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# PRINCIPAL MOBILITY SURVEY

This questionnaire asks about your background, experiences as a school principal, and movement between schools or out of the profession. For each item, please mark only one answer, unless instructions say to “Mark one or more” or “Mark all that apply.” Thank you for your help with this survey.

**We want you to know that:**

1. This survey is voluntary but your response is critical for producing valid and reliable data. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can.
2. The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. All information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law. Your answers will be combined with other surveys, and no information identifying individual principals or their schools will be released.

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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). Privacy is protected under Pub. L. 107-56.

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 1850-0803. The time required to complete this information collection is estimated to average 10 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208.

**PRINCIPAL EXPERIENCE AND TRAINING**

1. Were you a school principal during the 2006-07 school year?

YES.....  → GO TO 2

NO.....  →

*Remaining questions are only for individuals who were principals in 2006-2007. Please return this survey in the enclosed envelope. Thank you for your participation.*

2. What is the name of the school where you were the principal during the 2006-07 school year? Please provide the city and state where this school is located.

SCHOOL NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

3. How many years did you serve as the principal of the school where you worked in 2006-07? (Count part of a year as 1 year. If this is the school where you currently work, please count this year as 1 year.)

|\_|\_| YEARS

4. Were you also a principal during the 2007-08 school year?

YES.....  → GO TO 6

NO.....  → GO TO 5

5. Where were you working during the 2007-2008 school year?

MARK ONLY ONE

I WAS WORKING IN A POSITION IN THE FIELD OF EDUCATION (BUT NOT AS A PRINCIPAL).....  → GO TO 25

I WAS WORKING IN AN OCCUPATION OUTSIDE THE FIELD OF EDUCATION.....  → GO TO 25

I WAS NOT WORKING.....  → GO TO 25

6. Was this the *same* school where you were the principal during the 2006-07 school year, or a *different* school?

SAME SCHOOL.....  →

*Remaining questions are only for principals at different schools. Please return this survey in the enclosed envelope. Thank you for your participation.*

DIFFERENT SCHOOL.....  → GO TO 7

7. What is the name of the school where you were the principal for the 2007-08 school year? Please provide the city and state where this school is located.

SCHOOL NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

8. In total, at how many different schools have you served as a principal?

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | TOTAL NUMBER OF SCHOOLS

9. Indicate the level of importance EACH of the following played in your decision to change schools between 2006-07 and 2007-08. In column A, mark the level of importance each played into your decision. In column B, mark the reason that was most important to you.

In column A, mark one for each row.

In column B, mark only one in that column for your most important reason to change schools.

COLUMN A <u>MARK ONE FOR EACH ROW.</u>						COLUMN B MARK <u>ONLY ONE</u> IN THIS COLUMN
Decision to change schools	Not at all important	Slightly important	Somewhat important	Very important	Extremely important	Most important reason
a. To be closer to my home...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Change in residence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. For better salary.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. For better benefits (e.g., health insurance, retirement plan).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Higher job security.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Opportunity to work in a different school level (i.e, elementary, middle, secondary).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Dissatisfied with work place conditions (e.g., facilities, school resources, safety, <u>school size</u> ).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dissatisfied with support from district administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Dissatisfied with changes in my job description or responsibilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. School staffing action (e.g., reduction in force, lay-offs, school closing, school organization, reassignment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Did not have enough autonomy over my school..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Dissatisfied with opportunities for professional development..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How many total years have you served as the principal of any school?  
(Count part of a year as 1 year. If you are currently a school principal, please count this year.)

|\_\_|\_\_| TOTAL YEARS AS PRINCIPAL

11. Before you became a principal, how many total years had you served as an assistant or vice principal of any school?  
(Count part of a year as 1 year. If none, please enter 0.)

\_\_\_\_\_|\_| TOTAL YEARS AS ASSISTANT OR VICE PRINCIPAL

12. Before you became a principal, how many years of elementary, middle, or secondary teaching experience did you have?  
(Count part of a year as 1 year. If none, please enter 0.)

|\_\_|\_\_| TOTAL YEARS TEACHING

13. Before you became a principal, did you have any management experience outside of the field of education?

YES..... ☐ → GO A14

NO..... ☐ → GO A16

14. Please describe the management experience you had before becoming a principal.

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15. How many years of management experience did you have before becoming a principal?

|\_\_|\_\_| TOTAL YEARS

**16. How would you rate your position in 2007-2008 relative to your 2006-07 position in terms of each of the following aspects?**

Mark (X) one box on each line.

	Better in 2007-2008 position	Not better or worse	Better in 2006-2007 position
a. Salary.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Benefits (e.g., health insurance, retirement plan) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Opportunities for professional advancement or promotion .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Opportunities for professional development..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Opportunities for learning from colleagues. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Social relationships with colleagues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Recognition and support from administrators/managers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Safety of environment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Influence over workplace policies and practices .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Autonomy or control over your own work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Professional prestige.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Procedures for performance evaluation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Manageability of workload.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Ability to balance personal life and work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Availability of resources and materials/equipment for doing job .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. General work conditions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Job security.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Intellectual challenge.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Sense of personal accomplishment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Opportunities to make a difference in the lives of others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAPHIC INFORMATION

17. Are you male or female?

MALE.....

FEMALE.....

18. Are you of Hispanic or Latino origin?

YES.....

NO.....

19. What is your race?

MARK ONE OR MORE

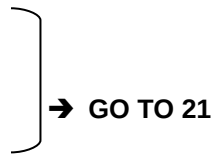
a. White.....

b. Black or African-American.....

c. Asian.....

d. Native Hawaiian or other Pacific Islander.....

e. American Indian or Alaska Native.....



→ GO TO 21

20. Are you enrolled in a state or federally recognized tribe?

YES.....

NO.....

21. In what year were you born?

19|\_|\_| YEAR

22. What is the highest degree you have earned?

(Please indicate the field(s) of study if your highest degree is a Bachelor's, Master's, or doctorate degree).

MARK ONLY ONE

I do not have a degree..... → GO TO 25

Associate degree..... → GO TO 25

Bachelor's degree (B.A., B.S., etc.)..... → GO TO 25

Field(s) of study \_\_\_\_\_

Master's degree (M.A., M.A.T., M.B.A., M.Ed., M.S., etc.)..... → GO TO 24

Field(s) of study \_\_\_\_\_

Educational specialist or professional diploma (at least one year beyond a master's level)..... → GO TO 24

Field(s) of study \_\_\_\_\_

Doctorate or first professional degree (Ph.D., Ed.D., M.D., L.L.B., J.D., D.D.S.)..... → GO TO 23

Field(s) of study \_\_\_\_\_

23. Do you have a doctorate degree in Education Administration?

YES.....

NO.....

24. Do you have a master’s degree, educational specialist, or professional diploma (at least one year beyond a master’s level) in Education Administration?

YES.....

NO.....

25. What was your annual salary in the 2006-2007 year before taxes and deductions?  
(If your position includes multiple duties [e.g., you teach a class and serve as principal at this school], please include your entire salary before taxes and deductions.)

Please report in whole dollars.

\$ | | | | , | | | | PER YEAR

26. What was your estimated annual before-tax earnings at your 2007-2008 job?  
(Include earnings from commissions, merit pay bonuses, and other bonuses from this job. Record earnings in whole numbers.)

If you did not work for pay in 2007-2008, check this box and go to Q27.

\$ | | | | , | | | | PER YEAR

27. In 2007-2008, did you receive a pension from a teacher/principal retirement system?

YES → How much, before taxes? \$ | | | | , | | | | . | | | | PER  MONTH;  YEAR

NO

The remaining questions are for those who worked as a principal in 2007-2008. If you worked as a principal in 2007-2008, please continue with the survey (question 28). If you did not work as a principal in 2007-2008, please continue at question 30.

28. Are you still a principal in the school where you worked in 2007-2008?

MARK ONLY ONE

YES.....  → GO TO 30

NO, I AM A PRINCIPAL AT A DIFFERENT SCHOOL.....  → GO TO 29

NO, I AM WORKING IN A POSITION IN THE FIELD OF EDUCATION, BUT NOT AS A PRINCIPAL.....  → GO TO 30

NO, I AM WORKING IN AN OCCUPATION OUTSIDE THE FIELD OF EDUCATION  → GO TO 30

NO, I AM NOT WORKING.....  → GO TO 30

29. What is the name of the school where you are currently the principal (2008-2009)?  
Please provide the city and state where this school is located.

SCHOOL NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_



**CONTACT INFORMATION**

The survey you have completed may involve a brief follow-up for additional information on principals' movements in the labor force. The information below will assist us in contacting you if you have moved or changed jobs. This information will never be shared with anyone outside the research team, and you will not be contacted for any reason except a brief followup to this survey.

**30. Please provide your contact information below.**

\_\_\_\_\_  
MR./MS./DR.                      FIRST NAME    LAST NAME

\_\_\_\_\_  
STREET    APT. NUMBER

\_\_\_\_\_  
CITY    STATE    ZIP

\_\_\_\_\_  
HOME PHONE NUMBER (INCLUDE AREA CODE)                      \_\_\_\_\_  
NAME OF PERSON TELEPHONE IS LISTED UNDER

\_\_\_\_\_  
MOBILE PHONE NUMBER (INCLUDE AREA CODE)

\_\_\_\_\_  
HOME EMAIL ADDRESS

**Check this box if you are the only person who receives email at this email address**

\_\_\_\_\_  
WORK EMAIL ADDRESS

**Check this box if you are the only person who receives email at this email address**

**31. 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 more than one person who now lives with you. Remember to record the relationship of these persons to you [for example, parent, friend, sister, cousin])*

**A. FIRST PERSON**

\_\_\_\_\_  
MR./MS./DR.                      FIRST NAME    LAST NAME

\_\_\_\_\_  
RELATIONSHIP OF THIS PERSON TO YOU

\_\_\_\_\_  
STREET    APT. NUMBER

\_\_\_\_\_  
CITY    STATE    ZIP

\_\_\_\_\_  
HOME PHONE NUMBER (INCLUDE AREA CODE)                      \_\_\_\_\_

NAME OF PER

**B. SECOND PERSON**

\_\_\_\_\_  
MR./MS./DR.                      FIRST NAME    LAST NAME

\_\_\_\_\_  
RELATIONSHIP OF THIS PERSON TO YOU

\_\_\_\_\_  
STREET    APT. NUMBER

\_\_\_\_\_  
CITY    STATE    ZIP

\_\_\_\_\_  
HOME PHONE NUMBER (INCLUDE AREA CODE)                      \_\_\_\_\_

NAME OF PER

**THANK YOU FOR COMPLETING THIS SURVEY.**

**Please return the completed survey in the postage-paid envelope provided. If you cannot find the envelope and would like us to send you another, please contact us.**

1-888-633-8325

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