

**APPENDIX G**  
**TEACHER OF RECORD SURVEY**

**TEACHER OF RECORD SURVEY (2011-12)**

**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

<b>Please return the completed form to:</b> Teacher Residency Programs Mathematica Policy Research P O Box 2393 Princeton, NJ 08543-2393 ATTN: Melissa Thomas	<b>If you have questions, please contact:</b> Melissa Thomas Phone: xxx-xxx-xxxx FAX: xxx-xxx-xxxx Email: MThomas@mathematica-mpr.com
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OMB NO.: 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.**

1. The questions ask about your experiences as a teacher of record, and your background. A teacher of record is a full-time classroom teacher responsible for content instruction and determining student grades.
2. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can.
3. 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.

Including this school year, for how many years have you been a full-time teacher in private or public schools?

MARK (X) ONLY ONE

One year → GO TO A1

Two years → GO TO A1

Three years or more → PLEASE **STOP** NOW AND RETURN THIS QUESTIONNAIRE TO MATHEMATICA USING THE ENVELOPE PROVIDED.

## A. EDUCATIONAL BACKGROUND

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

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

**Table 1. Field of Study Codes**

**For Question A1**

**General Education**

**Elementary Education**

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

**Secondary Education**

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

**Special Education**

- 110 Special education, any

**Other Education**

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

**Subject Matter-Specific**

**Arts and Music**

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

**English and Language Arts**

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

**English as a Second Language (ESL)**

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

**Foreign Languages**

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

**Health Education**

- 181 Health education
- 182 Physical education

**Mathematics and Computer Science**

- 190 Mathematics
- 197 Computer science

**Natural Sciences**

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

**Social Sciences**

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

**Social Sciences**

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

**Vocational, Career, or Technical Education**

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

**Miscellaneous**

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

**Other**

- 268 Other

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

Please indicate on a 4-point scale.

|\_| . |\_|\_| GPA

**A3. Have you completed or are you in the process of completing requirements of a teacher residency program?**

Yes

No

## B. WORK EXPERIENCE

**B1. Since graduating from college, how many years have you worked in a full-time job besides teaching?**

\_\_\_\_|\_\_\_\_| YEARS

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

**B2. Had you ever worked in a classroom before the current school year?**

Yes

No → **GO TO B4**

**B3. Did you work as a...**

*Note: A teacher of record is a full-time classroom teacher responsible for content instruction and determining student grades.*

	IF "YES," WRITE 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. Resident teacher.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	____ ____  YEARS	____ ____  MONTHS
e. Full-time teacher of record.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	____ ____  YEARS	____ ____  MONTHS
f. Other ( <i>Specify</i> )..... _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	____ ____  YEARS	____ ____  MONTHS

**B4. During this school year, do you or will you...**

	YES	NO
a. Coach a sport in the school or district in which you teach?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Sponsor any student groups, clubs, or organizations?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Serve as a department or grade level chair?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Serve as a lead curriculum specialist?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Serve as a mentor or master teacher for a newer teacher?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Serve on a school-wide or district-wide committee or task force?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Participate in any other school leadership activity? ( <i>Specify</i> )..... _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>



## C. CERTIFICATION AND TRAINING

**C1. Which of the following statements best describes when you first became a full-time teacher of record?**

**MARK (X) ONLY ONE**

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

**C2. Was the training you received before becoming a full-time teacher of record part of...**

**MARK (X) ONLY ONE**

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

**C3. Did you do student teaching?**

- <sub>1</sub> Yes → **GO TO C4**
- <sub>0</sub> No → **GO TO C5, PAGE 8**

**NOTE: Student teaching (also called practice teaching)** – A school-based experience that is supervised by both a certified experienced classroom teacher and a program supervisor. It is generally a requirement of pre-service teachers who have completed the education coursework leading to a degree and are seeking certification or licensure to teach in a public school. In teacher residency programs, the residency year counts as student teaching.

**C4. For how many weeks did you do student teaching?**

|\_\_|\_\_| WEEKS

**C5. At the start of your first year as a full-time teacher of record, how prepared did 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 your 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. Create lesson plans.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Interact with parents.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**C6. Once you became a teacher of record, how satisfied were you with the following?**

**MARK (X) ONE PER ROW**

	VERY DISSATISFIED	SOMEWHAT DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED
a. Your training program's fieldwork and student teaching experience.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Your training program's coursework.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Your training program overall.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**C7. Since the beginning of the school year, how often have you participated in the following activities with other teachers in their first or second year as teachers of record?**

**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"/>

**C8. To what extent did your teacher training program cover the curricula that you use(d) as a first year teacher?**

**MARK (X) ONLY ONE**

- 1  Great extent
- 2  Moderate extent
- 3  Small extent
- 4  Not at all

**C9. When you started teaching, did you make a contractual agreement to teach in the district for a certain number of years?**

- 1  Yes
- 0  No → **GO TO C11**

**C10. For how many years was this contract?**

|\_\_|\_\_| YEARS

**C11. During the current school year, are/were you enrolled in classes related to your job as a teacher?**

- 1  Yes
- 0  No → **GO TO D1, PAGE 10**

**C12. During this school year, for how many weeks did you attend these classes (either in person or online)?**

Please count the total number of weeks you were actually in class, not the entire length of the term from start to finish.

|\_\_|\_\_| WEEKS

**C13. For these classes, how many hours per week did you spend attending class (either in person or online)?**

|\_\_|\_\_| HOURS PER WEEK

**C14. For these classes, how many hours per week did you spend doing work outside class time?**

|\_\_|\_\_| HOURS PER WEEK

## D. TEACHING

**D1. Please indicate the grade(s) of the students you currently teach.**

**MARK (X) ALL THAT APPLY**

**GRADE**

a. Pre-K.....	P <input type="checkbox"/>
b. Kindergarten.....	K <input type="checkbox"/>
c. Grade 1.....	1 <input type="checkbox"/>
d. Grade 2.....	2 <input type="checkbox"/>
e. Grade 3.....	3 <input type="checkbox"/>
f. Grade 4.....	4 <input type="checkbox"/>
g. Grade 5.....	5 <input type="checkbox"/>
h. Grade 6.....	6 <input type="checkbox"/>
i. Grade 7.....	7 <input type="checkbox"/>
j. Grade 8.....	8 <input type="checkbox"/>
k. Grade 9.....	9 <input type="checkbox"/>
l. Grade 10.....	10 <input type="checkbox"/>
m. Grade 11.....	11 <input type="checkbox"/>
n. Grade 12.....	12 <input type="checkbox"/>

**D2. Which statement best describes the way your classes at this school are organized?**

**MARK (X) ONLY ONE**

- 1  You instruct the same group of students all or most of the day in multiple subjects (sometimes called a Self-Contained Class) → **GO TO D3, PAGE 11**
- 2  You instruct several classes of different students most or all of the day in one or more subjects (sometimes called Departmentalized Instruction)
- 3  You instruct a small number of selected students released from their regular classes in specific skills or to address specific needs (sometimes called a "Pull-Out" Class or "Push-In" Instruction) → **GO TO D7**

**D3. Of the students currently in the class(es) you teach, what percentage was in your class(es) at the start of this school year?**

|\_|\_|\_| PERCENT

**D4. Which of the following describes the teaching certificate you currently hold in the state in which you are teaching?**

**MARK (X) ONLY ONE**

**1 Regular or advanced state certificate in general or elementary education.** (Issued to those who have completed all teacher training, certification exams, and any required probationary teaching period.)

**2 Regular or advanced state certificate for particular subject(s).** (Issued to those who have completed all teacher training, certification exams, and any required probationary teaching period.)

(Specify subjects): \_\_\_\_\_

**3 Temporary state certificate.** (Issued to those who need to complete additional requirements, such as passing a certification exam, coursework, or a probationary teaching period.)

**4 None of the above.**

**D5. Are you the only teacher responsible for instruction in this class?**

**1 Yes**

**0 No**

**D6. Are you assisted by a teacher's aide (paraprofessional), student teacher, or resident teacher?**

**1 Yes** } → **GO TO E1**

**0 No** } → **GO TO E1**

**D7.** Because this study focuses on only a few tested subjects (mainly English, math, and science), we would like to know about classes or sections you teach in these subject areas.

**Please indicate if you teach any of the subjects listed below (by checking “yes” or “no” in the second column), and provide the other information requested.**

*Regular or advanced state certificates are issued to those who have completed all teacher training, certification exams, and any required probationary teaching period.*

*Temporary state certificates are issued to those who need to complete additional requirements, such as passing a certification exam, coursework, or a probationary teaching period.*

Subjects	MARK YES OR NO Do you teach this subject?	How many sections of this subject do you teach?	What type of certification do you hold to teach this subject?	Are you the only teacher responsible for instruction in all these sections?	Does a teacher's aide, student teacher, or resident teacher assist in <u>any</u> of these sections?
English or language arts.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Reading.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Composition.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Basic or general math.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Algebra I.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Algebra II.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Geometry.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Other math course ( <i>Specify</i> ) _____	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Science, general.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Biology or life sciences.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Chemistry.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No

D7. (continued)

Subjects	MARK YES OR NO Do you teach this subject?	How many sections of this subject do you teach?	What type of certification do you hold to teach this subject?	Are you the only teacher responsible for instruction in all these sections?	Does a teacher's aide, student teacher, or resident teacher assist in <u>any</u> of these sections?
Earth sciences.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Integrated sciences.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Physical sciences.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Physics.....	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
Other science course (Specify) _____	1 <input type="checkbox"/> Yes → 0 <input type="checkbox"/> No	_ _	1 <input type="checkbox"/> Regular or advanced 2 <input type="checkbox"/> Temporary 3 <input type="checkbox"/> None	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No

## E. SUPPORT

### E1. During this school year, were you assigned a mentor/master teacher or a field supervisor?

(Mentor/master teachers and field supervisors have teaching experience or expertise and provide information, advice, support, coaching, and feedback to newer teachers.)

1  Yes

0  No → GO TO E3

### E2. Indicate the type(s) of master/mentor teacher(s) or field supervisor(s) you have had this school year.

**MARK (X) ALL THAT APPLY**

1  A teacher from your school

2  An administrator from your school

3  A teacher or administrator from outside your school but NOT affiliated with your teacher education/preparation program

4  A faculty member or staff member affiliated with your teacher education/ preparation program

5  Other (*Specify*)

---

### E3. During the current school year, which of the following staff have worked with you?

**MARK (X) ALL THAT APPLY**

1  Math coach

2  Reading/literacy coach

3  Cohort coach

4  Informal coach (provides mentoring, listening, or advice in an unstructured, casual manner on a regular basis)

5  Other type of coach or mentor (*Specify*)

---

0  None of the above



**E4.** Now we would like to know about your interactions with mentors (both formal and informal). Consider activities with all your mentors, if you have more than one.

**Mentoring** describes a formal or informal learning relationship, usually between two individuals where the mentor has experience or expertise in a particular area and provides information, advice, support, and feedback to the teacher. Literacy and mathematics coaches or lead teachers often take on the role of mentor for teachers.

**How many times did the activities below take place in the current school year, and approximately how long did they last, on average?**

	NUMBER OF TIMES	AVERAGE NUMBER OF MINUTES PER SESSION
a. Your mentor(s) observed your classroom teaching.....	_ _	_ _ _
b. Your mentor(s) gave you oral feedback following observations of your classroom teaching.....	_ _	_ _ _
c. Your mentor(s) gave you written feedback based on observations of your classroom teaching.....	_ _	
d. You met with your mentor(s) formally (for example, at scheduled times) to discuss professional issues such as planning, assessment, or teaching skills. (Do not count discussions following their observations of your teaching.).....	_ _	_ _ _
e. You met with your mentor(s) informally (not scheduled, more spur-of-the-moment) to discuss professional issues such as planning, assessment, or teaching skills. (Do not count discussions following their observations of your teaching.).....	_ _	_ _ _
f. You observed the classroom teaching of your mentor(s).....	_ _	_ _ _
g. Your mentor(s) provided some other kind of support, for example, moral support ( <i>Specify</i> ).....	_ _	

**E5. Overall, how helpful were the mentoring activities this school year?**

**MARK (X) ONLY ONE**

- 1 Very helpful
- 2 Moderately helpful
- 3 Slightly helpful
- 4 Not helpful

**E6. During this school year, how many times did your principal or assistant principal observe you teaching?**

**MARK (X) ONLY ONE**

- 1 Never → **GO TO E10, PAGE 16**
- 2 1-2 times
- 3 3-4 times

4  5 or more times

**E7. On average, how long did the observation session(s) by your principal or assistant principal last?**

|\_|\_|\_| MINUTES

**E8. Did your principal or assistant principal give you feedback on the observation session(s)?**

1  Yes  
0  No → **GO TO E10**

**E9. In general, how helpful was the feedback?**

1  Very helpful

2  Moderately helpful

3  Slightly helpful

4  Not helpful

**E10. How many days in all did you participate in district- or school-sponsored professional development during summer 2011 and the 2011-12 school year?**

|\_|\_|\_| DAYS

**E11. On average, how many hours per day did you spend in these sessions?**

|\_|\_|\_| HOURS PER DAY

## F. PERCEPTIONS OF TEACHING PROFESSION

**F1. All in all, how satisfied would you say you are with teaching as a career?**

**MARK (X) ONLY ONE**

- 1  Completely satisfied
- 2  Somewhat satisfied
- 3  Neither satisfied nor dissatisfied
- 4  Somewhat dissatisfied
- 5  Completely dissatisfied

**F2. How satisfied are you with the following aspects of your job this school year in terms of the following?**

**MARK (X) ONE PER ROW**

	COMPLETELY DISSATISFIED	SOMEWHAT DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SOMEWHAT SATISFIED	COMPLETELY SATISFIED
a. Your relationship with students....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Your relationship with other teachers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Your relationship with the school administration.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Your salary.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**F3. Within the next three years, how likely is it that you will voluntarily leave the teaching profession?**

**MARK (X) ONLY ONE**

- 1  Very likely
  - 2  Fairly likely
  - 3  Not too likely
  - 4  Not at all likely
  - 5  Don't know
- } → **GO TO F4**  
} → **GO TO G1**

**F4. If you voluntarily leave the teaching profession within the next three years, what do you think will be your primary reason?**

**MARK (X) ONLY ONE**

- 1  I plan to pursue other education-related career opportunities (e.g., principal, administrator, counselor)
- 2  I plan to pursue other non-education related career opportunities
- 3  I plan to stay home to take care of my family
- 4  I plan to retire from work
- 5  I plan to pursue something else (*Specify*)

---

**G1. Are you male or female?**

- 1  Male
- 2  Female

**G2. Are you of Hispanic or Latino origin?**

- 1  Yes
- 0  No

**G3. 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

**G4. 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: \_\_\_\_\_

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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