



Study of School Turnaround: Teacher Survey

Dear Teacher,

We are asking you to complete this survey as part of the Study of School Turnaround. You are receiving this survey because your school has received funds through the School Improvement Grants (SIG) under the American Recovery and Reinvestment Act.

We greatly value the opinion of teachers and hope you will answer this questionnaire. By responding to this survey, you can help policy makers, educators and researchers better understand how SIG schools are working to improve outcomes for all students. A \$10 gift card is included with this questionnaire as a token of our appreciation for your efforts.

This survey is voluntary. You can decide to not participate or discontinue participation at any time without penalty. You do not have to answer any questions you do not want to, but we encourage you to answer as many as you can. There are no known risks to participating in this survey. We will treat the information that you supply in a manner that protects your privacy, in accordance with the Education Sciences Institute Reform Act of 2002, Title I, Subsection (c) of Section 183. Only selected research staff will have access to data. We will NOT present results in any way that would permit them to be identified with you or any other specific individual. No personally identifiable information, such as your name or your district or school affiliation, will be disclosed to anyone outside the project. We will not provide any information that identifies you or your school to anyone outside of the study team, except as required by law.

This study is being conducted by the American Institutes for Research (AIR), a nonprofit research organization, in cooperation with Mathematica Policy Research and Decision Information Resources (DIR). This survey should take approximately 10 minutes to complete. For more information about the study, please contact the evaluation team at StudyofSchoolTurnaround@air.org. If you have questions about your rights as a participant, please contact IRBChair@air.org or call toll-free 1.800.634.0797.

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 number. The valid OMB control number of this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 10 minutes per survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates(s) or suggestion for improving this form, please write to: U.S. Department of Education, Washington, 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to:

Institute of Education Sciences, US Department of Education, 555 New Jersey Ave, NW, Washington, DC 20208.

Professional Background and Current Teaching Assignment

Please be sure to answer questions only for the school where you received the survey. We will refer to the school where you received this survey as “this school”.

1. How do you classify your main teaching assignment at this school, that is, the activity at which you spend most of your time during the current school year (2010–11)? (Check one box only.)

- ¹ Full-time teacher working at this school
- ² Part-time teacher working at this school
- ³ Itinerant teacher (e.g., your assignment requires that you provide instruction at more than one school)
- ⁴ Long-term substitute (e.g., your assignment requires that you fill the role of a regular teacher on a long-term basis, but you are still considered a substitute)

2. How many years of teaching experience do you have: (Write in number of years. Count the current year as one full year.)

	Number of years
a. Teaching in total	<input style="width: 80px;" type="text"/> years
b. Teaching at <u>this</u> school	<input style="width: 80px;" type="text"/> Years

3. In the current school year (2010–11), in what grades are the students that you teach in this school? (Check all that apply.)

Pre-K	K	1	2	3	4	5	6	7	8	9	10	11	12	Ungraded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. At this school, what is the total number of students enrolled in the class(es) you taught during your most recent full week of teaching? (Write the number of students.)

(Total number of students)

5. In this school, how many of the students you teach are considered: (Write the number of students or check one box in each row.)

	Number of students	None	Don't know
a. Students with individualized education programs (IEPs)	<input style="width: 80px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Students classified as limited English proficient (LEP) or English language learners (ELLs)	<input style="width: 80px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your School Climate and Culture

6. Please indicate the extent to which you agree or disagree with each of the following statements about your school environment. (Circle one number in each row.)

	Strongly disagree	Disagree	Agree	Strongly agree
a. At this school, we have a common understanding of the objectives we're trying to achieve with students	1	2	3	4
b. Goals and priorities for this school are clear	1	2	3	4
c. Most teachers at this school have values and philosophies of education that are similar to my own.	1	2	3	4
d. Most of my colleagues share a focused vision for student learning	1	2	3	4
e. Once we start a new program, we follow up to make sure that it's working.	1	2	3	4
f. I worry that we are adopting too many different programs and practices in this school	1	2	3	4
g. This school generally chooses only those school improvement opportunities that fit with our improvement goals and strategies	1	2	3	4
h. If teachers in this school work hard, we can meet our school's goals for student achievement	1	2	3	4

7. Please indicate the extent to which you agree or disagree with the following statements about your principal. (Circle one number in each row.)

The principal in my school...	Strongly disagree	Disagree	Agree	Strongly agree
a. Carefully tracks students' academic progress	1	2	3	4
b. Understands how children learn	1	2	3	4
c. Makes clear to the staff his or her expectations for meeting instructional goals	1	2	3	4
d. Sets high expectations for student learning	1	2	3	4
e. Actively monitors the quality of teaching in this school	1	2	3	4
f. Presses teachers to implement what they have learned in professional development	1	2	3	4
g. Knows what is going on in my classroom	1	2	3	4

8. Please indicate the extent to which you agree or disagree with the following statements about your principal. *(Circle one number in each row.)*

	Strongly disagree	Disagree	Agree	Strongly agree
a. The principal has confidence in the expertise of the teachers	1	2	3	4
b. I trust the principal at his or her word	1	2	3	4
c. The principal takes a personal interest in the professional development of teachers	1	2	3	4
d. The principal looks out for the personal welfare of the faculty members	1	2	3	4
e. The principal places the needs of children ahead of personal and political interests	1	2	3	4
f. The principal at this school is an effective manager who makes the school run smoothly	1	2	3	4

9. Please indicate the extent to which you agree or disagree with each of the following statements. *(Circle one number in each row.)*

	Strongly disagree	Disagree	Agree	Strongly agree
a. I usually look forward to each working day at this school	1	2	3	4
b. I wouldn't want to work in any other school	1	2	3	4
c. I would recommend this school to parents seeking a place for their child	1	2	3	4
d. Teachers in this school are comfortable discussing beliefs about teaching and learning	1	2	3	4
e. Teachers in this school are willing to question one another's views on issues of teaching and learning	1	2	3	4
f. Teachers in this school trust each other	1	2	3	4
g. I know how to engage even the most difficult or unmotivated student	1	2	3	4
h. If a student in my class becomes disruptive, I know some techniques to redirect him or her quickly	1	2	3	4
i. I can provide an alternative explanation or example when students are confused	1	2	3	4

School Improvement

10. How often do you engage in the following activities? *(Circle one number in each row.)*

	Never	Rarely	Sometimes	Often
a. Review student achievement data to guide my instructional planning	1	2	3	4
b. Read about educational research findings or best practices	1	2	3	4
c. Consult with other teachers about challenges I am facing in the classroom	1	2	3	4
d. Ensure that the academic content of my classes is aligned with state content standards	1	2	3	4
e. Share the content of my lesson plans with other teachers	1	2	3	4
f. Put in extra hours of work outside of instructional time	1	2	3	4
g. Inform parents of opportunities to become involved in the school and resources that are available to them	1	2	3	4
h. Discuss what I've learned in professional development activities with other teachers	1	2	3	4

11. How much of a challenge is each of the following to your efforts or this school's efforts to improve student performance? *(Circle one number in each row.)*

Type of Challenge	Not a challenge	Minor challenge	Moderate challenge	Major challenge
a. Large class size and/or case load	1	2	3	4
b. Inadequate or substandard facilities	1	2	3	4
c. Too few textbooks and other instructional materials	1	2	3	4
d. Textbooks and instructional materials that are not aligned with state standards	1	2	3	4
e. Poor student discipline	1	2	3	4
f. Insufficient parent involvement	1	2	3	4
g. Large number of student transfers into this school or your class at various points during the year	1	2	3	4
h. Low student motivation	1	2	3	4
i. Low staff morale	1	2	3	4
j. Low and/or erratic student attendance	1	2	3	4
k. Other: _____				

Your Background

12. Did you participate, or are you currently participating in an alternate route to certification/licensure (fast-track) program?

- 1 No
 2 Yes

13. Please describe the certification(s)/ license(s)/ credential(s)/ endorsement(s) you hold.
(Check all that apply in each column.)

A. Level(s) of certification/ licensure/ credential/ endorsement	B. Subject endorsement area(s)	C. Certification/ licensure/ credential/endorsement for teaching special populations	D. Type(s) of certification/ licensure/ credential/ endorsement
1 <input type="checkbox"/> Elementary 2 <input type="checkbox"/> Middle 3 <input type="checkbox"/> Secondary 4 <input type="checkbox"/> K 5 <input type="checkbox"/> Grade 1 6 <input type="checkbox"/> Grade 2 7 <input type="checkbox"/> Grade 3 8 <input type="checkbox"/> Grade 4 9 <input type="checkbox"/> Grade 5 10 <input type="checkbox"/> Grade 6 11 <input type="checkbox"/> Grade 7 12 <input type="checkbox"/> Grade 8 13 <input type="checkbox"/> Grade 9 14 <input type="checkbox"/> Grade 10 15 <input type="checkbox"/> Grade 11 16 <input type="checkbox"/> Grade 12 17 <input type="checkbox"/> Other	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Reading/language arts 3 <input type="checkbox"/> Mathematics 4 <input type="checkbox"/> Science 5 <input type="checkbox"/> Social sciences 6 <input type="checkbox"/> Foreign languages 7 <input type="checkbox"/> Music/arts 8 <input type="checkbox"/> PE/health 9 <input type="checkbox"/> No subject area certification 10 <input type="checkbox"/> Other	1 <input type="checkbox"/> ESL/bilingual 2 <input type="checkbox"/> Special education	1 <input type="checkbox"/> Advanced (e.g., National Board for Professional Teaching Standards certification) 2 <input type="checkbox"/> Regular or standard 3 <input type="checkbox"/> Probationary or preliminary 4 <input type="checkbox"/> Provisional 5 <input type="checkbox"/> Temporary 6 <input type="checkbox"/> Emergency or waiver 7 <input type="checkbox"/> Interim waiver 8 <input type="checkbox"/> Other

14. Do you have a bachelor's degree? *(Check one box and write in year if applicable.)*

- 1 No → **GO TO THE END OF THE SURVEY**
 2 Yes → **If yes, write in year bachelor's degree was received.**

15. What was your bachelor's field of study?

(Write in bachelor's field of study)

16. Do you have a master's degree?

- 1 No → **GO TO THE END OF THE SURVEY**
 2 Yes → **If yes, write in year master's degree was received.**

17. What was your master's field of study?

(Write in master's field of study)

Wrap-Up

18. Is there anything else you would like to tell us about improvement strategies and the School Improvement Grant (SIG) in your school?

19. If you have any comments on how we could improve any of the questions in this survey, or questions we should consider adding to this survey, please write your suggestions below.

Thank you!

PLEASE follow the directions on the next page to return this survey by mail.

STAPLE HERE

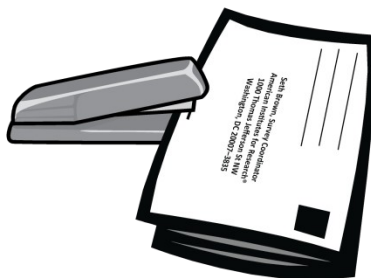
THANK YOU!

PLEASE fold and staple this survey following the directions below, and mail to the address provided. The postage for this survey is prepaid.

1. Fold with survey answers to the inside.



2. Staple the folded survey in the indicated area.



3. Mail the folded, stapled survey. Postage is prepaid.



FOLD HERE



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