

SURVEY OF SECONDARY MATH TEACHERS

This survey is authorized by law (20 U.S.C. 1221e.1).

We want you to know that:

1. We are asking you these questions in order to gather information about your educational background, teacher preparation, certification/licensure, and work experiences.
2. You may skip any questions you do not wish to answer. However, we hope that you answer as many questions as you can.

For questions, call toll free at (866) 330-9199 or email ksonnenfeld@mathematica-mpr.com

You may complete the survey one of three ways:

<p>COMPLETE SURVEY BY WEB</p> <p>Log on at:</p> <p>https://www.HSAC2009.org and enter your user ID and password</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">BARCODE LABEL</div>	OR	<p>COMPLETE THIS PAPER SURVEY AND RETURN</p> <p>Mail to:</p> <p>Kathy Sonnenfeld, Survey Director, Study of Secondary Math Teachers Mathematica Policy Research, Inc. P.O. Box 2393 Princeton, NJ 08543</p> <p><i>Use the enclosed pre-addressed postage paid envelope</i></p>	OR	<p>CALL MATHEMATICA IF YOU WANT TO BE INTERVIEWED OVER THE TELEPHONE</p> <p>Call:</p> <p>Mathematica Policy Research, Inc., toll free at: (866) 330-9199 and ask for the Study of Secondary Math Teachers</p>
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Per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183, responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law. Any willful disclosure of such information for nonstatistical purposes, without the informed consent of the respondent, is a class E felony.

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 XXXX-XXXX. The time required to complete this information collection is estimated to average 30 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, 400 Maryland Avenue SW, 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, Washington, DC 20208.

INSTRUCTIONS

Thank you for taking the time to complete this survey. Your responses are very important to us.

- When answering questions that require marking a check box, please use an “X.”
- For each item, please mark only one answer unless instructions say to “MARK ALL THAT APPLY.”
- Some check boxes are followed by a directional arrow. Please proceed to the appropriate question as indicated by the arrow.



or

- Follow all “GO TO” instructions *after* marking a box. If no such instruction is provided, you should continue to the next question.
- Either a pen or pencil may be used.
- If you have taught outside the United States (U.S.), when answering the questions in this survey, please think about your entire teacher training and career experiences, including your experiences outside of the U.S., unless the questions ask specifically about the state, district, or school in which you currently work.

A. EDUCATIONAL BACKGROUND

A1. Please answer the following questions about all the college/university degrees you have completed or are working toward completing.

Please include all degrees received within and outside the United States.

A. What type of degree(s) did/will you receive?	B. From what college or university did/will you receive this degree? What city and state is this college or university located?	C. What was/is the major field of study for this degree? <i>Include both majors if you were a double major. Please use the "Field of Study" codes listed at the bottom of this page.</i>	D. What was/is the minor field of study for this degree? <i>Include both minors if you were a double minor. Please use the "Field of Study" codes listed at the bottom of this page.</i>	E. What month and year did you complete, or do you expect to complete this degree?
1 <input type="checkbox"/> Bachelor's (e.g., BS, BA, AB) 2 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 3 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 4 <input type="checkbox"/> Other (Specify) _____	_____ <i>Name of College</i> _____ <i>City/State/</i> _____ <i>Country (if not U.S.)</i>	____ ____ ____ ____ ____ ____ ____ ____ <i>If 99 Other, (Specify)</i>	____ ____ ____ ____ ____ ____ ____ ____ <i>If 99 Other, (Specify)</i>	____ ____ ____ ____ Month Year
1 <input type="checkbox"/> Bachelor's (e.g., BS, BA, AB) 2 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 3 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 4 <input type="checkbox"/> Other (Specify) _____	_____ <i>Name of College</i> _____ <i>City/State</i> _____ <i>County (if not U.S.)</i>	____ ____ ____ ____ ____ ____ ____ ____ <i>If 99 Other, (Specify)</i>	____ ____ ____ ____ ____ ____ ____ ____ <i>If 99 Other, (Specify)</i>	____ ____ ____ ____ Month Year
1 <input type="checkbox"/> Bachelor's (e.g., BS, BA, AB) 2 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 3 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 4 <input type="checkbox"/> Other (Specify) _____	_____ <i>Name of College</i> _____ <i>City/State</i> _____ <i>Country (if not U.S.)</i>	____ ____ ____ ____ ____ ____ ____ ____ <i>If 99 Other, (Specify)</i>	____ ____ ____ ____ ____ ____ ____ ____ <i>If 99 Other, (Specify)</i>	____ ____ ____ ____ Month Year
1 <input type="checkbox"/> Bachelor's (e.g., BS, BA, AB) 2 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 3 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 4 <input type="checkbox"/> Other (Specify) _____	_____ <i>Name of College</i> _____ <i>City/State</i> _____ <i>Country (if not U.S.)</i>	____ ____ ____ ____ ____ ____ ____ ____ <i>If 99 Other, (Specify)</i>	____ ____ ____ ____ ____ ____ ____ ____ <i>If 99 Other, (Specify)</i>	____ ____ ____ ____ Month Year

FIELD OF STUDY CODES

Agriculture

- 01 Agricultural Business and Production
- 02 Agricultural Sciences

Computer Science and Engineering

- 10 Computer and Information Sciences
- 11 Engineering and Engineering-related Technologies

Education

- 20 Elementary Education
- 21 Secondary Education – Math
- 22 Secondary Education – Other
- 22 Education Research/ Administration

Health

- 30 Health and Related Sciences

Humanities

- 40 Languages, Linguistics, Literature/Letters

Mathematics and Statistics

- 50 Mathematics
- 51 Statistics

Natural/Physical Sciences

- 60 Biological/Life Sciences
- 61 Conservation and Natural Resources
- 62 Physics/Astrophysics
- 63 Psychology
- 64 Other Natural/Physical Sciences

Professional Fields

- 70 Architecture/Environmental Design
- 71 Business Management/ Administrative Services
- 72 Communications/Media
- 73 Criminal Justice/Protective Services
- 74 Finance
- 75 Home Economics
- 76 Law/Prelaw/Legal Studies
- 77 Library Science
- 78 Parks, Recreation, Leisure,

Social Sciences

- 80 Economics
- 81 Public Affairs
- 82 Other Social Sciences and History

Other Fields of Study

- 90 Liberal Arts/General Studies
- 99 Other, none of the field of study codes listed above

41 Philosophy, Religion, Theology
42 Visual and Performing Arts

and Fitness Studies
79 Social Work

A. EDUCATIONAL BACKGROUND *continued*

A2. Please think about the college or graduate level math courses you have taken or are currently taking at a college or university. For each of the math subject areas listed below, please indicate the number of college-level courses you have taken and/or are currently taking in this subject area.

Please do not include courses focused primarily on math pedagogy or math instructional strategies.

Please include:

- year, semester, and quarter long courses (but do not include courses that lasted less than an academic quarter),
- courses for which you received college credit, even if you took the course in high school,
- courses taken at the graduate level, and
- courses inside and outside of the math department.

If you took a single course that covered more than one subject area, select the subject area that best describes the course and count it as one course in that subject area.

Math Subject Area	Including course subjects such as...	A. How many college-level courses have you completed in...	B. How many college-level courses are you currently taking in...
		<i>Please enter 00 if you did not complete any courses in this subject area.</i>	<i>Please enter 00 if you are not currently taking any courses in this subject area.</i>
a. Pre-calculus?.....	<i>Pre-calculus, trigonometry, analytic geometry, basic algebra, and pre-algebra</i>	_ _	_ _
b. Calculus?.....	<i>Single-variable calculus, multivariate calculus, and differential equations (ordinary and partial)</i>	_ _	_ _
c. Advanced algebra?.....	<i>Linear algebra (matrices, vector spaces), and modern/abstract algebra (rings, fields)</i>	_ _	_ _
d. Analysis?.....	<i>Advanced calculus/real analysis (calculus with rigorous proofs, metric spaces, measure theory), functional analysis (Banach spaces), and complex analysis (Cauchy integral theorem)</i>	_ _	_ _
e. Advanced geometry/topology?.....	<i>Topology (point-set and algebraic) and differential geometry</i>	_ _	_ _
f. Probability and statistics?.....	<i>Probability, statistics, stochastic processes, and statistical methods in the social sciences (econometric, psychometric, behavioral statistics)</i>	_ _	_ _
g. Discrete mathematics?.....	<i>Combinatorics, graph theory, number theory, and foundations of mathematics (logic, set theory, proofs)</i>	_ _	_ _
h. Applied mathematics?.....	<i>Thermodynamics, mechanics (Newtonian, quantum, fluid), mathematical or computational physics, mathematical methods for engineering, numerical analysis, mathematical economics, mathematical modeling and simulation</i>	_ _	_ _
i. Other (Please specify).....	<i>Please list any other college-level math courses you've taken or are currently taking that are <u>not included</u> in the above categories.</i>	_ _	_ _

B. NON-TEACHING WORK EXPERIENCE

continued

B1. After you completed your bachelor's degree, but before you became a secondary math teacher, did you ever work at any paid non-teaching jobs? continued

Secondary math teacher is defined as teaching math to students in grades 6-12.

Please include full-time and part-time jobs.

1 Yes

0 No → GO TO C1 (PAGE 4)

B2. How many years did you work at these paid non-teaching jobs?

Please include full-time and part-time jobs.

Please enter 01 if you worked less than one year.

|_|_| NUMBER OF YEARS

B3. Now please think again about the different math courses you have taken in a college or university. On average, how often did you use the mathematical knowledge or skills you gained from these courses in the paid non-teaching jobs you had?

Please include only the paid non-teaching jobs you held after you completed your bachelor's degree, but before you became a secondary math teacher.

MARK (X) ONE ANSWER

1 Never

2 Rarely

3 Not often

4 Sometimes

5 Often

6 Very often

C. TEACHER PROFESSIONAL DEVELOPMENT, PREPARATION, AND EXPERIENCE
continued

C1. As part of your training to become a math teacher, did you receive any instruction in math pedagogy or strategies to teach math?

Please include any college-level courses, training provided by your teacher preparation program, and any training provided by your school district.

- 1 Yes
0 No → GO TO C2

C1a. In total, how many hours of instruction in math pedagogy or strategies to teach math did you receive?

*Your best estimate of the number of hours is fine.
By hours, we mean "clock" hours, not credit hours.*

MARK (X) ONE ANSWER

- 1 Less than 5 hours
2 5 to 20 hours
3 21 to 40 hours
4 41 to 60 hours
5 61 to 80 hours
6 81 to 100 hours
7 More than 100 hours

C2. Some districts require prospective teachers without degrees in math to take an intensive math immersion program in order to become certified to teach secondary math. These programs typically cover the necessary content knowledge to teach secondary math.

Before becoming a secondary math teacher, did you participate in this type of program?

- 1 Yes
0 No → GO TO C4 (PAGE 5)

C3. In total, on how many days did you attend the intensive math immersion program?

|__| |__| TOTAL DAYS

C. TEACHER PROFESSIONAL DEVELOPMENT, PREPARATION, AND EXPERIENCE, *continued*

These next questions are about your experiences in elementary or secondary school classrooms, as part of your teacher education/preparation program, but before you became a paid teacher. If these experiences occurred several years ago, please think back to that time and answer the questions as best as you can.

C4. Did your teacher education/preparation program require you to do any student teaching, in which you went to an elementary or secondary school and taught one or more math lessons to a whole classroom of students?

- 1 Yes
 0 No → GO TO C6

C4a. On approximately how many days, in total, did you teach at least one full math lesson (at least one class period) to a whole classroom of students?

Your best estimate is fine.

Some teacher education/preparation programs require candidates to do student teaching at multiple points in the training process. If that was true for your program, be sure to think about all the episodes of student teaching, not just the final episode.

- 1 5 or fewer days
 2 6-10 days
 3 11-15 days
 4 16-20 days
 5 21-40 days
 6 41-60 days
 7 61-80 days
 8 More than 80 days

C5. Thinking about all the days on which you taught at least one full math lesson (at least one class period) to a whole classroom of students, how many hours per day (on average) were you teaching a full math lesson?

Your best estimate is fine.

Please enter 00 if you spent no days teaching a full math lesson.

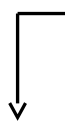
|_|_| HOURS PER DAY

C6. Please indicate below the number of years you have taught at these different types of schools prior to this school year (2009-2010).

Please include full-time and part-time jobs.

	Prior to this school year, how many years have you taught secondary math at... <i>Please enter "00" if you have not worked in this capacity prior to this school year.</i>	Prior to this school year, how many years have you taught in total at... <i>Please enter "00" if you have not worked in this capacity prior to this school year.</i>
a. a U.S. public school?.....	_ _	_ _
b. a U.S. private school?.....	_ _	_ _
c. a school outside the U.S.?.....	_ _	_ _
d. the school in which you are currently working?.....	_ _	_ _

C7. Did you complete your teacher preparation/training program outside of the United States?

- 1 Yes
- 0 No → GO TO D1 (PAGE 7)
- 

C8. What country did you complete your teacher preparation/training program in?

NAME OF COUNTRY

C9. Did you enter teaching in the United States through the...

MARK (X) ONE ANSWER

- 1 Visiting International Faculty Program,
- 2 Another teacher recruitment /placement program (Please specify) _____
- 3 Or on your own, not through any particular program to attract international teachers.

D. CERTIFICATION STATUS AND CURRENT EDUCATIONAL ACTIVITIES

The following questions are about your certification/licensure status and coursework you may be currently taking during this school year (2009-2010).

D1. Do you currently hold or are you pursuing full, regular, or standard state certification/licensure to teach math?

This is certification that is issued by the state in which you currently work to teachers who have completed all training requirements, exams, and any required probationary teaching period.

MARK (X) ALL THAT APPLY: For example, if you hold full certification to teach math in grades 6 - 8 and are currently pursuing certification to teach math in grades 9 - 12, you would mark box 1 and box 2.

1 <input type="checkbox"/> I <u>hold</u> full state certification to <u>teach math</u>	—————> What year did you receive your full certification? _ _ _ _ YEAR
2 <input type="checkbox"/> I am <u>pursuing</u> full state certification to <u>teach math</u>	—————> What year do you expect to receive your full certification? _ _ _ _ YEAR
0 <input type="checkbox"/> No, I <u>do not hold nor am I pursuing</u> full state certification to teach <u>math</u>	
—————> GO TO D3	

D2. Please indicate all the grade levels for which you are fully certified/licensed or are pursuing full state certification/licensure to teach math.

MARK (X) ONE ANSWER FOR EACH ROW IN EACH COLUMN					
	A. Are you fully certified/licensed to teach math in...		B. Are you currently pursuing full certification/licensure to teach math in...		
a. Grade 6?.....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
b. Grade 7?.....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
c. Grade 8?.....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
d. Grade 9?.....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
e. Grade 10?.....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
f. Grade 11?.....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	
g. Grade 12?.....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No	

D3. Do you currently hold or are you pursuing full, regular, or standard state certification/licensure to teach in an area other than math?

This is certification that is issued by the state in which you currently work to teachers who have completed all training requirements, exams, and any required probationary teaching period.

MARK (X) ALL THAT APPLY For example, if you hold full certification to teach computer science and are currently pursuing certification to teach physics, you would mark box 1 and box 2.

1 <input type="checkbox"/> I <u>hold</u> full state certification to <u>teach in a non-math area</u>	—————> What year did you receive your full certification? _ _ _ _ YEAR
2 <input type="checkbox"/> I am <u>pursuing</u> full state certification to <u>teach in a non-math area</u>	—————> What year do you expect to receive your full certification? _ _ _ _ YEAR
0 <input type="checkbox"/> No, I <u>do not hold nor am I pursuing</u> full state certification to teach in a <u>non-math area</u>	

D. CERTIFICATION STATUS AND CURRENT EDUCATIONAL ACTIVITIES, *continued*

D4. During this school year (2009-2010), were you enrolled in classes related to your job as a secondary math teacher?

- 1 Yes
0 No → GO TO E1 (PAGE 9)

D5. Are you taking this coursework to fulfill the requirements to . . .

MARK (X) ONE ANSWER

- 1 Maintain your current full, regular, or standard state teacher certification?
2 Obtain full, regular, or standard state teacher certification but not an advanced or master's degree?
3 Obtain an advanced or master's degree required for full, regular, or standard state teacher certification?
4 Obtain an advanced or master's degree that is not required to obtain full, regular, or standard state teacher certification?
99 Other reason? (*Please specify*) _____

D6. Please indicate when you started the coursework and expect to complete the coursework to fulfill these coursework requirements.

a. **I started taking courses to fulfill these coursework requirements in**

|_|_|_|/|_2_|_0_|_|_|_|
MONTH YEAR

b. **I expect to complete the coursework to fulfill these coursework requirements in**

|_|_|_|/|_2_|_0_|_|_|_|
MONTH YEAR

D7. During this school year (2009-2010), how many weeks did you attend these classes (either in person or online)?

|_|_|_| NUMBER OF WEEKS

D8. For these classes, how many hours per week, on average, did you spend . . .

a. **attending these classes (either in person or online)?**

|_|_|_| AVERAGE HOURS PER WEEK

b. **doing work for these courses outside of class time?**

|_|_|_| AVERAGE HOURS PER WEEK

E. SUPPORT ACTIVITIES FOR TEACHERS

E1. During this school year (2009-2010), were you assigned a mentor/master teacher or a field supervisor?

Mentor/master teachers and field supervisors have teaching experience or expertise and provide information, advice, support, coaching, and feedback to the beginning teacher.

- 1 Yes
 0 No → GO TO E5 (PAGE 10)

E2. Please indicate the type(s) of master/mentor teachers or field supervisors you had during this school year (2009-2010):

MARK (X) ALL THAT APPLY

- 1 A teacher from your school
 2 An administrator from your school
 3 A teacher or administrator assigned by your district
 4 A faculty member or staff member affiliated with your teacher education/preparation program
 5 Other (*Specify*) _____

E3. Now we would like to know about your interactions with the mentor/master teacher or field supervisor during this school year (2009-2010). How many times did the activities described below take place? If you had more than one mentor, these questions are about the one with whom you spent the most time.

Please enter 00 for any activities that did not occur.

	A. Approximately how many times did each activity occur during this school year (2009-2010)?	B. Each time this activity occurred, on average, how many minutes did this activity last?
a. He/she observed your classroom teaching.....	_ _ NUMBER OF TIMES	_ _ _ MINUTES
b. You observed his/her classroom teaching.....	_ _ NUMBER OF TIMES	_ _ _ MINUTES
c. You met formally (at scheduled times) with him/her on an individual basis.....	_ _ NUMBER OF TIMES	_ _ _ MINUTES
d. You met informally (at unscheduled times) with him/her on an individual basis.....	_ _ NUMBER OF TIMES	_ _ _ MINUTES
e. He/she provided you with written feedback on your performance.....	_ _ NUMBER OF TIMES	N/A
f. He/she provided some other kind of support (<i>Please specify</i>).....	_ _ NUMBER OF TIMES	_ _ _ MINUTES

E4. Please think about all of the mentoring and field supervision you received during this school year (2009-2010). Overall, was the mentoring or field supervision you received very helpful, somewhat helpful, slightly helpful, or not helpful at all?

MARK (X) ONE ANSWER

- 1 Very helpful
 2 Somewhat helpful
 3 Slightly helpful
 4 Not helpful at all

E. SUPPORT ACTIVITIES FOR TEACHERS, *continued*

E5. During this school year (2009-2010), did you receive any of the following kinds of support?

Please include any support that you received from your district, school, or teacher training program.

	MARK (X) ONE IN EACH ROW	
a. Reduced teaching schedule.....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
b. Seminars or classes for beginning teachers (e.g. induction programs).....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
c. Extra professional classroom assistance (e.g., teacher's aide, team teaching).....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
d. Regular supportive communication with your principal, other administrators, or department chair.....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
e. Opportunities to observe other teachers.....	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No

E6. During this school year (2009-2010), did you attend any professional development classes, workshops, or seminars provided by the school district in math pedagogy or strategies to teach math?

- 1 Yes
 0 No → GO TO F1 (PAGE 11)

E7. In total, how many hours did you spend attending these professional development classes, workshops, or seminars in math pedagogy or strategies to teach math?

Your best estimate of the number of hours is fine.

MARK (X) ONE ANSWER

- 1 Less than 5 hours
 2 5 to 10 hours
 3 11 to 20 hours
 4 More than 20 hours

F. TEACHING AT YOUR SCHOOL

F1. To what extent, if any, has each of the following issues hindered student learning in your classroom since the start of this school year (2009-2010)?

	MARK (X) ONE ANSWER IN EACH ROW			
	Not at all	To a slight extent	To some extent	To a great extent
a. Student tardiness in your math class.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Student motivation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Student absenteeism/class cutting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Physical conflicts among students.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Verbal conflicts among students.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Verbal abuse of teacher(s) by students.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. General misbehavior (e.g., students talking in class, refusal to follow classroom rules).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Students' insufficient academic foundation/preparation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

F2. During this school year (2009-2010), how satisfied are you with each of the following aspects of teaching at this school?

	MARK (X) ONE ANSWER IN EACH ROW			
	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
a. Recognition and /or support from administration.....	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 influence over 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. Procedures for performance evaluation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Professional caliber of colleagues.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

G. TEACHING AS A CAREER

G1. How satisfied are you with each of the following aspects of the teaching profession?

	MARK (X) ONE ANSWER IN EACH ROW			
	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
a. Opportunities for professional advancement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Salary	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Benefits.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Professional prestige.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Intellectual challenge.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Opportunities to make a difference in students' lives.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

G2. How many more years do you plan to teach after this school year (2009-2010)?

MARK (X) ONE ANSWER

- 1 6 or more years
- 2 3 to 5 more years
- 3 1 to 2 more years
- 4 None
- 9 Don't know/unsure

G3. What do you think will be the primary reason for the end of your classroom teaching career?

MARK (X) ONE ANSWER

- 1 I plan to pursue other education related career opportunities (e.g., principal, administrator, counselor)
- 2 I plan to pursue other non-education related career opportunities
- 3 I plan to stay home to take care of my family
- 4 I plan to retire from work
- 5 I am undecided at this time
- 99 I plan to pursue something else (*Please specify*)

H. ABOUT YOU

H1. What year were you born?

| 1 | 9 | | | YEAR

H2. Are you of Hispanic or Latino origin?

1 Yes

0 No

H3. What is your race?

SELECT ONE OR MORE

1 White/Caucasian

2 Black/African-American

3 Asian

4 Native Hawaiian or Other Pacific Islander

5 American Indian or Alaska Native

H4. Are you male or female?

1 Male

2 Female

[Mail version only]

H5. There are many reasons why people choose to complete a survey on paper or on the web when both options are available. Could you tell us why you chose to answer this survey on paper instead of on the web? For each reason, please indicate if you chose to complete this survey on paper instead of on the web because . . .

	MARK (X) ONE IN EACH ROW	
a. You did not have access to a computer	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
b. Computers were in use by others at the times you wanted to complete the survey	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
c. You started the survey, but experienced technical problems. For example, the screen froze or it took too long to load the page(s)	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
d. The computer screen was too small to read the questions	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
e. You were unable to read the questions on the screen because of the color scheme on the computer	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
f. You chose to complete the paper version of the survey because it was readily accessible/portable	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No
g. Another reason (<i>Please specify</i>)	1 <input type="checkbox"/> Yes	0 <input type="checkbox"/> No

THANK YOU

In appreciation for completing this important survey, we would like to send you a payment of \$30.00.

1. What name would you like to appear on the check?

Print name:

|_____||_____||_____||_____||
First Name Middle Initial Last Name

2. Would you like your check sent to your home or school?

Home

-> |_____||_____||_____||_____||
Home Street Address Apt# City State Zip code
If applicable

School

-> |_____||
Please provide school name only if you want the check to be sent to your school.

3. Finally, please provide us with the following information so we can contact you if we have any questions about the answers you provided on the survey.

Work Telephone: (|_|_|_|_|) - |_|_|_|_| - |_|_|_|_|_|
Area Code

Home Telephone: (|_|_|_|_|) - |_|_|_|_| - |_|_|_|_|_|
Area Code

Cellular Telephone: (|_|_|_|_|) - |_|_|_|_| - |_|_|_|_|_|
Area Code

Email Address: |_____||

THANK YOU FOR COMPLETING THE SURVEY

Please use the enclosed pre-addressed postage paid envelope to mail your completed survey to:

Kathy Sonnenfeld
Survey Director, Study of Secondary Math Teachers
Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543