#

# appendix F

# RESIDENT TEACHER SURVEY

**RESIDENT TEACHER SURVEY (SPRING 2011)**

**NATIONAL EVALUATION OF TEACHER RESIDENCY PROGRAMS**

**U.S. DEPARTMENT OF EDUCATION**

|  |
| --- |
| ATTACH LABEL HERETeacher ID School ID School Name |

IF ABOVE INFORMATION IS INCORRECT,

PLEASE MAKE CORRECTIONS DIRECTLY ON LABEL.

|  |  |
| --- | --- |
| **Please return the completed form to:** Teacher Residency ProgramsMathematica Policy ResearchP O Box 2393Princeton, NJ 08543-2393 ATTN: Melissa Thomas | **If you have questions, please contact:** Melissa ThomasPhone: xxx-xxx-xxxxFAX: xxx-xxx-xxxxEmail: MThomas@mathematica-mpr.com |

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 OMB NO.: xxxx-xxxx

 EXPIRATION DATE: xx/xx/20xx

**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 resident teacher 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.

**A. EDUCATIONAL BACKGROUND**

**A1. Please describe your ongoing or completed 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**  | **minor field of study** |
| 1 □ Associate’s (e.g. AA, AB)2 □ Bachelor’s (e.g., BS, BA)3 □ Master’s (e.g., MS, MA, MBA)4 □ Doctorate (e.g., EdD, PhD, DSc)5 □ Other *(Specify)* \_\_  | | | | | |*Year* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Name of Institution*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*City and State* | | | | |*If 268 Other, specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |*If 268 Other, specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1 □ Associate’s (e.g. AA, AB)2 □ Bachelor’s (e.g., BS, BA)3 □ Master’s (e.g., MS, MA, MBA)4 □ Doctorate (e.g., EdD, PhD, DSc)5 □ Other *(Specify)* \_\_  | | | | | |*Year* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Name of Institution*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*City and State* | | | | |*If 268 Other, specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |*If 268 Other, specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1 □ Associate’s (e.g. AA, AB)2 □ Bachelor’s (e.g., BS, BA)3 □ Master’s (e.g., MS, MA, MBA)4 □ Doctorate (e.g., EdD, PhD, DSc)5 □ Other *(Specify)* \_\_  | | | | | |*Year* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Name of Institution*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*City and State* | | | | |*If 268 Other, specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |*If 268 Other, specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1 □ Associate’s (e.g. AA, AB)2 □ Bachelor’s (e.g., BS, BA)3 □ Master’s (e.g., MS, MA, MBA)4 □ Doctorate (e.g., EdD, PhD, DSc)5 □ Other *(Specify)* \_\_  | | | | | |*Year* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Name of Institution*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*City and State* | | | | |*If 268 Other, specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |*If 268 Other, specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1 □ Associate’s (e.g. AA, AB)2 □ Bachelor’s (e.g., BS, BA)3 □ Master’s (e.g., MS, MA, MBA)4 □ Doctorate (e.g., EdD, PhD, DSc)5 □ Other *(Specify)* \_\_  | | | | | |*Year* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Name of Institution*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*City and State* | | | | |*If 268 Other, specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |*If 268 Other, specify*\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Table 1. Field of Study Codes****For Question A1** |
| **General Education** |
| **Elementary Education**101 Early childhood or pre-K, general102 Elementary grades, general**Secondary Education**103 Middle grades, general104 Secondary grades, general**Special Education**110 Special education, any | **Other Education**131 Administration132 Counseling and guidance133 Educational psychology134 Policy studies135 School psychology136 Other non-subject-matter-specific education |
| **Subject Matter Specific** |
| **Arts and Music**141 Art or arts and crafts142 Art history143 Dance144 Drama or theater145 Music**English and Language Arts**151 Communications152 Composition153 English154 Journalism155 Language arts158 Reading159 Speech**English as a Second Language (ESL)**160 ESL or bilingual education: General161 ESL or bilingual education: Spanish162 ESL or bilingual education: Other**Foreign Languages**171 French172 German173 Latin174 Spanish175 Other foreign language**Health Education**181 Health education182 Physical education**Mathematics and Computer Science**190 Mathematics197 Computer science**Natural Sciences**211 Biology or life sciences212 Chemistry213 Earth sciences214 Engineering217 Physics218 Other natural sciences**Social Sciences**221 Anthropology222 Area or ethnic studies (excluding Native American Studies) | **Social Sciences**223 Criminal justice224 Cultural studies225 Economics226 Geography227 Government or civics228 History229 International studies230 Law231 Native American studies233 Psychology234 Sociology235 Other social sciences**Vocational, Career, or Technical Education**241 Agriculture and natural resources242 Business management243 Business support244 Marketing and distribution245 Health occupations246 Construction trades, engineering, or science technologies (including CADD and drafting)247 Mechanics and repair249 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 education255 Industrial arts or technology education256 Other vocational, career, or technical education**Miscellaneous**261 Architecture263 Humanities or liberal studies264 Library or information science265 Military science or ROTC266 Philosophy267 Religious studies, theology, or divinity**Other**268 Other |

**A2. What was your cumulative grade point average (GPA) for your undergraduate coursework?**

 Please indicate on a 4-point scale.

 | |**.**| | |

**A2a. How did you first hear about the teacher residency program (TRP) you currently attend?**

 **MARK (X) ALL THAT APPLY**

 1 □ An advertisement for the program in the media (radio/television/newspaper)

 2 □ Web search

 3 □ Faculty/staff at my undergraduate institution

 4 □ Career development office at my undergraduate institution

 5 □ A friend or acquaintance

 6 □ Some other way \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A3. Not counting the TRP you currently attend, did you apply to any additional teacher training program(s) that would have begun after you completed your undergraduate degree?**

 1 □ Yes **How many programs?** | | |

 0 □ No **GO TO A4**

**A3a. Were the costs of these programs higher than those at your TRP?**

 1 □ Yes

 0 □ No

 -1 □ Don’t know

**A4. Did you apply to the Teach For America (TFA) program?**

 1 □ Yes

 0 □ No

**A5. How did each of the following factors influence your decision to enroll in your current TRP?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **not at all** | **somewhat** | **moderately** | **greatly** |
| a. Chance to obtain a master’s degree  | 1 □ | 2 □ | 3 □ | 4 □ |
| b. Out of pocket costs of the program  | 1 □ | 2 □ | 3 □ | 4 □ |
| c. The year-long residency component, in a real classroom, with mentoring from an experienced teacher  | 1 □ | 2 □ | 3 □ | 4 □ |
| d. Coursework integrated with teaching experience  | 1 □ | 2 □ | 3 □ | 4 □ |
| e. Mentor support after becoming a teacher  | 1 □ | 2 □ | 3 □ | 4 □ |
| f. Other *(Specify)*  | 1 □ | 2 □ | 3 □ | 4 □ |
|   |  |  |  |  |
| g. Other *(Specify)*  | 1 □ | 2 □ | 3 □ | 4 □ |
|   |  |  |  |  |

**A6. Which of the following best describes what you would have done if you had not enrolled in your current TRP?**

 **MARK (X) ONLY ONE**

 1 □ I definitely would have chosen a different teacher training program

 2 □ I may have chosen a different teacher training program

 3 □ I definitely would not have become a teacher

**B. WORK EXPERIENCE**

**B1. How involved were you in determining the school, grade, and subject area of your residency placement(s) in the TRP?**

|  |  |
| --- | --- |
|  | **MARK (X) ONE FOR EACH ROW** |
|  | **very involved** | **somewhat involved** | **somewhat uninvolved** | **not involved at all** |
| a. School  | 1 □ | 2 □ | 3 □ | 4 □ |
| b. Grade  | 1 □ | 2 □ | 3 □ | 4 □ |
| c. Subject area  | 1 □ | 2 □ | 3 □ | 4 □ |

**B2. Since graduating from college, how many years have you worked at a full-time non-teaching job?**

 | | | YEARS

 0 □ Have not worked in a full-time non-teaching job

**B3. Before training to be a teacher, did you ever serve as…**

|  | **YES** | **NO** |
| --- | --- | --- |
| a. A paid tutor?  | 1 □ | 0 □ |
| b. An unpaid tutor?  | 1 □ | 0 □ |

**B4. Not including your residency assignment, have you ever worked in a classroom before the current school year?**

 1 □ Yes

 0 □ No **GO TO C1, PAGE 7**

**B5. Did you work as a…**

|  | **complete one per row****if “yes,” complete “length of time”** |
| --- | --- |
|  | **yes** | **no** | **length of time** |
| a. Long-term substitute teacher?  | 1 □ | 0 □ | | | | YEARS | | | MONTHS |
| b. Short-term substitute teacher?  | 1 □ | 0 □ | | | | YEARS | | | MONTHS |
| c. Teacher’s aide?  | 1 □ | 0 □ | | | | YEARS | | | MONTHS |
| d. Other? *(Specify)*  | 1 □ | 0 □ | | | | YEARS | | | MONTHS |
|   |  |  |  |

**C. CLASSROOM AND SCHOOL ACTIVITIES/RESPONSIBILITIES**

**C1. Have you been assigned to...**

 **MARK (X) ONLY ONE**

 1 □ A single classroom mentor for two successive halves of the year

 2 □ Two different classroom mentors, one half year with each mentor

 3 □ Other? *(Specify)*

|  | **MARK (X) ONE PER COLUMN** |
| --- | --- |
|  | **first half of the residency year**  | **second half of the residency year**  |
| **C2. When did your residency take place?** |  1 □ Spring 2010 2 □ Fall 2010 |  1 □ Fall 2010 2 □ Spring 2011 |

**C3. How much responsibility did your classroom mentor allow you to have over the following activities in the focus class(es) he or she was teaching?**

|  | **MARK (X) ONE PER COLUMN, PER ACTIVITY** |
| --- | --- |
| **Activity** | **your first half of the residency year, you had…**  | **your second half of the residency year, you had…**  |
| a. Selecting instructional materials  |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |
| b. Selecting teaching techniques  |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |
| c. Planning lessons  |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |
| d. Evaluating and grading students  |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |

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**C3.** *Continued*

 **How much responsibility did your classroom mentor allow you to have over the following activities in the focus class(es) he or she was teaching?**

|  | **MARK (X) ONE PER COLUMN, PER ACTIVITY** |
| --- | --- |
| **Activity** | **your first half of the residency year, you had…**  | **your second half of the residency year, you had…**  |
| e. Disciplining students  |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |
| f. Working one-on-one with students  |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |
| g. Working with small groups  |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |
| h. Implementing lessons with the entire class  |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |
| i. Conducting parent/teacher conferences or other parent outreach activities  |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |  1 □ Little or no responsibility 2 □ Some responsibility 3 □ Responsibility shared equally with mentor 4 □ Primary responsibility |

**C4. Approximately what percentage of time in the classroom mentor’s classroom did you spend teaching or leading instruction?**

*If you haven’t completed this half of the residency year, answer up to this point.*

|  |  |
| --- | --- |
|  | **percentage** |
| a. During your first half of the residency year  | | | | | |
| b. During your second half of the residency year  | | | | | |

**C5. How prepared do you feel to do the following?**

|  |  |
| --- | --- |
|  | **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 □ | 2 □ | 3 □ | 4 □ |
| b. Use a variety of instructional methods  | 1 □ | 2 □ | 3 □ | 4 □ |
| c. Teach the subject matter  | 1 □ | 2 □ | 3 □ | 4 □ |
| d. Use technology in classroom instruction  | 1 □ | 2 □ | 3 □ | 4 □ |
| e. Assess students  | 1 □ | 2 □ | 3 □ | 4 □ |
| f. Select and adapt curriculum and instructional materials  | 1 □ | 2 □ | 3 □ | 4 □ |
| g. Plan instruction based on student data  | 1 □ | 2 □ | 3 □ | 4 □ |
| h. Collaborate with other teachers or colleagues on curriculum, lesson planning, or student issues  | 1 □ | 2 □ | 3 □ | 4 □ |
| i. Find resources for help, such as online, books, or in person with other teachers or colleagues, to assist with issues/concerns  | 1 □ | 2 □ | 3 □ | 4 □ |

**D. SUPPORT FROM MENTOR AND RESIDENCY PROGRAM**

**D1. How often did you engage in the following activities during your residency year?**

|  | **MARK (X) ONE PER COLUMN, PER ACTIVITY** |
| --- | --- |
| **ACTIVITY** | **during your first half of the residency year** | **during your second half of the residency year**  |
| a. Discuss strategies for effective instruction with your classroom mentor  |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |
| b. Discuss how to assess student progress with your classroom mentor  |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |
| c. Discuss the progress of students in your class with your classroom mentor  |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |
| d. Discuss with your classroom mentor how to adapt your teaching approach to meet students’ learning needs/styles  |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |
| e. Discuss with your classroom mentor strategies for effective behavior or classroom management  |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |
| f. Collaborate with your classroom mentor to plan lessons  |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |

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**D1.** *Continued*

 **How often did you engage in the following activities during your residency year?**

|  | **MARK (X) ONE PER COLUMN, PER ACTIVITY** |
| --- | --- |
| **ACTIVITY** | **during your first half of the residency year**  | **during your second half of the residency year**  |
| g. Receive guidance/information from your classroom mentor on administrative/ logistical issues  |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |
| h. Someone other than your classroom mentor observed you leading instruction or working with students  |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |
| i. Receive feedback from someone other than your classroom mentor who observed you  |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |
| j. Discuss your residency experience with other residents (do not count attending classes or workshops taken toward your teaching credential)  |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |  1 □ Daily 2 □ Weekly 3 □ Monthly 4 □ A few times this half 5 □ Upon request as needed 6 □ Never |

**D2. How much do you agree or disagree with the following statements about your current (or most recent) classroom mentor?**

|  | **strongly agree** | **agree** | **disagree** | **strongly disagree** |
| --- | --- | --- | --- | --- |
| a. My classroom mentor gives me useful suggestions to improve my practice  | 1 □ | 2 □ | 3 □ | 4 □ |
| b. My classroom mentor gives me encouragement or moral support  | 1 □ | 2 □ | 3 □ | 4 □ |
| c. My classroom mentor provides opportunities for me to raise issues/discuss my individual concerns  | 1 □ | 2 □ | 3 □ | 4 □ |
| d. My classroom mentor provides useful guidance/ information on administrative/logistical issues  | 1 □ | 2 □ | 3 □ | 4 □ |
| e. My classroom mentor provides useful guidance on teaching to meet state or district standards  | 1 □ | 2 □ | 3 □ | 4 □ |
| f. My classroom mentor works with me to identify teaching challenges and possible solutions  | 1 □ | 2 □ | 3 □ | 4 □ |
| g. My classroom mentor discusses instructional goals and helps me develop realistic plans for achieving them  | 1 □ | 2 □ | 3 □ | 4 □ |
| h. My classroom mentor provides useful guidance on how to assess students informally on a daily basis  | 1 □ | 2 □ | 3 □ | 4 □ |
| i. My classroom mentor frequently shares lesson plans, assessments, or other instructional activities  | 1 □ | 2 □ | 3 □ | 4 □ |
| j. My classroom mentor gives me useful feedback on my lesson plans  | 1 □ | 2 □ | 3 □ | 4 □ |
| k. My classroom mentor gives me useful feedback on lessons he or she has observed me teach  | 1 □ | 2 □ | 3 □ | 4 □ |
| l. I feel comfortable approaching my classroom mentor with questions or concerns  | 1 □ | 2 □ | 3 □ | 4 □ |
| m. My classroom mentor helps me apply what I am learning in my coursework  | 1 □ | 2 □ | 3 □ | 4 □ |
| n. My classroom mentor encourages me to develop my individual teaching style  | 1 □ | 2 □ | 3 □ | 4 □ |
| o. My classroom mentor is an effective teacher  | 1 □ | 2 □ | 3 □ | 4 □ |

**D3. During your residency year, did you observe teachers other than your classroom mentor?**

 1 □ Yes

 0 □ No **GO TO D8, PAGE 14**

**D4. How many times?**

 | | | NUMBER OF TIMES

**D5. On average, how many minutes did you spend per observation?**

| | | | MINUTES

**D6. Were these observations…**

 1 □ Required (as a part of the TRP)?

 2 □ Not required (optional or suggested)?

**D7. In observing other teachers’ classrooms, did you do any of the following?**

|  |  |
| --- | --- |
|  | **mark (x) yes or no in each row** |
|  | **yes** | **no** |
| a. Receive specific guidance from your classroom mentor on what to observe in the classroom  | 1 □ | 0 □ |
| b. Receive specific guidance from other program mentors on what to observe in the classroom  | 1 □ | 0 □ |
| c. Receive specific guidance from your certification course instructors on what to observe in the classroom  | 1 □ | 0 □ |
| d Debrief with your classroom mentor on the classroom observation  | 1 □ | 0 □ |
| e.Debrief with other program mentors on the classroom observation  | 1 □ | 0 □ |
| f. Debrief with your certification course instructors on the classroom observation  | 1 □ | 0 □ |

**D8. During your residency year, how often did you receive the following kinds of support from a TRP math content coach?**

 0 □ Do not have a TRP math content coach **GO TO D9**

|  | **mark (x) one per row**  |
| --- | --- |
|  | **daily** | **weekly** | **monthly** | **a few times during the residency year**  | **upon request as needed**  | **never**  |
| a. Useful suggestions to improve your practice  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| b. Encouragement or moral support  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| c. Opportunities for you to raise issues/discuss your individual concerns  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| d. Useful guidance on teaching to meet state or district standards  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| e. Works with you to identify teaching challenges and possible solutions  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| f. Discusses instructional goals and helps you develop realistic plans for achieving them  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| g. Useful guidance on how to assess students informally on a daily basis  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| h. Shares lesson plans, assessments, or other instructional activities  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| i. Useful feedback on your lesson plans  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| j. Encouragement to develop your teaching style  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |

**D9. During your residency year, how often have you received the following kinds of support from a TRP reading content coach?**

 0 □ Do not have a TRP reading content coach **GO TO D10, PAGE 16**

|  | **MARK (X) ONE PER ROW** |
| --- | --- |
|  | **daily** | **weekly** | **monthly** | **a few times during the residency year** | **upon request as needed** | **never** |
| a. Useful suggestions to improve your practice  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| b. Encouragement or moral support  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| c. Opportunities for you to raise issues/discuss your individual concerns  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| d. Useful guidance on teaching to meet state or district standards  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| e. Works with you to identify teaching challenges and possible solutions  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| f. Discusses instructional goals and helps you develop realistic plans for achieving them  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| g. Useful guidance on how to assess students informally on a daily basis  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| h. Shares lesson plans, assessments, or other instructional activities  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| i. Useful feedback on your lesson plans  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| j. Encouragement to develop your teaching style  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |

**D10. During your residency year, how often have you received the following kinds of support from a TRP cohort coach?**

 0 □ Do not have a TRP cohort coach **GO TO D11, PAGE 17**

|  | **MARK (X) ONE PER ROW** |
| --- | --- |
|  | **daily** | **weekly** | **monthly** | **a few times during the residency year** | **upon request as needed** | **never** |
| a. Useful suggestions to improve your practice  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| b. Encouragement or moral support  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| c. Opportunities for you to raise issues/discuss my individual concerns  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| d. Useful guidance on teaching to meet state or district standards  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| e. Works with you to identify teaching challenges and possible solutions  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| f. Discusses instructional goals and helps you develop realistic plans for achieving them  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| g. Useful guidance on how to assess students informally on a daily basis  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| h. Shares lesson plans, assessments, or other instructional activities  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| i. Gives you useful feedback on your lesson plans  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| j. Encouragement to develop your teaching style  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |

**D11. During your residency year, how often have you received the following kinds of support from an informal coach?**

 An informal coach provides mentoring, listening, advice, sounding board reactions, or other help in an unstructured, casual manner on a regular basis. An informal coach is usually not assigned to the person being coached.

 0 □ Do not have an informal coach **GO TO D12, PAGE 18**

|  | **MARK (X) ONE PER ROW** |
| --- | --- |
|  | **daily** | **weekly** | **monthly** | **a few times during the residency year** | **upon request as needed** | **never** |
| a. Useful suggestions to improve your practice  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| b. Encouragement or moral support  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| c. Opportunities for you to raise issues/discuss my individual concerns  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| d. Useful guidance on teaching to meet state or district standards  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| e. Works with you to identify teaching challenges and possible solutions  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| f. Discusses instructional goals and helps you develop realistic plans for achieving them  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| g. Useful guidance on how to assess students informally on a daily basis  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| h. Shares lesson plans, assessments, or other instructional activities  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| i. Gives you useful feedback on your lesson plans  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| j. Encouragement to develop your teaching style  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |

**D12. During your residency year, how often have you received the following kinds of support from any other type of mentor or coach?**

SPECIFY TYPE OF MENTOR/COACH:

 0 □ Do not have any other mentor or coach **GO TO E1, PAGE 19**

|  | **MARK (X) ONE PER ROW** |
| --- | --- |
|  | **daily** | **weekly** | **monthly** | **a few times during the residency year** | **upon request as needed** | **never** |
| a. Useful suggestions to improve your practice  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| b. Encouragement or moral support  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| c. Opportunities for you to raise issues/discuss my individual concerns  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| d. Useful guidance on teaching to meet state or district standards  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| e. Works with you to identify teaching challenges and possible solutions  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| f. Discusses instructional goals and helps you develop realistic plans for achieving them  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| g. Useful guidance on how to assess students informally on a daily basis  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| h. Shares lesson plans, assessments, or other instructional activities  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| i. Gives you useful feedback on your lesson plans  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |
| j. Encouragement to develop your teaching style  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 0 □ |

**E. REACTIONS TO THE TEACHER RESIDENCY PROGRAM**

**E1. Teachers employ many different teaching styles. How different do you think your teaching style will be next year, compared to your most recent or current classroom mentor’s teaching style?**

 **MARK (X) ONLY ONE**

 1 □ Very different

 2 □ Somewhat different

 3 □ A little different

 4 □ Not at all different

**E2. How much do you agree or disagree with the following statements about your experiences in the TRP?**

|  | **strongly disagree** | **disagree** | **agree** | **strongly agree** | **not applicable** |
| --- | --- | --- | --- | --- | --- |
| a. Coursework on pedagogy (teaching methods) has been useful  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| b. Coursework on my content area(s) has been useful  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| c. Coursework on the history or philosophy of education has been useful  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| d. Coursework on assessment has been useful  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| e. Coursework on child development has been useful  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| f. Coursework prepared me for teaching students with special needs  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| g. Coursework prepared me for teaching English Language Learners (ELLs)  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| h. Coursework on classroom management has been useful  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| i. Workshops and other instructional offerings besides formal coursework have been useful  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| j. My coursework is well integrated with my residency classroom experiences  | 1 □ | 2 □ | 3 □ | 4 □ |  |
| k. My work as a resident teacher reinforces what I learn in my coursework  | 1 □ | 2 □ | 3 □ | 4 □ |  |

**E2.** *Continued*

 **How much do you agree or disagree with the following statements about your experiences in the TRP?**

|  | **strongly disagree** | **disagree** | **agree** | **strongly agree** | **not applicable** |
| --- | --- | --- | --- | --- | --- |
| l. The amount of time I had to devote to the program, both coursework and residency, has been reasonable  | 1 □ | 2 □ | 3 □ | 4 □ |  |
| m. Mandatory meetings with other residents have been useful in preparing me to be a teacher  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| n. Interactions with other resident teachers from my cohort at my host school have been useful in preparing me to be a teacher  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| o. Common planning time with other resident teachers of the same subject(s) have been useful in preparing me to be a teacher  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| p. Voluntary/optional meetings with other residents have been useful in preparing me to be a teacher  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |
| q. I have received useful feedback and support from other residents  | 1 □ | 2 □ | 3 □ | 4 □ | n □ |

**E3. How satisfied are you with the following?**

|  |  |
| --- | --- |
|  | **mark (x) one per row** |
|  | **very dissatisfied** | **somewhat dissatisfied** | **neither satisfied nor dissatisfied** | **somewhat satisfied**  | **very satisfied** | **not applicable** |
| a. The grade(s) and subject(s) of the assigned classroom for the first half of your residency year  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |  |
| b. The grade(s) and subject(s) of the assigned classroom for the second half of your residency year  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |  |
| c. Your first classroom mentor  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |  |
| d. Your second classroom mentor  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | n □ |
| e. The intellectual challenge of the program, overall  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |  |
| f. The quality of the instructors who lead your program coursework  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |  |
| g. The financial compensation during the residency year (salary, stipend, other financial benefits)  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |  |
| h. Non-financial benefits during the residency year, such as health insurance  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |  |
| i. The TRP as a whole, to this point?  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |  |

**E4. Since the beginning of the school year, how often have you participated in the following activities with other resident teachers in your cohort?** Please do not count time spent attending classes or workshops taken toward your teaching credential.

|  |  |
| --- | --- |
|  | **mark (x) one per row** |
|  | **never** | **once a month or less** | **two or three times a month** | **weekly** | **once or twice a week** | **daily** |
| a. Meeting to discuss lesson plans  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| b. Meeting to discuss curriculum development  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| c. Meeting to discuss individual children  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| d. Meeting to discuss assessments  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
| e. Other *(specify)*  | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | 6 □ |
|   |  |  |  |  |  |  |

**E5. Please answer E5a, E5b, and E5c for the first half of the residency year:**

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

 | | | WEEKS

 **b. How many full-length school days are/were you fully in charge of a classroom?**

 | | | DAYS

 □ No minimum

 **c. In a typical 5-day school week, how many days do/did you 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 E5c SHOULD SUM TO 5

**E6. Please answer E6a, E6b, and E6c for the second half of the residency year:**

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

 | | | WEEKS

 **b. How many full-length school days are/were you fully in charge of a classroom?**

 | | | DAYS

 □ No minimum

 **c. In a typical 5-day school week, how many days do/did you 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 E6c SHOULD SUM TO 5

**F. BACKGROUND CHARACTERISTICS**

**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 (X) ONE OR MORE**

 1 □ American Indian or Alaska native

 2 □ Asian

 3 □ Black or African-American

 4 □ Native Hawaiian or other

 Pacific Islander

 5 □ White

**F4. 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, to notify you of future data collection activities, 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 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** |

Resident Teacher Survey (1-4-11 dab)-q22.docx

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