

DATE

«Teacher_First» «Teacher_Last»
«School_Name»
«School_Address»
«School_City», «School_State» «School_Zip»

Dear Teacher,

As you know, your district is participating in Project RISE and you were identified as a transfer teacher for the program. Mathematica Policy Research (MPR), with our partners The New Teacher Group (TNTP) and Optimal Solutions Group (OSG), is conducting an evaluation of this program for the U.S. Department of Education's Institute of Education Sciences. As part of the study, we are gathering information about your teaching experiences, experiences with mentoring, and teaching plans.

As an eligible teacher, we ask that you complete the Talent Transfer Initiative Teacher Career and Satisfaction Survey. Responses to this data collection will be used for statistical purposes only. 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. Additionally, no one at your school or in your district will see your responses. While your participation in this study is voluntary, it is very important that you complete the questionnaire.

We estimate the questionnaire will take approximately 30 minutes to complete. As a thank you, you will receive a check for \$25 once you have returned the completed questionnaire. **Please use the enclosed envelope to return the survey by DATE.**

If you have any questions, please contact Kristina Rall at 866-608-8290, or by e-mail at krall@mathematica-mpr.com.

Thank you for your help with this important study.

Sincerely,



Nancy Carey, Ph.D.
Survey Director

TALENT TRANSFER INITIATIVE TEACHER CAREER AND SATISFACTION SURVEY

This questionnaire asks about your educational background and past teaching experience, and your experiences as a teacher who transferred into this school for the 2009-2010 school year.

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. Your answers to questions will not affect your job or any hiring decisions now or in the future and will not be shared with any members of the school administration or anyone else other than the researchers. Participation in the teacher survey will not impose any risks to you as a respondent. If you have any questions about your rights as a research volunteer, you can contact Margo Campbell at Public/Private Ventures IRB, toll free 800-755-4778 x 4446.
2. The U.S. Department of Education is committed to protecting the privacy of individuals who participate in surveys. All information you provide will be kept strictly confidential and used for research purposes only. Your answers will be combined with other surveys, and no information identifying individual teachers or their schools will be released.

Thank you very much for your help with this survey.

Please return the completed form to:
Mathematica Policy Research, Inc.
707 Alexander Road
Building 3, Suite 304
Princeton, NJ 08540
ATTN:

If you have questions, please contact:
Ms. Kristina Rall
Phone: 866-608-8290 (toll free)
FAX: 202-863-1763
E-mail: krall@mathematica-mpr.com

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).

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 XX 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.

SECTION A. TEACHING EXPERIENCE AND JOB SATISFACTION

This section asks about your experiences as a classroom teacher. When responding, please report on your employment in both public and private schools. Do not report on your experiences as a substitute teacher, teacher's aide, paraprofessional, or student teacher.

Note: This version of the survey does not include items A1-A5.

A6. Which of the following types of support did you receive as a newly-hired teacher at this school since the start of this school year? To what extent was the support you received useful?

In Column A: For each type of support listed below, please mark Yes or No to indicate whether or not you received it.

In Column B: If you mark Yes in Column A, please indicate how useful that type of support was to you.

IN EACH ROW, MARK ONE BOX IN COLUMN A.

IF YOU ANSWER YES IN COLUMN A, MARK ONE BOX IN COLUMN B.

	A. Received support?		B. Usefulness of support?		
	Yes	No	Not Very Useful	Useful	Very Useful
a. District or school orientation at the beginning of the year.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Individual (i.e., one-on-one) meeting with the principal.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Introduction by principal to fellow teaching staff at the school.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Classroom visits by principal.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Informal meetings with, or advice from, fellow teaching staff.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Regular planning time with fellow teachers.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Regular advice and guidance from an assigned mentor teacher.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Assistance from fellow teachers in finding resources and materials.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. PRETEST ONLY: Other support (<i>PLEASE SPECIFY</i>)..... _____.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

A7. Thinking about your transition to the school where you currently teach, to what extent do you agree or disagree with each of the following statements?

IN EACH ROW, MARK ONE BOX ONLY

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. My orientation to this school was useful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Other teachers here made me feel welcome.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I received the social support I needed to integrate into this school.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I received the material support I needed to integrate into this school (e.g., classroom equipment).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I often felt like an outsider at this school.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A8. To what extent did you find each of the following a challenge in your transition to the school where you currently teach?

IN EACH ROW, MARK ONE BOX ONLY

	Not a Challenge	Minor Challenge	Major Challenge
a. Teaching low-performing students.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Student discipline and classroom management.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Interacting with parents.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Gaining support from fellow teachers in the school.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Gaining the support of the principal.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Other (<i>PLEASE SPECIFY</i>).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

A9. Which grade level(s) do you currently teach? *MARK ALL THAT APPLY*

- | | | |
|--------------------------------------|--|--|
| 1 <input type="checkbox"/> 1st grade | 6 <input type="checkbox"/> 6th grade | 11 <input type="checkbox"/> 11th grade |
| 2 <input type="checkbox"/> 2nd grade | 7 <input type="checkbox"/> 7th grade | 12 <input type="checkbox"/> 12nd grade |
| 3 <input type="checkbox"/> 3rd grade | 8 <input type="checkbox"/> 8th grade | 13 <input type="checkbox"/> Ungraded |
| 4 <input type="checkbox"/> 4th grade | 9 <input type="checkbox"/> 9th grade | 14 <input type="checkbox"/> Kindergarten |
| 5 <input type="checkbox"/> 5th grade | 10 <input type="checkbox"/> 10th grade | 15 <input type="checkbox"/> Pre-kindergarten |

A10. Do you currently teach one self-contained class (where you instruct the same group of students most or all of the day in multiple subjects) or do you teach several classes of different students in one or more academic subjects?

I teach one self-contained class.....1 →GO TO A11

I teach several classes of different students.....2 →GO TO A12

A11. How many students are enrolled in your class?

|_|_| TOTAL STUDENTS

A12. Which subjects do you currently teach? Mark Yes or No for each subject listed below. If you teach any language arts or mathematics classes, please indicate the number of classes or sections that you teach, and the total number of students that you teach.

	Yes	No	Number of classes or sections	Total number of students
a. English / Language Arts / Reading.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_ _	_ _ _ _
b. Mathematics.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_ _	_ _ _ _
c. English as a Second Language (ESL).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
d. Special instruction for English Language Learners (ELL) or Limited English Proficient (LEP) students.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
e. Foreign Language.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
f. Social Studies.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
g. Science.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
h. Resource Teacher.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
h. Special Education.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		
i. Other (PLEASE SPECIFY).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>		

A13. In general, how much do you agree or disagree with each of the following statements about your teaching assignment this school year?

<i>IN EACH ROW, MARK ONE BOX ONLY</i>	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. I am satisfied with the grade levels I was assigned to teach.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I am satisfied with the subject(s) I was assigned to teach.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I am satisfied with the way students were assigned to my class, or classes.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A14. Are there other teachers at your school who teach the same grade level or subjects that you are teaching this school year?

YES.....1

NO.....0 →GO TO A17

A15. Think about the ABILITY LEVELS of the students assigned to your class(es) this year compared to those of students assigned to your colleague(s) teaching the same grade level or subject in your school. Would you say the students in YOUR class(es) are . . .

MARK ONLY ONE

More challenging in ability?.....1

About the same level of ability?.....2

Less challenging in terms of ability?.....3

Cannot judge. I am unfamiliar with the ability levels of the students in the other class(s).....4

A16. Think about the DISCIPLINARY ISSUES of the students assigned to your class(es) this year compared to those of students assigned to your colleague(s) teaching the same grade level or subject in your school. Would you say the students in YOUR class(es) are . . .

MARK ONLY ONE

More challenging in terms of disciplinary issues?.....1

About the same in terms of disciplinary issues?.....2

Less challenging in terms of disciplinary issues?.....3

Cannot judge. I am unfamiliar with the disciplinary issues of the students in the other class(s).....4

A17. Thinking about this school year, how satisfied are you with each of the following aspects of the school?

IN EACH ROW, MARK ONE BOX ONLY

	Very Dissatisfied	Somewhat Dissatisfied	Somewhat Satisfied	Very Satisfied
Leadership/School Policies				
a. The principal's leadership and vision.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Teacher recognition for positive accomplishments.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Student testing policies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Other school policies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Professional Environment				
e. Professional caliber of colleagues.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Salary.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Benefits.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Opportunities for professional development...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Opportunities to provide input into school policies and practices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Autonomy or control over classroom.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Workload.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
School Environment and Facilities				
l. Teacher support from the administration.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. Support from faculty/collaboration with colleagues.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Support for teachers working with students with special needs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. 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"/>
p. School facilities such as the building or grounds.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. Safety in the school building and on school grounds (including parking lot).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
r. Safety in the neighborhood where the school is located.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Your Students and Their Families				
s. Student motivation to learn.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
t. Student discipline and behavior.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
u. Student academic performance.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
v. Parental involvement in the school.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A18. Did you teach a grade level and/or subject the last school year (2008-2009) that is different from what you are teaching this school year (2009-2010)?

YES.....1

NO.....0 →GO TO SECTION B

A19. What is the main reason you are teaching a different grade or subject?

MARK ONLY ONE

I wanted to teach a different grade level or subject.....1

I had a choice, but my principal asked me to teach this class.....2

This was the only option available.....3

Other (*PLEASE SPECIFY*).....4

A20. Which grade level(s) did you teach last school year (2008-2009)? *MARK ALL THAT APPLY*

1 1st grade

6 6th grade

11 11th grade

2 2nd grade

7 7th grade

12 12nd grade

3 3rd grade

8 8th grade

13 Ungraded

4 4th grade

9 9th grade

14 Kindergarten

5 5th grade

10 10th grade

15 Pre-kindergarten

A21. Did you teach one self-contained class (where you instructed the same group of students most or all of the day in multiple subjects) or did you teach several classes of different students in one or more academic subjects?

I taught one self-contained class.....1 →GO TO SECTION B

I taught several classes of different students.....2

A22. Which subjects did you teach in 2008-2009? *MARK ALL THAT APPLY*

- 1 English / Language Arts / Reading
- 2 Mathematics
- 3 English as a Second Language (ESL)
- 4 Special instruction for English Language Learners
(ELL) or Limited English Proficient (LEP) students
- 5 Foreign Language
- 6 Social Studies
- 7 Science
- 8 Resource Teacher
- 9 Special Education
- 10 Other (PLEASE SPECIFY) _____

SECTION B. MENTORING

This section asks about your school's use of staff to provide professional advice and direct assistance to classroom teachers. These staff members are typically referred to as mentors, coaches, or lead teachers.

B1. Are you assigned to, and currently working with, a person (or persons), such as a mentor, coach, lead teacher, or other school or district leader, who provides professional advice and direct assistance to you in your teaching duties?

YES.....1

NO.....0 → **GO TO B8**

B2. How many different people provide this kind of professional advice and direct assistance to you in your teaching duties?

|__|__| NUMBER OF PEOPLE

B3. Now think about the person who provides the most support of this type to you. What is that person's job title?

MARK ONLY ONE

- School Principal..... 1
- Assistant or Vice-Principal..... 2
- Department Head or Chair..... 3
- Lead Teacher..... 4
- Mentor or Master Teacher..... 5
- Other (*PLEASE SPECIFY TITLE*)..... 6

B4. On average, how frequently are your regular meetings with that person? Please include all scheduled meetings during and outside regular school hours.

|__|__| NUMBER OF TIMES (IF NONE, ENTER 0.)

MARK ONLY ONE

- Per week..... 1
- Per month..... 2
- Per year..... 3
- Other (*PLEASE SPECIFY*)..... 4

B5. On average, how long is each of these scheduled meetings with that person?

|__|__|__| MINUTES PER MEETING

B6. On average, about how frequently do you meet informally with that person (without scheduling in advance)? Please include all unscheduled meetings during and outside regular school hours.

|_|_| NUMBER OF TIMES (IF NONE, ENTER 0.)
MARK ONLY ONE

- Per week..... 1
- Per month..... 2
- Per year..... 3
- Other (PLEASE SPECIFY)_____ 4

B7. On average, how long is each of these informal meetings with that person?

|_|_|_| MINUTES PER MEETING

B8. Are you currently assigned to mentor other teachers at your school?

- Yes.....1
- No.....0 →GO TO B12

B9. How many teachers are you mentoring on an ongoing basis?

|_|_| TEACHERS

B10. On average, how much time within your contracted hours do you spend each week engaged in activities related to your position as a mentor? (Please indicate the number of minutes.)

|_|_|_| MINUTES EACH WEEK (IF NONE, ENTER 0.)

B11. On average, how much time OUTSIDE of your contracted hours do you spend each week engaged in activities related to your position as a mentor? (Please indicate the number of minutes.)

|_|_|_| MINUTES EACH WEEK (IF NONE, ENTER 0.)

B12. Approximately how many minutes per week do you spend informally helping other teachers at your school? Please include time spent both during and outside regular school hours whether the time was spent within or outside contracted hours.

|_|_|_| MINUTES EACH WEEK (IF NONE, ENTER 0.)

B13. In which of the following activities are you involved at your school?

IN EACH ROW, MARK ONE BOX ONLY

	Yes	No
a. Serving as a grade level or subject area chair.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Serving on a school improvement committee.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Working to obtain external funding for my school (i.e., grants or funding from external organizations for projects/supplies/materials).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Leading or promoting teacher collaboration.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

SECTION C. TEACHING PLANS

This section asks about your experiences seeking new employment since January, 2008, and your expectations about your employment in the future.

Note: This version of the survey does not include items C1-C3.

C4. Where do you expect to work next school year (2010-2011)?

MARK ONLY ONE

- Teaching in the same school in which I am currently teaching.....1 → **GO TO C6**
- Teaching in another school in my current district.....2 }
- Teaching in a different public school district.....3 }
- Teaching in a private school or charter school.....4 } → **GO TO C5**
- In a non-teaching job.....5 }
- Not working outside the home.....6 }
- Other (*PLEASE SPECIFY*).....7 }

C5. What is the main reason you expect that you will not be teaching at *this* school next year?

C6. How long do you plan to continue working as a classroom teacher?

MARK ONLY ONE

- As long as I am able..... 1
- Until I am eligible for retirement benefits from this job..... 2
- Until I am eligible for retirement from another job..... 3
- Until I am eligible for Social Security benefits..... 4
- Until a specific life event occurs (e.g., parenthood, marriage)..... 5
- Until a more desirable opportunity comes along..... 6
- Definitely plan to leave as soon as I can..... 7
- Undecided at this time..... 8
- Other (*PLEASE SPECIFY*)..... 9

Note: This version of the survey does not include Section D.

SECTION E. COMPENSATION

This section asks for your best estimates of any compensation you received from sources other than your regular teaching position during the 2009-2010 school year.

E1. In addition to your annual base salary from the school district for the 2009-2010 school year, did you receive, or have you been offered, any other compensation? (Include bonuses, compensation for teaching summer school, coaching, etc.)

YES.....1

NO.....0 → **GO TO F1**

E2. Please indicate whether you were offered any of the following types of bonuses or incentives in 2009-2010. If you mark Yes in Column A, please indicate the amount or expected amount of compensation in Column B.

IN EACH ROW, MARK ONE BOX IN COLUMN A. IF YOU MARK YES IN COLUMN A, COMPLETE COLUMN B.

Bonus Type	A. Offered?		B. Compensation amount (Round to nearest \$100)
	Yes	No	
a. Hiring or transfer bonus.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ __ __ , __ 0 0
b. Retention bonus.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ __ __ , __ 0 0
c. Bonus to teach a particular grade level or subject.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ __ __ , __ 0 0
d. Individual performance-based bonus.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ __ __ , __ 0 0
e. School-based performance-based bonus.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ __ __ , __ 0 0
Stipends or Additional Pay			
f. Stipend for performing extra duties, such as mentoring or leading professional development.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ __ __ , __ 0 0
g. Stipend for leading extracurricular activities (including coaching).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ __ __ , __ 0 0
h. Teaching summer school.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ __ __ , __ 0 0
i. Other bonus, incentive or stipend (PLEASE SPECIFY).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ __ __ , __ 0 0

SECTION F. FAMILY AND HOUSING COMMITMENTS

This section asks you to provide information about family commitments, housing, and your work commute, all of which may be related to your decision to change jobs or schools.

F1. Do you currently live in the same school district in which you teach?

- Yes.....1
- No.....0

F2. How far do you live from the school where you taught/teach in 2008-2009 and 2009-2010?

Please indicate the miles and minutes you commute one-way. Your best estimate is fine.

If you did not teach during the 2008-2009 school year, check this box and answer only for the 2009-2010 school year.

School Year	Miles One Way	Minutes One Way
a. 2008-2009	_ _ _ MILES	_ _ _ MINUTES
b. 2009-2010	_ _ _ MILES	_ _ _ MINUTES

F3. What is the primary mode of transportation you use to commute to the school where you (taught/teach) in 2008-2009 and 2009-2010?

If you did not teach during the 2008-2009 school year, check this box and answer only for the 2009-2010 school year.

MARK ONLY ONE FOR EACH YEAR

	2008-2009	2009-2010
Usually drive my own car.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Usually take public transportation (bus, rail).....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Usually carpool with others.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Usually walk.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Other (PLEASE SPECIFY).....	5 <input type="checkbox"/>	5 <input type="checkbox"/>

F4. Do you currently own your home, rent your home, or have some other arrangement?

MARK ONLY ONE

- Own home (either paying mortgage or own outright).....1
- Rent home.....2
- Have some other arrangement.....3

F5. Are you:

MARK ONLY ONE

- Married or living with a partner..... 1
- Single (separated, divorced, widowed, or never married)..... 2

F6. Do you have any minor children currently living with you?

- YES..... 1
- NO..... 0 →GO TO G1

F7. Are any of the children currently living with you under the age of 5?

- YES..... 1
- NO..... 0

As a thank you for completing this survey, we will send you a check for \$25. Please provide your mailing address and phone number below.

Name: _____

Address 1: _____ Phone Number: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Thank you for taking time to participate in this survey.