

APPENDIX F
RESIDENT TEACHER SURVEY

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

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

Please return the completed form to: Teacher Residency Programs Mathematica Policy Research P O Box 2393 Princeton, NJ 08543-2393 ATTN: Melissa Thomas	If you have questions, please contact: Melissa Thomas Phone: xxx-xxx-xxxx FAX: xxx-xxx-xxxx Email: MThomas@mathematica-mpr.com
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OMB NO.: xxx-xxx-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 <input type="checkbox"/> Associate's (e.g. AA, AB) 2 <input type="checkbox"/> Bachelor's (e.g., BS, BA) 3 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 4 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 5 <input type="checkbox"/> Other (<i>Specify</i>) _____	_ _ _ _ _ Year	_____ _____ <i>Name of Institution</i> _____ _____ <i>City and State</i>	_ _ _ _ _ <i>If 268 Other, specify</i>	_ _ _ _ _ <i>If 268 Other, specify</i>
1 <input type="checkbox"/> Associate's (e.g. AA, AB) 2 <input type="checkbox"/> Bachelor's (e.g., BS, BA) 3 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 4 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 5 <input type="checkbox"/> Other (<i>Specify</i>) _____	_ _ _ _ _ Year	_____ _____ <i>Name of Institution</i> _____ _____ <i>City and State</i>	_ _ _ _ _ <i>If 268 Other, specify</i>	_ _ _ _ _ <i>If 268 Other, specify</i>
1 <input type="checkbox"/> Associate's (e.g. AA, AB) 2 <input type="checkbox"/> Bachelor's (e.g., BS, BA) 3 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 4 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 5 <input type="checkbox"/> Other (<i>Specify</i>) _____	_ _ _ _ _ Year	_____ _____ <i>Name of Institution</i> _____ _____ <i>City and State</i>	_ _ _ _ _ <i>If 268 Other, specify</i>	_ _ _ _ _ <i>If 268 Other, specify</i>
1 <input type="checkbox"/> Associate's (e.g. AA, AB) 2 <input type="checkbox"/> Bachelor's (e.g., BS, BA) 3 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 4 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 5 <input type="checkbox"/> Other (<i>Specify</i>) _____	_ _ _ _ _ Year	_____ _____ <i>Name of Institution</i> _____ _____ <i>City and State</i>	_ _ _ _ _ <i>If 268 Other, specify</i>	_ _ _ _ _ <i>If 268 Other, specify</i>
1 <input type="checkbox"/> Associate's (e.g. AA, AB) 2 <input type="checkbox"/> Bachelor's (e.g., BS, BA) 3 <input type="checkbox"/> Master's (e.g., MS, MA, MBA) 4 <input type="checkbox"/> Doctorate (e.g., EdD, PhD, DSc) 5 <input type="checkbox"/> Other (<i>Specify</i>) _____	_ _ _ _ _ Year	_____ _____ <i>Name of Institution</i> _____ _____ <i>City and State</i>	_ _ _ _ _ <i>If 268 Other, specify</i>	_ _ _ _ _ <i>If 268 Other, specify</i>

Table 1. Field of Study Codes

For Question A1

General Education

Elementary Education

- 101 Early childhood or pre-K, general
- 102 Elementary grades, general

Secondary Education

- 103 Middle grades, general
- 104 Secondary grades, general

Special Education

- 110 Special education, any

Other Education

- 131 Administration
- 132 Counseling and guidance
- 133 Educational psychology
- 134 Policy studies
- 135 School psychology
- 136 Other non-subject-matter-specific education

Subject Matter Specific

Arts and Music

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

English and Language Arts

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

English as a Second Language (ESL)

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

Foreign Languages

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

Health Education

- 181 Health education
- 182 Physical education

Mathematics and Computer Science

- 190 Mathematics
- 197 Computer science

Natural Sciences

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

Social Sciences

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

Social Sciences

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

Vocational, Career, or Technical Education

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

Miscellaneous

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

Other

- 268 Other

A2. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Out of pocket costs of the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The year-long residency component, in a real classroom, with mentoring from an experienced teacher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Coursework integrated with teaching experience.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Mentor support after becoming a teacher....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Other (<i>Specify</i>)..... _____	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"/>

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Grade.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Subject area.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

|_|_| YEARS

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 <input type="checkbox"/>	0 <input type="checkbox"/>
b. An unpaid tutor?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

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 <input type="checkbox"/>	0 <input type="checkbox"/>	_ _ YEARS	_ _ MONTHS
b. Short-term substitute teacher?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_ _ YEARS	_ _ MONTHS
c. Teacher's aide?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_ _ YEARS	_ _ MONTHS
d. Other? (<i>Specify</i>)..... _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	_ _ 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 <input type="checkbox"/> Spring 2010 2 <input type="checkbox"/> Fall 2010	1 <input type="checkbox"/> Fall 2010 2 <input type="checkbox"/> 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 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
b. Selecting teaching techniques.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
c. Planning lessons.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
d. Evaluating and grading students.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility

CONTINUED ON NEXT PAGE

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 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
f. Working one-on-one with students.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
g. Working with small groups.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
h. Implementing lessons with the entire class.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility
i. Conducting parent/teacher conferences or other parent outreach activities.....	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility	1 <input type="checkbox"/> Little or no responsibility 2 <input type="checkbox"/> Some responsibility 3 <input type="checkbox"/> Responsibility shared equally with mentor 4 <input type="checkbox"/> Primary responsibility

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

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 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
b. Discuss how to assess student progress with your classroom mentor.....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
c. Discuss the progress of students in your class with your classroom mentor.....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
d. Discuss with your classroom mentor how to adapt your teaching approach to meet students' learning needs/styles.....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
e. Discuss with your classroom mentor strategies for effective behavior or classroom management.....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
f. Collaborate with your classroom mentor to plan lessons.....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> 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 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
h. Someone <u>other than your classroom mentor</u> observed you leading instruction or working with students.....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
i. Receive feedback from someone <u>other than your classroom mentor</u> who observed you.....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never
j. Discuss your residency experience with other residents (do not count attending classes or workshops taken toward your teaching credential).....	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> Never	1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> A few times this half 5 <input type="checkbox"/> Upon request as needed 6 <input type="checkbox"/> 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. My classroom mentor gives me encouragement or moral support.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. My classroom mentor provides opportunities for me to raise issues/discuss my individual concerns.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. My classroom mentor provides useful guidance/ information on administrative/logistical issues.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. My classroom mentor provides useful guidance on teaching to meet state or district standards.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. My classroom mentor works with me to identify teaching challenges and possible solutions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. My classroom mentor discusses instructional goals and helps me develop realistic plans for achieving them.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. My classroom mentor provides useful guidance on how to assess students informally on a daily basis.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. My classroom mentor frequently shares lesson plans, assessments, or other instructional activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. My classroom mentor gives me useful feedback on my lesson plans.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. My classroom mentor gives me useful feedback on lessons he or she has observed me teach.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. I feel comfortable approaching my classroom mentor with questions or concerns.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. My classroom mentor helps me apply what I am learning in my coursework.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. My classroom mentor encourages me to develop my individual teaching style.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. My classroom mentor is an effective teacher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Receive specific guidance from other program mentors on what to observe in the classroom.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Receive specific guidance from your certification course instructors on what to observe in the classroom.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Debrief with your classroom mentor on the classroom observation.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Debrief with other program mentors on the classroom observation.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Debrief with your certification course instructors on the classroom observation.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

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

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Encouragement or moral support.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Opportunities for you to raise issues/discuss your individual concerns	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Useful guidance on teaching to meet state or district standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Works with you to identify teaching challenges and possible solutions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Discusses instructional goals and helps you develop realistic plans for achieving them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Useful guidance on how to assess students informally on a daily basis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Shares lesson plans, assessments, or other instructional activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Useful feedback on your lesson plans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Encouragement to develop your teaching style	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

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

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Encouragement or moral support.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Opportunities for you to raise issues/discuss your individual concerns	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Useful guidance on teaching to meet state or district standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Works with you to identify teaching challenges and possible solutions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Discusses instructional goals and helps you develop realistic plans for achieving them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Useful guidance on how to assess students informally on a daily basis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Shares lesson plans, assessments, or other instructional activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Useful feedback on your lesson plans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Encouragement to develop your teaching style	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

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

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Encouragement or moral support.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Opportunities for you to raise issues/discuss my individual concerns	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Useful guidance on teaching to meet state or district standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Works with you to identify teaching challenges and possible solutions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Discusses instructional goals and helps you develop realistic plans for achieving them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Useful guidance on how to assess students informally on a daily basis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Shares lesson plans, assessments, or other instructional activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Gives you useful feedback on your lesson plans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Encouragement to develop your teaching style	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

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.

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Encouragement or moral support.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Opportunities for you to raise issues/discuss my individual concerns	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Useful guidance on teaching to meet state or district standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Works with you to identify teaching challenges and possible solutions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Discusses instructional goals and helps you develop realistic plans for achieving them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Useful guidance on how to assess students informally on a daily basis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Shares lesson plans, assessments, or other instructional activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Gives you useful feedback on your lesson plans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Encouragement to develop your teaching style	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

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: _____

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Encouragement or moral support.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Opportunities for you to raise issues/discuss my individual concerns	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Useful guidance on teaching to meet state or district standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Works with you to identify teaching challenges and possible solutions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Discusses instructional goals and helps you develop realistic plans for achieving them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Useful guidance on how to assess students informally on a daily basis	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Shares lesson plans, assessments, or other instructional activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Gives you useful feedback on your lesson plans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Encouragement to develop your teaching style	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>

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	DISAGRE E	AGREE	STRONGLY AGREE	NOT APPLICABL E
a. Coursework on pedagogy (teaching methods) has been useful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
b. Coursework on my content area(s) has been useful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
c. Coursework on the history or philosophy of education has been useful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
d. Coursework on assessment has been useful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
e. Coursework on child development has been useful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
f. Coursework prepared me for teaching students with special needs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
g. Coursework prepared me for teaching English Language Learners (ELLs).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
h. Coursework on classroom management has been useful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
i. Workshops and other instructional offerings <u>besides formal coursework</u> have been useful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
j. My coursework is well integrated with my residency classroom experiences.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
k. My work as a resident teacher reinforces what I learn in my coursework.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

E2. *Continued*

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

	STRONGLY DISAGREE	DISAGRE E	AGREE	STRONGLY AGREE	NOT APPLICAB LE
l. The amount of time I had to devote to the program, both coursework and residency, has been reasonable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
m. Mandatory meetings with other residents have been useful in preparing me to be a teacher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
n. Interactions with other resident teachers from my cohort at my host school have been useful in preparing me to be a teacher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
o. Common planning time with other resident teachers of the same subject(s) have been useful in preparing me to be a teacher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
p. Voluntary/optional meetings with other residents have been useful in preparing me to be a teacher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
q. I have received useful feedback and support from other residents.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>

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 <u>first</u> half of your residency year.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
b. The grade(s) and subject(s) of the assigned classroom for the <u>second</u> half of your residency year.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
c. Your first classroom mentor.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
d. Your second classroom mentor.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		n <input type="checkbox"/>
e. The intellectual challenge of the program, overall.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
f. The quality of the instructors who lead your program coursework.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
g. The financial compensation during the residency year (salary, stipend, other financial benefits).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
h. Non-financial benefits during the residency year, such as health insurance.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		
i. The TRP as a whole, to this point?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>		

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Meeting to discuss curriculum development....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Meeting to discuss individual children.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Meeting to discuss assessments.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Other (<i>specify</i>).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

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

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: () - -

Cell Phone 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

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