

OMB No.: xxxx-xxxx
Approval Expires: xx/xx/xxxx

TALENT TRANSFER INITIATIVE TEACHER CAREER AND SATISFACTION SURVEY, YEAR 2

This questionnaire asks about your educational background and past teaching experience, and your experiences as a teacher at this school during the 2010-2011 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 x4446.
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.

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

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.

A1. How many years have you worked as a classroom teacher, including the current school year? (Include all years teaching in public and private schools. If this is your first year teaching, please enter '01'.)

|_|_| TOTAL YEARS TEACHING

A2. How many years have you have worked as a classroom teacher in this school district, including the current school year?

|_|_| TOTAL YEARS TEACHING IN THIS SCHOOL DISTRICT

A3. Are you currently . . .

MARK ONLY ONE

Teaching at the same school you taught at last year?.....1 → ~~GO~~ TO A4

Teaching at a different school from where you taught last year?.....2 → ~~GO~~ TO A5

In your first year of teaching?.....3 → ~~GO~~ TO A6

A4. How many years have you worked as a classroom teacher in this school, including the current school year?

|_|_| TOTAL YEARS TEACHING AT THIS SCHOOL ~~GO~~ TO A7

A5. Indicate the school in which you worked as a classroom teacher during the 2009-2010 school year, and the total number of years you taught at that school.

a. School name: _____

b. School district: _____

c. |_|_|_| TOTAL YEARS TEACHING AT SCHOOL

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.

	A. Received support?		B. Usefulness of support?		
	Yes	No	Not Very Useful	Useful	Very Useful
<i>IN EACH ROW, MARK ONE BOX IN COLUMN A.</i>					
<i>IF YOU ANSWER YES IN COLUMN A, MARK ONE BOX IN COLUMN B.</i>					
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?

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
<i>IN EACH ROW, MARK ONE BOX ONLY</i>				
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 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

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?

IN EACH ROW, MARK ONE BOX ONLY		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 (2009-2010) that is different from what you are teaching this school year (2010-2011)?

YES.....1

NO.....0

Not applicable. This is my first year teaching.....8

→ 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 (2009-2010)? *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 2009-2010? *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"/>

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

SECTION D. EDUCATION AND TEACHING CERTIFICATION

D1. Please tell us about your educational degrees.

Column A: For each degree listed below, please check Yes or No to indicate if it is one that you hold.

Column B: For each degree that you hold, indicate the name and location of the college or institution from which you received it.

Column C: Indicate the major field(s) of study using the codes from the Major Field of Study table on page 15.

Column D: Indicate the year in which the degree was awarded.

Note: If you have more than one Bachelor's or Master's degree, in Columns B-D provide information on the most recently received degree.

	A. Degree held		B. Name, city, and state of awarding institution	C. Major code	D. Year Awarded
	Yes	No			
Bachelor's degree.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____	_ _ _	_ _ _ _
Master's degree.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____	_ _ _	_ _ _ _
Doctorate degree.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____	_ _ _	_ _ _ _
Other degree (PLEASE SPECIFY)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_____	_ _ _	_ _ _ _

TABLE 1. MAJOR FIELD OF STUDY CODES

GENERAL EDUCATION		
Elementary Education		
101	Early childhood/Pre-K, general	
102	Elementary grades, general	
Secondary Education		
103	Middle grades, general	
104	Secondary grades, general	
Special Education		
110	Special education, any	
Other Education		
131	Administration	
132	Counseling and guidance	
133	Educational psychology	
134	Policy studies	
135	School psychology	
136	Other non-subject matter specific education	
SUBJECT MATTER SPECIFIC		
Arts & Music		
141	Art/Arts or crafts	
142	Art history	
143	Dance	
144	Drama/Theater	
145	Music	
English and Language Arts		
151	Communications	
152	Composition	
153	English	
154	Journalism	
155	Language arts	
156	Linguistics	
157	Literature/Literary Criticism	
158	Reading	
159	Speech	
English as a Second Language		
160	ESL/Bilingual education: General	
161	ESL/Bilingual education: Spanish	
162	ESL/Bilingual education: Other languages	
Foreign Languages		
171	French	
172	German	
173	Latin	
174	Spanish	
175	Other foreign language	
Health Education & Physical Education		
181	Health education	
182	Physical education	
Mathematics and Computer Science		
190	Mathematics	
197	Computer Science	
		Natural Sciences
		211 Biology/Life sciences
		212 Chemistry
		213 Earth sciences
		214 Engineering
		217 Physics
		218 Other
		Social Sciences
		221 Anthropology
		222 Area/Ethnic studies (excluding Native American)
		223 Criminal justice
		224 Cultural studies
		225 Economics
		226 Geography
		227 Government/Civics
		228 History
		229 International studies
		230 Law
		231 Native American studies
		232 Political science
		233 Psychology
		234 Sociology
		235 Other social science
		Vocational/Technical Education
		241 Agriculture and natural resources
		242 Business/Office
		243 Keyboarding
		244 Marketing and distribution
		245 Health occupations
		246 Construction trades
		247 Mechanics and repair
		248 Drafting/Graphics/Printing
		249 Metals/Woods/Plastics and other precision production (electronics, leatherwork, meat cutting, etc.)
		250 Communications and other technologies (not including computer science)
		251 Culinary arts/Hospitality
		252 Child care and education
		253 Personal and other services (including cosmetology, custodial services, clothing and textiles, and interior design)
		254 Family and consumer sciences education
		255 Industrial arts/Technology education
		Miscellaneous
		261 Architecture
		263 Humanities/Liberal studies
		264 Library/Information science
		265 Military science/ROTC
		266 Philosophy
		267 Religious studies/Theology/Divinity
		Other
		268 Other

D2. For what education levels are you certified to teach?

[NOTE TO REVIEWERS; THIS ITEM WILL USE DISTRICT-SPECIFIC OPTIONS FOR CERTIFICATION CATEGORIES BELOW]

MARK ALL THAT APPLY

- a. Preschool (birth-pre-K)..... 1
- b. Elementary (K-5)..... 2
- c. Middle grades (6-8)..... 3
- d. Secondary grades (9-12)..... 4
- e. Special subject areas (K-12)..... 5
SPECIFY SPECIAL AREAS (e.g., math):

- f. Exceptional children (K-12) (*PLEASE SPECIFY*)..... 6

- g. Other (*PLEASE SPECIFY*)..... 7

D3. Please indicate whether you hold a National Board Certification from the National Board for Professional Teaching Standards.

MARK ONLY ONE

- Yes, I currently hold one or more certificates from the National Board..... 1
- I am currently a candidate for National Board certification..... 2
- I have applied but am no longer being considered for National Board certification..... 3
- I have never applied for National Board certification..... 4

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

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

SECTION G. DEMOGRAPHIC CHARACTERISTICS

G1. Are you male or female?

MALE..... 1

FEMALE..... 2

G2. Are you of Hispanic or Latino origin?

YES..... 1

NO..... 0

G3. What is your race?

MARK ONE OR MORE

a. American Indian or Alaska Native..... 1

b. Native Hawaiian or other Pacific Islander..... 2

c. Asian..... 3

d. Black or African American..... 4

e. White..... 5

G4. In what year were you born?

19 |__|__| YEAR

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.