

APPENDIX K
MOBILITY QUESTIONNAIRE

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MOBILITY 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 employment status and your job satisfaction. For each item, please mark only one answer, unless instructions say to "MARK ALL THAT APPLY." Thank you very much for helping us to learn more about teacher mobility and job satisfaction.

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.

INTRODUCTION

We appreciate your continued participation in the study of Teacher Induction for the U.S. Department of Education. In this survey, we want to learn about your current employment status, job satisfaction, and additional education opportunities.

J. EMPLOYMENT STATUS

YOU MAY USE EITHER A PENCIL OR A PEN.

This section asks about your current employment status.

J1. Are you currently teaching?

- 1 Yes
0 No → GO TO SECTION K

J2. Which grade(s) do you currently teach?

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

J3. Are you currently teaching at . . .

- 1 The same school you started in at the beginning of last year → GO TO SECTION L
2 A different school

J4. Which of the following best describes your current employment status?

- 1 Teaching in a new school, in the same district
2 Teaching in another district
3 Teaching in a private school
4 Teaching in a parochial school

J5. Record the information for your current school.

School Name: _____

School District: _____

City: _____

State: _____ Zip: _____

J6. Using the scale provided, indicate how important each of the following reasons was to your decision to leave the school you started at in the beginning of last year.

Reasons for Leaving School	How important is the reason you left the school? MARK (X) ONE BOX ON EACH LINE			
	Not at All Important/NA	Somewhat Important	Very Important	Extremely Important
a. Involuntary transfer	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Moved out of the area	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Changed my residence due to my spouse/partner changing jobs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Salary or benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Job security	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Opportunities for desirable teaching assignment (subject area or grade level)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Workplace conditions (e.g., facilities, classroom resources, school safety, parent and community support)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Dissatisfied with administrative support at last year's school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Principal's leadership	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Changes in responsibilities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Challenges of implementing new reform measures	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Difficulty with colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. Autonomy over my classroom	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Inadequate time to prepare lesson plans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. Professional development opportunities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p. Not asked to return to the position	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. Some other reason (<i>Please specify</i>)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

J7. Of the reasons you listed above (a-q), please indicate the letter associated with the single most important reason you left the school you started at in the beginning of the last year. _____ LETTER OF SINGLE MOST IMPORTANT REASON

J8. When did you leave the teaching position you started in at the beginning of last year?

- 1 End of 2005-2006 school year
- 2 Other time: |_|_| MONTH
 |_|_|_|_| YEAR

J9. When did you start your current position?

- 1 Beginning of current school year
- 2 Other time: |_|_| MONTH
 |_|_|_|_| YEAR

GO TO SECTION L

K. INFORMATION ON LEAVING THE TEACHING PROFESSION

In this section, you are asked about the reasons you left the teaching profession.

K1. Using the scale provided, indicate the level of importance EACH of the following played in your decision to LEAVE THE TEACHING PROFESSION.

Reasons for Leaving Teaching Profession	How important was this reason in your decision to leave? MARK (X) ONE BOX ON EACH LINE			
	Not at All Important	Somewhat Important	Very Important	Extremely Important
a. Decided to change my residence.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Changed my residence due to my spouse/partner changing jobs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Pregnancy/child birth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Child rearing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Health (self)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Health (family member).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Other family or personal reasons.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Wanted to teach in a different state but my state teacher certification was not accepted there.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Was laid off or involuntarily transferred.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. For better salary or benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. To pursue another career	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. To take courses to improve career opportunities WITHIN the field of education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. To take courses to improve career opportunities OUTSIDE the field of education.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Poor opportunities for professional advancement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. Lack of resources/materials/equipment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p. Difficulty with colleagues.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. Inadequate time to prepare lesson plans.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
r. Student discipline problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
s. Poor student motivation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
t. Inadequate support from administration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
u. Poor principal leadership	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
v. Teacher burnout	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
w. Some other reason (<i>Please specify</i>).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

K2. Of the reasons you listed above (a-w), please indicate the letter associated with the single most important reason you left the school.

LETTER OF SINGLE MOST IMPORTANT REASON

K3. What date did you stop teaching?

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

K4. How likely is it that you will return to a teaching position in the future?

MARK (X) ONLY ONE BOX

- 1 Definitely will return
- 2 Probably will return
- 3 Not sure, but likely
- 4 Not sure, but unlikely
- 5 Probably will not return
- 6 Definitely will not return → GO TO K6

K5. If you did return to teaching, when would you expect to return? Even if you are not sure, your best guess is fine.

MARK (X) ONLY ONE BOX

- 0 This school year
- 1 Next year
- 2 In 2 years
- 3 In 3 years
- 4 In 4 years
- 5 In 5 years
- 6 More than 5 years from now

K6. What is your current employment status:

MARK (X) ONLY ONE BOX

- 1 Working for pay, full-time (35 hours per week or more, on average) → GO TO K9
- 2 Working for pay, part-time
- 3 Not employed

K7. Which of these conditions describes your main activities during the week?

MARK (X) ALL THAT APPLY

- 1 Working → GO TO K9
 - 2 Seeking employment
 - 3 Caring for children or other relatives at home
 - 4 Volunteering at least 20 hours per week
 - 5 Part-time student
 - 6 Full-time student
 - 7 Something else (Please specify) _____
- GO TO M1

K8. What type of positions are you seeking?

MARK (X) ALL THAT APPLY

- 1 Classroom teaching position in a public school
- 2 Classroom teaching position in a private school
- 3 Classroom teaching position in a parochial school
- 4 Other teaching position, such as supplemental reading or math
- 5 Education related, non-teaching position
- 6 Other field (*Please specify*)

GO TO M1

K9. Are you employed by a government employer, private non-profit employer, private for-profit employer, or are you self-employed? (If you have more than one job, please answer for the one you consider your primary job.)

- 1 Government
- 2 Private non-profit
- 3 Private for-profit
- 4 Self-employed

K10. What type of position are you in now? Please list the position title or a descriptive name of the position.

Position: _____

K11. What are your main duties in this position?

Main Duties: _____

K12. What type of employer do you work for? If you do not wish to list the name of your employer, you may write in the type of employer (for example, "public school district," "textbook publisher," or "retail store").

Employer or Type of Employer: _____

K13. What is your current salary?

AMOUNT \$ |_|_|_|_|_|,|_|_|_|_|_|.|_|_|_|_|_|

GO TO M1

L. SATISFACTION

L1. Thinking about your current teaching position, how satisfied are you with EACH of the following aspects of teaching?

	L1. How satisfied are you?			
	<i>MARK (X) ONE FOR EACH ITEM</i>			
Satisfaction with the Aspects of Teaching	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"/>

M. CONTINUING EDUCATION

M1. Have you taken educational courses, received additional certification, or received an additional degree in the past year?

NOTE: Please do not include inservice or district classes.

MARK (X) ALL THAT APPLY

- 1 Yes, taken educational courses
- 2 Yes, received additional certification
- 3 Yes, received additional degree
- 4 No → **GO TO N1**

M2. Did you receive or are you working toward any of the following degrees or certificates?

MARK ALL THAT APPLY

- 1 MS or MA degree
- 2 MBA degree
- 3 EdD or Ph.D.
- 4 State certification for elementary education
- 5 State certification for special education
- 6 Other degrees or certifications (*Please specify*)

M3. Which of the following were reasons you took additional courses, received additional certification, or received an additional degree?

NOTE: Please do not include inservice or district classes.

MARK (X) ALL THAT APPLY

- 1 To increase salary
- 2 For professional development in current field
- 3 To teach in a different grade than the one taught last year
- 4 For a non-teaching position in elementary or secondary education
- 5 For an occupation outside elementary or secondary education
- 6 Required to keep your teaching position or certification
- 7 Other (*Please specify*)

N. PERSONAL BACKGROUND INFORMATION

N1. 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

N2. 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 at home with parents

N3. Do you have any children living with you? Include birth, adopted, foster, or stepchildren.

- 1 Yes
- 0 No → GO TO N5

N4. How many of your children are . . .

- a. Under the age of 1?|_|_|
- b. Between the ages of 1 and 5?|_|_|
- c. Between the ages of 6 and 11?|_|_|
- d. Between the ages of 12 and 18?|_|_|
- e. Over the age of 18?|_|_|

N5. Do you live in the same school district where you teach?

- 1 Yes
- 0 No
- na No longer in teaching

N6. How far do you live from where you work?

|_|_| MILES COMMUTING ONE-WAY

|_|_|_| MINUTES COMMUTING ONE-WAY

- n Not currently working outside the home

O. CONTACT INFORMATION

O1. 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. The following information will help us contact you if you move or change jobs

Please PRINT your name, your spouse's name (if applicable), your home address, your telephone number, and the most convenient time to reach you. MPR will mail your check to the address you provide below.

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

O2. Please indicate today's date:

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

03. What are the names and addresses of two other people who would know where to get in touch with you during the coming years? Please do not list any person who now lives with you. Remember to record the relationship of these persons to you (for example, parent, friend, sister, cousin, etc.).

(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 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 ONLY

- 1 Name entered above
2 Other (Please specify name)

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