

APPENDIX D

PROGRAM SURVEY

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

ATTACH LABEL HERE

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
E-mail: MThomas@mathematica-mpr.com

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OMB NO.: xxxx-xxxx
EXPIRATION DATE: xx/xx/20xx

INTRODUCTION

PLEASE READ BEFORE YOU BEGIN

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

- This survey asks about aspects of your program such as its history, admission policies, and participant characteristics.
- The survey is about teacher residency programs **for people who already have a bachelor's degree**. These programs may or may not lead to a master's degree.
- If the postsecondary institution that is part of your teacher residency partnership operates a "residency program" for undergraduates, please exclude that undergraduate program from all your answers in this survey.
- We recognize that teacher residency programs may be operated by different entities such as districts, postsecondary institutions, or nonprofit organizations. You may need to consult other staff in your partnership to provide the information requested.
- You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can.

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.

A. HISTORY AND CHARACTERISTICS

A1. In what year were participants first admitted to the teacher residency program?

| 2 | 0 | | | YEAR

A2. How many partner districts have hosted residents who entered your program in 2010?

| | | DISTRICTS

A3. How many schools in partner districts have hosted residents who entered your program in 2010?

| | | SCHOOLS

A4. In total, how many teachers in partner districts/schools have worked as classroom mentors with the participants who entered your program in 2010 (that is, hosted residents in their classrooms)?

| | | | CLASSROOM MENTOR TEACHERS

A4a. Not counting classroom mentors, has your program provided any of the following to residents in the 2010-2011 academic year? If yes, how many?

	PROGRAM PROVIDED?	NUMBER PROVIDED
a. Math coach	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _ _
b. Reading coach	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _ _
c. Coach in another content area (<i>Specify</i>): _____	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _ _
d. A cohort mentor (someone assigned to provide mentoring services to residents in a specific cohort)	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _ _
e. Some other type of coach or mentor (<i>Specify</i>): _____	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _ _

A5. Please **complete** the table below about the number of **residents** who started their (first) residency **during 2010**. (Enter 0 if none.)

	GRADE LEVEL OF RESIDENCY ASSIGNMENT		
	ELEMENTARY SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
a. TOTAL RESIDENTS ASSIGNED TO A CLASSROOM MENTOR IN THIS GRADE RANGE	_ _	_ _	_ _
Number of residents assigned to a classroom mentor teaching the subjects listed below:	An individual resident may be counted in more than one subject. Therefore, for each column, numbers in (b) through (l) do not have to sum to the number in (a)		
b. Multiple subjects for special education or special needs students.....	_ _	_ _	_ _
c. Multiple subjects for general education students.....	_ _		
d. English/reading/writing/language arts.....	_ _	_ _	_ _
e. Social studies/history.....	_ _	_ _	_ _
f. Science.....	_ _	_ _	_ _
g. Mathematics.....	_ _	_ _	_ _
h. A foreign language.....	_ _	_ _	_ _
i. Other 1 (<i>Specify</i>)..... _____	_ _	_ _	_ _
j. Other 2 (<i>Specify</i>)..... _____ _____	_ _	_ _	_ _
k. Other 3 (<i>Specify</i>)..... _____	_ _	_ _	_ _
l. Other 4 (<i>Specify</i>)..... _____ _____	_ _	_ _	_ _

IF YOUR PROGRAM HAD ITS FIRST COHORT OF RESIDENTS IN 2010, PLEASE SKIP A6.

A6. Please complete the table below about the number of participants who started their first full-time teaching assignment during the 2010-2011 school year. (Enter 0 if none.)

GRADE LEVEL OF TEACHING ASSIGNMENT

	ELEMENTARY SCHOOL	MIDDLE SCHOOL	HIGH SCHOOL
Number of teachers of record assigned to teach the subjects listed below:	An individual teacher of record may be counted in more than one subject		
a. Multiple subjects for special education or special needs students.....	_ _ _	_ _ _	_ _ _
b. Multiple subjects for general education students.....	_ _ _		
c. English/reading/writing/language arts.....	_ _ _	_ _ _	_ _ _
d. English language learners (ELL).....	_ _ _	_ _ _	_ _ _
e. Social studies/history.....	_ _ _	_ _ _	_ _ _
f. Science.....	_ _ _	_ _ _	_ _ _
g. Mathematics.....	_ _ _	_ _ _	_ _ _
h. A foreign language.....	_ _ _	_ _ _	_ _ _
i. Other 1 (<i>Specify</i>)..... _____	_ _ _	_ _ _	_ _ _
j. Other 2 (<i>Specify</i>)..... _____	_ _ _	_ _ _	_ _ _
k. Other 3 (<i>Specify</i>)..... _____	_ _ _	_ _ _	_ _ _
l. Other 4 (<i>Specify</i>)..... _____	_ _ _	_ _ _	_ _ _

A7. Please complete the table below regarding other types of teacher training programs at the postsecondary institution that is part of your teacher residency program partnership.

Please do not count the master's level residency program.

	IS PROGRAM OFFERED BY THE INSTITUTION THAT IS PART OF YOUR TEACHER RESIDENCY PROGRAM PARTNERSHIP?	TOTAL NUMBER OF PROGRAM PARTICIPANTS IN THE 2010-2011 ACADEMIC YEAR	NUMBER OF YEARS THIS PROGRAM HAS BEEN OFFERED
a. A "traditional" undergraduate program (candidates complete all program requirements, earn a bachelor's degree, and receive initial certification before they leave to become full-time teachers).....	1 <input type="checkbox"/> Yes → _ _ _ _ 0 <input type="checkbox"/> No	_ _ _ _	1 <input type="checkbox"/> Fewer than 5 years 2 <input type="checkbox"/> 5 to 9 years 3 <input type="checkbox"/> 10 years or more
b. A "traditional" master's program (candidates with a bachelor's degree complete all program requirements, earn a master's degree, and receive initial certification before they leave to become full-time teachers).....	1 <input type="checkbox"/> Yes → _ _ _ _ 0 <input type="checkbox"/> No	_ _ _ _	1 <input type="checkbox"/> Fewer than 5 years 2 <input type="checkbox"/> 5 to 9 years 3 <input type="checkbox"/> 10 years or more
c. A "traditional" post baccalaureate program, sometimes called a fifth-year program (candidates with a bachelor's degree complete all program requirements and receive initial certification before they leave to become full-time teachers, <u>but do not earn a master's degree</u>).....	1 <input type="checkbox"/> Yes → _ _ _ _ 0 <input type="checkbox"/> No	_ _ _ _	1 <input type="checkbox"/> Fewer than 5 years 2 <input type="checkbox"/> 5 to 9 years 3 <input type="checkbox"/> 10 years or more
d. An "alternative" post baccalaureate program (candidates with a bachelor's degree become full-time teachers <u>before completing all program requirements and before receiving initial certification</u> ; the program may or may not lead to a master's degree).....	1 <input type="checkbox"/> Yes → _ _ _ _ 0 <input type="checkbox"/> No	_ _ _ _	1 <input type="checkbox"/> Fewer than 5 years 2 <input type="checkbox"/> 5 to 9 years 3 <input type="checkbox"/> 10 years or more

A8. Please provide the requested information on the number and background experiences of the individuals who have taught courses or workshops as part of the teacher residency program during the 2010-2011 academic year. Your best estimate is fine. (Enter 0 if none.)

	NUMBER OF INSTRUCTORS
a. TOTAL NUMBER.....	_ _ _
Current Affiliation	Numbers in (b) through (g) do not have to sum to the number in (a)
b. Full-time college faculty.....	_ _ _
c. Adjunct or part-time college faculty, but <u>not</u> school district employees.....	_ _ _
d. District-level employee (for example, curriculum or assessment director) (some may also be adjunct college faculty).....	_ _ _
e. School-level employee (for example, building administrator, master teacher) (some may also be adjunct college faculty).....	_ _ _
Prior Teaching Experience	
f. Have experience as an elementary teacher.....	_ _ _
g. Have experience as a secondary teacher.	_ _ _

B. ADMISSION

B1. Which of these are admission requirements for applicants to your teacher residency program?

MARK (X) ALL THAT APPLY

- 1 GPA – overall as an undergraduate → Please specify minimum GPA: |__|.|__|__|
- 2 GPA – in final year(s) as an undergraduate → Please specify minimum GPA: |__|.|__|__|
- 3 GPA – in courses taken toward their major → Please specify minimum GPA: |__|.|__|__|
- 4 GPA – in certain subjects as an undergraduate
(e.g., math and/or science courses) → Please specify minimum GPA: |__|.|__|__|
- 5 Passing score on a “basic skills” test (such as Praxis or a state-required test)
- 6 Doing well in an interview with program officials
- 7 Doing well in a sample teaching lesson
- 8 Doing well on one or more writing samples
- 9 Submitting college transcripts
- 10 Submitting names of references or letter(s) of recommendation
- 11 Other (*Please specify*)

- 12 Other (*Please specify*)

- 13 Other (*Please specify*)

- 14 Other (*Please specify*)

- 15 Other (*Please specify*)

B2. To help us understand your residency program's history and size, as well as the flow of participants through the program, please complete the following table.

Please provide your best estimate.

Write "0" if the answer is none.

Check "don't know" if you don't know and the answer cannot be determined from program records.

Check "too soon to say" if participants could not have reached the specified stage of the program, so a count is not possible.

	COLUMN A CANDIDATES WHO APPLIED TO ENTER THE PROGRAM IN <u>2010</u>	COLUMN B CANDIDATES WHO APPLIED TO ENTER THE PROGRAM IN <u>2009</u> <input type="checkbox"/> Not applicable; program did not exist. GO TO COLUMN C	COLUMN C CANDIDATES WHO APPLIED TO ENTER THE PROGRAM IN <u>2008</u> <input type="checkbox"/> Not applicable; program did not exist. GO TO B3
a. How many complete applications did you receive?.....	_ _ _	_ _ _ <input type="checkbox"/> Don't know	_ _ _ <input type="checkbox"/> Don't know
b. How many of these applicants were accepted (offered admission) to the program?.....	_ _ _	_ _ _ <input type="checkbox"/> Don't know	_ _ _ <input type="checkbox"/> Don't know
c. How many of these accepted applicants actually enrolled in the residency program?.....	_ _ _	_ _ _ <input type="checkbox"/> Don't know	_ _ _ <input type="checkbox"/> Don't know
d. How many completed the residency component?.....	_ _ _ <input type="checkbox"/> Too soon to say	_ _ _ <input type="checkbox"/> Don't know	_ _ _ <input type="checkbox"/> Don't know
e. How many are still enrolled in the program, making progress toward their certification?.....	_ _ _	_ _ _ <input type="checkbox"/> Don't know	_ _ _ <input type="checkbox"/> Don't know
f. How many completed all the coursework required to earn a teaching credential?..		_ _ _ <input type="checkbox"/> Don't know <input type="checkbox"/> Too soon to say	_ _ _ <input type="checkbox"/> Don't know
g. How many were recommended for certification?.....		_ _ _ <input type="checkbox"/> Don't know <input type="checkbox"/> Too soon to say	_ _ _ <input type="checkbox"/> Don't know <input type="checkbox"/> Too soon to say
h. How many went on to become full-time teachers?..		_ _ _ <input type="checkbox"/> Don't know	_ _ _ <input type="checkbox"/> Don't know
i. How many have left teaching before they fulfilled their commitment to remain teachers for a certain number of years?.....		_ _ _ <input type="checkbox"/> Don't know <input type="checkbox"/> Too soon to say <input type="checkbox"/> Not applicable	_ _ _ <input type="checkbox"/> Don't know <input type="checkbox"/> Too soon to say <input type="checkbox"/> Not applicable
j. How many have fulfilled their commitment to remain teachers for a certain number of years?.....		_ _ _ <input type="checkbox"/> Don't know <input type="checkbox"/> Too soon to say <input type="checkbox"/> Not applicable	_ _ _ <input type="checkbox"/> Don't know <input type="checkbox"/> Too soon to say <input type="checkbox"/> Not applicable

B3. How many new residents does your program expect to enroll in the next four years?

YEAR	NUMBER EXPECTED TO ENROLL
2011	_ _ _
2012	_ _ _
2013	_ _ _
2014	_ _ _

C. PROGRAM FEATURES
C. PROGRAM STRUCTURE AND FEATURES

C1. Please provide the requested information below for participants who entered your program during 2010.

IF YOUR PROGRAM HAD MULTIPLE TRACKS (MULTIPLE ENTRY POINTS DURING 2010), ANSWER FOR THE TRACK WITH THE MOST PARTICIPANTS.

In which month did the participants <u>begin taking coursework toward a master's degree</u> ?	In which month did the participants <u>begin their first residency assignment</u> ?	In which month and year did/will the participants <u>end their first residency assignment</u> ?	In which month and year did the participants <u>begin their second residency assignment (if applicable)</u> ?	In which month and year did/will the participants <u>end their second residency assignment (if applicable)</u> ?	Assuming they make normal progress, in which month and year will the participants <u>complete the program and be eligible for certification</u> ?
1 <input type="checkbox"/> January 2 <input type="checkbox"/> February 3 <input type="checkbox"/> March 4 <input type="checkbox"/> April 5 <input type="checkbox"/> May 6 <input type="checkbox"/> June 7 <input type="checkbox"/> July 8 <input type="checkbox"/> August 9 <input type="checkbox"/> September 10 <input type="checkbox"/> October 11 <input type="checkbox"/> November 12 <input type="checkbox"/> December	1 <input type="checkbox"/> January 2 <input type="checkbox"/> February 3 <input type="checkbox"/> March 4 <input type="checkbox"/> April 5 <input type="checkbox"/> May 6 <input type="checkbox"/> June 7 <input type="checkbox"/> July 8 <input type="checkbox"/> August 9 <input type="checkbox"/> September 10 <input type="checkbox"/> October 11 <input type="checkbox"/> November 12 <input type="checkbox"/> December	<u>Month</u> 1 <input type="checkbox"/> January 2 <input type="checkbox"/> February 3 <input type="checkbox"/> March 4 <input type="checkbox"/> April 5 <input type="checkbox"/> May 6 <input type="checkbox"/> June 7 <input type="checkbox"/> July 8 <input type="checkbox"/> August 9 <input type="checkbox"/> September 10 <input type="checkbox"/> October 11 <input type="checkbox"/> November 12 <input type="checkbox"/> December	n <input type="checkbox"/> Not applicable <u>Month</u> 1 <input type="checkbox"/> January 2 <input type="checkbox"/> February 3 <input type="checkbox"/> March 4 <input type="checkbox"/> April 5 <input type="checkbox"/> May 6 <input type="checkbox"/> June 7 <input type="checkbox"/> July 8 <input type="checkbox"/> August 9 <input type="checkbox"/> September 10 <input type="checkbox"/> October 11 <input type="checkbox"/> November 12 <input type="checkbox"/> December	n <input type="checkbox"/> Not applicable <u>Month</u> 1 <input type="checkbox"/> January 2 <input type="checkbox"/> February 3 <input type="checkbox"/> March 4 <input type="checkbox"/> April 5 <input type="checkbox"/> May 6 <input type="checkbox"/> June 7 <input type="checkbox"/> July 8 <input type="checkbox"/> August 9 <input type="checkbox"/> September 10 <input type="checkbox"/> October 11 <input type="checkbox"/> November 12 <input type="checkbox"/> December	<u>Month</u> 1 <input type="checkbox"/> January 2 <input type="checkbox"/> February 3 <input type="checkbox"/> March 4 <input type="checkbox"/> April 5 <input type="checkbox"/> May 6 <input type="checkbox"/> June 7 <input type="checkbox"/> July 8 <input type="checkbox"/> August 9 <input type="checkbox"/> September 10 <input type="checkbox"/> October 11 <input type="checkbox"/> November 12 <input type="checkbox"/> December
		<u>Year</u> 13 <input type="checkbox"/> 2010 14 <input type="checkbox"/> 2011	<u>Year</u> 13 <input type="checkbox"/> 2010 14 <input type="checkbox"/> 2011	<u>Year</u> 13 <input type="checkbox"/> 2011 14 <input type="checkbox"/> 2012	<u>Year</u> 13 <input type="checkbox"/> 2011 14 <input type="checkbox"/> 2012 15 <input type="checkbox"/> 2013 16 <input type="checkbox"/> 2014

C2. How important are the factors below in selecting classroom mentor teachers for residents?

MARK (X) ONE PER ROW

	VERY IMPORTANT	SLIGHTLY IMPORTANT	SLIGHTLY UNIMPORTANT	NOT IMPORTANT
a. Doing well in an interview.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Having regular or advanced state certification in the subjects/levels of the classes for which they will be assigned a resident.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Having National Board Certification.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Having prior experience as a classroom mentor.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Years of teaching experience – overall.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Years of teaching experience – in the subjects/levels of the classes for which they will be assigned a resident.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Performing well in a classroom observation.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Principal or assistant principal recommendation/evaluation.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Reference checks.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Other (<i>Please specify</i>).....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Other (<i>Please specify</i>).....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Other (<i>Please specify</i>).....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. Other (<i>Please specify</i>).....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C3. To what extent was your program able to hire the number and type of staff it needs for the current academic year? For example, recruiters, other administrators, mentors or instructors.

Targets were...

- 1 Fully met
- 2 Mostly met
- 3 Mostly unmet

C4. For the current academic year, how easy or difficult has it been to get classroom mentors with the amount and type of experience your program seeks?

- 1 Very easy
- 2 Easy
- 3 Difficult
- 4 Very difficult

C5. Does your program provide training to new classroom mentors before they are assigned to work with their first resident?

1 Yes

0 No → **GO TO C7**

C6. How many total hours of training are provided? (If different amounts are provided to different classroom mentors, report the average amount.)

|_|_| HOURS

C7. Do the residents work with their classroom mentors simultaneously, sequentially, or do they work with one classroom mentor throughout the year?

MARK (X) ONLY ONE

1 Simultaneously → **GO TO C8**

2 Sequentially → **GO TO C8**

3 Residents work with one mentor throughout the year → **GO TO C9**

C8. How is the typical second residency assignment similar to or different from the first one?

C8a. School

MARK (X) ONLY ONE

1 Same school

2 Different school

C8b. Grade level

MARK (X) ONLY ONE

3 Same grade level

4 Different grade level

C8c. Subject(s) or course(s)

MARK (X) ONLY ONE

5 Same subject(s) or course(s)

6 Different subject(s) or course(s)

C8d. Students' performance level

MARK (X) ONLY ONE

7 Students with similar characteristics or performance level

8 Students with different characteristics or performance level

C9. Do classroom mentors in this program routinely receive any financial compensation for the work they do with residents?

- 1 Yes
0 No → **GO TO C11**

C10. What is the average amount paid to classroom mentors per semester?

\$ |__|__|,|__|__|__| AVERAGE AMOUNT PAID TO CLASSROOM MENTORS PER SEMESTER

C11. Do other mentors in this program routinely receive any financial compensation for the work they do with residents?

- 1 Yes
0 No → **GO TO C13**

C12. What is the average amount paid to other mentors per semester?

\$ |__|__|,|__|__|__| AVERAGE AMOUNT PAID TO OTHER MENTORS PER SEMESTER

C13. Please answer 13a, 13b, and 13c for the first half of the residency year:

a. Not counting winter/spring break, how many weeks does it last?

|_|_| WEEKS

b. What is the minimum number of full-length school days that a resident is fully in charge of a classroom?

|_|_| DAYS

No minimum

c. In a typical 5-day school week, how many days does the resident spend...

|_| full-time in the mentor's classroom?

|_| part-time in the mentor's classroom and part-time elsewhere
(in other program activities, for example, attending workshops
or courses or observing other teachers)?

|_| no time in the mentor's classroom and full time elsewhere?

THE 3 NUMBERS IN C13c SHOULD SUM TO 5

C14. Please answer C14a, C14b, and C14c for the second half of the residency year:

a. Not counting winter/spring break, how many weeks does it last?

|_|_| WEEKS

b. What is the minimum number of full-length school days that a resident is fully in charge of a classroom?

|_|_| DAYS

No minimum

c. In a typical 5-day school week, how many days does the resident spend...

|_| full-time in the mentor's classroom?

|_| part time in the mentor's classroom and part time elsewhere
(in other program activities, for example, attending workshops
or courses or observing other teachers)?

|_| no time in the mentor's classroom and full time elsewhere?

THE 3 NUMBERS IN C14c SHOULD SUM TO 5

C15. What is the average living stipend or salary that participants receive while in their residency? This is the amount they are paid in lieu of a regular teacher's living stipend or salary.

\$ |_|_|_|,|_|_|_| AVERAGE AMOUNT PAID TO PARTICIPANTS PER YEAR

C16. After they become full-time teachers of record, do participants in your program routinely receive an additional payment above and beyond their regular teacher living stipend or salary?

- 1 Yes
 0 No → GO TO C19

C17. What is the average amount of the stipend that participants receive per year, while fulfilling their commitment to this program and the hiring district?

\$ |__|__|,|__|__|__| AVERAGE AMOUNT PAID TO PARTICIPANTS PER YEAR

C18. Please provide the following information about any special support or benefits your program provides or makes available to participants after they become full-time teachers of record.

What support or benefit does your program provide or make available?	Which participants receive this benefit or form of support?	How often do participants receive the benefit or form of support?	Does your program also provide or make available this benefit or form of support to other new teachers at participants' schools?
a. Formal mentoring? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO C18b	1 <input type="checkbox"/> All participants 2 <input type="checkbox"/> Those who want it (volunteers) 3 <input type="checkbox"/> A limited number (first-come, first-served) 4 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> 1-2 times a semester 5 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
b. Content area professional development? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO C18c	1 <input type="checkbox"/> All participants 2 <input type="checkbox"/> Those who want it (volunteers) 3 <input type="checkbox"/> A limited number (first-come, first-served) 4 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> 1-2 times a semester 5 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
c. Pedagogical professional development? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No → GO TO C18d	1 <input type="checkbox"/> All participants 2 <input type="checkbox"/> Those who want it (volunteers) 3 <input type="checkbox"/> A limited number (first-come, first-served) 4 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> 1-2 times a semester 5 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
d. Other? 1 <input type="checkbox"/> Yes (Please specify below) 0 <input type="checkbox"/> No → GO TO C19 _____	1 <input type="checkbox"/> All participants 2 <input type="checkbox"/> Those who want it (volunteers) 3 <input type="checkbox"/> A limited number (first-come, first-served) 4 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> 1-2 times a semester 5 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No

C19. Do you have a contract with any school district(s) to employ a certain number of graduates from your program per year?

- 1 Yes
0 No → **GO TO C21**

C20. Does the contract require the graduates to teach any specific subject(s) or grade level(s)?

- 1 Yes
0 No

C21. How many years does the program require participants to commit to teaching in a partner district after completion of their residency? (Enter 0 if your program does not require participants to make any teaching commitment.)

|__| YEARS

C22. Is the pursuit of a master's degree mandatory for program participants?

- 1 Yes
0 No

Please provide the name(s) and contact information of the person or people who completed this survey. We will call or send email only if we have questions about responses in this survey.

(1) First Person

Name: _____
Title: _____
Telephone Number(s): _____
E-mail Address: _____

(2) Second Person (if applicable)

Name: _____
Title: _____
Telephone Number(s): _____
E-mail Address: _____

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:

**Melissa Thomas, Survey Director
Teacher Residency Programs**

**Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543-2393**

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