKGROUND INFORMATION

**C1. In what year were you born?**

| 1 | 9 | | | YEAR

**C2. Are you currently married or living with a partner, or are you single, separated, divorced, widowed, or have you never been married?**

- 1  Married or living with a partner  
 2  Single, separated, divorced, widowed, or never married → **GO TO C6**

**C3. What was your spouse or partner's total income (before taxes and other deductions) for last year?**

\$ | | | | , | | | | . 0 | 0 |

**C4. How much time does your spouse or partner spend commuting to or from work each day?**

**NOTE:** Please indicate miles and minutes. Your best estimate is fine.

| | | | MILES COMMUTING ONE WAY

| | | | MINUTES COMMUTING ONE WAY

**C5. What is the likelihood that your spouse or partner's job will require your family to relocate in the next five years?**

- 1  Very likely  
 2  Somewhat likely  
 3  Somewhat unlikely  
 4  Not at all likely

**C6. What is your ethnic background?**

- 1  Hispanic or Latino  
 0  Not Hispanic or Latino

**C7. 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

**C8. Are you male or female?**

- 1  Male  
 2  Female

**C9. Do you currently own or rent the residence where you live, or do you live with your parents?**

- 1  Own (either paying a mortgage or own outright)  
 2  Rent  
 3  Live with parents  
 4  Live with someone else rent-free

**C10. Do you have any children living with you? Include birth, adopted, foster, or stepchildren.**

- 1  Yes  
 0  No → **GO TO C12**

**C11. How many of your children are . . .**

- a. Under the age of 1? ..... | | | |  
 b. Ages of 1 to 5? ..... | | | |  
 c. Ages 6 to 11? ..... | | | |  
 d. Ages of 12 to 18? ..... | | | |  
 e. Over the age of 18? ..... | | | |

**C12. Do you live in the same school district where you teach?**

- 1  Yes  
 0  No

**C13. How far do you live from the school where you teach?**

**NOTE:** Please indicate miles and minutes. Your best estimate is fine.

| | | | MILES COMMUTING ONE WAY

| | | | MINUTES COMMUTING ONE WAY

**C14. Did you attend elementary school(s) in a school with a socio-economic level similar to the one you're now teaching in?**

- 1  Yes  
 0  No

## D. CONTACT INFORMATION

**D1. The survey you have completed involves brief follow-ups at later times to learn about teachers' movements in the labor force. Providing the information below is voluntary, not mandatory. This information will help us contact you if you move or change jobs. Also, MPR will mail your check to the address you provide below.**

**Please PRINT your name, your spouse's name (if applicable), your home address, your telephone number, and the most convenient time to reach you.**

**Your Name:** \_\_\_\_\_

**Spouse's Full Name:** \_\_\_\_\_  
(If applicable)

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**In whose name is the telephone number listed?**

**MARK (X) ONE ANSWER ONLY**

- 1  My name  
2  Other (Please specify name)

\_\_\_\_\_

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

**Social Security Number:** \_\_\_\_|\_\_\_\_|\_\_\_\_ - \_\_\_\_|\_\_\_\_|\_\_\_\_ - \_\_\_\_|\_\_\_\_|\_\_\_\_

**Home Email Address:** \_\_\_\_\_

**Work Email Address:** \_\_\_\_\_

**D2. Please indicate the most convenient time to reach you.**

a. Best day(s) to reach you

b. Best time of day to reach you

**MARK (X) ALL THAT APPLY**

- 1  Monday  
2  Tuesday  
3  Wednesday  
4  Thursday  
5  Friday  
6  Saturday  
7  Sunday

**MARK (X) ONE ANSWER ONLY**

- 1  Before school starts, in the AM  
2  After school, in the afternoon  
3  In the evening

**D3. Please indicate today's date:**

\_\_\_\_|\_\_\_\_| / \_\_\_\_|\_\_\_\_| / | 2 | 0 | 0 | \_\_\_\_|\_\_\_\_|  
Month Day Year

D4. What are the names and addresses of two other people who would know where to get in touch with you during the coming years? Remember to record the relationship of these persons to you (for example, parent, friend, sister, cousin, etc.). We will contact these people only if we can't get in touch with you.

(1) First Person

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

In whose name is the telephone number listed?

MARK (X) ONE ANSWER ONLY

1  Name entered above

2  Other (Please specify name)

\_\_\_\_\_

What is the name and address of another person who would know where to get in touch with you during the coming years? Don't list any person who now lives with you. Remember to record the relationship of this person to you (for example, parent, friend, sister, cousin, etc.).

(2) Second Person

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

In whose name is the telephone number listed?

MARK (X) ONE ANSWER ONLY

1  Name entered above

2  Other (Please specify name)

\_\_\_\_\_

Thank you for completing this survey. Please mail it to MPR in the envelope provided.