

## **APPENDIX D**

### **TEACHER SURVEY**

- 1. Teacher Letter**
- 2. Teacher Questionnaire**

## TEACHER SURVEY COVER LETTER

Dear [TEACHER NAME]:

Your school is participating in the national Evaluation of the Teacher Incentive Fund (TIF) conducted by Mathematica Policy Research for the U.S. Department of Education. This important study will produce valuable information on the impact of performance-based incentive programs on student achievement and teacher and principal mobility.

As part of the study, a sample of teachers is being asked to complete a Web-based survey this spring and annually thereafter through spring 2015. You have been selected to be included in this sample. Each survey will take about 30 minutes of your time. This first survey is designed to learn about teachers' understanding of the TIF program, your attitude toward it, as well as to collect demographic characteristics, educational background, and professional experience information.

While your participation is voluntary, the information collected from teachers like you will be extremely important to the study's findings. We will mail you a check for \$20 in appreciation of your participation upon receipt of the completed survey this year and each subsequent year.

**The information you provide in this survey will be kept strictly confidential and will not be shared with anyone outside the study team. District officials, principals, and school staff will not have access to the survey's data. Responses will be presented only in aggregate form and will not identify any individual or school.**

Please use the information below to access the TIF teacher survey.

Go to <https://www.xxxxxxx.org/>

At the login screen, enter the following:

**Login ID:** [username]

**Password:** [password]

If you have any questions, please contact Annette Luyegu, the deputy survey director, toll free at 866-xxx-xxxx, or by email at TIF@mathematica-mpr.com.

Thank you for your cooperation and participation in this important study.

Sincerely,

Sheila Heaviside  
Survey Director

# [PROGRAM NAME] SPRING 2012 TEACHER SURVEY

This survey is part of the evaluation of the Teacher Incentive Fund (TIF), a federally funded initiative on performance pay for educators. The survey includes questions about your background, your teaching and other responsibilities, and your involvement in professional development.

**We would like 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 teaching position now or in the future and will not be shared with any members of the school or district 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 Jennifer Stavrakos at Public/Private Ventures IRB, toll free 800-755-4778 x4410.
2. The U.S. Department of Education wants to protect 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 those from other surveys, and no information identifying individual principals or their schools will be released.

Thank you very much for your help with this survey.

<p><b>Please return the completed form to:</b> Mathematica Policy Research, Inc. 707 Alexander Road Building 3, Suite 304 Princeton, NJ 08540 ATTN:</p>	<p><b>If you have questions, please contact:</b> Ms. Xxxx Phone: 866-xxx-xxxx (toll free) FAX: 202-863-1763 E-mail: xxxx@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 30 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, 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.

## A. YOUR EDUCATION AND CERTIFICATION

A1. Please tell us about your educational degrees.

**Column A:** Indicate whether you hold each of the degrees.

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

**Column C:** Indicate the major field(s) of study using the Field of Study Codes table below.

**Column D:** Indicate the year in which this 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.*

IN EACH ROW, MARK ONE BOX IN COLUMN A.

IF YOU ANSWER YES IN COLUMN A, COMPLETE COLUMNS B-D.

	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"/>	_____	_ _ _	_ _ _

### Field of Study Codes

#### 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

##### 110 Special Education

##### 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

- |  |   |
|--|---|
| 014 Arts and music                     | 020 Natural sciences  |
| 015 English and language arts          | 021 Social sciences (includes history, economics, government, etc.) |
| 016 English as a Second Language (ESL) | 022 Vocational, career, or technical education                      |
| 017 Foreign languages                  | 023 Humanities (includes philosophy, religion)                      |
| 018 Health or physical education       | 024 Other   |
| 019 Mathematics or computer science    |   |

**A2. Which of the following best describes the teaching certificate you currently hold in THIS state? Mark one box only.**

- 1  **Regular or standard certificate** or advanced professional certificate.
- 2  **Certificate** issued after satisfying all requirements except the completion of a probationary period.
- 3  **Certificate** that requires some additional college coursework, student teaching, or passage of a test before regular certification can be obtained.
- 4  **Certificate** issued to persons who must complete a certification program in order to continue teaching.
- 5  I do not hold any of the above certifications in THIS state. → *Go to Question A5.*

**A3. In what area(s) does the teaching certificate marked in A2 above allow you to teach in this state? Mark all that apply.**

- Preschool (birth-Pre-K) ..... 1
- Elementary (K-5)..... 2
- Middle grades (6-8)..... 3
- Secondary grades (9-12) ..... 4
- Specific subject areas (K-12) (*Specify area*) ..... 5
- Exceptional children (K-12) (*Specify area*)..... 6
- Other (*Specify*): ..... 7

**A4. Which of the following statements best describes the way that you obtained your certification? Mark one answer only.**

- 1  Through a traditional teacher certification program as part of a bachelor’s degree
- 2  Through a traditional teacher certification program as a “5th year” or master’s degree
- 3  Through the Teach For America (TFA) program
- 4  Through an alternative route to certification (other than TFA)
- 5  Other (*Specify*): .....

**A5. Do you have, or are you currently pursuing, National Board Certification?**

- 1  Yes          0  No
- └─→ **a. Date obtained or expected**   |\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_|  
   *Month Year*
- b. In what discipline is the certification?** .....

**A6. Since receiving your undergraduate degree, have you worked in a full-time non-teaching job?**

- 1  Yes          0  No → *Go to Question B1*
- └─→ **a. For how many years?** ..... |\_\_|\_\_|

## B. YOUR TEACHING AND OTHER RESPONSIBILITIES

**B1. Including this school year, how many years have you worked as a teacher?**

- a. Total years as a teacher..... |\_\_|\_\_|
- b. Years in your current district..... |\_\_|\_\_|

**B2. Please tell us about the school where you currently teach.**

- a. Name of the school: \_\_\_\_\_
- b. Including this year, number of years you have taught at this school ..... |\_\_|\_\_|

*Note: If the number above is 2 or greater, go to Question B4. Otherwise, continue with Question B3.*

**B3. In what month and year did you ACCEPT this teaching position at your current school?**

|\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_|  
*Month Year*

**B4. How influential were the following factors in your decision to work at your current school?**

<i>Mark one box in each row.</i>	NOT A FACTOR OR NOT APPLICABLE	NOT VERY INFLUENTIAL	SOMEWHAT INFLUENTIAL	HIGHLY INFLUENTIAL
a. District central office .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Principal.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Other school staff .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. School location .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Compensation .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Working conditions .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Other ( <i>Specify</i> ): _____ .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**B5. Of the factors listed above, which was the most influential in your decision?**

*Write the letter of the factor above that was most influential.*

|\_\_|

**B6. Did [Program Name] affect your choice of where or what to teach?**

- 1  Yes
- 0  No → Go to Question B8.

**B7. How has [Program Name] affected your choice of where or what to teach this school year?**  
*Mark all that apply.*

- 1  Stayed at my school because of [Program Name]
- 2  Changed school to get into [Program Name]
- 3  Changed my primary grade or subject of instruction because of [Program Name]
- 4  Applied to my school to get into [Program Name]
- 5  Applied for position(s) in another school to leave [Program Name]
- 6  Applied for position(s) in another school with a better bonus program

**B8. Will [Program Name] affect your choice of where or what to teach in the coming school year?**

- 1  Yes
- 0  No → Go to Question B10.

**B9. How do you expect [Program Name] will affect your choice of where or what to teach in the coming school year?** *Mark all that apply.*

- 1  Stay at my school because of [Program Name]
- 2  Change school to get into [Program Name]
- 3  Change my primary grade or subject of instruction because of [Program Name]
- 4  Apply to my school to get into [Program Name]
- 5  Apply for position(s) in another school to leave [Program Name]
- 6  Apply for position(s) in another school with a better bonus program

**B10. How would you classify your current teaching position at this school?** *Mark one box only.*

- 1  Regular full-time teacher
- 2  Regular part-time teacher
- 3  Substitute teacher
- 4  Itinerant teacher (assigned to multiple schools)
- 5  Other (Specify): \_\_\_\_\_

**B11. Please indicate the grade(s) of the students you currently teach at THIS school.**  
*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"/> Kindergarten     |
| 4 <input type="checkbox"/> 4th grade | 9 <input type="checkbox"/> 9th grade   | 14 <input type="checkbox"/> Pre-kindergarten |
| 5 <input type="checkbox"/> 5th grade | 10 <input type="checkbox"/> 10th grade | 15 <input type="checkbox"/> Ungraded         |

**B12. Do you currently teach one self-contained class (where you teach 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 Question B14.

I teach several classes of different students .....2  → Go to Question B13.

**B13. Which subjects do you currently teach? Mark all that apply.**

- English / language arts / reading ..... 1
- Mathematics ..... 2
- Science ..... 3
- Social studies or history ..... 4
- Foreign language ..... 5
- Special instruction for English Language Learners (ELL) or Limited English Proficient (LEP) students ..... 6
- English as a Second Language (ESL) ..... 7
- Visual or performing arts ..... 8
- Special education ..... 9
- Physical education ..... 10
- Other (Specify): \_\_\_\_\_ ..... 11



**B14. For the most recent FULL WEEK, what is your best estimate of the number of hours you spent on school-related activities during the week? SCHOOL HOURS are the hours that you are required to be at school, regardless of whether students are there.**

(Report hours to the nearest WHOLE HOUR. If you did not spend time on a particular activity during the week, mark the 'None' box.)

School-related activities	Hours spent
<b>a. During school hours</b>	
<b>Total school hours in most recent full week</b>	
<b>- Must be sum of a(1) thru a(6)</b>	
(1) Teaching students in the classroom, small groups, or individually	0 _____ <input type="checkbox"/> None
(2) Supervising students in other activities (e.g., bus duty, hall duty, lunch duty, counseling, coaching a sport)	0 _____ <input type="checkbox"/> None
(3) Preparation on your own (e.g., lessons, grading, assignments)	0 _____ <input type="checkbox"/> None
(4) Preparation and professional development with colleagues (e.g., common lesson planning, workshops, staff meetings, mentoring)	0 _____ <input type="checkbox"/> None
(5) Other activities	0 _____ <input type="checkbox"/> None
(6) Hours absent from school for any reason	0 _____ <input type="checkbox"/> None
<b>b. Non-school hours</b>	
<b>Total non-school hours on school-related activities in most recent full week</b>	
<b>- Must be sum of b(1) thru b(5)</b>	
(1) Academic-related activities with students (e.g., tutoring)	0 _____ <input type="checkbox"/> None
(2) Other activities with students (e.g., transporting students, sports coaching, advising a student group)	0 _____ <input type="checkbox"/> None
(3) Preparation on your own (e.g., lessons, grading, assignments)	0 _____ <input type="checkbox"/> None
(4) Preparation and professional development with colleagues (e.g., common lesson planning, workshops, staff meetings, mentoring)	0 _____ <input type="checkbox"/> None
(5) Other school-related activities	0 _____ <input type="checkbox"/> None

**B15. Approximately how many years do you think you will remain in teaching after this school year?**

I will probably teach for |\_\_|\_\_| more years.

## C. SUPPORT AND PROFESSIONAL DEVELOPMENT

### Support You Received

C1. Did you have any mentor, coach, or colleague who was responsible for supporting your teaching this year?

No → Go to Question C5.

Yes

C2. In a typical week of teaching, how frequently did you have scheduled meetings with mentors or coaches?

|\_|\_| SCHEDULED MEETING(S) IN A TYPICAL SCHOOL WEEK

C3. On average, how long were these scheduled meetings?

|\_|\_| MINUTES PER SCHEDULED MEETING

C4. In addition to the scheduled time above, how much unscheduled time did you spend meeting with mentors or coaches during a typical week of teaching?

|\_| HOURS AND |\_|\_| MINUTES OF UNSCHEDULED TIME

### Support You Provided

C5. During this school year, were you assigned to mentor or coach another teacher (or teachers) in your school or district? If so, please indicate whether it was part of [Program Name]

No → Go to Question C8

Yes, part of [Program Name]

Yes, but not as part of [Program Name]

C6. During a typical week of teaching, how much time did you spend mentoring or coaching other teachers? Please include both scheduled meetings and informal time but exclude normal peer collaboration or common lesson planning.

|\_| HOUR(S) AND |\_|\_| MINUTES MENTORING DURING A TYPICAL WEEK OF TEACHING

**C7. Indicate whether each of the following statements about the support (coaching or mentoring) you provided to other teachers is true.**

<i>Mark Yes or No in each row.</i>	YES	NO
a. I received special training <u>before</u> this year on providing mentoring or coaching.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. I received special training <u>during</u> this year on providing mentoring or coaching.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. I have been given release time for mentoring or coaching.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. I am a mentor or coach to more than one teacher.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. I am responsible for conducting classroom observations.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. I have conducted professional development sessions in my school.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**Professional Development**

**C8. Between July 1, 2011 and December 31, 2011, approximately how many hours did you spend participating in professional development activities? Include courses you have taken for recertification or advanced certification, workshops sponsored by your school or district, conferences, or any other training that is relevant to your teaching.**

*If you did not participate in ANY professional development activities during this time, write '0' and go to Question C10.*

\_\_\_\_ TOTAL HOUR(S)

**C9. Tell us about the professional development activities in which you have participated between July 1, 2011 and December 31, 2011. For each topic listed, indicate the following:**

- A: Was the topic the focus of professional development (PD) in which you participated?**
- B: If yes, approximately how many hours were spent on the topic? (Your best estimate.)**
- C: In general, how useful was the PD to your teaching?**

<i>In each row, mark one box in Column A. If Yes, complete columns B and C.</i>	A. FOCUS OF PD?		B. HOURS SPENT ON TOPIC	C. USEFULNESS OF PD TO YOUR TEACHING			
	YES	NO		NOT AT ALL	SLIGHTLY	SOME-WHAT	VERY USEFUL
a. Understanding components of [Program Name].....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Understanding performance measure used as part of [Program Name].....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Direct feedback based upon individual performance ratings as measured by [Program Name].....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Differentiated instructional strategies based on student assessments.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Instructional techniques and strategies.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Aligning curricula to state or district standards.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

## **Classroom Observation**

**Note:** For the following questions, please consider only instances of **formal observations** conducted in your classroom. **Formal observations** are standardized by using an instrument, rubric or checklist.

**C10. How many times during this school year has someone observed you teaching?**

*Formal classroom observation involves a staff member who observes and takes notes.*

|\_\_| OBSERVATION(S) THIS SCHOOL YEAR TO DATE

**C11. How many additional times during this school year do you expect to be observed teaching?**

|\_\_| MORE OBSERVATION(S) EXPECTED BY THE END OF THE SCHOOL YEAR

**C12. How would you describe the professional status of the classroom observer(s)?** Please write the number of individuals from each possible category of observers involved in the formal classroom observation(s) you have had or expect to have during this school year. *Write 0 for those that do not apply.*

- a. Principal(s)..... |\_\_|
- b. Assistant or vice principal(s)..... |\_\_|
- c. Department head(s)..... |\_\_|
- d. Math or literacy coach(es) ..... |\_\_|
- e. Other senior teacher(s) from the school, such as a mentor, master or lead teacher ..... |\_\_|
- f. Observer(s) not working at your school..... |\_\_|
- g. Other (*Specify*): ..... |\_\_|

**C13. Thinking of the most recent formal observation you received, did it include feedback intended to help you improve your teaching?**

- 0  No
- 1  Yes

**C14. Thinking of the most formal recent observation you received, was it designed to make judgment about your performance?**

- 0  No
- 1  Yes

**C15. Thinking of the most recent formal observation you received, did you receive or do you expect to receive a written summary of findings? *Mark only one answer.***

- 0  I have received or expect to receive a written summary
- 1  I have not received a written summary but expect to receive one
- 2  I have not received a written summary and do not expect to receive one

**C16. Did you receive a numeric score of your performance?**

<sup>0</sup>  No —————→ *Go to Question C18.*

<sup>1</sup>  Yes —————→ *Go to Question C17.*

**C17. What was your score?**

\_\_\_\_\_ OUT OF MAXIMUM SCORE OF \_\_\_\_\_

**C18. Did you receive oral feedback?**

<sup>0</sup>  No

<sup>1</sup>  Yes

## D. PERCEPTIONS ABOUT YOUR SCHOOL AND [PROGRAM NAME]

### D1. How satisfied are you with each of the following in aspects of your school this year?

<i>Mark one box in each row.</i>	VERY DISSATISFIED	SOMEWHAT DISSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
a. Opportunities for professional advancement.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Opportunities to enhance my skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Opportunities to earn extra pay.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Use of formal classroom observations to assess my skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Use of student achievement scores to assess my effectiveness.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Recognition of accomplishments.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Quality of interaction with colleagues.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Colleagues' effort.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Morale in the school.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Overall job satisfaction.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

### D2. How much do you agree or disagree with each statement?

<i>Mark one box in each row.</i>	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Teachers who do the same job should receive the same pay.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Standardized student test scores in my district measure what students have learned.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. My principal is a good judge of teacher talent.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I am glad that I am participating in <b>[Program Name]</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. My job satisfaction has increased due to <b>[Program Name]</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I feel increased pressure to perform due to <b>[Program Name]</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I have less freedom to teach the way I would like to teach due to <b>[Program Name]</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. <b>[Program Name]</b> has harmed the collaborative nature of teaching.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. <b>[Program Name]</b> has caused teachers to work more effectively.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. <b>[Program Name]</b> is fair.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. The process used to determine how bonuses are determined was adequately explained to me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

## E. COMPENSATION AND EVALUATION

E1. When did you first learn about your school's participation in [Program Name]?

Month				Year							

E2. Did you vote in favor of your school participating in [Program Name]?

- 1  Yes  
 0  No  
 9  Not applicable

The following questions refer to your before-tax earnings from teaching and other employment. Consider the current school year to run from July 1, 2011 to June 30, 2012.

E3. During the current school year, what is your academic-year base teaching salary? Round to the nearest \$100.

\$ |\_\_|\_\_|\_\_| , |\_\_|0|0|

E4. Does your base teaching salary include additional compensation for any leadership roles you may have performed this year?

- 1  Yes  
 0  No

**NOTE: For the remainder of the questions in this section, please think about all policies and programs in effect at your school, and not just [Program Name].**

E5. Are student achievement and/or formal classroom observations used to evaluate your performance?

- 1  Yes  
 0  No → Go to Question E7.

E6. What criteria are used to measure your performance?

<i>Mark Yes or No in each row.</i>	YES	NO
a. Student achievement <b>level</b> (e.g., average scores, proficiency rates, or Adequate Yearly Progress – AYP) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Student achievement <b>growth</b> (value-added, average gains) at the <u>school level</u> .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Student achievement <b>growth</b> in <u>certain student groups</u> (e.g., grade level, team, subject, etc.) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Student achievement <b>growth</b> in <u>your class(es)</u> .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Performance based on formal observations (i.e., standardized by using an instrument, rubric or checklist)		
f. Other ( <i>Specify</i> ): _____ .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**E7. Are any of the factors listed below used to evaluate teachers' performance in your school?**

Mark Yes or No in each row.

	YES	NO
a. Your attendance .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Your participation in school activities .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Principal's or other administrator's professional judgment.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Reviews from other teachers .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Student attendance .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Parent or student input.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Other 1 (Specify): _____ .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Other 2 (Specify): _____ .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**E8. Are any teachers at your school eligible for additional pay (beyond their base salary)?**

- 1  Yes  
 0  No → Go to Question E11.

**E9. Are you eligible for additional pay (beyond your base salary)?**

- 1  Yes  
 0  No

**E10. For which of the following factors are teachers at your school eligible to receive additional pay? For each Yes answer, indicate the maximum amount that a teacher at your school could receive, and the amount you expect to receive.**

	Eligible?		A. Maximum amount possible	B. Amount you expect to receive
	YES	NO		
a. Teaching in a hard-to-staff school (e.g., schools serving large proportions of economically disadvantaged or low-performing students).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____
b. Teaching high-need subjects (e.g., math, science, or special education) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____
c. Attending professional development activities or enrolling in graduate-level courses .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____
d. An automatic bonus for participating in <b>[Program Name]</b> .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____
e. Job performance, as measured by student achievement growth and/or classroom observations .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____
f. Other (Specify): _____ .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____

**E11. Can teachers at your school receive additional pay for taking on added roles or responsibilities during the regular school day?**

- 1  Yes → Go to Question E12  
 0  No → Go to Question E13



**E12. For which of the following roles or responsibilities can teachers earn this additional pay? For each Yes answer, indicate the maximum amount that a teacher could receive.**

	YES	NO	B. MAXIMUM AMOUNT POSSIBLE	C. AMOUNT YOU EXPECT TO RECEIVE
a. Mentor teacher .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____
b. Master or lead teacher .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____
c. Department chair or head .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____
d. Lead curriculum specialist.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____
e. Serving on a school-wide committee or task force .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____
f. Serving on a leadership team in some capacity (Specify): _____ ..	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____
g. Other (Specify): _____ ..	1 <input type="checkbox"/>	0 <input type="checkbox"/>	\$ _____	\$ _____

**E13. Based on your understanding of the criteria used to determine additional compensation amounts, what do you think is the maximum amount that is available to you for this school year? Round to the nearest \$100.**

\$ |\_|\_|\_|\_|, |\_|0|0|

**E14. What is your best estimate of the actual amount of additional compensation that you will receive? Round to the nearest \$100.**

\$ |\_|\_|\_|\_|, |\_|0|0|

**E15. How confident are you that you will receive at least that much additional compensation? Write a number between 0 and 100.**

\_\_\_\_\_ % CONFIDENT

## F. YOUR BACKGROUND

### F1. Are you male or female?

- 1  Male  
2  Female

### F2. Are you of Hispanic or Latino origin?

- 1  Yes  
0  No

### F3. What is your race? *Mark one or more.*

- 1  White  
2  Black or African American  
3  Asian  
4  Native Hawaiian or other Pacific Islander  
5  American Indian or Alaska Native

### F4. What is your year of birth?

| 1 | 9 | | | YEAR

### F5. What is your marital status?

*Mark only one answer.*

- 1  Married or living with a partner  
2  Widowed, separated, divorced, or never married

### F6. Please check the appropriate box(s) regarding dependent children living with you.

*Mark all that apply.*

- 1  Age 0 to 4 years  
2  Age 5 to 18 years  
0  No dependent children 18 years or younger

### F7. Which statement below describes your living arrangement?

*Mark one answer only.*

- 1  Own home (either paying a mortgage or own outright)  
2  Rent  
3  Living with parents or someone else rent-free

### F8. How far do you live from the school where you currently teach?

Please indicate miles AND minutes. Your best estimate is fine.

- a. \_\_\_\_\_ miles      b. \_\_\_\_\_ minutes

**F9. If you have any additional thoughts you would like to share about [Program Name] please use the space below.**

**G. CONTACT INFORMATION**

Providing the information requested here is voluntary.

**G1. Please provide your contact information below. We will use it to reach you in case we need to clarify any of your responses. We will also use the address to mail your check for completing the questionnaire.**

**Name:** \_\_\_\_\_

**Street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home telephone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Work email:** \_\_\_\_\_

**Home email:** \_\_\_\_\_

**Best time to reach you by phone (day and time):** \_\_\_\_\_

**G2. What are the names and addresses of two other people who would know how to get in touch with you during the coming years? We will contact these people only if we cannot get in touch with you. Please do not list anyone who currently lives with you.**

**(1) First Person's Name:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home telephone:** \_\_\_\_\_

**(2) Second Person's Name:** \_\_\_\_\_  
**Relationship to you:** \_\_\_\_\_  
**Street address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Home telephone:** \_\_\_\_\_

**Thank you for completing this questionnaire.**