

<b>Strengthening Adult Reading Instructional Practices</b>	OMB#:	Exp. Date:
	Code # _____ — _____ — _____	

**Instructor Background Characteristics Form**

Name of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Program: \_\_\_\_\_ City/State: \_\_\_\_\_

**Please complete the requested information or check the category for each item that best describes your background.**

1. Gender:            \_\_\_\_\_ Male            \_\_\_\_\_ Female
2. Highest Level of Education:  
       \_\_\_\_\_ Less than B.A.            \_\_\_\_\_ B.A./B.S            \_\_\_\_\_ M.A./M.S.            \_\_\_\_\_ Ph.D./Ed.D

3. Academic Area of Specialty: Please put your degree(s) next to the relevant academic area

- |                              |   |
|------------------------------|---|
| Degree                       | Degree  |
| _____ Adult Education        | _____ History   |
| _____ Business               | _____ Language/Linguistics  |
| _____ Education              | _____ Guidance/Counseling   |
| _____ Education/Elementary   | _____ Mathematics   |
| _____ Education/Secondary    | _____ Communication Arts  |
| _____ Education/Reading      | _____ Psychology  |
| _____ Special Education      | _____ Social Science (Sociology, Anthropology,<br>Economics, Political Science) |
| _____ English                | _____ Social Work   |
| _____ ESL                    |   |
| _____ Other (Specify: _____) |   |

4. Please list any certifications that you have and the areas in which you are certified: \_\_\_\_\_  
 \_\_\_\_\_

5. Birth Date: \_\_\_\_\_

6. Employment Status in this Program:  
       \_\_\_\_\_ Full-time            \_\_\_\_\_ Number of hours per week considered full-time  
       \_\_\_\_\_ Part-time            \_\_\_\_\_ Number of hours per week considered part-time

7. Do you receive benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list benefits: \_\_\_\_\_

8. Number of Years Teaching in Adult Ed.            \_\_\_\_\_ # of years

9. Number of Years in Current Program            \_\_\_\_\_ # of years

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10. Number of Years Teaching Reading \_\_\_\_\_ # of years

11. Number of Years Teaching this Class \_\_\_\_\_ # of years

12. Other classes you currently teach in this program (write "none" if none are taught): \_\_\_\_\_  
\_\_\_\_\_

13. Do you currently teach in any other adult education programs? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many classes and which classes do you teach? # of classes \_\_\_\_\_  
Names of classes: \_\_\_\_\_

14. Past Teaching: Types of classes taught in Adult Education prior to this year and not including the current reading class:

_____ ABE - Reading	_____ ABE – Math	_____ Other: (specify)
_____ ABE - General	_____ ABE – Writing	_____
_____ Pre-GED	_____ ESL	

15. Have you ever participated in formal training in reading instruction other than the STAR training:  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which program, when, where, and what materials were used? (If more than one training session was attended, list additional sessions on back of this sheet.)  
Program/Training Session: \_\_\_\_\_  
When/Where: \_\_\_\_\_  
Materials Used: \_\_\_\_\_

16. List the STAR training sessions that you have attended:

Session Name:	Location:	Month/Year
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17. Have you participated in any of the following during the past four years?  
(If any of these opportunities are not available to you, write "NA" next to the activity.)

- \_\_\_\_\_ Local ABE program committee work
- \_\_\_\_\_ State adult education committees or development work sponsored by state adult ed. office
- \_\_\_\_\_ State adult education association-sponsored committees
- \_\_\_\_\_ National working groups sponsored by OVAE or contractors working for OVAE
- \_\_\_\_\_ Other leadership activities: Describe: \_\_\_\_\_