

# TEACHER QUESTIONNAIRE

## NATIONAL TEACHER AND PRINCIPAL SURVEY

### 2013-14 SCHOOL YEAR

*(Please note all name and address changes on page 3.)*

**THIS SURVEY HAS BEEN ENDORSED BY:**

TO BE DETERMINED

**NOTICE:**

This survey is authorized by the Education Sciences Reform Act of 2002, 20 U.S. Code §9541(b) and §9543(a). The results will only be produced as statistical summaries.

**DEAR TEACHER:**

The National Teacher and Principal Survey is the largest sample survey of America's elementary and secondary schools. Your participation is important. Below are answers to some general questions.

**WHAT IS THE PURPOSE OF THIS SURVEY?**

The purpose of this survey is to obtain information about teachers, such as professional background, teaching field, workload, and opinions about working conditions.

**WHO IS CONDUCTING THIS SURVEY?**

The U.S. Census Bureau is conducting this survey for the National Center for Education Statistics (NCES) of the U.S. Department of Education.

**WHY SHOULD YOU PARTICIPATE IN THIS SURVEY?**

Policymakers and educational leaders rely on data from this survey to inform their decisions concerning K-12 schools. Because it is a sample survey, your responses represent the responses of many. Higher response rates give us confidence that the findings are accurate.

**WILL YOUR RESPONSES BE KEPT CONFIDENTIAL?**

Your responses are protected from disclosure by federal statute (20 U.S.C., §9573). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law.

**HOW WILL YOUR INFORMATION BE REPORTED?**

The information you provide will be combined with the information provided by others in statistical reports. No individually-identifiable data will be included in the statistical reports.

**WHERE SHOULD YOU MAIL YOUR COMPLETED QUESTIONNAIRE?**

Please return your completed questionnaire in the enclosed pre-addressed, postage-paid envelope or mail it to:

**U.S. CENSUS BUREAU  
ATTN: DCB 60A  
1201 E. 10th STREET  
JEFFERSONVILLE, IN 47132-0001**

**WE HOPE YOU WILL PARTICIPATE IN THIS VOLUNTARY SURVEY.**

**SINCERELY,**

**JOHN Q. EASTON**

**ASSOCIATE COMMISSIONER FOR EDUCATION STATISTICS  
NATIONAL CENTER FOR EDUCATION STATISTICS**

Paperwork Burden Statement

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 voluntary information collection is 1850-0803. The time required to complete this information collection is estimated to average 34 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire please e-mail: [adep.education.surveys@census.gov](mailto:adep.education.surveys@census.gov), or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9018, Washington, DC 20006.



## INSTRUCTIONS AND DEFINITIONS

The data you enter on this form will be captured through the use of imaging technology. Please print all information clearly in ordinary characters, using a **blue or black ballpoint pen**.

Correct marking example – (Use care to keep characters in their designated spaces.)	Incorrect marking example –							
<div style="border: 1px solid black; display: inline-block; padding: 5px;"> <table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> </tr> </table> </div> <p style="text-align: center; margin-top: 5px;">X</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>		3	5	<div style="display: inline-block; margin-right: 20px;"> <div style="border: 1px solid black; display: inline-block; padding: 5px;"> <table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">35</td> </tr> </table> </div> <p style="text-align: center; margin-top: 5px;">X</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> </div> <div style="display: inline-block;"> <div style="border: 1px solid black; display: inline-block; padding: 5px;"> <table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> </tr> </table> </div> <p style="text-align: center; margin-top: 5px;">1 <input checked="" type="checkbox"/> Yes</p> <p style="text-align: center; margin-top: 5px;">2 <input type="checkbox"/> No</p> </div>		35	3	5
	3	5						
	35							
3	5							

- a. If you are the teacher named on the cover page label, please complete the questionnaire.
- b. Please do not write any comments near the answer boxes.
- c. If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.
- d. If you have any questions, call the U.S. Census Bureau at 1-800-221-1204. Someone will be available to take your call Monday through Friday, between 8:30 a.m. and 5:00 p.m. (Eastern Time). The U.S. Census Bureau is also available to answer your questions via e-mail at: [addp.education.surveys@census.gov](mailto:addp.education.surveys@census.gov).

**Teachers who teach in multiple schools:** Please respond to questions as they apply to the school where you received this questionnaire.

**Grades K-12 and comparable ungraded levels.** This survey focuses on schools offering any of grades K-12 or comparable ungraded levels at the elementary or secondary level. The term “ungraded levels” refers to schools that classify students by an alternative means other than particular grade levels (e.g., Kindergarten, 1st grade, 2nd grade, etc.).

**Please correct any errors in name, address, and ZIP Code.**

Teacher name

School name

Address


City

State

ZIP Code

# 1 GENERAL INFORMATION

## 1-1. How do you classify your position at THIS school, that is, the activity at which you spend most of your time during this school year?

 Mark (X) only one box.


- 1  Regular full-time teacher (in any of grades Kindergarten-12 or comparable ungraded levels)
- 2  Regular part-time teacher (in any of grades Kindergarten-12 or comparable ungraded levels)
- 3  Itinerant teacher (i.e., your assignment requires you to provide instruction at more than one school)
- 4  Long-term substitute (i.e., your assignment requires that you fill the role of a regular teacher on a long-term basis, but you are still considered a substitute)
- 5  Short-term substitute
- 6  Student teacher
- 7  Teacher aide
- 8  Administrator (e.g., principal, assistant principal, director, school head)
- 9  Library media specialist or Librarian
- 10  Other professional staff (e.g., counselor, curriculum coordinator, social worker)
- 11  Support staff (e.g., secretary)


## 1-2. Which box did you mark in item 1-1 above?

- 1  Box 1 → GO TO item 1-5 on page 5.
- 2  Box 2, 3, or 4 → GO TO item 1-4 on page 5.
- 3  Box 5, 6, or 7 → *Please STOP now and return this questionnaire to the U.S. Census Bureau. Thank you for your time.*
- 4  Box 8, 9, 10, or 11

## 1-3. Do you TEACH any regularly scheduled class(es) at this school in any of grades K-12 or comparable ungraded levels?


(Regularly scheduled classes are those taught at least once per week.)

 If you work as a library media specialist or librarian at this school, do not include classes in which you teach students how to use the library (e.g., library skills or library research).

 If you teach a particular specialty either within or outside of a regular classroom (e.g., reading specialist, special education teacher, English as a Second Language teacher), include that time as a regularly scheduled class.

- 1  Yes → GO TO item 1-4 on page 5.
- 2  No → *Please STOP now and return this questionnaire to the U.S. Census Bureau. Thank you for your time.*


**1-4. How much time do you work as a TEACHER in any of grades K-12 or comparable ungraded levels at THIS school?**

 Mark (X) only one box.

- 1  Full time
- 2  3/4 time or more, but less than full-time
- 3  1/2 time or more, but less than 3/4 time
- 4  1/4 time or more, but less than 1/2 time
- 5  Less than 1/4 time
- 6  I do not teach any of grades K-12 or comparable ungraded levels → *Please STOP now and return this questionnaire to the U.S. Census Bureau. Thank you for your time.*

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**1-5. In what SCHOOL YEAR did you begin teaching, either full-time or part-time, at THIS school?**


 Do NOT include time spent as a student teacher.

I began teaching at THIS school in the  -  SCHOOL YEAR

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**1-6. What was your MAIN activity LAST school year (2012-13)?**

 Considering all of the options below, please mark (X) the box which best applies to how you spent the MOST time LAST school year. If you were a substitute or itinerant teacher please mark (X) the box which best applies to your MAIN activity LAST school year.

 Mark (X) only one box.


- 1  Teaching in this school
- 2  Teaching in another public elementary or secondary school IN THIS SCHOOL SYSTEM
- 3  Teaching in a public elementary or secondary school IN A DIFFERENT SCHOOL SYSTEM IN THIS STATE
- 4  Teaching in a public elementary or secondary school IN ANOTHER STATE
- 5  Teaching in a PRIVATE elementary or secondary school
- 6  Student at a college or university
- 7  Teaching in a preschool
- 8  Teaching at a college or university
- 9  Working in a position in the field of education, but not as a teacher
- 10  Working in an occupation outside the field of education
- 11  On leave (e.g., maternity or paternity leave, disability leave, sabbatical)
- 12  Caring for family members, but not on leave (e.g., homemaking, childrearing)
- 13  Military service

14  Unemployed and seeking work

15  Retired from another job

16  Other – please specify →


**1-7. In what SCHOOL YEAR did you FIRST begin teaching, either full-time or part-time, at the elementary or secondary level?**

 *Do NOT include time spent as a student teacher.*

I FIRST began teaching in the  -  SCHOOL YEAR

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**1-8. In how many schools have you taught at the elementary or secondary level?**


 *Do NOT include time spent as a student teacher.*


Schools

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**1-9. Excluding time spent on maternity/paternity leave or sabbatical, how many school years have you worked as an elementary- or secondary-level teacher in public, public charter or private schools?**

 *Include the current school year.*

 *Do NOT include time spent as a student teacher.*

 *Record whole years, not fractions or months.*


School years

**YOUR COMMENTS**




## 2 CLASS ORGANIZATION


**2-1. Do you currently teach students in any of these grades at THIS school?**

 Please mark (X) Yes or No for each grade level.

<b>Prekindergarten</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>Kindergarten</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>1st</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>2nd</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>3rd</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>4th</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>5th</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>6th</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>7th</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>8th</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>9th</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>10th</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>11th</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>12th</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
<b>Ungraded</b>	<sup>1</sup> <input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No

**2-2. Of all the students you teach at this school, how many have an Individualized Education Program (IEP) because they have disabilities or are special education students?**


 Do NOT include students who only have a 504 plan but not an IEP.

 If none, please mark (X) the box.

None or  Students


**2-3. Of all the students you teach at this school, how many are of limited-English proficiency (LEP) or are English-language learners (ELLs)?**

(Students of limited-English proficiency [LEP] or English-language learners [ELLs] are those whose native or dominant language is other than English and who have sufficient difficulty speaking, reading, writing, or understanding the English language as to deny them the opportunity to learn successfully in an English-speaking-only classroom.)

 If none, please mark (X) the box.

None or  Students

**2-4. This school year, in what subject is your MAIN teaching assignment at THIS school, that is, the subject matter in which you teach the most classes?**

 Record one of the main teaching assignment codes and labels from Table 1 on page 9.

Main Teaching  
Assignment Code

Main Teaching  
Assignment Label

**2-5. Are you intentionally assigned to instruct the same group of students for more than one year (e.g., looping)?**

<sup>1</sup>  Yes

<sup>2</sup>  No

**2-6a. Do you teach any classes that use LIVE video of an instructor in another location?**

<sup>1</sup>  Yes

<sup>2</sup>  No →

GO TO item 2-7a  
below.

**b. Is the LIVE video used –**

<sup>1</sup>  Everyday

<sup>2</sup>  At least once a week, but not everyday

<sup>3</sup>  A few times a month

<sup>4</sup>  About once a month

<sup>5</sup>  A few times a year

**2-7a. Do you teach any classes that use PRE-RECORDED video of an instructor in another location?**

<sup>1</sup>  Yes

<sup>2</sup>  No →

GO TO item 2-8a on page 10.

b. Is the PRE-RECORDED video used –

- <sup>1</sup>  Everyday  
<sup>2</sup>  At least once a week, but not everyday  
<sup>3</sup>  A few times a month  
<sup>4</sup>  About once a month  
<sup>5</sup>  A few times a year

**Table 1. Main Teaching Assignment and Subject-matter Codes and Labels For Questions 2-4 and 2-15**

**General Education Codes and Labels**

**Elementary Education**

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

**Special Education**

- 110 Special education, any

**Subject-matter Specific Codes and Labels**

**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  
157 Literature or literary criticism  
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 languages

**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**

- 191 Algebra I  
192 Algebra II  
193 Algebra III  
194 Basic and general mathematics  
195 Business and applied math  
196 Calculus and pre-calculus  
197 Computer science

**Social Sciences**

- 220 Social studies, general  
221 Anthropology  
222 Area or ethnic studies (excluding Native American studies)  
225 Economics  
226 Geography  
227 Government or civics  
228 History  
231 Native American studies  
232 Political science  
233 Psychology  
234 Sociology  
235 Other social sciences

**Career or Technical Education**

- 241 Agriculture and natural resources  
242 Business management  
243 Business support  
244 Marketing and distribution  
245 Healthcare occupations  
246 Construction trades, engineering, or science technologies (including CADD and drafting)  
247 Mechanics and repair  
249 Manufacturing or precision production (electronics, metalwork, textiles, 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 career or technical education

**Miscellaneous**

- 262 Driver education  
264 Library or information science

- 198 Geometry
- 199 Pre-algebra
- 200 Statistics and probability
- 201 Trigonometry

**Natural Sciences**

- 210 Science, general
- 211 Biology or life sciences
- 212 Chemistry
- 213 Earth sciences
- 214 Engineering
- 215 Integrated science
- 216 Physical sciences
- 217 Physics
- 218 Other natural sciences

- 265 Military science or ROTC
- 266 Philosophy
- 267 Religious studies, theology, or divinity

**Other**

- 268 Other


**2-8a. Do you teach any classes that use instructional software that adjusts the level of instruction to an individual student's performance?**

- 1  Yes
- 2  No → GO TO item 2-9 below.

**b. Is the instructional software used –**

- 1  Everyday
- 2  At least once a week, but not everyday
- 3  A few times a month
- 4  About once a month
- 5  A few times a year

**2-9. Which statement best describes the way YOUR classes at THIS school are organized?**

 *Mark (X) only one box.*

- 1  You instruct several classes of different students most or all of the day in one or more subjects (sometimes called Departmentalized Instruction).
- 2  You are an elementary school teacher who teaches only one subject to different classes of students (sometimes called an Elementary Subject Specialist).
- 3  You instruct the same group of students all or most of the day in multiple subjects (sometimes called a Self-Contained Class).
- 4  You are one of two or more teachers, in the same class, at the same time, and are jointly responsible for teaching the same group of students all or most of the day (sometimes called Team Teaching).
- 5  You instruct a small number of selected students released from or in their regular classes in specific skills or to address specific needs (sometimes called a "Pull-Out" Class or "Push-In" Instruction).

**2-10. Check the box you marked in item 2-9 and follow the arrow for the next item.**

- 1  Box 1 or 2 → GO TO item 2-14 on page 11.
- 2  Box 3 or 4

<sup>3</sup>  Box 5 → **GO TO item 2-12**  
below.

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**2-11.** During your most recent FULL WEEK of teaching at THIS school, what is the total number of students enrolled in the class you taught?


Students → **GO TO item 2-13 on**  
page 11.


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**2-12.** During your most recent FULL WEEK of teaching at THIS school, what is the average number of students you taught at any one time?

Students → **GO TO item 2-13 on**  
page 11.

**2-13. During your most recent FULL WEEK of teaching, approximately how many hours did YOU spend teaching each of the following subjects at THIS school?**


 If you taught two or more subjects at the same time, apportion the time to each subject the best you can.

 Report hours to the nearest whole hour; do not record fractions of an hour or minutes.

 If you did not teach a particular subject during the week, mark (X) the "None" box.

**a. English, reading, or language arts (including reading and writing)**

None      or       Hours per week

**(1) Of these hours, how many were designated for reading instruction?**  
 Record response, then GO TO item 2-13b below.

None      or       Hours per week

**b. Arithmetic or mathematics**

None      or       Hours per week

**c. Social studies or history**

None      or       Hours per week


**d. Science**

None      or       Hours per week

GO TO Section 3 on page 14.

**Note:** Items 2-14, 2-15, and 2-16 are for teachers who marked box 1 or 2 for item 2-9 on page 10. If you marked box 3, 4, or 5 for item 2-9 (and completed items 2-11 and 2-13, or 2-12 and 2-13) → GO TO Section 3 on page 14.

**2-14. How many separate class periods or sections do you currently teach at THIS school?**

 Do NOT include homeroom periods or study halls.

(Example: If you teach 2 classes or sections of chemistry I, a class or section of physics I, and a class or section of physics II, you would report 04 classes or sections.)

Number of classes or sections

**2-15. For EACH class period or section that you reported in item 2-14, record the subject name, subject-matter code, grade level code, and number of students.**



The number of lines filled out should equal the number of class periods or sections reported in item 2-14. However, if you reported more than 10 periods or sections in item 2-14, report on only 10 of those periods or sections.

A. Subject Name See Table 1.	B. Subject-Matter Code See Table 1.	C. Grade Level Code See codes below.	D. Number of Students
Example English	1 5 3	1 1	3 3
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Codes for grade levels of students**

If your class period or section has students from more than one grade level, please list the grade with the most students.

- |                    |               |
|--------------------|---------------|
| PK Prekindergarten | 07 7th grade  |
| KG Kindergarten    | 08 8th grade  |
| 01 1st grade       | 09 9th grade  |
| 02 2nd grade       | 10 10th grade |
| 03 3rd grade       | 11 11th grade |
| 04 4th grade       | 12 12th grade |
| 05 5th grade       | UG Ungraded   |
| 06 6th grade       |               |



**2-16a. Among the class periods or sections that you reported in item 2-14 on page 12, how many are taught online only?**

None → **GO TO Section 3 on page 14.**

*or*

Number of classes or sections.




**b. Among the class periods or sections that you reported in item 2-16a, how many online classes were designed by you or other teachers or staff within your school?**

None      **or**       Number of classes or sections

**YOUR COMMENTS**

### 3 EDUCATION AND TRAINING

#### 3-1a. Do you have a bachelor's degree?

 If you have more than one bachelor's degree, information about additional degrees will be asked in item 3-4.

1  Yes

2  No → **GO TO item 3-4 on page 17.**

b. In what year did you receive your bachelor's degree?


Year

c. Did you receive your bachelor's degree from a Department of Education, College of Education, or School of Education at your college or university?

1  Yes

2  No


d. What was your major field of study?

 Record the field of study code and label from Table 2 on page 15.

Major Field of Study Code

Major Field of Study Label


e. Did you have a second major field of study?

 Do NOT report academic minors or concentrations.

1  Yes

2  No → **GO TO item 3-1g below.**

f. What was your second major field of study?

 Record the field of study code and label from Table 2 on page 15.

 Do NOT report academic minors or concentrations.

Major Field of Study Code


Major Field of Study Label

g. Did you have a minor field of study?

1  Yes

2  No → **GO TO item 3-2a on page 16.**

h. What was your minor field of study?

 Record the field of study code and label from Table 2 on page 15.

Minor Field of Study Code

Minor Field of Study Label



**Table 2. Major and Minor Fields of Study Codes and Labels  
For Questions 3-1d, 3-1f, 3-1h, 3-3e, and 3-4b**

**General Education Codes and Labels**

**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 Curriculum and instruction
- 134 Educational psychology
- 135 Policy studies
- 136 School psychology
- 137 Other non-subject-matter-specific education

**Subject-matter Specific Codes and Labels**

**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
- 156 Linguistics
- 157 Literature or literary criticism
- 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 languages

**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
- 200 Statistics and probability

**Natural Sciences**

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

**Social Sciences**

- 220 Social studies, general
- 221 Anthropology
- 222 Area or ethnic studies (excluding Native American Studies)

- 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
- 232 Political science
- 233 Psychology
- 234 Sociology
- 235 Other social sciences

**Career or Technical Education**

- 241 Agriculture and natural resources
- 242 Business management
- 243 Business support
- 244 Marketing and distribution
- 245 Healthcare occupations
- 246 Construction trades, engineering, or science technologies (including CADD and drafting)
- 247 Mechanics and repair
- 249 Manufacturing or precision production (electronics, metalwork, textiles, 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 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



**YOUR COMMENTS**

**3-4. Have you earned any of the degrees or certificates listed below?**


<sup>1</sup> Yes  
 <sup>2</sup> No →


GO TO item 3-5 on page 18.

a. Degree	b. What was your major field of study for each degree? Record the major field of study code and label from Table 2 on page 15.	c. Did you receive this degree from a Department of Education, College of Education, or School of Education at your college or university?	d. In what year?
(1) Vocational certificate	<b>Major Field of Study Code</b> <input style="width: 40px; height: 20px;" type="text"/> <b>Major Field of Study Label</b> <input style="width: 100%; height: 20px;" type="text"/>		<b>Year</b> <input style="width: 40px; height: 20px;" type="text"/>
(2) Associate's degree	<b>Major Field of Study Code</b> <input style="width: 40px; height: 20px;" type="text"/> <b>Major Field of Study Label</b> <input style="width: 100%; height: 20px;" type="text"/>		<b>Year</b> <input style="width: 40px; height: 20px;" type="text"/>
(3) SECOND Bachelor's degree	<b>Major Field of Study Code</b> <input style="width: 40px; height: 20px;" type="text"/> <b>Major Field of Study Label</b> <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes, awarded by a Department of Education, College of Education, or School of Education <input type="checkbox"/> No	<b>Year</b> <input style="width: 40px; height: 20px;" type="text"/>
(4) SECOND Master's degree	<b>Major Field of Study Code</b> <input style="width: 40px; height: 20px;" type="text"/> <b>Major Field of Study Label</b> <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes, awarded by a Department of Education, College of Education, or School of Education <input type="checkbox"/> No	<b>Year</b> <input style="width: 40px; height: 20px;" type="text"/>
(5) Educational specialist or professional diploma (at least one year beyond a master's level)	<b>Major Field of Study Code</b> <input style="width: 40px; height: 20px;" type="text"/> <b>Major Field of Study Label</b> <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes, awarded by a Department of Education, College of Education, or School of Education <input type="checkbox"/> No	<b>Year</b> <input style="width: 40px; height: 20px;" type="text"/>
(6) Certificate of Advanced Graduate	<b>Major Field of Study Code</b> <input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes, awarded by a Department of	<b>Year</b> <input style="width: 40px; height: 20px;" type="text"/>

Studies	<input type="text"/> <b>Major Field of Study Label</b> <input type="text"/>	Education, College of Education, or School of Education <input type="checkbox"/> <b>No</b>	<input type="text"/>
(7) Doctorate or first professional degree (Ph.D., Ed.D., M.D., J.D., D.D.S.)	<b>Major Field of Study Code</b> <input type="text"/> <b>Major Field of Study Label</b> <input type="text"/>	<input type="checkbox"/> Yes, awarded by a Department of Education, College of Education, or School of Education <input type="checkbox"/> <b>No</b>	<b>Year</b> <input type="text"/>

**3-5. Have you ever taken any graduate or undergraduate courses that focused SOLELY on teaching methods?**

 Do NOT include student teaching (sometimes called practice teaching).


 Do NOT include professional development courses, workshops, or seminars.


1  Yes

2  No → **GO TO item 3-8 below.**

**3-6. Were any of the teaching methods courses you took –**

**a. Graduate or undergraduate courses that were FOR a degree program?**


 Do NOT include student teaching (sometimes called practice teaching).

 Do NOT include professional development courses, workshops, or seminars.

1  Yes

2  No

**How many courses?**

 Mark (X) only one box.

1  1 or 2 courses


2  3 or 4 courses

3  5 to 9 courses

4  10 or more courses

**GO TO item 3-6b below.**

**b. Graduate or undergraduate courses OUTSIDE of a degree program?**


 Do NOT include student teaching (sometimes called practice teaching).

 Do NOT include professional development courses, workshops, or seminars.

1  Yes

2  No

**How many courses?**

 Mark (X) only one box.

1  1 or 2 courses

2  3 or 4 courses

3  5 to 9 courses

4  10 or more courses

**GO TO item 3-7 below.**

**3-7. Did you take any of the courses you marked in 3-6a or 3-6b before your first year of teaching?**

1  Yes

2  No

**3-8. BEFORE your first year of teaching, did you take any graduate or undergraduate courses which taught you—**

**a. Classroom management techniques?**

1  Yes



<sup>2</sup>  No

3-8. *Continued* - BEFORE your first year of teaching, did you take any graduate or undergraduate courses which taught you—

b. Lesson planning?

<sup>1</sup>  Yes

<sup>2</sup>  No

---

c. How to assess learning?

<sup>1</sup>  Yes

<sup>2</sup>  No

---

d. How to use student performance data to inform instruction?

<sup>1</sup>  Yes

<sup>2</sup>  No

---

e. How to serve students from diverse economic backgrounds?

<sup>1</sup>  Yes

<sup>2</sup>  No

---

f. How to serve students with special needs?

<sup>1</sup>  Yes

<sup>2</sup>  No

---

g. How to teach students who are limited-English proficient (LEP) or English-language learners (ELLs)?

<sup>1</sup>  Yes

<sup>2</sup>  No

---

3-9a. Did you have any student teaching (sometimes called practice teaching)?

<sup>1</sup>  Yes


<sup>2</sup>  No



No →

GO TO Section 4 on page 21.

b. In how many different classrooms did you student teach?

 Mark (X) only one box.


<sup>1</sup>  1


<sup>2</sup>  2

<sup>3</sup>  3 or more

3-9. *Continued* –

**c. How long did your student teaching last?**

 *If you student taught in more than one classroom, report the total amount of time spent student teaching across all assignments.*

 *Mark (X) only one box.*

<sup>1</sup>  4 weeks or less

<sup>2</sup>  5-7 weeks

<sup>3</sup>  8-11 weeks

<sup>4</sup>  12 weeks or more

---

**d. Did any of your student teaching assignments require a full-time commitment?**

<sup>1</sup>  Yes

<sup>2</sup>  No

---

**e. Did any of your student teaching assignments provide the opportunity to teach students from diverse economic backgrounds?**

<sup>1</sup>  Yes

<sup>2</sup>  No

---

**f. In any of your student teaching assignments, were you given increasing levels of responsibility over the course of your assignment?**

<sup>1</sup>  Yes

<sup>2</sup>  No

---

**g. Did you assume most or all of the teaching responsibilities for the class during any of your student teaching assignments?**

<sup>1</sup>  Yes

<sup>2</sup>  No

---


**h. Were expectations for your performance as a student teacher communicated to you by your college/university supervisor(s)?**


<sup>1</sup>  Yes

<sup>2</sup>  No

---

**i. How many times did your college or university supervisor(s) provide you with written or verbal feedback based on observing your delivery of instruction?**

 *If you student taught in more than one classroom, report the total number of times you received feedback across all assignments.*

 *Mark (X) only one box.*

1  Never

2  1 or 2 times

3  3 or 4 times


4  5 to 7 times


5  8 or more times

## 4 CERTIFICATION

The next series of questions is about state certification. Please read the questions carefully. This section allows teachers to report UP TO TWO current teaching certificates in the state where they are teaching, plus several content areas per certificate, if applicable. Those who have only one certificate that applies to only one content area DO NOT have to fill out the entire section and should follow the GO TO instructions.

**4-1a. Which of the following describes the teaching certificate you currently hold that certifies you to teach in THIS state?**

 Mark (X) only one box.


 If you currently hold more than one of the following, a second certification may be listed in item 4-2.

- 1  Regular or standard state certificate or advanced professional certificate
- 2  Certificate issued after satisfying all requirements except the completion of a probationary period (in some states this is called a probationary certificate)
- 3  Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained (in some states this is called a temporary or provisional certificate)
- 4  Certificate issued to persons who must complete a certification program in order to continue teaching (in some states this is called a waiver or emergency certificate)
- 5  I do not hold any of the above certifications in THIS state →

GO TO item 4-3 on page 25.

**b. Using Table 3 on page 22, in what content area(s) and grade range(s) does the teaching certificate marked above certify you to teach in THIS state?**

(For some teachers, the content area may be the grade level, for example, elementary general, secondary general, etc., or special education.)

 If this certificate certifies you to teach in more than one content area, you may report additional content areas in later items. If your certificate does not restrict you to a specific grade range(s), mark all three grade ranges.

(1) Content Area	(2) Grade Range of Certificate (mark (X) all that apply)
Content Area Code <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5  <input type="checkbox"/> At least one of grades 6-8
Content Area Label <input type="text"/>	

**c. Does this certificate marked in item 4-1a certify you to teach in additional content areas?**

1  Yes →

GO TO item 4-1d on page 23.

2  No →

GO TO item 4-2a on page 23.

**YOUR COMMENTS**

**Table 3. Certification Content Area Codes and Labels  
For Questions 4-1b, 4-1d, 4-2c, and 4-2e**

**General Education Codes and Labels**

<b>Elementary Education</b>	114 Developmentally delayed
101 Early childhood or Pre-K, general	115 Early childhood special education
102 Elementary grades, general	116 Emotionally disturbed or behavior disorders
103 Middle grades, general	117 Learning disabilities
	118 Intellectual disabilities
<b>Secondary Education</b>	119 Mildly or moderately disabled
103 Middle grades, general	120 Orthopedically impaired
104 Secondary grades, general	121 Severely or profoundly disabled
	122 Speech or language impaired
<b>Special Education</b>	123 Traumatologically brain-injured
111 Special education, general	124 Visually impaired
112 Autism	125 Other special education
113 Deaf and hard-of-hearing	131 Administration
	132 Counseling and guidance

**Subject-matter Specific Codes and Labels**

<b>Arts and Music</b>	<b>Social Sciences</b>
141 Art or arts and crafts	220 Social studies, general
143 Dance	221 Anthropology
144 Drama or theater	222 Area or ethnic studies (excluding Native American studies)
145 Music	225 Economics
	226 Geography
<b>English and Language Arts</b>	227 Government or civics
151 Communications	228 History
152 Composition	231 Native American studies
153 English	232 Political science
154 Journalism	233 Psychology
155 Language arts	234 Sociology
157 Literature or literary criticism	235 Other social sciences
158 Reading	<b>Career or Technical Education</b>
159 Speech	241 Agriculture and natural resources
<b>English as a Second Language</b>	242 Business management
160 ESL or bilingual education: General	243 Business support
161 ESL or bilingual education: Spanish	244 Marketing and distribution
162 ESL or bilingual education: Other languages	245 Healthcare occupations
	246 Construction trades, engineering, or science technologies (including CADD and drafting)
<b>Foreign Languages</b>	247 Mechanics and repair
171 French	249 Manufacturing or precision production (electronics, metalwork, textiles, etc.)
172 German	250 Communications and related technologies (including design, graphics or printing; not including computer science)
173 Latin	253 Personal and public services (including culinary arts, cosmetology, child care, social work, protective services, custodial services, and interior design)
174 Spanish	254 Family and consumer sciences education
175 Other foreign language	255 Industrial arts or technology education
<b>Health Education</b>	256 Other career or technical education
181 Health education	<b>Miscellaneous</b>
182 Physical education	262 Driver education
<b>Mathematics and Computer Science</b>	263 Humanities or Liberal studies
190 Mathematics	
197 Computer science	
200 Statistics and probability	
<b>Natural Sciences</b>	

- 210 Science, general
- 211 Biology or life sciences
- 212 Chemistry
- 213 Earth sciences
- 217 Physics
- 218 Other natural sciences

- 264 Library or Information science
- 265 Military science or ROTC
- 266 Philosophy
- 267 Religious studies, theology or divinity
- Other**
- 268 Other

**4-1. Continued –**

**d. Using Table 3 on page 22, please record all ADDITIONAL content areas and grade ranges in which this certificate certifies you to teach:**



Please record the content area code and label from Table 3 on page 22.



If your certificate does not restrict you to a specific grade range(s), mark all three grade ranges.

Additional Content Area	Grade Range of Certificate <i>(mark (X) all that apply)</i>
<p><b>(1)</b> Content Area Code</p> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 5px 0; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> </div> <p>Content Area Label</p> <div style="border: 1px solid black; width: 300px; height: 25px; margin-top: 5px;"></div>	<p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least on of grades 9-12</p>
<p><b>(2)</b> Content Area Code</p> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 5px 0; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> </div> <p>Content Area Label</p> <div style="border: 1px solid black; width: 300px; height: 25px; margin-top: 5px;"></div>	<p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least on of grades 9-12</p>
<p><b>(3)</b> Content Area Code</p> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 5px 0; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> </div> <p>Content Area Label</p> <div style="border: 1px solid black; width: 300px; height: 25px; margin-top: 5px;"></div>	<p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least on of grades 9-12</p>
<p><b>(4)</b> Content Area Code</p> <div style="border: 1px solid black; width: 40px; height: 30px; margin: 5px 0; display: flex; justify-content: space-around;"> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> </div> <p>Content Area Label</p> <div style="border: 1px solid black; width: 300px; height: 25px; margin-top: 5px;"></div>	<p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least on of grades 9-12</p>


**4-2a. Do you have another current teaching certificate that certifies you to teach in THIS state?**



- <sup>1</sup>  Yes
- <sup>2</sup>  No →

GO TO item 4-3 on page 25.

**b. Which of the following describes this current teaching certificate you hold in THIS state?**


 *Mark (X) only one box.*


- 1  Regular or standard state certificate or advanced professional certificate
- 2  Certificate issued after satisfying all requirements except the completion of a probationary period (in some states this is called a probationary certificate)
- 3  Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained (in some states this is called a temporary or provisional certificate)
- 4  Certificate issued to persons who must complete a certification program in order to continue teaching (in some states this is called a waiver or emergency certificate)

**4-2. Continued –**

**c. Using Table 3 on page 22, in what content area(s) and grade range(s) does the teaching certificate marked in question 4-2b on page 23 certify you to teach in THIS state?**

(For some teachers, the content area may be the grade level, for example, elementary general, secondary general, etc., or special education.)

 *If this certificate certifies you to teach in more than one content area, you may report additional content areas in later items.*

 *If your certificate does not restrict you to a specific grade range(s), mark all three grade ranges.*

1) Content Area	2) Grade Range of Certificate <i>(mark (X) all that apply)</i>
<p>Content Area Code</p> <div style="border: 1px solid black; width: 60px; height: 25px; margin-bottom: 5px;"></div> <p>Content Area Label</p> <div style="border: 1px solid black; width: 320px; height: 25px;"></div>	<p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p>

**d. Does this certificate marked in item 4-2b certify you to teach in additional content areas?**

- 1  Yes → 


GO TO item 4-2e on page 25.
- 2  No → 


GO TO item 4-3 on page 25.

**YOUR COMMENTS**

4-2. Continued –

e. Using Table 3 on page 22, please record all **ADDITIONAL** content areas and grade ranges in which this certificate certifies you to teach:

 Please record the content area code and label from Table 3 on page 22.

 If your certificate does not restrict you to a specific grade range(s), mark all three grade ranges.

Additional Content Area	Grade Range of Certificate ( <i>mark (X) all that apply</i> )						
<p>(1) Content Area Code</p> <table border="1" data-bbox="175 850 289 945"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <p>Content Area Label</p> <input data-bbox="175 993 706 1060" type="text"/>							<p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least on of grades 9-12</p>
<p>(2) Content Area Code</p> <table border="1" data-bbox="175 1117 289 1211"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <p>Content Area Label</p> <input data-bbox="175 1260 706 1327" type="text"/>							<p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least on of grades 9-12</p>
<p>(3) Content Area Code</p> <table border="1" data-bbox="175 1383 289 1478"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <p>Content Area Label</p> <input data-bbox="175 1526 706 1593" type="text"/>							<p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least on of grades 9-12</p>
<p>(4) Content Area Code</p> <table border="1" data-bbox="175 1650 289 1745"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <p>Content Area Label</p> <input data-bbox="175 1793 706 1856" type="text"/>							<p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least on of grades 9-12</p>



**4-3. Did you enter teaching through an alternative route to certification program?**

(An alternative route to certification program is a program that was designed to expedite the transition of nonteachers to a teaching career, for example, a state, district, or university alternative route to certification program.)

- 1  Yes
- 2  No

**YOUR COMMENTS**

**5 EARLY CAREER EXPERIENCES**

**5-1. Was your FIRST year of teaching before the 2009-10 school year?**

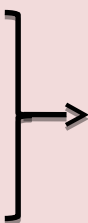
- 1  Yes → GO TO Section 6 on page 31.
- 2  No



**5-2. What was your MAIN activity the year before you began teaching at the elementary or secondary level?**

*Mark (X) only one box.*

- 1  Student at a college or university
- 2  Caring for family members
- 3  Working as a substitute teacher
- 4  Teaching in a preschool
- 5  Teaching at a college or university
- 6  Working in a position in the field of education, but not as a teacher → GO TO item 5-3 below.
- 7  Working in an occupation outside the field of education → GO TO item 5-4a below.
- 8  Military service
- 9  Unemployed and seeking work
- 10  Retired from another job



GO TO item 5-5 on page 27.



GO TO item 5-5 on page 27.

**5-3. Which of these categories best describes your previous position in the field of education?**

*Mark (X) only one box.*

- 1  Administrator (e.g., principal, assistant principal, director, school head)

2  Counselor

3  Library media specialist/librarian

4  Coach

5  Other professional staff (e.g., department head, curriculum coordinator)


6  Instructional aide

7  Noninstructional support staff (e.g., secretary)

GO TO item 5-5 on page 27.


---

**5-4a. What kind of work did you do, that is, what was your occupation?**

 Please record your job title; for example, electrical engineer, cashier, typist, farmer, loan officer.

---

**b. What were your most important activities or duties on that job?**

 For example, typing, selling cars, driving delivery truck, caring for livestock.

**5-4. Continued –**

**c. How would you classify yourself on that job?**



Mark (X) only one box.

- 1  An employee of a PRIVATE company, business, or individual for wages, salary, or commission
- 2  A FEDERAL government employee
- 3  A STATE government employee
- 4  A LOCAL government employee
- 5  SELF-EMPLOYED in your own business, professional practice, or farm
- 6  Working WITHOUT PAY in a family business or farm
- 7  Working WITHOUT PAY in a volunteer job

**5-5. In your FIRST year of teaching, how well prepared were you to –**



If you are in your first year of teaching, please answer for THIS school year.



Mark (X) one box on each line.

		Not at all 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 computers 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"/>
	Differentiate instruction in the classroom?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g.	Use data from student assessments to inform instruction?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h.	Teach to state content standards?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	Teach students who are limited-English proficient [LEP] or English-language learners [ELLs]?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
	Teach students with special needs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>


**5-6. In your FIRST year of teaching, did you participate in a formal school or district-wide program for beginning teachers aimed to enhance teachers' effectiveness by providing systematic support (sometimes called a teacher induction program)?**

*If you are in your first year of teaching, please answer for THIS school year.*

1  Yes

2  No

**5-7. Did you receive the following kinds of support during your FIRST year of teaching?**

 *If you are in your first year of teaching, please answer for THIS school year.*

**a. Reduced teaching schedule or number of preparations**

1  Yes

2  No

---

**b. Common planning time with teachers in your subject**

1  Yes

2  No

---

**c. Seminars or classes for beginning teachers**

1  Yes

2  No

---

**d. Extra classroom assistance (e.g., teacher aides)**

1  Yes

2  No

---

**e. Regular supportive communication with your principal, other administrators, or department chair**

1  Yes

2  No

---

**f. Observation and feedback on your teaching aimed at helping you develop and refine your teaching practice BEYOND any formal administrative observation and feedback you may have received**

1  Yes

2  No

---


**g. Release time to participate in support activities for new or beginning teachers**

1  Yes

2  No

---

**5-8a. In your FIRST year of teaching, were you assigned a master or mentor teacher by your school or district?**

 *If you are in your first year of teaching, please answer for THIS school year.*

1  Yes



2  No → **GO TO Section 6 on page 31.**

---

**b. How frequently did you work with your assigned master or mentor teacher during your first year of teaching?**


- 1  At least once a week
- 2  Once or twice a month
- 3  A few times a year
- 4  Never

---

**c. Has your assigned master or mentor teacher ever instructed students in the same subject area(s) as yours?**

- 1  Yes
- 2  No

**5-9. Did your assigned master or mentor teacher provide the following types of support during your FIRST year of teaching?**

 *If you are in your first year of teaching, please answer for THIS school year.*

**a. Provided encouragement**

- 1  Yes
- 2  No

---

**b. Helped with paperwork or record keeping**

- 1  Yes
- 2  No

---

**c. Provided verbal or written feedback based on observing your teaching**

- 1  Yes
- 2  No

---

**d. Demonstrated lessons**

- 1  Yes
- 2  No

---

**e. Shared curriculum and instructional ideas**

- 1  Yes
- 2  No

---

**f. Shared classroom management techniques or strategies**

- 1  Yes
- 2  No

---

**g. Strategized about how to accommodate the needs of specific students**

- 1  Yes  
2  No
- 


**h. Helped you prepare lessons that address learning standards**

- 1  Yes  
2  No
- 

**i. Helped you develop student assessment tools**

- 1  Yes  
2  No

**5-10. Overall, to what extent did your assigned master or mentor teacher improve your teaching in your first year of teaching?**

 *Mark (X) only one box.*

- 1  Not at all  
2  To a small extent  
3  To a moderate extent  
4  To a great extent

**YOUR COMMENTS**



## 6 TEACHER WORKING CONDITIONS

For questions 6-1 to 6-3 please report to the nearest whole hour; do not record fractions of an hour or minutes.

**6-1. How many hours does your contract require you to work during a typical FULL WEEK at THIS SCHOOL?**


*(This would be base contract hours, or the equivalent, NOT including stipends or extra pay for extra duty.)*

Total WEEKLY hours required to work

---

**6-2. Of the hours you are required to work, how many hours per week are you required to deliver INSTRUCTION to students in this school?**

*(Example: If your base contract requires you to work 40 hours a week, with 30 of those hours for delivering instruction and 10 hours for planning, monitoring students outside of class time, etc., you would report 30 hours.)*

 *"PULL-OUT" or "PUSH-IN" TEACHERS: Please include the number of hours you instruct individual students or small groups of students.*

Total WEEKLY hours required to deliver instruction

---

**6-3. Including hours spent during the school day, before and after school, and on the weekends, how many hours do you spend on ALL teaching and other school-related activities during a typical FULL WEEK at THIS school?**

Total WEEKLY hours spent on all teaching and school-related activities

---

**6-4. During this school year, do you or will you do the following for this school or district--**

**a. Coach a sport?**

<sup>1</sup>  Yes

<sup>2</sup>  No

---

**b. Sponsor any student groups, clubs, or organizations?**

<sup>1</sup>  Yes

<sup>2</sup>  No

---

**c. Serve as a department lead or chair?**

<sup>1</sup>  Yes

<sup>2</sup>  No

---

**d. Serve as a lead curriculum specialist?**

<sup>1</sup>  Yes

<sup>2</sup>  No

---

**e. Serve on a school-wide or district-wide committee or task force?**

<sup>1</sup>  Yes

<sup>2</sup>  No





f. Serve as an assigned mentor or mentor coordinator for teachers?

<sup>1</sup>  Yes

<sup>2</sup>  No

6-5. In the LAST SCHOOL YEAR (2012-13), how much of your own money did you spend on classroom supplies, without reimbursement?

 Please use your best estimate for costs incurred, in whole dollars.

 If none, please mark (X) the box.

None

or


\$								.00

**YOUR COMMENTS**


A large, empty rectangular box with a thin black border, intended for the user to write their comments. The box occupies most of the page's vertical space below the header.

## 7 SCHOOL CLIMATE AND TEACHER ATTITUDES


**7-1.** How much actual influence do you think teachers have over school policy **AT THIS SCHOOL** in each of the following areas?

	 Mark (X) one box on each line.			
	No influence	Minor influence	Moderate influence	A great deal of influence
a. Setting performance standards for students at this school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Establishing curriculum	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Determining the content of in-service professional development programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Evaluating teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Hiring new full-time teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Setting discipline policy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Deciding how the school budget will be spent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**7-2.** How much actual control do you have **IN YOUR CLASSROOM** at this school over the following areas of your planning and teaching?

	 Mark (X) one box on each line.			
	No influence	Minor influence	Moderate influence	A great deal of influence
a. Selecting textbooks and other instructional materials	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Selecting content, topics, and skills to be taught	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Selecting teaching techniques	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Evaluating and grading students	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Disciplining students	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Determining the amount of homework to be assigned	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>


**7-3. To what extent do you agree or disagree with each of the following statements?**

 *Mark (X) one box on each line.*


	<b>Strongly agree</b>	<b>Somewhat agree</b>	<b>Somewhat disagree</b>	<b>Strongly disagree</b>
a. The school administration's behavior toward the staff is supportive and encouraging.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I am satisfied with my teaching salary.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. The level of student misbehavior in this school (such as noise, horseplay or fighting in the halls, cafeteria, or student lounge) interferes with my teaching.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I receive a great deal of support from parents for the work I do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Necessary materials such as textbooks, supplies, and copy machines are available as needed by the staff.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Routine duties and paperwork interfere with my job of teaching.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. My principal enforces school rules for student conduct and backs me up when I need it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Rules for student behavior are consistently enforced by teachers in this school, even for students who are not in their classes.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Most of my colleagues share my beliefs and values about what the central mission of the school should be.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. The principal knows what kind of school he or she wants and has communicated it to the staff.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. There is a great deal of cooperative effort among the staff members.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. In this school, staff members are recognized for a job well done.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. I worry about the security of my job because of the performance of my students or my school on state and/or local tests.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. State or district content standards have had a positive influence on my satisfaction with teaching.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. I am given the support I need to teach students with special needs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p. The amount of student tardiness and class cutting in this school interferes with my teaching.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. I am generally satisfied with being a teacher at this school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
r. I make a conscious effort to coordinate the content of my courses with that of other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

teachers.


**7-4. To what extent is each of the following a problem in this school?**

 Mark (X) one box on each line.				
	Serious problem	Moderate problem	Minor problem	Not a problem
a. Student tardiness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Student absenteeism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Student class cutting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Teacher absenteeism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Students dropping out	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Student apathy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Lack of parental involvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Poverty	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Students come to school unprepared to learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Poor student health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**7-5. To what extent do you agree or disagree with each of the following statements?**

 Mark (X) one box on each line.				
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. The stress and disappointments involved in teaching at this school aren't really worth it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The teachers at this school like being here; I would describe us as a satisfied group.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I like the way things are run at this school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. If I could get a higher paying job I'd leave teaching as soon as possible.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I think about transferring to another school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I don't seem to have as much enthusiasm now as I did when I began teaching.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I think about staying home from school because I'm just too tired to go.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**7-6. How long do you plan to remain in teaching?**

 Mark (X) only one box.

- 1  As long as I am able
- 2  Until I am eligible for retirement benefits from this job
- 3  Until I am eligible for retirement benefits from a previous job
- 4  Until I am eligible for Social Security benefits
- 5  Until a specific life event occurs (e.g., parenthood, marriage, retirement of a spouse or partner)
- 6  Until a more desirable job opportunity comes along
- 7  Definitely plan to leave as soon as I can
- 8  Undecided at this time

---

**7-7a. Has a student FROM THIS SCHOOL ever threatened to injure you?**

- 1  Yes
- 2  No → GO TO item 7-8a below.

**b. Has a student FROM THIS SCHOOL threatened to injure you IN THE PAST 12 MONTHS?**

- 1  Yes
- 2  No → GO TO item 7-8a below.

**c. In the past 12 months, how many times has a student FROM THIS SCHOOL threatened to injure you?**

Times

---

**7-8a. Has a student FROM THIS SCHOOL ever physically attacked you?**

- 1  Yes
- 2  No → GO TO Section 8 on page 37.

**b. Has a student FROM THIS SCHOOL physically attacked you IN THE PAST 12 MONTHS?**

- 1  Yes
- 2  No → GO TO Section 8 on page 37.

**c. In the past 12 months, how many times has a student FROM THIS SCHOOL physically attacked you?**

Times

## 8 GENERAL EMPLOYMENT AND BACKGROUND INFORMATION

The following questions refer to your BEFORE-TAX earnings from teaching and other employment.

### 8-1. DURING THE SUMMER OF 2014, did you have any earnings from –

 Report amounts in whole dollars.


#### a. Teaching summer school in this or any other school?

1  Yes → How much?

2  No

\$		,		.	
					0
					0

(1) Did all of these earnings come from your current school?

 Mark (X) Yes or No, then GO TO item 8-1b below.

1  Yes

2  No


#### b. Working in a non-teaching job in this or any other school?

1  Yes → How much?

2  No

\$		,		.	
					0
					0

(1) Did all of these earnings come from your current school?

 Mark (X) Yes or No, then GO TO item 8-1c below.


Yes

No

#### c. Working in any NONSCHOOL job?


1  Yes → How much?

2  No

 Record amount, then GO TO item 8-2 below.


\$		,		.	
					0
					0

### 8-2. How many days are covered by your contract, per contract year?

 Include professional development, student contact days, and any other days covered by your contract.

Days per contract year


**8-3. DURING THE CURRENT SCHOOL YEAR, what is your base teaching salary for the entire school year?**

 *Report amounts in whole dollars.*

\$  ,  **.00** For the entire school year



**8-4. DURING THE CURRENT SCHOOL YEAR, do you, or will you, earn any additional compensation from this school system for extracurricular or additional activities such as coaching, student activity sponsorship, mentoring teachers, or teaching evening classes?**

 Report amounts in whole dollars.

1  Yes →

How much?

 Record amount, then GO TO item 8-5 below.

2  No


\$		,			.	0
						0

**8-5. DURING THE CURRENT SCHOOL YEAR, do you, or will you, earn any additional compensation from this school system based on your students' performance (e.g., through a merit pay or pay-for-performance agreement)?**

 Report amounts in whole dollars.

1  Yes →


How much?

 Record amount, then GO TO item 8-6 below.

2  No

\$		,			.	0
						0

**8-6. DURING THE CURRENT SCHOOL YEAR, have you earned income from any OTHER sources from this school system, such as a state supplement, etc.?**

 Do NOT report any earnings already reported

 Report amounts in whole dollars.

1  Yes →


How much?

 Record amount, then GO TO item 8-7a below.

2  No

\$		,			.	0
						0

**8-7a. DURING THE CURRENT SCHOOL YEAR, do you, or will you, earn additional compensation from working in any job OUTSIDE this school system?**

 Report amounts in whole dollars.

1  Yes →

How much?


 Record amount, then GO TO item 8-7b below.

2  No →

GO TO  
item 8-8  
on page  
39.

\$		,			.	0
						0

**b. Which of these best describes this job OUTSIDE this school system?**


 Mark (X) only one box.

1  Teaching or tutoring


2  Non-teaching, but related to teaching field

<sup>3</sup>  Other

**8-8. During the CURRENT SCHOOL YEAR do you, or will you, receive a retirement pension check paid from a teacher retirement system?**

 Report amount in whole dollars.

<sup>1</sup>  Yes → How much?

 Record amount, then GO TO item 8-9 below.

\$	,	.	0
			0

<sup>2</sup>  No  
↓

**8-9. Are you a member of a teachers' union or an employee association similar to a union?**

<sup>1</sup>  Yes

<sup>2</sup>  No

**8-10a. Does your school, district, or school system offer tenure?**

<sup>1</sup>  Yes

<sup>2</sup>  No → GO TO item 8-11 below.

**b. Are you tenured at your current school?**

<sup>1</sup>  Yes


<sup>2</sup>  No

**8-11. Are you male or female?**

<sup>1</sup>  Male

<sup>2</sup>  Female

**8-12a. What is your current marital status?**

 Mark (X) only one box.

<sup>1</sup>  Now married → GO TO item 8-13 below.

<sup>2</sup>  Widowed

<sup>3</sup>  Separated

<sup>4</sup>  Divorced

<sup>5</sup>  Never married

**b. Are you currently living with a boyfriend/girlfriend or partner?**

<sup>1</sup>  Yes

<sup>2</sup>  No → GO TO item 8-13 below.

---


**c. Are you currently living in a registered domestic partnership or civil union?**

- 1  Yes  
2  No

**8-13. Are you of Hispanic or Latino origin?**

- 1  Yes  
2  No

**8-14. What is your race?**

 *Mark (X) one or more races to indicate what you consider yourself to be.*

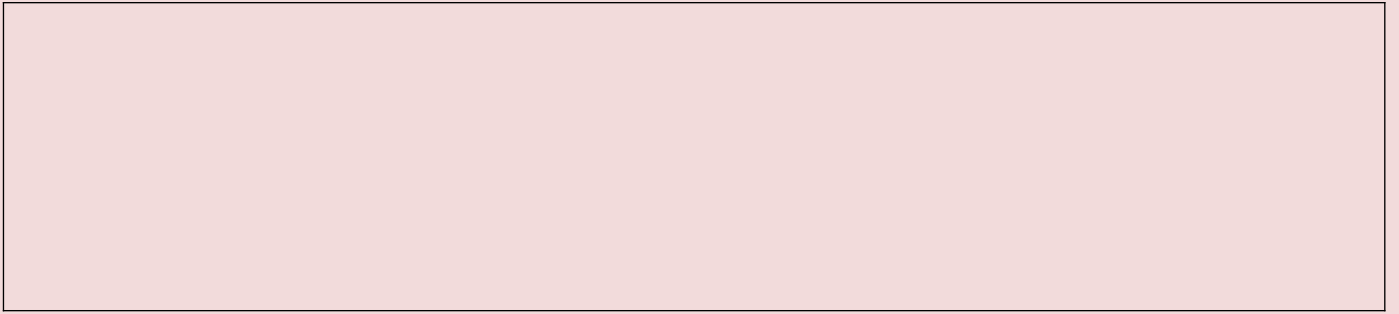
- 1  White  
2  Black or African-American  
3  Asian  
4  Native Hawaiian or Other Pacific Islander  
5  American Indian or Alaska Native

---

**8-15. What is your year of birth?**

1	9				
---	---	--	--	--	--

**YOUR COMMENTS**



## 9 CONTACT INFORMATION

**9-1.** The survey you have completed may involve a brief follow-up next school year in order to gain information on teachers' movements in the labor force. The following information would assist us in contacting you if you have moved or changed jobs. Please keep in mind that all information provided here is strictly confidential and will only be used in the event that we need to contact you for follow-up. Your responses are protected from disclosure by federal statute (20 U.S.C., §9573). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law.

Please **PRINT** your name, your spouse's name (if applicable), your home address, your telephone number, the most convenient time to reach you, and your work and home e-mail addresses.

a. First name

Middle name

Last Name

b. Spouse's first name

Spouse's middle name

Spouses last Name

c. Street Address

d. City

e. State

f. ZIP Code + 4

 - 

g. Home telephone number

AREA CODE TELEPHONE NUMBER

 -  -



**9-2. What are the names and addresses of two other people who would know where to get in touch with you during the coming years? Please do not list more than one person who now lives with you. Please inform these individuals that you have provided their names and someone from the U.S. Census Bureau may contact them in the coming years if we are unable to locate you.**

**Please PRINT contact's name, contact's relationship to you, contact's home address, contact's telephone number, and contact's work and home e-mail addresses.**

**(1) First Contact Person**

a. First name

Middle name

Last Name

b. Relationship to you

c. Street Address

d. City

e. State

f. ZIP Code + 4

 - 

g. Home telephone number

AREA CODE TELEPHONE NUMBER

 -  - 

h. In whose name is the telephone number listed?

<sup>1</sup>  Name entered in part a

<sup>2</sup>  Other, please specify

i. Work e-mail address

j. Home e-mail address

\_\_\_\_\_

9-3. What is the name and address of another person who would know where to get in touch with you during the coming years?

Please PRINT contact's name, contact's relationship to you, contact's home address, contact's telephone number, and contact's work and home e-mail addresses.

**(2) Second Contact Person**

a. First name

\_\_\_\_\_

Middle name

\_\_\_\_\_

Last Name

\_\_\_\_\_

b. Relationship to you

\_\_\_\_\_

c. Street Address

\_\_\_\_\_

d. City

\_\_\_\_\_

e. State

\_\_\_\_\_

f. ZIP Code + 4

\_\_\_\_\_ - \_\_\_\_\_

g. Home telephone number

AREA CODE TELEPHONE NUMBER

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

h. In whose name is the telephone number listed?

<sup>1</sup>  Name entered in part a

<sup>2</sup>  Other, please specify

\_\_\_\_\_

i. Work e-mail address

\_\_\_\_\_

j. Home e-mail address

\_\_\_\_\_



**9-4. Please enter the date you completed this questionnaire.**

*Report month as a number, that is, 01 for January, 02 for February, etc.*


MONTH


DAY

2	0	1

YEAR

---

**9-5. Please indicate how much time it took you to complete this form, not counting interruptions.**

*Please record the time in minutes, e.g., 50 minutes, 65 minutes, etc.*


Minutes

**YOUR COMMENTS**

Thank you very much for your participation in this survey. If you have any questions, please contact us, toll-free, at: 1-800-221-1204 or by e-mail at: [addp.education.surveys@census.gov](mailto:addp.education.surveys@census.gov).

To learn more about this survey and to access reports from earlier collections, see the National Teacher and Principal Survey (NTPS) website at: <http://nces.ed.gov/surveys/ntps>

Additional data collected by the National Center for Education Statistics (NCES) on a variety of topics in elementary, secondary, postsecondary, and international education are available from NCES' website at: <http://nces.ed.gov>

For additional data collected by various Federal agencies, including the Department of Education, visit the Federal Statistics clearinghouse at: <http://www.fedstats.gov>