

**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 \_\_\_\_\_