

APPENDIX E
MENTOR TEACHER SURVEY

MENTOR SURVEY (SPRING 2011)
NATIONAL EVALUATION OF TEACHER RESIDENCY PROGRAMS
U.S. DEPARTMENT OF EDUCATION

ATTACH LABEL HERE Teacher ID School ID School Name
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IF ABOVE INFORMATION IS INCORRECT,
PLEASE MAKE CORRECTIONS DIRECTLY ON LABEL.

Please return the completed form to: Teacher Residency Programs Mathematica Policy Research P.O. Box 2393 Princeton, NJ 08543-2393 ATTN: Melissa Thomas	If you have questions, please contact: Melissa Thomas Phone: xxx-xxx-xxxx FAX: xxx-xxx-xxxx Email: MThomas@mathematica-mpr.com
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INTRODUCTION

We appreciate your participation in the Evaluation of Teacher Residency Programs (TRPs) for the U.S. Department of Education.

- The questions ask about your experiences as a mentor and your background.
- You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can.
- While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive and accurate.

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.

A1. Please describe your completed or ongoing postsecondary degrees in the chart below. Use the codes on the next page to answer columns D and E.

A	B	C	D	E
TYPE OF DEGREE	YEAR AWARDED OR EXPECTED	NAME AND LOCATION OF INSTITUTION	MAJOR FIELD OF STUDY CODE	MINOR FIELD OF STUDY CODE
1 <input type="checkbox"/> Associate's (e.g. AA, AB) 2 <input type="checkbox"/> Bachelor's (e.g., BS, BA) 3 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 4 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 5 <input type="checkbox"/> Other (Specify) _____	_ _ _ _ _ Year	_____ _____ <i>Name of Institution</i> _____ _____ <i>City and State</i>	_____ _____ _____ <i>If 268 Other, specify</i>	_____ _____ _____ <i>If 268 Other, specify</i>
1 <input type="checkbox"/> Associate's (e.g. AA, AB) 2 <input type="checkbox"/> Bachelor's (e.g., BS, BA) 3 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 4 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 5 <input type="checkbox"/> Other (Specify) _____	_ _ _ _ _ Year	_____ _____ <i>Name of Institution</i> _____ _____ <i>City and State</i>	_____ _____ _____ <i>If 268 Other, specify</i>	_____ _____ _____ <i>If 268 Other, specify</i>
1 <input type="checkbox"/> Associate's (e.g. AA, AB) 2 <input type="checkbox"/> Bachelor's (e.g., BS, BA) 3 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 4 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 5 <input type="checkbox"/> Other (Specify) _____	_ _ _ _ _ Year	_____ _____ <i>Name of Institution</i> _____ _____ <i>City and State</i>	_____ _____ _____ <i>If 268 Other, specify</i>	_____ _____ _____ <i>If 268 Other, specify</i>
1 <input type="checkbox"/> Associate's (e.g. AA, AB) 2 <input type="checkbox"/> Bachelor's (e.g., BS, BA) 3 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 4 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 5 <input type="checkbox"/> Other (Specify) _____	_ _ _ _ _ Year	_____ _____ <i>Name of Institution</i> _____ _____ <i>City and State</i>	_____ _____ _____ <i>If 268 Other, specify</i>	_____ _____ _____ <i>If 268 Other, specify</i>
1 <input type="checkbox"/> Associate's (e.g. AA, AB) 2 <input type="checkbox"/> Bachelor's (e.g., BS, BA) 3 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 4 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 5 <input type="checkbox"/> Other (Specify) _____	_ _ _ _ _ Year	_____ _____ <i>Name of Institution</i> _____ _____ <i>City and State</i>	_____ _____ _____ <i>If 268 Other, specify</i>	_____ _____ _____ <i>If 268 Other, specify</i>

Table 1. Field of Study Codes

For Question A1

General Education

Elementary Education

- 101 Early childhood or 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 and Music

- 141 Art or arts and crafts
- 142 Art history
- 143 Dance
- 144 Drama or theater
- 145 Music

English and Language Arts

- 151 Communications
- 152 Composition
- 153 English
- 154 Journalism
- 155 Language arts
- 158 Reading
- 159 Speech

English as a Second Language (ESL)

- 160 ESL or bilingual education: General
- 161 ESL or bilingual education: Spanish
- 162 ESL or bilingual education: Other

Foreign Languages

- 171 French
- 172 German
- 173 Latin
- 174 Spanish
- 175 Other foreign language

Health Education

- 181 Health education
- 182 Physical education

Mathematics and Computer Science

- 190 Mathematics
- 197 Computer science

Natural Sciences

- 211 Biology or life sciences
- 212 Chemistry
- 213 Earth sciences
- 214 Engineering
- 217 Physics
- 218 Other natural sciences

Social Sciences

- 221 Anthropology
- 222 Area or ethnic studies (excluding Native American Studies)

Social Sciences

- 223 Criminal justice
- 224 Cultural studies
- 225 Economics
- 226 Geography
- 227 Government or civics
- 228 History
- 229 International studies
- 230 Law
- 231 Native American studies
- 233 Psychology
- 234 Sociology
- 235 Other social sciences

Vocational, Career, or Technical Education

- 241 Agriculture and natural resources
- 242 Business management
- 243 Business support
- 244 Marketing and distribution
- 245 Health occupations
- 246 Construction trades, engineering, or science technologies (including CADD and drafting)
- 247 Mechanics and repair
- 249 Manufacturing or precision production (electronics, metalwork, textile, etc.)
- 250 Communications and related technologies (including design, graphics, or printing; not including computer science)
- 253 Personal and public services (including culinary arts, cosmetology, child care, social work, protective services, custodial services, and interior design)
- 254 Family and consumer sciences education
- 255 Industrial arts or technology education
- 256 Other vocational, career, or technical education

Miscellaneous

- 261 Architecture
- 263 Humanities or liberal studies
- 264 Library or information science
- 265 Military science or ROTC
- 266 Philosophy
- 267 Religious studies, theology, or divinity

Other

- 268 Other

A2. Including this year, for how many school years have you been a teacher? Include full-time teaching positions in public and/or private schools.

|_|_|_| NUMBER OF YEARS

A3. What grade(s) have you ever taught? Include full-time teaching positions in public and/or private schools.

MARK (X) ALL THAT APPLY

- x Prekindergarten
- 0 Kindergarten
- 1 1st
- 2 2nd
- 3 3rd
- 4 4th
- 5 5th
- 6 6th
- 7 7th
- 8 8th
- 9 9th – 12th
- 10 Other (*Specify*)

A4. Did you participate in any training, workshops, or classes specifically designed to prepare you for your role as mentor to a resident teacher?

- 1 Yes
- 0 No → **GO TO A6**

A5. How many total hours of mentor training did you receive to prepare you for your role as mentor to a resident teacher?

|_|_|_| HOURS

A6. Excluding the training sessions for your resident mentor position, have you ever attended training sessions, workshops, or seminars to prepare you for any other mentoring position(s)?

1 Yes

0 No → **GO TO A8**

A7. As part of the mentor training (not counting resident mentor training), did you receive training on...

	MARK (X) YES OR NO IN EACH ROW	
	YES	NO
a. Coaching strategies?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Content-focused coaching in literacy/language arts?...	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Content-focused coaching in mathematics?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Conducting classroom observations?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Providing guidance on analyzing student performance to modify instruction or curriculum to meet student needs?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Leading study groups?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Analyzing student work?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Working with adult learners to set goals?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Understanding the roles and responsibilities of a mentor?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Helping teachers with classroom management?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Helping teachers with lesson planning?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

A8. Have you received any resident mentor training?

1 Yes

0 No → **GO TO A9**

A8a. As part of your resident mentor training, did you receive training on...

	MARK (X) YES OR NO IN EACH ROW	
	YES	NO
a. Coaching strategies?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Content-focused coaching in literacy/language arts?...	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Content-focused coaching in mathematics?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Conducting classroom observations?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Providing guidance on analyzing student performance to modify instruction or curriculum to meet student needs?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Leading study groups?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Analyzing student work?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Working with adult learners to set goals?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Understanding the roles and responsibilities of a mentor?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Helping teachers with classroom management?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Helping teachers with lesson planning?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

A9. When you first became a mentor to a resident teacher, how prepared did you feel for this role?

MARK (X) ONLY ONE

1 Not prepared

2 Somewhat prepared

3 Well prepared

4 Very well prepared

A10. Which statement best describes the organization of the class(es) you currently or most recently taught in which you were assisted by a resident teacher?

MARK (X) ONLY ONE

- 1 You instruct the same group of students all or most of the day in multiple subjects (sometimes called a Self-Contained Class)
- 2 You instruct several classes of different students all or most of the day in one or more subjects (sometimes called Departmentalized Instruction)
- 3 You instruct a small number of selected students released from their regular classes in specific skills or to address specific needs (sometimes called a "Pull-Out" Class or "Push-In" Instruction)

A11. Which subject areas are covered in the class(es) you currently or most recently mentored a resident teacher and how many years have you taught the subject areas?

SUBJECT	MARK (X) IF COVERED	NUMBER OF YEARS TAUGHT
a. English, language arts, or reading.....	1 <input type="checkbox"/>	_ _
b. English as a Second Language (ESL).....	2 <input type="checkbox"/>	_ _
c. Special instruction geared for English Language Learners (ELL) or Limited English Proficient (LEP) students.....	3 <input type="checkbox"/>	_ _
d. Math.....	4 <input type="checkbox"/>	_ _
e. Science.....	5 <input type="checkbox"/>	_ _
f. Social studies.....	6 <input type="checkbox"/>	_ _
g. Art.....	7 <input type="checkbox"/>	_ _
h. Foreign language.....	8 <input type="checkbox"/>	_ _
i. Music.....	9 <input type="checkbox"/>	_ _
j. Physical education.....	10 <input type="checkbox"/>	_ _
k. Resource.....	11 <input type="checkbox"/>	_ _
l. Special education.....	12 <input type="checkbox"/>	_ _
m. Other (<i>Specify</i>)..... _____	13 <input type="checkbox"/>	_ _
n. Other (<i>Specify</i>)..... _____	14 <input type="checkbox"/>	_ _

A12. Please indicate the grade level(s) of the students in the class(es) you currently or most recently mentored a resident teacher.

GRADE	MARK (X) ALL THAT APPLY
a. Prekindergarten	x <input type="checkbox"/>
b. Kindergarten	0 <input type="checkbox"/>
c. 1st	1 <input type="checkbox"/>
d. 2nd	2 <input type="checkbox"/>
e. 3rd	3 <input type="checkbox"/>
f. 4th	4 <input type="checkbox"/>
g. 5th	5 <input type="checkbox"/>
h. 6th	6 <input type="checkbox"/>
i. 7th	7 <input type="checkbox"/>
j. 8th	8 <input type="checkbox"/>
k. 9th – 12th	9 <input type="checkbox"/>
l. Other (<i>Specify</i>) _____	10 <input type="checkbox"/>

A13. Which of the following describes the teaching certificate you currently hold in the state in which you are teaching?

MARK (X) ONLY ONE

- 1 **Regular or advanced state certificate in general or elementary education**, issued to those who have completed all teacher training, certification exams, and any required probationary teaching period.
- 2 **Regular or advanced state certificate for particular subject(s)**, issued to those who have completed all teacher training, certification exams, and any required probationary teaching period.
(*Specify subjects*): _____
- 3 **Temporary state certificate**, issued to those who need to complete additional requirements, such as passing a certification exam, coursework, or a probationary teaching period.
- 4 I do not hold any of the above certifications in this state.

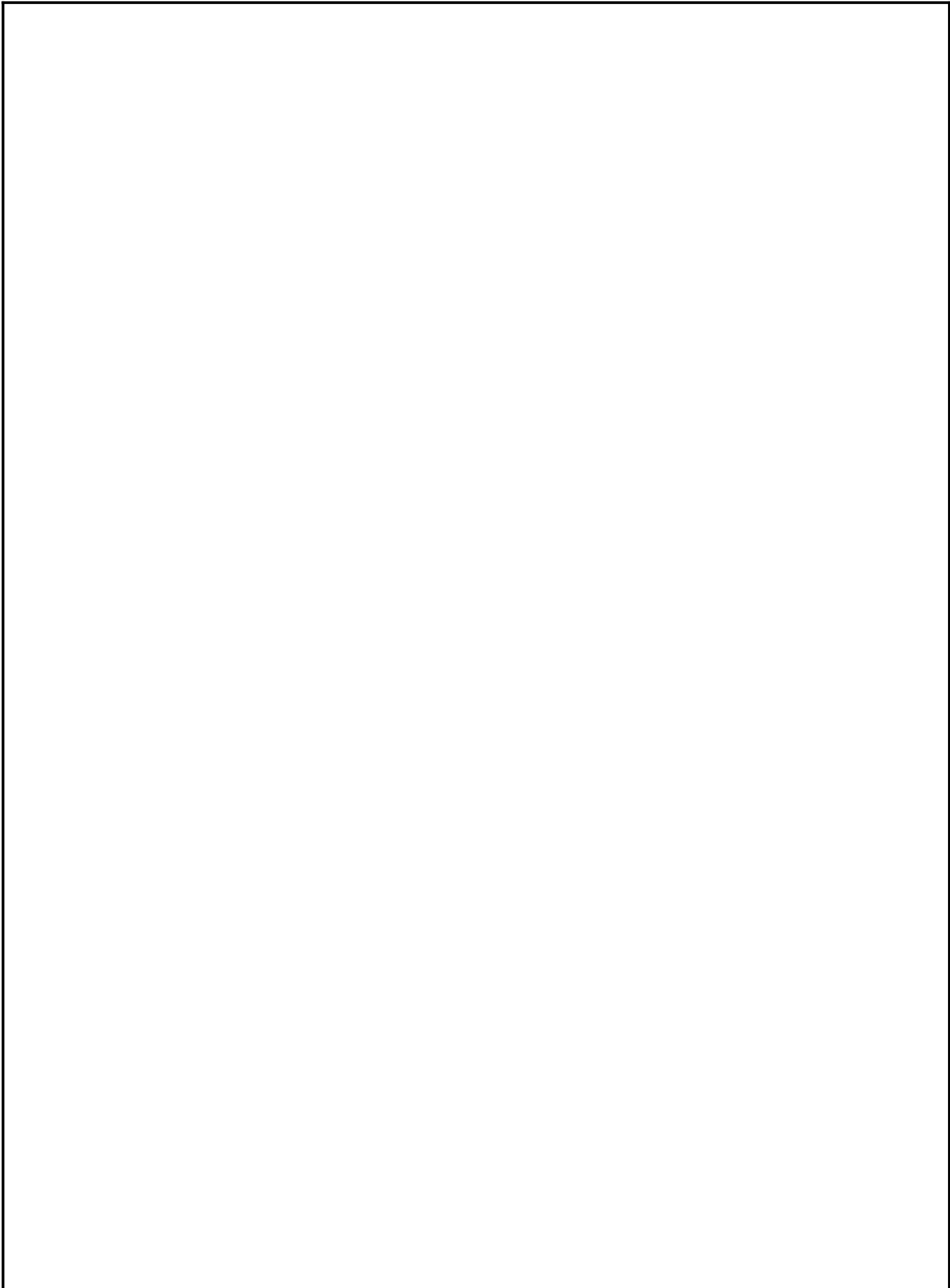
A14. Do you have National Board Certification in any of the subject areas in which you currently or most recently mentored a resident teacher?

- 1 Yes
- 0 No

A15. Which of the following statements best describes when you first became a full-time teacher?

MARK (X) ONLY ONE

- 1 After completing all coursework, training, and requirements for initial license/certification
- 2 Before completing all coursework, training, and requirements for initial license/certification
- 3 Other (*Specify*)



A16. Was the training you received before becoming a full-time teacher part of any of the following?

MARK (X) ALL THAT APPLY

- 1 A bachelor's degree program in education, teaching, or a related subject
- 2 A master's degree program in education, teaching, or a related subject
- 3 A program for people who already have a bachelor's degree, but that does not require them to obtain a master's degree
- 4 Other (*Specify*)

A17. Have you worked in K-12 education in a position other than as a teacher?

- 1 Yes
- 0 No → **GO TO A19**

A18. Please indicate any other K-12 education position(s) you have held.

MARK (X) ALL THAT APPLY

- 1 Principal
- 2 Assistant principal
- 3 Department or grade level chair
- 4 Dean of students
- 5 Guidance counselor
- 6 Math coach
- 7 Reading/literacy coach
- 8 Mentor
- 9 Other (*Specify*)

A19. Is the resident teacher you currently mentor assigned to you or did you select that particular novice teacher?

MARK (X) ONLY ONE

- 1 Resident teacher was assigned
- 2 Resident teacher was selected by me

B1. Including the current semester, how many total semesters have you served as a TRP mentor?

|_|_| SEMESTERS AS TRP MENTOR

B2. During which of the three most recent semesters did you serve as a TRP mentor?

MARK (X) ALL THAT APPLY

- ₁ Spring 2010
- ₂ Fall 2010
- ₃ Spring 2011

B3. Using the table below, please indicate the number of residents you mentored in the three most recent semesters, and if the mentoring was simultaneous or sequential. Write 0 if you did not mentor any resident that semester, then check the 'not applicable' box.

SEMESTER	NUMBER OF RESIDENTS YOU MENTORED	SEQUENTIALLY OR SIMULTANEOUSLY?
a. Spring 2010.....	_ _	<input type="checkbox"/> ₁ Sequentially <input type="checkbox"/> ₂ Simultaneously <input type="checkbox"/> ₀ Not applicable
b. Fall 2010.....	_ _	<input type="checkbox"/> ₁ Sequentially <input type="checkbox"/> ₂ Simultaneously <input type="checkbox"/> ₀ Not applicable
c. Spring 2011.....	_ _	<input type="checkbox"/> ₁ Sequentially <input type="checkbox"/> ₂ Simultaneously <input type="checkbox"/> ₀ Not applicable

B4. Not counting your experience as a TRP mentor, what is the total number of school years you have served as a formal or informal mentor to novice teachers? *An informal mentor provides listening, advice, sounding board reactions, or other help in an unstructured, casual manner on a regular basis. An informal mentor is usually not assigned.*

|_|_| SCHOOL YEARS as formal mentor (compensated with money or release time from teaching duties)

|_|_| SCHOOL YEARS as informal mentor (did not receive compensation)

B5. Not counting your experience as a TRP mentor, what is the total number of novice teachers you have mentored?

|_|_| NON-TRP TEACHERS MENTORED

B6. Are there other TRP mentors in your school?

1 Yes

0 No → **GO TO B7**

B6a. How often do you meet with other TRP mentors in your school to discuss your current or most recent mentoring assignment or the resident teachers you are mentoring?

MARK (X) ONLY ONE

0 Never

1 Once a week

2 2-3 times per month

3 Once a month

4 Once a semester

5 Several times a year

6 Other (*Specify*)

B7. Are there TRP mentors at other schools in your school district?

1 Yes

0 No → **GO TO B8**

B7a. How often have you and mentors from other schools in your school district met to discuss issues related to mentoring resident teachers?

MARK (X) ONLY ONE

0 Never

1 Once a week

2 2-3 times per month

3 Once a month

4 Once a semester

5 Several times a year

6 Other (*Specify*)

B8. How often do you meet with TRP staff to discuss the progress of the resident teacher(s) assigned to you?

MARK (X) ONLY ONE

0 Never

1 Once a week

2 2-3 times per month

3 Once a month

4 Once a semester

5 Several times a year

6 Other (*Specify*)

B9. How often are you required to submit to TRP staff a formal evaluation of the resident teacher(s) assigned to you?

MARK (X) ONLY ONE

- 0 Never
 - 1 Once a week
 - 2 2-3 times per month
 - 3 Once a month
 - 4 Once a semester
 - 5 Several times a year
 - 6 Other (*Specify*)
-

B10. How often do you meet with TRP staff to discuss your roles and responsibilities or your performance as a resident mentor?

MARK (X) ONLY ONE

- 0 Never
 - 1 Once a week
 - 2 2-3 times per month
 - 3 Once a month
 - 4 Once a semester
 - 5 Several times a year
 - 6 Other (*Specify*)
-

B11. How often did a school administrator or TRP staff member observe your current or most recent resident teacher in your classroom?

MARK (X) ONLY ONE

- 0 Never
 - 1 Once a semester
 - 2 Once a month
 - 3 More than once a month
 - 4 Other (*Specify*)
-

B12. How much do you agree or disagree with the following statements? Please think about your current or most recent mentoring experience when responding to these statements.

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. My roles and responsibilities as a mentor were clearly defined by the TRP.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I had a clear and accurate understanding of the amount of time and effort that would be involved in serving as a resident mentor.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The TRP offers me a great deal of autonomy in how I choose to structure the residency experience.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The TRP values my opinion of the residents' performance.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. If I feel a resident teacher is unsuited for the classroom, it is my responsibility to try to dissuade him or her from pursuing a teaching career.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. The students in my class(es) benefitted from having a resident teacher in the class more than if there had been no resident teacher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. My experiences as a resident mentor have improved my abilities as a teacher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. I look forward to serving as a resident mentor again in the future.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. I would recommend the experience to my colleagues.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. The compensation I received for serving as a resident mentor was fair/sufficient.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B13. In addition to being a classroom mentor, have you ever served as any of the following?

MARK (X) ALL THAT APPLY

- 1 Content area coach
- 2 Cohort coach
- 3 Informal coach (provides mentoring, listening, or advice in an unstructured, casual manner on a regular basis)
- 4 Other type of coach or mentor (*Specify*)

- 0 None of the above

C1. How much responsibility did the resident teacher(s) you mentored have over the following activities during spring 2010, fall 2010, and spring 2011?

	COLUMN A	COLUMN B	COLUMN C
	SPRING 2010 o <input type="checkbox"/> Not applicable; GO TO COLUMN B	FALL 2010 o <input type="checkbox"/> Not applicable; GO TO COLUMN C	SPRING 2011 o <input type="checkbox"/> Not applicable; GO TO C2
a. In selecting instructional materials, resident had.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
b. In selecting teaching techniques, resident had.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
c. In planning lessons, resident had.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
d. In evaluating and grading students, resident had.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
e. In disciplining students, resident had.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility

CONTINUED ON NEXT PAGE □

C1. Continued

How much responsibility did the resident teacher(s) you mentored have over the following activities during spring 2010, fall 2010, and spring 2011?

	COLUMN A	COLUMN B	COLUMN C
	SPRING 2010 0 <input type="checkbox"/> Not applicable; GO TO COLUMN B	FALL 2010 0 <input type="checkbox"/> Not applicable; GO TO COLUMN C	SPRING 2011 0 <input type="checkbox"/> Not applicable; GO TO C2
f. In implementing lessons with the entire class, resident had.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
g. In working one-on-one with students, resident had.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
h. In working with small groups, resident had.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
i. In conducting parent/teacher conferences or other parent outreach activities, resident had.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
j. In arranging activities with the school librarian or other resource facility, resident had.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility

C2. How often did you engage in the following activities with the resident(s) you mentored during spring 2010, fall 2010, and spring 2011?

	COLUMN A	COLUMN B	COLUMN C
	SPRING 2010	FALL 2010	SPRING 2011
	0 <input type="checkbox"/> Not applicable; did not mentor a resident teacher during this semester. GO TO COLUMN B	0 <input type="checkbox"/> Not applicable; did not mentor a resident teacher during this semester. GO TO COLUMN C	0 <input type="checkbox"/> Not applicable; did not mentor a resident teacher during this semester. GO TO D1
a. Discussed strategies for effective instruction with your resident(s).....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
b. Discussed how to assess student progress with your resident(s).....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
c. Discussed the progress of students in the class with your resident(s).....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
d. Discussed students' learning needs/styles with your resident(s).....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
e. Discussed strategies for effective behavior or classroom management.....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
f. Helped your resident(s) to plan lessons.....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
g. Provided your resident(s) with guidance/information on administrative/logistical issues.....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times a semester 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never

C3. Thinking about the current resident you are mentoring, how prepared do you feel the resident is to do the following? If you are not currently mentoring a resident, please answer for the most recent resident you mentored and how prepared you feel he/she was at the end of the residency.

MARK (X) ONE PER ROW

	NOT PREPARED	SOMEWHAT PREPARED	WELL PREPARED	VERY WELL PREPARED
a. Handle a range of classroom management or discipline situations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Use a variety of instructional methods.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Teach the subject matter.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Use technology in classroom instruction. .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Assess students.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Select and adapt curriculum and instructional materials	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Plan instruction based on student data....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Collaborate with other teachers or colleagues on curriculum, lesson planning, or student issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Find resources for help, such as online, in books, or in person with other teachers or colleagues, to assist with issues/concerns	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

D1. Are you male or female?

- Male
 Female

D2. Are you of Hispanic or Latino origin?

- Yes
 No

D3. What is your race?

MARK (X) ONE OR MORE

- American Indian or Alaska native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

D4. What is your year of birth?

| 1 | 9 | | | YEAR

Please **PRINT** your name, home address and telephone numbers below. Mathematica will use the address to mail your gift card for completing this survey. Your telephone number(s) and email address will only be used in case we need to contact you to clarify any of your responses or if your gift card is returned and address verification is needed.

Your Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: () - -
 Area Code Number

Cell Phone Number: () - -
 Area Code Number

Email: _____

Thank you for participating in this survey.

RETURN INSTRUCTIONS:

Please mail your completed survey in the pre-paid envelope provided. If you have misplaced your envelope, please mail your completed survey to:

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Teacher Residency Programs
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543-2393

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