

APPENDIX G

TEACHER BACKGROUND FORM

Study of Secondary Math Teachers from Alternative Routes to Certification

Teacher Background and Experience

When completed, please fax to Mathematica Policy Research, Inc. (MPR), toll-free, at _____.
If you have questions regarding this form, please call _____ at _____.

Teacher's first and last name _____
District name _____
School name _____
Form completed by _____

1. Which of the following statements best describes how this teacher entered the profession?

MARK (X) ONE STATEMENT

- A Entered through **Teach For America**
- B Entered through a **Teaching Fellows or Teaching Residency** program
Please mark (x) one program.
- | | |
|---|--|
| B1 <input type="checkbox"/> Baltimore City Teaching Residency | B8 <input type="checkbox"/> Oakland Teaching Fellows |
| B2 <input type="checkbox"/> Chicago Teaching Fellows | B9 <input type="checkbox"/> Philadelphia Teaching Fellows |
| B3 <input type="checkbox"/> DC Teaching Fellows | B10 <input type="checkbox"/> Prince George's County Teaching Fellows |
| B4 <input type="checkbox"/> Indianapolis Teaching Fellows | B11 <input type="checkbox"/> Teach Charleston |
| B5 <input type="checkbox"/> Memphis Teaching Fellows | B12 <input type="checkbox"/> TeachNOLA |
| B6 <input type="checkbox"/> Miami Teaching Fellows | B13 <input type="checkbox"/> Texas Teaching Fellows |
| B7 <input type="checkbox"/> New York City Teaching Fellows | |
- C Entered **after** completing training for initial certification as part of a bachelor's or master's degree program in education or related field (considered the **traditional route to teacher certification**)
- D Entered **before** completing all training and requirements for initial certification (considered an **alternative route to teacher certification**).
Please mark (x) one program or list full program name below.
- | | |
|---|--|
| D1 <input type="checkbox"/> Atlanta PLUS | D4 <input type="checkbox"/> Teaching Opportunity Program (TOP) |
| D2 <input type="checkbox"/> Career Transition Certification Program | D5 <input type="checkbox"/> TeachLA |
| D3 <input type="checkbox"/> Mississippi Teacher Corps | D6 <input type="checkbox"/> Massachusetts Initiative for New Teachers (MINT) |
| D99 <input type="checkbox"/> Other: _____ | |

2. How many years has this teacher worked as a classroom teacher, including this school year?

|_|_|_| YEARS *Please enter |_0_|_1_| if worked less than one year*
Please enter |_0_|_0_| if this teacher has never worked in this capacity

3. If this teacher is selected to be in the study, the following information will be important in case we need to contact him/her directly, not through the school. (Teachers will not be contacted if not in the study.)

Home or cell phone number () - _____
Home email address _____