**APPENDIX I**

**Teacher Mobility Survey**

**TEACHER MOBILITY SURVEY**

**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 |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, National Center for Education Evaluation and Regional Assistance, 555 New Jersey Avenue, NW, Washington, DC 20208.

 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 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. YOUR EMPLOYMENT STATUS

**A1. Are you currently teaching?**

 **NOTE:** If you are on temporary leave (such as medical or maternity leave) and expect to return to the teaching profession, please answer “no” below and go to page 2.

 1 🞎 Yes

 0 🞎 No **GO TO PAGE 2**

**A2. Which grade(s) do you currently teach?**

 ***MARK ALL THAT APPLY***

|  |
| --- |
| X 🞎 Prekindergarten0 🞎 Kindergarten1 🞎 1st2 🞎 2nd3 🞎 3rd4 🞎 4th5 🞎 5th6 🞎 6th7 🞎 7th8 🞎 8th9 🞎 9th – 12th10 🞎 Other (*Specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

A3. We’d like to know the schools in which you have been a teacher of record since the beginning of the 2010-2011 school year.

 Please write the name of the school, the type of school, the name of the school district or city and state, and mark the school term you taught there, from fall 2010 to the current term.

|  |  |
| --- | --- |
|  | please complete a row for each school |
|  | school name | type of school | school district (if public/non-charter)ORcity/state (if Charter, private or parochial) | school termplease mark ‘x’ in all terms taught |
| Fall | Spring |
| EXAMPLETeacher in same school for first two years | Kennedy School | 1 ☒ Public (non-charter)2 🞎 Charter3 🞎 Private or parochial | Monroe School District | 1☒ 2010 | 2☒ 2011 |
| 3☒ 2011 | 4☒ 2012 |
| 5🞎 2012 | 6🞎 2013 |
| School 1 |   | 1 🞎 Public (non-charter)2 🞎 Charter3 🞎 Private or parochial |   | 1🞎 2010 | 2🞎 2011 |
| 3🞎 2011 | 4 🞎 2012 |
| 5🞎 2012 | 6🞎 2013 |
| School 2 |   | 1 🞎 Public (non-charter)2 🞎 Charter3 🞎 Private or parochial |   | 1🞎 2010 | 2🞎 2011 |
| 3🞎 2011 | 4 🞎 2012 |
| 5🞎 2012 | 6🞎 2013 |
| School 3 |   | 1 🞎 Public (non-charter)2 🞎 Charter3 🞎 Private or parochial |   | 1🞎 2010 | 2🞎 2011 |
| 3🞎 2011 | 4 🞎 2012 |
| 5🞎 2012 | 6🞎 2013 |
| School 4 |   | 1 🞎 Public (non-charter)2 🞎 Charter3 🞎 Private or parochial |   | 1🞎 2010 | 2🞎 2011 |
| 3🞎 2011 | 4 🞎 2012 |
| 5🞎 2012 | 6🞎 2013 |
| School 5 |   | 1 🞎 Public (non-charter)2 🞎 Charter3 🞎 Private or parochial |   | 1🞎 2010 | 2🞎 2011 |
| 3🞎 2011 | 4 🞎 2012 |
| 5🞎 2012 | 6🞎 2013 |

|  |
| --- |
| * IF YOU ARE NOT CURRENTLY TEACHING OR ARE ON TEMPORARY LEAVE, GO TO B1 ON PAGE 4.
* IF YOU ARE TEACHING IN THE SAME SCHOOL SINCE THE FIRST DAY OF THE 2010-2011 SCHOOL YEAR, GO TO C1 ON PAGE 7.
* IF YOU HAVE MADE A CHANGE IN SCHOOLS SINCE THE FIRST DAY OF THE 2010-2011 SCHOOL YEAR, GO TO A4 BELOW.
 |

PLEASE

READ

**A4. Using the scale provided, please indicate the importance of each of the following reasons in your decision to make your most recent change in schools.**

|  |  |
| --- | --- |
|  | ***How important is the reason you changed schools?******MARK ONE BOX ON EACH LINE*** |
| **Reasons for Changing School** | **Not at All Important/NA** | **Somewhat Important** | **Very Important** | **Extremely Important** |
| a. Involuntary transfer  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| b. Moved out of the area  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| c. Changed my residence due to my spouse/partner changing jobs  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| d. Salary or benefits  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| e. Job security  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| f. Opportunities for desirable teaching assignment (subject area or grade level)  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| g. Workplace conditions (e.g., facilities, classroom resources, school safety, parent and community support)  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| h. Dissatisfied with administrative support  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| i. Principal’s leadership  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| j. Challenges of implementing new reform measures  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| k. Difficulty with colleagues  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| l. Lack of autonomy over my classroom  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| m. Inadequate time to prepare lesson plans  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| n. Professional development opportunities  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| o. Not asked to return to the position  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| p. Felt inadequately prepared  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| q. Some other reason *(Please specify)*  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
|   |  |  |  |  |

**A5. Of the reasons you listed above (a-q), please indicate the letter associated with the single most important reason for making your most recent change in schools.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_** LETTER OF SINGLE MOST IMPORTANT REASON

**GO TO C1 ON PAGE 7**

B. INFORMATION ON TEACHERS NOT CURRENTLY TEACHING

**B1. Using the scale provided, indicate the level of importance each of the following played in your decision to leave teaching.**

|  |  |
| --- | --- |
|  | **How important was this reason in your****decision to leave teaching?*****MARK ONE BOX ON EACH LINE*** |
| **Reasons for Not Currently Teaching** | **not at all important** | **somewhat important** | **very important** | **extremely important** |
| a. Decided to change my residence  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| b. Changed my residence due to my spouse/partner changing jobs  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| c. Pregnancy/child birth/child rearing  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| d. Health (self)  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| e. Health (family member)  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| f. Other family or personal reasons  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| g. Wanted to teach in a different state but my state teacher certification was not accepted there  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| h. Was laid off  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| i. Was involuntarily transferred  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| j. For better salary or benefits  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| k. To pursue another career  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| l. To take courses to improve career opportunities WITHIN the field of education  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| m. To take courses to improve career opportunities OUTSIDE the field of education  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| n. Poor opportunities for professional advancement  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| o. Lack of resources/materials/equipment  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| p. Difficulty with colleagues  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| q. Inadequate time to prepare lesson plans  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| r. Student discipline problems  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| s. Poor student motivation  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| t. Inadequate support from administration  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| u. Poor principal leadership  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| v. Teacher burnout  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| w. Felt inadequately prepared  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
| x. Some other reason *(Please specify)*  | 1 🞎 | 2 🞎 | 3 🞎 | 4 🞎 |
|   |  |  |  |  |

**B2. Of the reasons you listed above (a-x), please indicate the letter associated with the single most important**

 **reason you are not currently teaching.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_** LETTER OF SINGLE MOST IMPORTANT REASON

**B3. When did you stop teaching?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  |  |  |  |

 MONTH YEAR

**B4. How likely is it that you will return to a teaching position in the future?**

 **MARK ONLY ONE BOX**

 1 🞎 Definitely will return

 2 🞎 Probably will return

 3 🞎 Not sure, but likely

 4 🞎 Not sure, but unlikely

 5 🞎 Probably will not return

 6 🞎 Definitely will not return **GO TO B6**

**B5. If you did return to teaching, when would you expect to return?** Even if you are not sure, your best guess is fine.

 **MARK ONLY ONE BOX**

 0 🞎 This school year

 1 🞎 Next year

 2 🞎 In 2 years

 3 🞎 In 3 years

 4 🞎 In 4 years

 5 🞎 In 5 years

 6 🞎 More than 5 years from now

**B6. What is your current employment status?**

 **MARK ONLY ONE BOX**

 1 🞎 Working for pay, full time (35 hours per week or more, on average)  **GO TO B9 ON PAGE 6**

 2 🞎 Working for pay, part time

 3 🞎 Not employed

 4 🞎 On temporary leave (such as medical or maternity leave)

**B7. Which of these conditions best describes your main activity during the week?**

 **MARK ONLY ONE BOX**

 1 🞎 Working **GO TO B9 ON PAGE 6**

 2 🞎 Seeking employment **GO TO B8 ON PAGE 6**

 3 🞎 Caring for children or other relative(s) at home

**GO TO C1 ON PAGE 7**

 4 🞎 Volunteering at least 20 hours per week

 5 🞎 Part-time student

 6 🞎 Full-time student

 7 🞎 Something else *(Please specify)*

**B8. What type of position(s) are you seeking?**

 **MARK ALL THAT APPLY**

 1 🞎 Classroom teaching position in a public school

 2 🞎 Classroom teaching position in a private school

 3 🞎 Classroom teaching position in a parochial school

 4 🞎 Other teaching position, such as supplemental reading or math teacher

 5 🞎 Education related, non-teaching position

 6 🞎 Other field *(Please specify)*

C. CONTACT INFORMATION

**C1. 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 (9-3-10 lmb)-q11.docx