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U.S. DEPARTMENT OF EDUCATION

NATIONAL TEACHER INCENTIVE FUND EVALUATION

SURVEY OF TEACHERS

SPRING 2013

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This survey is part of the evaluation of the Teacher Incentive Fund (TIF), a federally funded initiative on performance pay for educators. The survey includes questions about your background, your teaching and other responsibilities, and your involvement in professional development.

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| **Please return the completed form to:**Mathematica Policy Research707 Alexander RoadBuilding 3, Suite 304Princeton, NJ 08540ATTN: 06715.750 | **If you have questions, please contact:**Dr. Annette LuyeguPhone: 866-275-6052 (toll free)FAX: 202-863-1763E-mail: aluyegu@mathematica-mpr.com |

This survey is authorized by law: (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110).

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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 1850-0876. The time required to complete this information collection is estimated to average 30 minutes per respondent, including the time to review instructions, 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, 555 New Jersey Avenue, NW, Washington, DC 20208. |

This survey is part of the national evaluation of the Teacher Incentive Fund (TIF), a federally funded initiative that will provide valuable information on the potential impact of performance-based teacher incentive programs on student achievement and educator mobility. As part of the study, you may be asked to complete a survey each spring through 2015.The survey includes questions about your background, your teaching and other responsibilities, professional development activities, sources of compensation, and your knowledge and perceptions of your school’s TIF funded program.

**We would like you to know that:**

* This survey is voluntary, but your response is critical for producing valid and reliable data on your district’s TIF funded program. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can.
* The survey takes about 30 minutes to complete, and once you have completed it, we will send you $20 as a thank you.
* Refusal to participate in the teacher survey will not affect your employment, or relationship with your school or the evaluation partners, including the U.S. Department of Education, in any way.
* The study will provide important information that can be used by you and your district. Specifically, we will learn whether incentive programs may have a positive impact on student achievement and teacher and principal retention.
* 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 school or individual. We will not provide information that identifies you or your school to anyone outside the study team, except as required by law. Additionally, no one in your school or district will see your responses.
* Participation in the teacher survey does not impose any special risks to you as a respondent other than accidental disclosure of information. Safeguards are in place to ensure individual respondent’s confidentiality including restricted access to questionnaire data and separating identifying information such as name and school from survey responses. All Mathematica staff sign a confidentiality pledge and all staff with access to study data have received clearance from the U.S. Department of Education and are subject to severe legal consequences for any breach of confidentiality.
* An IRB has reviewed and approved this study. If you have any questions about your rights as a research participant, you can contact New England IRB at 1-800-232-9570.

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I have read and I understand the above statements and agree to participate in the survey

If you would like a copy of this disclosure statement, please contact Annette Luyegu by email at aluyegu@mathematica-mpr.com, or by phone toll-free at 866-275-6052, or directly at 202-264-3463.

Thank you very much for your help with this survey.

**A. EDUCATION, CERTIFICATION, AND CURRENT EMPLOYMENT STATUS**

A1. Please tell us about your degree(s).

Column A: For each row, indicate whether you hold that degree.

Column B: For each degree that you hold, provide the name, city, and state of the institution from which you received that degree.

Column C: Write the code for the major field(s) of study using the Field of Study Codes table below.

Column D: Write the year in which that degree was awarded.

*Note: If you have more than one bachelor’s or master’s degree, in Columns B-D, answer for the most recently received degree.*

|  |  |
| --- | --- |
|  | *in each row, mark one box in column a. if yes, complete columns b to d* |
|  | **a. do you have this degree?** | **b. name, city, and state of awarding institution** | **c. major code** | **d. year awarded** |
| a. Bachelor’s degree  | 1 ⬜ Yes0 ⬜ No0 ⬜ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| b. Master’s degree  | 1 ⬜ Yes0 ⬜ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| c. Doctorate degree  | 1 ⬜ Yes0 ⬜ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| d. Other degree *(Specify):*  | 1 ⬜ Yes0 ⬜ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|   |  |  |  |  |

|  |
| --- |
| **Field of Study Codes**  |
| **General Education** |
| **Elementary Education**101 Early childhood or pre-K, general102 Elementary grades, general**Secondary Education**103 Middle grades, general104 Secondary grades, general**110 Special Education** | **Other Education**131 Administration132 Counseling and guidance133 Educational psychology134 Policy studies135 School psychology136 Other non-subject matter-specific education |
| **Subject Matter-Specific** |
| 014 Arts and music015 English and language arts016 English as a Second Language (ESL)017 Foreign languages018 Health or physical education019 Mathematics or computer science | 020 Natural sciences021 Social sciences (includes history, economics, government, etc.)022 Vocational, career, or technical education023 Humanities (includes philosophy, religion)024 Other |

A2. Which of the following best describes the teaching certificate you currently hold in THIS state?

MARK ONE ONLY

1 ⬜ **Regular or standard certificate** or advanced professional certificate.

2 ⬜ **Certificate** issued after satisfying all requirements except the completion of a probationary period.

3 ⬜ **Certificate** that requires some additional college coursework, student teaching, or passage of a test before regular certification can be obtained.

4 ⬜ **Certificate** issued to persons who must complete a certification program in order to continue teaching.

5 ⬜ I do not hold any of the above certifications in THIS state. **go to question a5**

A3. In what area(s) does the teaching certificate marked in A2 above allow you to teach in this state?

select ALL THAT APPLY

1 ⬜ Preschool (birth-Pre-K)

2 ⬜ Elementary (K-5)

3 ⬜ Middle grades (6-8)

4 ⬜ Secondary grades (9-12)

5 ⬜ Specific subject areas (K-12) *(Specify):*

6 ⬜ Exceptional children (K-12)

7 ⬜ Other *(Specify):*

A4. Which of the following statements best describes the way you obtained your certification?

MARK ONE ONLY

1 ⬜ Through a traditional teacher certification program as part of a bachelor’s degree

2 ⬜ Through a traditional teacher certification program as a “5th year” or master’s degree

3 ⬜ Through the Teach For America (TFA) program

4 ⬜ Through an alternative route to certification (other than TFA)

5 ⬜ Other *(Specify):*

A5. Do you have or are you currently pursuing National Board Certification?

1 ⬜ Yes

0 ⬜ No **go to question a6**

**a. Date obtained or expected** | | | / | | | | |

 MONTH YEAR

**b. In what discipline is the certification?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A6. Since receiving your undergraduate degree, have you worked in any full-time non-teaching job?

1 ⬜ Yes.  **For how many years?** | | | number

0 ⬜ No

A7. Are you currently in a teaching position?

1 ⬜ Yes **go to question B1**

0 ⬜ No **go to question A8**

A8. Which category best describes your current employment status?

 mark one only

1 ⬜ Working in the field of education, but not as a teacher (e.g., administrator or counselor) **go to question a9**

2 ⬜ Working in a position outside the field of education **go to question a9**

3 ⬜ Working in the home **go to Question A9**

4 ⬜ Unemployed (looking for work) **go to QUESTION A9**

5 ⬜ Retired **go TO SECTION F ON PAGE 20**

6 ⬜ Taking time off from teaching with intent to return (e.g., maternity or disability leave) **go to SECTION F ON PAGE 20**

7 ⬜ Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Go to question A9**

A9. Please indicate whether any of the following factors contributed to you leaving your teaching position.

|  |  |
| --- | --- |
|  | MARK ONE BOX IN EACH ROW |
|  | yes | no |
| a. To pursue opportunities for professional advancement  | 1 ⬜ | 0 ⬜ |
| b. To pursue opportunities to earn extra pay  | 1 ⬜ | 0 ⬜ |
| c. I did not like the way teacher performance was evaluated  | 1 ⬜ | 0 ⬜ |
| d. Low morale at the school  | 1 ⬜ | 0 ⬜ |
| e. I was dissatisfied with teaching  | 1 ⬜ | 0 ⬜ |
| f. The school’s participation in [Program Name]  | 1 ⬜ | 0 ⬜ |

**GO TO SECTION F ON PAGE 21**

**B. TEACHING AND OTHER RESPONSIBILITIES**

B1. Including this school year, how many years have you worked as a teacher?

a. Total years as a teacher | | | number

b. Years in current district | | | number

B2. Please tell us about the school where you currently teach.

a. Name of school:­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Including this year, number of years you have taught at this school | | | number

*Note: If this is your first year teaching at this school, enter “01”.*

B3. How influential was each of the following in your decision to work at your current school?

|  |  |
| --- | --- |
|  | *MARK ONE BOX IN EACH ROW* |
|  | **not at all** | **slightly** | **somewhat**  | **highly**  |
| a. District central office  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| b. Principal  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| c. Other school staff  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| d. School location  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| e. Compensation  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| f. Working conditions  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| g. Other *(Specify)*  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
|   |  |  |  |  |

B4. Of the factors listed above, which was the most influential in your decision?

Write the letter of the factor above that was most influential. | | letter

B5. Did the [Program Name] affect your choice of where or what to teach?

1 ⬜ Yes

0 ⬜ No **go to question b7**

B6. How has the [Program Name] affected your choice of where or what to teach this school year?

SELECT ALL THAT APPLY

1 ⬜ Stayed at my school because of the **[Program Name]**

2 ⬜ Changed school to get into the **[Program Name]**

3 ⬜ Changed my primary grade or subject of instruction because of the **[Program Name]**

4 ⬜ Applied to my school to get into the **[Program Name]**

5 ⬜ Applied for position(s) in another school to leave the **[Program Name]**

6 ⬜ Applied for position(s) in another school with a better bonus program

B7. Will the [Program Name] affect your choice of where or what to teach in the coming school year?

1 ⬜ Yes

0 ⬜ No **go to question b9**

B8. How do you expect the [Program Name] to affect your choice of where or what to teach in the coming school year?

SELECT ALL THAT APPLY

1 ⬜ Stay at my school because of the **[Program Name]**

2 ⬜ Change school to get out of the **[Program Name]**

3 ⬜ Change my primary grade or subject of instruction because of the **[Program Name]**

4 ⬜ Apply for position(s) in another school to leave the **[Program Name]**

5 ⬜ Apply for position(s) in another school with a better bonus program

B9. How would you classify your current teaching position at this school?

MARK ONE ONLY

1 ⬜ Regular full-time teacher

2 ⬜ Regular part-time teacher

3 ⬜ Substitute teacher

4 ⬜ Itinerant teacher (assigned to multiple schools)

5 ⬜ Other *(Specify):*

B10. Please indicate the grade(s) of the students you currently teach at THIS school.

SELECT ALL THAT APPLY

 1 ⬜ 1st grade

 2 ⬜ 2nd grade

 3 ⬜ 3rd grade

 4 ⬜ 4th grade

 5 ⬜ 5th grade

 6 ⬜ 6th grade

 7 ⬜ 7th grade

 8 ⬜ 8th grade

 9 ⬜ 9th grade

10 ⬜ 10th grade

11 ⬜ 11th grade

12 ⬜ 12th grade

13 ⬜ Kindergarten

14 ⬜ Pre-kindergarten

15 ⬜ Ungraded

B11. Do you currently teach one self-contained class (where you teach the same group of students most or all of the day in multiple subjects) or do you teach several classes of different students in one or more academic subjects?

MARK ONE ONLY

1 ⬜ I teach one self-contained class **go to question b13**

2 ⬜ I teach several classes of different students

**B12. What subject(s) do you currently teach?**

select ALL THAT APPLY

 1 ⬜ English / language arts / reading

 2 ⬜ Mathematics

 3 ⬜ Science

 4 ⬜ Social studies or history

 5 ⬜ Foreign language

 6 ⬜ Special instruction for English Language Learners (ELL) or Limited English Proficient (LEP) students

 7 ⬜ English as a Second Language (ESL)

 8 ⬜ Visual or performing arts

 9 ⬜ Special education

10 ⬜ Physical education

11 ⬜ Other *(Specify):*

B13. In the most recent FULL WEEK of school, what is your best estimate of how you spent your time during school hours?

 SCHOOL HOURS are the hours that you are required to be at school, regardless of whether students are there.

 *Report hours to the nearest WHOLE HOUR. If you did not spend time on a particular activity, write 0 (zero).*

*Please make sure the hours in the items below (a through e) sum to the total number of school hours in the most recent full week.*

|  | hours spent last full week  |
| --- | --- |
| a. Teaching students in the classroom, small groups, or individually | | | | |
| b. Supervising students in other activities (e.g., bus duty, hall duty, lunch duty, counseling, coaching a sport) | | | | |
| c. Preparation on your own (e.g., lessons, grading, assignments) | | | | |
| d. Preparation and professional development with colleagues (e.g., common lesson planning, workshops, staff meetings, mentoring) | | | | |
| e. Other activities | | | | |
| TOTAL SCHOOL HOURS IN LAST FULL WEEK (SUM OF a THROUGH e) |  |

B14. In the most recent FULL WEEK of school, what is your best estimate of the hours you spent on school-related activities during non-school hours?

 NON-SCHOOL HOURS are the hours that you are not required to be at school.

 *Report hours to the nearest WHOLE HOUR. If you did not spend time on a particular activity, write 0 (zero).*

|  | hours spent last full week |
| --- | --- |
| a. Academic-related activities with students (e.g., tutoring) | | | |  |
| b. Other activities with students (e.g., transporting students, sports coaching, advising a student group) | | | | |
| c. Preparation on your own (e.g., lessons, grading, assignments) | | | | |
| d. Preparation and professional development with colleagues (e.g., common lesson planning, workshops, staff meetings, mentoring) | | | | |
| e. Other school-related activities | | | | |
| TOTAL NON-SCHOOL HOURS IN LAST FULL WEEK (SUM OF a THROUGH e) |  |

B15. Approximately how many years do you think you will remain in teaching after this school year?

 I will probably teach for | | | more years.

**C. SUPPORT AND PROFESSIONAL DEVELOPMENT**

**Support You Received**

C1. Did you have any mentor, coach, or colleague who was responsible for supporting your teaching this year?

1 ⬜ Yes

0 ⬜ No **go to question c5**

C2. In a typical month of teaching, how frequently did you have scheduled meetings with mentors or coaches?

| | | scheduled meeting(s) in a typical month

C3. On average, how long were these scheduled meetings?

| | | minutes per scheduled meeting

C4. In addition to the scheduled time above, how much unscheduled time did you spend meeting with mentors or coaches during a typical month of teaching?

| | |hours and | | | minutes of unscheduled time

**Support You Provided**

C5. During this school year, were you assigned to mentor or coach another teacher (or teachers) in your school or district? If so, please indicate whether it was part of the [Program Name].

MARK ONE ONLY

1 ⬜ Yes, part of the **[Program Name]**

2 ⬜ Yes, but not as part of the **[Program Name]**

0 ⬜ No **go to question C8**

C6. During a typical month of teaching, how much time did you spend mentoring or coaching other teachers?

*Please include both scheduled meetings and informal time, but exclude normal peer collaboration or common lesson planning.*

| | |hour(s) and | | |minutes mentoring during a typical month of teaching

C7. Indicate whether each of the following statements about the support (coaching or mentoring) you provided to other teachers is true.

|  | *MARK ONE BOX IN EACH ROW* |
| --- | --- |
|  | yes | no |
| a. I received special training before this school year on providing mentoring or coaching  | 1 ⬜ | 0 ⬜ |
| b. I received special training during this school year on providing mentoring or coaching  | 1 ⬜ | 0 ⬜ |
| c. I have been given release time for mentoring or coaching  | 1 ⬜ | 0 ⬜ |
| d. I am a mentor or coach to more than one teacher  | 1 ⬜ | 0 ⬜ |
| e. I am responsible for conducting classroom observations  | 1 ⬜ | 0 ⬜ |
| f. I have conducted professional development sessions in my school  | 1 ⬜ | 0 ⬜ |

**Professional Development**

C8. Approximately how many hours do you expect to spend participating in professional development activities during the 2012-2013 school year?

*Include courses you have taken for recertification or advanced certification, workshops sponsored by your school or district, conferences, or any other training that is relevant to your teaching.*

*If you did not participate in ANY professional development activities during this time, write ‘0’ and go to Question C10.*

| | | | total hour(s)

C9. Have you received or do you plan to receive professional development (PD) on any of the following topics during the 2012-2013 school year?

 For each topic listed, indicate the following:

 **A: Was the topic the focus of professional development (PD) in which you participated?**

 **B: If yes, approximately how many hours were spent on the topic?** (Your best estimate.)

 **C: In general, how useful was the PD to your teaching?**

|  |  |
| --- | --- |
|  | *In each row, mark one box in Column A. If Yes, complete columns B and C.* |
|  | **a. focus of pd?** | **b. hours spent on topic** | **c. usefulness of pd to your teaching** |
| **yes** | **no** | **not at all** | **slightly** | **some-what** | **highly** |
| a Understanding components of the **[Program Name]**  | 1 ⬜ | 0 ⬜ | | | |  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| b. Understanding performance measure used as part of the **[Program Name]**  | 1 ⬜ | 0 ⬜ | | | | | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| c. Direct feedback based upon individual performance ratings as measured by the **[Program Name]**  | 1 ⬜ | 0 ⬜ | | | | | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| d. Differentiated instructional strategies based on student assessments  | 1 ⬜ | 0 ⬜ | | | | | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| e. Instructional techniques and strategies  | 1 ⬜ | 0 ⬜ | | | | | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| f. Aligning curricula to state or district standards  | 1 ⬜ | 0 ⬜ | | | | | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |

**Classroom Observation**

**Note:** For the following questions, please consider only instances of ***formal observations*** conducted in your classroom. ***Formal observations*** are standardized by using an instrument, rubric or checklist.

C10. How many times during this school year has someone observed you teaching?

*Formal classroom observation involves a staff member who observes and takes notes.*

| | | | observation(s) this school year to date

C11. How many additional times during this school year do you expect to be observed teaching?

| | | | more observation(s) expected by the end of the school year

C12. How many people in each of the categories listed below observed you teaching?

*For each category, write the number of people involved in the formal classroom observation(s) you have had or expect to have during this school year. Write 0 for any category that does not apply.*

|  | *WRITE NUMBER IN EACH ROW* |
| --- | --- |
| a. Principal(s)  | | | |  |
| b. Assistant or vice principal(s)  | | | | |
| c. Department head(s)  | | | | |
| d. Math or literacy coach(es)  | | | | |
| e. Other senior teacher(s) from the school, such as a mentor, master or lead teacher | | | | |
| f. Observer(s) not working at your school  | | | | |
| g. Other *(Specify)*  | | | |  |
|  |  |

C13. Think of the most recent formal observation you received. Did it include feedback designed to help you improve your teaching?

1 ⬜ Yes

0 ⬜ No **go to question d1**

C14. Think of the most recent formal observation you received. Did you receive or do you expect to receive a written summary of findings?

MARK ONE ONLY

1 ⬜ I have received a written summary

2 ⬜ I have not received a written summary but expect to receive one

3 ⬜ I have not received a written summary and do not expect to receive one

 C15. Did you receive oral feedback?

1 ⬜ Yes

0 ⬜ No

**C16. How soon after the observation did you receive the feedback?**

1 ⬜ Same day as the observation

2 ⬜ Within a week after the observation

3 ⬜ Between one and two weeks after the observation

4 ⬜ More than two weeks after the observation

**C17. How much do you agree or disagree with the following statements about the most recent feedback you received based on a formal classroom observation that used a rubric or checklist?**

|  |  |
| --- | --- |
|  | *MARK ONE BOX IN EACH ROW* |
|  | **strongly disagree** | **disagree** | **agree**  | **strongly agree**  |
| a. The timeliness of the feedback was appropriate  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| b. The feedback was easy to understand | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| c. The feedback provided specific ideas about how I could improve my performance  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| d. The feedback made me more reflective about my teaching  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| e. The feedback provided useful information to improve my teaching  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| f. In the long run, students will benefit from the feedback I received | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |

**D. PERCEPTIONS ABOUT YOUR SCHOOL**

D1. How satisfied are you with each of the following aspects of your school this year?

|  |  |
| --- | --- |
|  | *MARK ONE BOX IN EACH ROW* |
|  | **very dissatisfied** | **somewhat dissatisfied** | **somewhat satisfied** | **very satisfied** |
| a. Opportunities for professional advancement  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| b. Opportunities to enhance my skills  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| c. Opportunities to earn extra pay  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| d. Use of formal classroom observations to assess my skills  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| e. Use of student achievement scores to assess my effectiveness  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| f. Feedback on my performance  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| g. Recognition of accomplishments  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| h. Quality of interaction with colleagues  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| i. Efforts of my colleagues  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| j. Morale in the school  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| k. Overall job satisfaction  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |

D2. How much do you agree or disagree with each of the following statements? *If a statement does not apply (e.g. you are not currently teaching in a school participating in TIF 3, or teachers in your school cannot earn bonuses), mark the N/A column for not applicable.*

|  |  |  |
| --- | --- | --- |
|  | *MARK ONE BOX IN EACH ROW* |  |
|  | **strongly disagree** | **disagree** | **agree** | **strongly agree** | **n/a** |
| a. Teachers who do the same job should receive the same pay.  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ | 9 ⬜ |
| b. Standardized student test scores in my district measure what students have learned  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ | 9 ⬜ |
| c. My principal is a good judge of teacher talent.  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ | 9 ⬜ |
| d. I am glad that I am participating in the **[Program Name]**  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ | 9 ⬜ |
| e. My job satisfaction has increased due to the **[Program Name]**  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ | 9 ⬜ |
| f. I feel increased pressure to perform due to the **[Program Name]**  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ | 9 ⬜ |
| g. I have less freedom to teach the way I would like to teach due to the **[Program Name]**  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ | 9⬜ |
| h. The **[Program Name]** has harmed the collaborative nature of teaching  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ | 9 ⬜ |
| i. The **[Program Name]** has caused teachers to work more effectively  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ | 9 ⬜ |
| j. The **[Program Name]** is fair  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ | 9 ⬜ |
| k. The process used to determine how bonuses are determined was adequately explained to me  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ | 9 ⬜ |

**E. COMPENSATION AND EVALUATION**

For questions in this section, please think about all policies and programs in effect at your school.

E1. For which of the following roles or activities can teachers in your school earn additional pay this school year?

*For each Yes answer, indicate in Column B the maximum amount that any teacher could receive, and in Column C, the amount you expect to receive. Enter “0” if you are not eligible or do not expect to earn pay in this category.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Roles and Responsibilities** | **a. eligible for additional pay?** | **b. maximum amount possible** | **c. amount you expect to receive** |
| a. Mentor teacher  | 1 ⬜ Yes0 ⬜ No | $ | | |,| | | | | $ | | |,| | | | |
| b. Master or lead teacher  | 1 ⬜ Yes0 ⬜ No | $ | | |,| | | | | $ | | |,| | | | |
| c. Department chair or head  | 1 ⬜ Yes0 ⬜ No | $ | | |,| | | | | $ | | |,| | | | |
| d. Lead curriculum specialist  | 1 ⬜ Yes0 ⬜ No | $ | | |,| | | | | $ | | |,| | | | |
| e. Serving on a school-wide committee or task force  | 1 ⬜ Yes0 ⬜ No | $ | | |,| | | | | $ | | |,| | | | |
| f. Serving on a leadership team in some capacity *(Specify)*   | 1 ⬜ Yes0 ⬜ No | $ | | |,| | | | | $ | | |,| | | | |
| **Other Activities** |  |  |  |
| g. Teaching in a hard-to-staff school (e.g., schools serving large proportions of economically disadvantaged or low-performing students)  | 1 ⬜ Yes0 ⬜ No | $ | | |,| | | | | $ | | |,| | | | |
| h. Teaching high-need subjects (e.g., math, science, or special education)  | 1 ⬜ Yes0 ⬜ No | $ | | |,| | | | | $ | | |,| | | | |
| i. Attending professional development activities or enrolling in graduate-level courses (exclude tuition*)*   | 1 ⬜ Yes0 ⬜ No | $ | | |,| | | | | $ | | |,| | | | |
| j. An automatic bonus (e.g. 1% of salary) for participating in **[Program Name]**  | 1 ⬜ Yes0 ⬜ No | $ | | |,| | | | | $ | | |,| | | | |

The next series of questions focus on criteria used to measure your performance and to determine performance-based bonuses. Performance-based bonuses refer to bonuses based on measured teacher effectiveness and do not include additional pay for roles/responsibilities and activities (such as those listed in Question E1).

E2. Is it possible for you to earn a bonus based *solely* on your performance for the 2012-2013 school year?

1 ⬜ Yes **GO TO E3**

0 ⬜ No **GO TO E6**

E3. What is the maximum performance-based bonus that someone in your teaching position could possibly earn for this school year?

 *Round to the nearest $100.*

$ | | | , | | | |

E4. What is your best estimate of the actual amount of performance-based bonus that you will receive?

 *Round to the nearest $100. Check the box if you do not expect to be eligible for or earn any additional pay based on your performance .*

$ | | | , | | | |

E5. Did you receive a bonus based *solely* on your performance last year?

1 ⬜ Yes

0 ⬜ No

E6. How much do you agree or disagree with the following statements about the performance-based bonuses that were distributed based on teachers’ measured performance last year?

|  |  |
| --- | --- |
|  | *MARK ONE BOX IN EACH ROW* |
|  | **strongly disagree** | **disagree** | **agree**  | **strongly agree**  |
| a. It was explained why I did (or did not) receive a performance-based bonus....................... | 1  | 2  | 3  | 4  |
| b. I understand how the amounts of the performance-based bonuses were determined  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| c. I received information about the performance-based bonus in a timely manner.......  | 1  | 2  | 3  | 4  |
| d. I feel the performance-based bonus payouts were fair  | 1 ⬜ | 2 ⬜ | 3 ⬜ | 4 ⬜ |
| e.   I understand how I can adjust my teaching practices this year to try to earn a bonus or larger bonus ..........................................  | 1  | 2  | 3  | 4  |

**E7. Which of the following performance criteria are used to evaluate your performance or to determine your performance-based bonus?**

 *In column A, indicate whether the performance criterion is used to evaluate your performance.*

*In column B, indicate whether the performance criterion helps determine whether you may receive a performance-based bonus or the amount of the bonus you may receive. If you are not eligible for a performance-based bonus, please mark “N/A” for not applicable.*

|  |  |
| --- | --- |
|  | *for each criterion, mark one box in column a and one box in column b* |
|  | **a. is criterion used to evaluate your performance?** | **b. does criterion affect your performance-based bonus?** |
| **student achievement** | **yes** | **no** | **yes** | **no** | **n/a** |
| a. Student test scores at a point in time (e.g., average scores, proficiency rates, or Adequate Yearly Progress – AYP based on 2012-2013 scores only)  | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |
| b. Growth in student test scores between the current and prior school year(s) at the school level (e.g., value-added, average gains)  | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |
| c. Growth in student test scores between the current and prior school year(s) in certain student groups (e.g., grade level, team, subject area  | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |
| d. Growth in student test scores between the current and prior school year(s) in teachers’ individual classes  | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |
| **direct observation** |  |  |  |  |  |
| e. Classroom observations | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |
| f. Professional judgment of principal or other administrator, other than classroom observations  | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |
| **attendance** |  |  |  |  |  |
| g. Teacher attendance | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |
| h. Student attendance  | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |
| **stakeholder input** |  |  |  |  |  |
| i. Reviews from other teachers | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |
| j. Parent input  | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |
| k. Student input  | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |
| l. **other** (Specify)  | 1 ⬜ | 0 ⬜ | 1 ⬜ | 0 ⬜ | 9 ⬜ |

E8. What is your academic-year base teaching salary for the current school year?

 *Do not include the value of potential performance-based bonuses. Please report your before-tax earnings from teaching for July 1, 2012 to June 30, 2013.*

*Round to the nearest $100.*

$ | | | | , | | 0 | 0 |

E9. Does your base teaching salary include additional pay for any roles or activities you may have performed this year besides classroom teaching?

1 ⬜ Yes **GO TO E10**

0 ⬜ No **GO TO F1**

E10. Please indicate the amount of your base teaching salary that is due to additional pay for performing additional roles or activities.

 *Round to the nearest $100.*

$ | | | , | | | |

**F. YOUR BACKGROUND**

**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?

select ALL THAT APPLY

1 ⬜ White

2 ⬜ Black or African American

3 ⬜ Asian

4 ⬜ Native Hawaiian or other Pacific Islander

5 ⬜ American Indian or Alaska Native

**F4. What is your year of birth?**

 | 1 | 9 | | |

F5. What is your marital status?

1 ⬜ Married or living with a partner

2 ⬜ Widowed, separated, divorced, or never married

F6. Please check the appropriate box(es) regarding dependent children living with you.

SELECT ALL THAT APPLY

1 ⬜ Under 5 years

2 ⬜ Age 5 to 18 years

0 ⬜ No dependent children 18 years or younger

F7. Which statement below describes your living arrangement?

MARK ONE ONLY

1 ⬜ Own home (either paying a mortgage or own outright)

2 ⬜ Rent

3 ⬜ Living with parents or someone else rent-free

F8. How far do you live from the school where you currently teach?

 *If you are not currently teaching, check this box ⬜ and go Question F9.*

 Please indicate miles AND minutes. Your best estimate is fine.

 a. | | | | miles

 b. | | | | minutes

F9. If you have any additional thoughts you would like to share about the [Program Name], please use the space below.

**G. CONTACT INFORMATION**

G1. Please provide your contact information below. We will use it to reach you in case we need to clarify any of your responses. We will also use the address to mail your check if you would like to receive it at an address other than the school’s.

 **Providing this information is voluntary.**

|  |
| --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_ Home Telephone: | | | |-| | | |-| | | | | Area Code NumberCell Phone: | | | |-| | | |-| | | | | Area Code NumberWork email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to reach you by phone: Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

G2. A follow-up questionnaire will be sent to you at your school next year. Please provide the name and contact information of someone who will know how to reach you if you are no longer at your current school.

**Providing this information is voluntary.**

|  |
| --- |
| Person’s Name: Relationship to you: Street address: City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: Home Telephone: | | | |-| | | |-| | | | | Area Code NumberEmail:  |

Thank you for completing this questionnaire.