

APPENDIX I
INDUCTION ACTIVITIES TEACHER
QUESTIONNAIRE

INDUCTION ACTIVITIES TEACHER 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.

The questions on this form ask about your induction experiences during your first year of teaching. For each item, please mark only one answer, unless instructions say to "MARK (X) YES OR NO FOR EACH." 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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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 20 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.

SECTIONS A-D OMITTED

E. BEGINNING TEACHER EXPERIENCES

YOU MAY USE EITHER A PENCIL OR PEN.

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

E1. Does your school or district provide a teacher induction program for beginning teachers?

- Yes
 No
 Don't know

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.

E2. Do you have a mentor?

- Yes, one
 Yes, more than one
 No → **GO TO SECTION F, PAGE 12**

E3. Please provide the following information about your mentor.

Mentor 1

First Name: _____

Position/Title: _____

IF YOU ONLY HAVE ONE MENTOR, GO TO E4

Mentor 2

First Name: _____

Position/Title: _____

Questions E4-E16 ask about the person you named under E3 as Mentor 1.

E4. Is your mentor currently a . . .

| | <i>MARK (X) ONLY ONE BOX</i> |
|--|----------------------------------|
| Full-time teacher in your school?..... | 1 <input type="checkbox"/> |
| Part-time teacher in your school? | 2 <input type="checkbox"/> |
| Full-time mentor who has been released from teaching?..... | 3 <input type="checkbox"/> |
| District office person? | 4 <input type="checkbox"/> |
| Someone from a licensing or certification program? | 5 <input type="checkbox"/> |
| Other (<i>Please specify</i>) _____ | 6 <input type="checkbox"/> |

E5. Was this mentor assigned to you?

- 1 Yes
- 0 No

E6. (*IF YES*) By whom?

| | <i>MARK (X) ONLY ONE BOX</i> |
|---|----------------------------------|
| School or district..... | 1 <input type="checkbox"/> |
| Teacher education program | 2 <input type="checkbox"/> |
| Other (<i>Please specify</i>) _____ | 3 <input type="checkbox"/> |

E7. Is there a time when you and your mentor usually meet?

- 1 Yes
- 0 No → GO TO E12

E8. When do these meetings usually take place?

MARK (X) ALL THAT APPLY

- 1 Before school
- 2 After school
- 3 During lunch
- 4 During planning period
- 5 Other (*Please specify*)

E9. (IF YES) How often do these meetings occur?

| | MARK (X) ONLY ONE BOX |
|------------------------------------|----------------------------------|
| Daily | 1 <input type="checkbox"/> |
| 2-4 times per week | 2 <input type="checkbox"/> |
| Once a week | 3 <input type="checkbox"/> |
| 2-3 times per month..... | 4 <input type="checkbox"/> |
| Once a month..... | 5 <input type="checkbox"/> |
| Several times a year..... | 6 <input type="checkbox"/> |
| Other (Please specify) _____ | 7 <input type="checkbox"/> |

E10. On average, how long are these meetings with your mentor?

MARK (X) ONLY ONE BOX

- 1 Less than 15 minutes
- 2 15 to 30 minutes
- 3 30 minutes to 1 hour
- 4 1 to 2 hours
- 5 More than 2 hours

E11. Do you feel there is adequate time scheduled for you to meet with your mentor?

- 1 Yes
- 0 No

E12. During the most recent full week of teaching, how much informal (not scheduled) contact did you have with your mentor?

MARK (X) ONLY ONE BOX

- 0 No time
- 1 Less than 15 minutes
- 2 15 to 30 minutes
- 3 30 minutes to 1 hour
- 4 1 to 2 hours
- 5 More than 2 hours

E13. During the most recent full week of teaching, how much scheduled time did your mentor spend . . .

| | MARK (X) ONE FOR EACH ITEM | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | No Time | Less Than 30 Minutes | 30 Minutes to 1 Hour | 1 to 2 Hours | More Than 2 Hours |
| a. Observing your teaching? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Meeting with you on a one-to-one basis?..... | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Meeting with you together with other <u>first-year</u> teachers? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Meeting with you together with other teachers (excluding time reported in E13c)?..... | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Modeling a lesson? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Co-teaching a lesson? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

E14. During the most recent full week of teaching, did your mentor . . .

| | Not Applicable | MARK (X) YES OR NO FOR EACH | |
|---|----------------|-------------------------------|----------------------------|
| | | Yes | No |
| a. Give you suggestions to improve your practice? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Give you encouragement or moral support?..... | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Provide an opportunity for you to raise issues/discuss your individual concerns? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Provide guidance/information on administrative/logistical issues?..... | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Work with you to identify teaching challenges and possible solutions? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Discuss with you instructional goals and ways to achieve them? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Provide guidance on how to assess your students? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| h. Share lesson plans, assessments, or other instructional activities? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| i. Act on something you requested the previous week?..... | | n.a. <input type="checkbox"/> | 1 <input type="checkbox"/> |

E15. During the last 3 months, to what extent has your mentor provided you with guidance in the following areas?

| | | E15. To what extent has your mentor provided you with guidance? | | | |
|---|----------------------------|--|----------------------------|----------------------------|----------------------------|
| | | <i>MARK (X) ONE FOR EACH ITEM</i> | | | |
| | Not Applicable | Not at All So Far | A Little | A Moderate Amount | A Lot |
| a. Understanding this school's culture, policies, and practices | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Accessing district and community resources | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Handling paperwork..... | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Working with other teachers to plan instruction | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Working with other school staff, such as principal, counselors, disability specialist, etc. | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Working with parents | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Teaching reading/language arts | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. Teaching mathematics..... | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. Teaching children with varying levels of achievement/ability | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. Reviewing and assessing student work..... | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k. Implementing classroom management strategies | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l. Managing student discipline and behavior..... | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| m. Using multiple instructional strategies/techniques to teach students | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| n. Selecting or adapting curriculum materials | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| o. Understanding state or district standards | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| p. Planning lessons..... | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| q. Using student assessments to inform your teaching. | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| r. Motivating students | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| s. Reflecting on your instructional practices | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| t. Teaching English language learners..... | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| u. Teaching special needs students..... | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| v. Teaching students of varying ethnic/racial and socioeconomic backgrounds..... | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

E16. During the last 3 months, to what extent have you adjusted your classroom practice in response to advice you received from your mentor in the following areas?

NOTE: If your mentor has not given you advice on a topic, mark (X) "No Advice Given."

| | | E16. To what extent have you adjusted your practice? | | | | | |
|----|---|---|--------------------------------|----------------------------------|----------------------------|----------------------------------|----------------------------|
| | | <i>MARK (X) ONE FOR EACH ITEM</i> | | | | | |
| | | Not Applicable | No Advice Given | Not at All So Far | A Little | A Moderate Amount | A Lot |
| a. | Teaching reading/language arts..... | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. | Teaching mathematics | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. | Teaching children with varying levels of achievement/ability | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. | Reviewing and assessing student work | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. | Implementing classroom management strategies | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. | Managing student discipline and behavior . | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. | Using multiple instructional strategies/ techniques to teach students | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. | Selecting or adapting curriculum materials | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. | Understanding state or district standards... | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. | Planning lessons..... | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k. | Using student assessments to inform your teaching | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l. | Motivating students | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| m. | Reflecting on your instructional practices... | | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| n. | Teaching English language learners..... | n.a. <input type="checkbox"/> | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| o. | Teaching special needs students..... | n.a. <input type="checkbox"/> | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| p. | Teaching students of varying ethnic/racial and socioeconomic backgrounds..... | n.a. <input type="checkbox"/> | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

Questions E17-E29 ask about the person you named under question E3 as Mentor 2.

**IF YOU DO NOT HAVE A SECOND MENTOR,
GO TO SECTION F, PAGE 12**

E17. Is your mentor currently a . . .

| | <i>MARK (X) ONLY ONE BOX</i> |
|--|----------------------------------|
| Full-time teacher in your school?..... | 1 <input type="checkbox"/> |
| Part-time teacher in your school? | 2 <input type="checkbox"/> |
| Full-time mentor who has been released from teaching?..... | 3 <input type="checkbox"/> |
| District office person? | 4 <input type="checkbox"/> |
| Someone from a licensing or certification program? | 5 <input type="checkbox"/> |
| Other (<i>Please specify</i>) _____ | 6 <input type="checkbox"/> |

E18. Was this mentor assigned to you?

- 1 Yes
- 0 No

E19. (IF YES) By whom?

| | <i>MARK (X) ONLY ONE BOX</i> |
|---|----------------------------------|
| School or district..... | 1 <input type="checkbox"/> |
| Teacher education program | 2 <input type="checkbox"/> |
| Other (<i>Please specify</i>) _____ | 3 <input type="checkbox"/> |

E20. Is there a time when you and your mentor usually meet?

- 1 Yes
- 0 No → **GO TO E25**

E21. When do these meetings usually take place?

MARK (X) ALL THAT APPLY

- 1 Before school
- 2 After school
- 3 During lunch
- 4 During planning period
- 5 Other (*Please specify*)

E22. (IF YES) How often do these meetings occur?

| | MARK (X) ONLY ONE BOX |
|---|----------------------------------|
| Daily | 1 <input type="checkbox"/> |
| 2-4 times per week | 2 <input type="checkbox"/> |
| Once a week | 3 <input type="checkbox"/> |
| 2-3 times per month..... | 4 <input type="checkbox"/> |
| Once a month | 5 <input type="checkbox"/> |
| Several times a year..... | 6 <input type="checkbox"/> |
| Other (<i>Please specify</i>) _____ | 7 <input type="checkbox"/> |

E23. On average, how long are these meetings with your mentor?

MARK (X) ONLY ONE BOX

- 1 Less than 15 minutes
- 2 15 to 30 minutes
- 3 30 minutes to 1 hour
- 4 1 to 2 hours
- 5 More than 2 hours

E24. Do you feel there is adequate time scheduled for you to meet with your mentor?

- 1 Yes
- 0 No

E25. During the most recent full week of teaching, how much informal (not scheduled) contact did you have with your mentor?

MARK (X) ONLY ONE BOX

- 0 No time
- 1 Less than 15 minutes
- 2 15 to 30 minutes
- 3 30 minutes to 1 hour
- 4 1 to 2 hours
- 5 More than 2 hours

E26. During the most recent full week of teaching, how much scheduled time did your mentor spend . . .

| | MARK (X) ONE FOR EACH ITEM | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | No Time | Less Than 30 Minutes | 30 Minutes to 1 Hour | 1 to 2 Hours | More Than 2 Hours |
| a. Observing your teaching? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Meeting with you on a one-to-one basis? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Meeting with you together with other <u>first-year</u> teachers? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Meeting with you together with other teachers (excluding time reported in E26c)? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Modeling a lesson? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Co-teaching a lesson? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

E27. During the most recent full week of teaching, did your mentor . . .

| | Not Applicable | MARK (X) YES OR NO FOR EACH | |
|---|----------------|-------------------------------|----------------------------|
| | | Yes | No |
| a. Give you suggestions to improve your practice? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Give you encouragement or moral support? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Provide an opportunity for you to raise issues/discuss your individual concerns? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Provide guidance/information on administrative/logistical issues? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Work with you to identify teaching challenges and possible solutions? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Discuss with you instructional goals and ways to achieve them? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Provide guidance on how to assess your students? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| h. Share lesson plans, assessments, or other instructional activities? | | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| i. Act on something you requested the previous week? | | n.a. <input type="checkbox"/> | 1 <input type="checkbox"/> |

E28. During the last 3 months, to what extent has your mentor provided you with guidance in the following areas?

| | | E28. To what extent has your mentor provided you with guidance? | | | |
|---|----------------------------|--|----------------------------|----------------------------|----------------------------|
| | | <i>MARK (X) ONE FOR EACH ITEM</i> | | | |
| | Not Applicable | Not at All So Far | A Little | A Moderate Amount | A Lot |
| a. Understanding this school's culture, policies, and practices | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Accessing district and community resources | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Handling paperwork..... | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Working with other teachers to plan instruction | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Working with other school staff, such as principal, counselors, disability specialist, etc. | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Working with parents | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Teaching reading/language arts | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. Teaching mathematics..... | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. Teaching children with varying levels of achievement/ability | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. Reviewing and assessing student work..... | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k. Implementing classroom management strategies | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l. Managing student discipline and behavior..... | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| m. Using multiple instructional strategies/techniques to teach students | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| n. Selecting or adapting curriculum materials | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| o. Understanding state or district standards | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| p. Planning lessons..... | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| q. Using student assessments to inform your teaching. | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| r. Motivating students | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| s. Reflecting on your instructional practices | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| t. Teaching English language learners..... | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| u. Teaching special needs students..... | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| v. Teaching students of varying ethnic/racial and socioeconomic backgrounds..... | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

E29. During the last 3 months, to what extent have you adjusted your classroom practice in response to advice you received from your mentor in the following areas?

NOTE: If your mentor has not given you advice on a topic, mark (X) "No Advice Given."

| | | E29. To what extent have you adjusted your practice? | | | | | |
|----|---|---|--------------------------------|----------------------------------|----------------------------|----------------------------------|----------------------------|
| | | <i>MARK (X) ONE FOR EACH ITEM</i> | | | | | |
| | | Not Applicable | No Advice Given | Not at All So Far | A Little | A Moderate Amount | A Lot |
| a. | Teaching reading/language arts..... | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| b. | Teaching mathematics | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| c. | Teaching children with varying levels of achievement/ability | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| d. | Reviewing and assessing student work | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| e. | Implementing classroom management strategies | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| f. | Managing student discipline and behavior . | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| g. | Using multiple instructional strategies/ techniques to teach students | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| h. | Selecting or adapting curriculum materials | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| i. | Understanding state or district standards... | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| j. | Planning lessons..... | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| k. | Using student assessments to inform your teaching | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| l. | Motivating students | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| m. | Reflecting on your instructional practices... | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | |
| n. | Teaching English language learners..... | n.a. <input type="checkbox"/> | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| o. | Teaching special needs students..... | n.a. <input type="checkbox"/> | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| p. | Teaching students of varying ethnic/racial and socioeconomic backgrounds..... | n.a. <input type="checkbox"/> | n <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

F. PROFESSIONAL DEVELOPMENT

Professional development activities are those in which teachers participate to enhance their pedagogical and content knowledge in a variety of areas, such as teaching strategies, education standards, student assessment, applications of technology to instruction, and classroom management. Professional development activities include in-service workshops, study groups, seminars and continuing education courses and can include activities other than school or district offerings.

F1. In the past 3 months, for each of the topics listed below, indicate (a) if professional development was offered on the topic, (b) if you attended, and (c) the amount of time spent on the topic.

EXCLUDE those activities that involve you working one-on-one with a mentor.

NOTE: Workshops may cover multiple topics. Estimate how much time was spent on each topic.

| Professional Development Topics | Was professional development offered on this topic? | If the topic was offered, did you attend? | How much time was spent on this topic? |
|---|--|--|---|
| | <i>MARK (X) YES OR NO FOR EACH TOPIC</i> | <i>MARK (X) YES OR NO ONLY FOR TOPICS OFFERED</i> | <i>MARK (X) ONLY ONE BOX</i> |
| a. Human resource policies/procedures | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| b. Parent and community relations | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| c. School policies on student disciplinary procedures | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| d. Instructional techniques/strategies | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| e. Understanding the composition of students in your class | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| f. Content area knowledge (language arts, mathematics, science) | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| g. Lesson planning | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \downarrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |

F1. (continued)

| Professional Development Topics | Was professional development offered on this topic? | If the topic was offered, did you attend? | How much time was spent on this topic? |
|---|--|--|---|
| | MARK (X) YES OR NO FOR EACH TOPIC | MARK (X) YES OR NO ONLY FOR TOPICS OFFERED | MARK (X) ONLY ONE BOX |
| h. Analyzing student work/assessment | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| i. Student motivation/engagement | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| j. Differentiated instruction | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| k. Using computers to support instruction | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| l. Classroom management techniques | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| m. Accessing school, district, or community resources | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| n. Administrative paperwork | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| o. Handling non-classroom duties and responsibilities (e.g., supervision of lunch room, back to school night) | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| p. Assigning grades/record keeping | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No \searrow | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |
| q. Preparing students for standardized testing | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No | 1 <input type="checkbox"/> Yes \longrightarrow 0 <input type="checkbox"/> No | 1 <input type="checkbox"/> Less than 30 minutes 2 <input type="checkbox"/> 30 minutes to 1 hour 3 <input type="checkbox"/> 1 to 2 hours 4 <input type="checkbox"/> More than 2 hours |

F2. On average, I would characterize the usefulness of the professional development activities I attended in the past 3 months as . . .

MARK (X) ONLY ONE BOX

- 1 Poor
- 2 Mostly Poor
- 3 Mostly Good
- 4 Good

F3. During the past 3 months, did you . . .

| | MARK (X) YES OR NO FOR EACH | |
|--|------------------------------------|----------------------------|
| | Yes | No |
| a. Keep a written log or record of reflections on your teaching practices? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Keep a portfolio or record of student work and an analysis of that work? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Work with a study group of new teachers? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Work with a study group of new and experienced teachers? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Observe other teachers teaching in their classrooms? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Observe someone else teaching your class? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Meet with the principal to discuss your teaching? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| h. Meet with a literacy or mathematics coach or other curricular specialist? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| i. Meet with a resource specialist to discuss needs of particular students? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

F4. During the past 3 months, how often were you . . .

| | MARK (X) ONE FOR EACH ITEM | | | |
|--|-----------------------------------|----------------------------|----------------------------|----------------------------|
| | Never | Once | 2-3 Times | 4 or More Times |
| a. Observed teaching your class by your mentor? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. Observed teaching your class by your principal? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Given feedback on your teaching (not as part of a formal evaluation process)? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. Given feedback on your teaching as part of a formal evaluation process? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. Given feedback on your lesson plans? | 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

G. FIRST YEAR TEACHING EXPERIENCE

This section is about your experiences during your first year of teaching.

G1. At this point in the school year, how well prepared do you feel you are to . . .

| G1. How well prepared are you? | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| <i>MARK (X) ONE BOX ON EACH LINE</i> | | | | |
| | Not at all Prepared | Somewhat Prepared | Well Prepared | Very Well Prepared |
| a. Handle a range of classroom management or discipline situations?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Use a variety of instructional methods? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Teach reading/language arts? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Teach mathematics?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Assess your students?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Select and adapt curriculum and instructional materials?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Motivate students?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. Work effectively with parents? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. Work with students who have special behavioral, emotional, developmental or physical challenges? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. Work with other teachers to plan instruction? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k. Work with the principal or other instructional leaders?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l. Plan effective lessons? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| m. Work with English language learners?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| n. Be an effective teacher? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| o. Address the needs of a diversity of learners? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

G2. Did you receive the following kinds of support during the past 3 months?

| G2. Did you receive support? | |
|-------------------------------------|----------------------------|
| MARK (X) YES OR NO FOR EACH | |
| Yes | No |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

- a. Reduced teaching schedule.....
- b. Common planning time with teachers at your grade level
- c. A teacher's aide to assist you
- d. Regular communication with your principal, other administrators, or department chair focused on your teaching practice

G3. Were the following duties part of your teaching assignment in the past 3 months?

| MARK (X) YES OR NO FOR EACH | |
|------------------------------------|----------------------------|
| Yes | No |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

- a. Extracurricular assignments.....
- b. Move between classrooms
- c. Travel to more than one school to teach.....
- d. Administrative duties including lunchroom, hall, and recess duties (but not staff meetings)...

H. SATISFACTION

H1. At this point, how satisfied are you with EACH of the following aspects of teaching at THIS SCHOOL?

| | H1. How satisfied are you? | | | |
|---|-----------------------------------|----------------------------|----------------------------|----------------------------|
| | <i>MARK (X) ONE FOR EACH ITEM</i> | | | |
| | Very Dissatisfied | Somewhat Dissatisfied | Somewhat Satisfied | Very Satisfied |
| a. Support from administration for beginning teachers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. Availability of resources and materials/equipment for your classroom | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. Your input into school policies and practices | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. Autonomy or control over your own classroom..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. Student motivation to learn | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| f. Student discipline and behavior..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| g. Opportunities for professional development | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| h. The principal's leadership and vision..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| i. Professional caliber of colleagues | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| j. Supportive atmosphere among faculty/collaboration with colleagues | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| k. School facilities such as the building or grounds | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| l. Parental involvement in the school | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| m. Your grade assignment..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| n. The students assigned to you..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| o. School policies..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| p. Salary and benefits | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| q. Professional prestige | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| r. Intellectual challenge | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| s. Emphasis on standardized test scores | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| t. Workload | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

I. CONTACT INFORMATION

The survey you completed involves brief follow-ups during this academic year. Please provide information to help us contact you. MPR will mail your check to the address below.

11. Please PRINT your name, home address, and telephone number.

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) - ____ - ____
Area Code Number

Thank you for completing this survey.

Please record the date you completed the survey and mail it to MPR in the envelope provided.

DATE COMPLETED: ____/____/____
Month Day Year