

APPENDIX I
TEACHER MOBILITY SURVEY

TEACHER MOBILITY SURVEY
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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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 xxx-xxx. 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.

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 Prekindergarten

0 Kindergarten

1 1st

2 2nd

3 3rd

4 4th

5 5th

6 6th

7 7th

8 8th

9 9th – 12th

10 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) OR CITY/STATE (IF CHARTER, PRIVATE OR PAROCHIAL)	SCHOOL TERM PLEASE MARK 'X' IN ALL TERMS TAUGHT		
			Fall	Spring	
EXAMPLE Teacher in same school for first two years	Kennedy School	1 <input checked="" type="checkbox"/> Public (non- charter) 2 <input type="checkbox"/> Charter 3 <input type="checkbox"/> Private or parochial	Monroe School District	1 <input checked="" type="checkbox"/> 2010	2 <input checked="" type="checkbox"/> 2011
				3 <input checked="" type="checkbox"/> 2011	4 <input checked="" type="checkbox"/> 2012
				5 <input type="checkbox"/> 2012	6 <input type="checkbox"/> 2013
School 1	_____	1 <input type="checkbox"/> Public (non- charter) 2 <input type="checkbox"/> Charter 3 <input type="checkbox"/> Private or parochial	_____	1 <input type="checkbox"/> 2010	2 <input type="checkbox"/> 2011
				3 <input type="checkbox"/> 2011	4 <input type="checkbox"/> 2012
				5 <input type="checkbox"/> 2012	6 <input type="checkbox"/> 2013
School 2	_____	1 <input type="checkbox"/> Public (non- charter) 2 <input type="checkbox"/> Charter 3 <input type="checkbox"/> Private or parochial	_____	1 <input type="checkbox"/> 2010	2 <input type="checkbox"/> 2011
				3 <input type="checkbox"/> 2011	4 <input type="checkbox"/> 2012
				5 <input type="checkbox"/> 2012	6 <input type="checkbox"/> 2013
School 3	_____	1 <input type="checkbox"/> Public (non- charter) 2 <input type="checkbox"/> Charter 3 <input type="checkbox"/> Private or parochial	_____	1 <input type="checkbox"/> 2010	2 <input type="checkbox"/> 2011
				3 <input type="checkbox"/> 2011	4 <input type="checkbox"/> 2012
				5 <input type="checkbox"/> 2012	6 <input type="checkbox"/> 2013
School 4	_____	1 <input type="checkbox"/> Public (non- charter) 2 <input type="checkbox"/> Charter 3 <input type="checkbox"/> Private or parochial	_____	1 <input type="checkbox"/> 2010	2 <input type="checkbox"/> 2011
				3 <input type="checkbox"/> 2011	4 <input type="checkbox"/> 2012
				5 <input type="checkbox"/> 2012	6 <input type="checkbox"/> 2013
School 5	_____	1 <input type="checkbox"/> Public (non- charter) 2 <input type="checkbox"/> Charter 3 <input type="checkbox"/> Private or parochial	_____	1 <input type="checkbox"/> 2010	2 <input type="checkbox"/> 2011
				3 <input type="checkbox"/> 2011	4 <input type="checkbox"/> 2012
				5 <input type="checkbox"/> 2012	6 <input type="checkbox"/> 2013

PLEASE
READ

- ❖ 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.

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.

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

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.

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

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
 - 4 Volunteering at least 20 hours per week
 - 5 Part-time student
 - 6 Full-time student
 - 7 Something else (*Please specify*)
- GO TO **C1 ON PAGE 7**

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**