

# TEACHER LISTING FORM

## NATIONAL TEACHER AND PRINCIPAL SURVEY

### 2014-15 SCHOOL YEAR



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

**SCHOOL**

**GRADE  
RANGE**

**NOTICE:**

**Please return this form within 2 weeks in the enclosed envelope.**

**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 PRINCIPAL:**

► **Why does the National Center for Education Statistics (NCES) conduct the National Teacher and Principal Survey (NTPS)?**

- 🍏 The NTPS is designed to measure critical aspects of schooling and teaching, the composition of the principal and teacher work force, and conditions in schools.

► **What do you need from my school?**

- 🍏 A list of all of the full-time and part-time teachers who teach at this school.
- 🍏 Please see the reference card on page 4 for important information about the listing form.
- 🍏 **A removable reference card is printed on the last page of this listing form.**

► **What happens to the information I report?**

- 🍏 A sample of teachers will be selected for the Teacher Survey component of NTPS. The selected teachers will receive the Teacher Questionnaire which asks for information on their educational background, work experience, and attitudes toward teaching.

► **Why is my school's participation important?**


- 🍏 Only a small number of schools are selected to participate in NTPS. Therefore, your school represents many other schools.

► **How does NCES protect the confidentiality of the information I provide?**

- 🍏 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.

**THANK YOU FOR YOUR COOPERATION.**

**SINCERELY,**



**CHRISTOPHER CHAPMAN**

**ASSOCIATE COMMISSIONER FOR EDUCATION STATISTICS  
NATIONAL CENTER FOR EDUCATION STATISTICS  
U.S. DEPARTMENT OF EDUCATION**

1. In case we have questions about any of your responses, please print your name, title, and work telephone number on the lines below.

NAME

TITLE

WORK TELEPHONE NUMBER

AREA CODE TELEPHONE NUMBER

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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2. How much time did it take to complete this form, not counting interruptions?

Minutes

🍏 Please see page 4 for important information.



Call 1-888-595-1338 toll free if you need assistance filling out the rest of this form.  
The office hours are 7:00 AM – 4:30 PM Eastern Time.

## REFERENCE CARD

**Please read this reference card before continuing.  
A removable reference card is printed on the last page of this booklet.**

### INCLUDE ON THE TEACHER LIST

- 🍏 *Regular Classroom Teachers*
  - Chemistry, English, math, physical education, history, etc.
- 🍏 *Special Education Teachers*
  - Teach special education classes to students with disabilities.
- 🍏 *General Elementary Teachers*
  - Teach self-contained classes in any of grades K–8, i.e., teach the same class of students all or most of the day, unless they teach special education students, in which case see the category above.
  - Team-teaching, i.e., two or more teachers collaborate in teaching multiple subjects to the same class of students.
  - Include kindergarten teachers.
- 🍏 *Career, Technical, or Vocational Education Teachers*
  - Teach keyboarding, business, agriculture, life skills, family or consumer economics as well as any other vocational or technical classes.
- 🍏 *Teaching principals, teaching guidance counselors, teaching librarians, teaching school nurses*
  - Include any staff members who teach at least one regularly scheduled class per week.  
For example:  
If a librarian teaches a regularly scheduled class in math once a week, include her in the "Math" category, but if she only teaches groups of students library skills or how to use the library, do NOT include her on the form.
- 🍏 *Teachers of Ungraded Students*
- 🍏 *Itinerant, Co-op, Traveling, and Satellite Teachers*
  - Teach at more than one school and may OR may not be supervised by someone at your school.
- 🍏 *Current Long-Term Substitute Teachers*
  - Currently filling the role of a regular teacher for 4 or more continuous weeks.
- 🍏 *Other teachers who teach students in any of grades K–12*
  - If a teacher teaches pre-kindergarten and any other grade between K–12, answer the questions ONLY for the time the teacher spends teaching any grades K–12.

### OMIT FROM THE TEACHER LIST

- 🍏 *Prekindergarten teachers who teach ONLY prekindergarten students*
- 🍏 *Adult Education and Postsecondary Teachers*
  - If they teach ONLY adult education or students beyond grade 12.
- 🍏 *Short-term Substitute Teachers*
  - Fill the role of a regular teacher for less than 4 continuous weeks.
- 🍏 *Student Teachers*
- 🍏 *Day Care Aides*
- 🍏 *Teacher Aides*
- 🍏 *Librarians who teach ONLY library skills or how to use the library*

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	FIRST      MIDDLE      LAST      SUFFIX	1 - Special education 2 - General elementary 3 - Math 4 - Science 5 - English/Language arts 6 - Social studies 7 - Vocational/Technical 8 - Other (e.g., art, music, etc.)	1 - Full-time 2 - Part-time	1 - 1st year 2 - 2-3 years 3 - 4-19 years 4 - 20 or more years
*Ex.	<i>Andrew Michael Shaffer</i>	8	1	1
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### 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 30 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: [addp.education.surveys@census.gov](mailto:addp.education.surveys@census.gov), or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9046, Washington, DC 20006.

**RETURN COMPLETED  
FORM TO**

**U.S. CENSUS BUREAU  
ATTN: TLF, SMQAB, BLDG 61D  
1201 East 10 St.  
Jeffersonville, IN 47132-0001**

# TEACHER LISTING FORM

## NATIONAL TEACHER AND PRINCIPAL SURVEY

### 2014-15 SCHOOL YEAR



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

**SCHOOL**

**GRADE  
RANGE**

**NOTICE:**

**Please return this form within 2 weeks in the enclosed envelope.**

**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 PRINCIPAL:**

► **Why does the National Center for Education Statistics (NCES) conduct the National Teacher and Principal Survey (NTPS)?**

- 🍏 The NTPS is designed to measure critical aspects of schooling and teaching, the composition of the principal and teacher work force, and conditions in schools.

► **What do you need from my school?**

- 🍏 A list of all of the full-time and part-time teachers who teach at this school.
- 🍏 Please see the reference card on page 4 for important information about the listing form.
- 🍏 **A removable reference card is printed on the last page of this listing form.**

► **What happens to the information I report?**

- 🍏 A sample of teachers will be selected for the Teacher Survey component of NTPS. The selected teachers will receive the Teacher Questionnaire which asks for information on their educational background, work experience, and attitudes toward teaching.

► **Why is my school's participation important?**

- 🍏 Only a small number of schools are selected to participate in NTPS. Therefore, your school represents many other schools.

► **How does NCES protect the confidentiality of the information I provide?**

- 🍏 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.

**THANK YOU FOR YOUR COOPERATION.**

**SINCERELY,**



**CHRISTOPHER CHAPMAN**

**ASSOCIATE COMMISSIONER FOR EDUCATION STATISTICS  
NATIONAL CENTER FOR EDUCATION STATISTICS  
U.S. DEPARTMENT OF EDUCATION**

1. In case we have questions about any of your responses, please print your name, title, and work telephone number on the lines below.

NAME

TITLE

WORK TELEPHONE NUMBER

AREA CODE TELEPHONE NUMBER

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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2. How much time did it take to complete this form, not counting interruptions?

Minutes

🍏 Please see page 4 for important information.



Call 1-888-595-1338 toll free if you need assistance filling out the rest of this form.  
The office hours are 7:00 AM – 4:30 PM Eastern Time.

## REFERENCE CARD

**Please read this reference card before continuing.  
A removable reference card is printed on the last page of this booklet.**

### INCLUDE ON THE TEACHER LIST

- 🍏 *Regular Classroom Teachers*
  - Chemistry, English, math, physical education, history, etc.
- 🍏 *Special Education Teachers*
  - Teach special education classes to students with disabilities.
- 🍏 *General Elementary Teachers*
  - Teach self-contained classes in any of grades K–8, i.e., teach the same class of students all or most of the day, unless they teach special education students, in which case see the category above.
  - Team-teaching, i.e., two or more teachers collaborate in teaching multiple subjects to the same class of students.
  - Include kindergarten teachers.
- 🍏 *Career, Technical, or Vocational Education Teachers*
  - Teach keyboarding, business, agriculture, life skills, family or consumer economics as well as any other vocational or technical classes.
- 🍏 *Teaching principals, teaching guidance counselors, teaching librarians, teaching school nurses*
  - Include any staff members who teach at least one regularly scheduled class per week.  
For example:  
If a librarian teaches a regularly scheduled class in math once a week, include her in the "Math" category, but if she only teaches groups of students library skills or how to use the library, do NOT include her on the form.
- 🍏 *Teachers of Ungraded Students*
- 🍏 *Itinerant, Co-op, Traveling, and Satellite Teachers*
  - Teach at more than one school and may OR may not be supervised by someone at your school.
- 🍏 *Current Long-Term Substitute Teachers*
  - Currently filling the role of a regular teacher for 4 or more continuous weeks.
- 🍏 *Other teachers who teach students in any of grades K–12*
  - If a teacher teaches pre-kindergarten and any other grade between K–12, answer the questions ONLY for the time the teacher spends teaching any grades K–12.

### OMIT FROM THE TEACHER LIST

- 🍏 *Prekindergarten teachers who teach ONLY prekindergarten students*
- 🍏 *Adult Education and Postsecondary Teachers*
  - If they teach ONLY adult education or students beyond grade 12.
- 🍏 *Short-term Substitute Teachers*
  - Fill the role of a regular teacher for less than 4 continuous weeks.
- 🍏 *Student Teachers*
- 🍏 *Day Care Aides*
- 🍏 *Teacher Aides*
- 🍏 *Librarians who teach ONLY library skills or how to use the library*



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*Ex.	<i>Andrew Michael Shaffer</i>	8	1	1	<i>ams@place.com</i>
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### 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 30 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: [addp.education.surveys@census.gov](mailto:addp.education.surveys@census.gov), or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9046, Washington, DC 20006.

**RETURN COMPLETED  
FORM TO**

**U.S. CENSUS BUREAU  
ATTN: TLF, SMQAB, BLDG 61D  
1201 East 10 St.  
Jeffersonville, IN 47132-0001**



# PRINCIPAL QUESTIONNAIRE

## NATIONAL TEACHER AND PRINCIPAL SURVEY

### 2014-15 SCHOOL YEAR



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

#### **THIS SURVEY HAS BEEN ENDORSED BY:**

American Association of School Administrations  
American Federation of Teachers  
National Association of Elementary School Principals  
Association for Middle Level Education (formerly National Middle School Association)  
Association of Supervision and Curriculum Development

**Please return this form within 2 weeks in the enclosed envelope.**

#### **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 PRINCIPAL:**

The NTPS is an integrated set of surveys of schools, principals, and teachers that the U.S. Census Bureau conducts for the National Center for Education Statistics (NCES) of the U.S. Department of Education. Your participation is important. Below are answers to some general questions.

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

The purpose of the NTPS is to provide researchers and policymakers with relevant and timely data on the characteristics and conditions of America's public schools and the professionals who work in them. The data collected permit detailed analyses of the characteristics of schools, principals, teachers, and students. The data also link the NTPS components, which enables researchers to examine the relationships among these elements of the education system. For example, researchers can study teacher attrition using information not only provided by teachers, but also from their principals.

**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. Only a small percentage of schools and principals are selected to participate. Therefore, your response represents the responses of many and is important to the success of this study. By sharing information about your school in the questionnaires, your school will help to create representative data on our schools and educators. However, all participation is voluntary.

**WILL YOUR RESPONSES BE KEPT CONFIDENTIAL?**

Please be assured that both the U.S. Department of Education and the U.S. Census Bureau follow strict procedures to protect the privacy of study participants and that your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Education Sciences Reform Act of 2002 [ESRA 2002], Public Law 107-279, Section 183). Your participation is voluntary, but your responses are necessary to make the results of this study accurate and timely.

**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/PCSPU, BUILDING 60A  
1201 E. 10TH STREET  
JEFFERSONVILLE, IN 47132-0001**

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

**SINCERELY,**



**CHRISTOPHER CHAPMAN**

**ASSOCIATE COMMISSIONER FOR EDUCATION STATISTICS  
NATIONAL CENTER FOR EDUCATION STATISTICS  
U.S. DEPARTMENT OF EDUCATION**

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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 voluntary information collection is 1850-0803. The time required to complete this information collection is estimated to average 17 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: [addp.education.surveys@census.gov](mailto:addp.education.surveys@census.gov), or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9046, Washington, DC 20006.



## INSTRUCTIONS

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**.

<p><b>CORRECT</b> marking example – <i>(Use care to keep characters in their designated spaces.)</i></p> <div style="text-align: center; margin: 10px 0;"> <table border="1" style="border-collapse: collapse; width: 80px; height: 30px;"> <tr> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table> </div> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No     </p>	3	5	<p><b>INCORRECT</b> marking example –</p> <div style="display: flex; justify-content: space-around; align-items: center; margin: 10px 0;"> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 80px; height: 30px;"> <tr> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table> </div> <div style="font-size: 2em; font-weight: bold;">35</div> <div style="text-align: center;"> <table border="1" style="border-collapse: collapse; width: 80px; height: 30px;"> <tr> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">5</td> </tr> </table> </div> </div> <p style="text-align: center;"> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No     </p> <p style="text-align: center; font-weight: bold;">OR</p> <p style="text-align: center;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No     </p>	3	5	3	5
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- a. It is important that this questionnaire be completed by the school PRINCIPAL, not by anyone else.
- b. Please do not write any comments by 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 1-888-595-1338. Someone will be available to take your call Monday through Friday, between 8:00 a.m. and 8:00 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).



## 1. PRINCIPAL EXPERIENCE AND TRAINING

1-1. **BEFORE** you became a principal, how many years of elementary, middle, or secondary teaching experience did you have?

🍏 Count part of a year as 1 year.

🍏 If none, please mark (X) the box.

None or  Year(s) of teaching before becoming a principal

1-2. **BEFORE** you became a principal, did you hold the position of an assistant principal or program director?

🍏 Include temporary positions.

Yes

No

1-3. **BEFORE** you became a principal, did you have any management experience outside of the field of education?

Yes

No

1-4. **BEFORE** you became a principal, did you participate in any district or school training or development program for ASPIRING school principals?

Yes

No

1-5. **PRIOR** to this school year, how many years did you serve as the principal of THIS OR ANY OTHER school?

🍏 Do NOT include any years you served as ASSISTANT principal.

🍏 Count part of a year as 1 year.

🍏 If none, please mark (X) the box.

None or  Year(s) as principal of this or any other school

1-6. **PRIOR** to this school year, how many years did you serve as the principal of THIS school?

🍏 Do NOT include any years you served as ASSISTANT principal.

🍏 Count part of a year as 1 year.

🍏 If none, please mark (X) the box.

None or  Year(s) as principal of this school

### YOUR COMMENTS



**1-7. What is the highest degree you have earned?**

🍎 *Mark (X) only one box.*

- Associate's degree
- Bachelor's degree (B.A., B.S., etc.)
- Master's degree (M.A., M.A.T., M.B.A., M.Ed., M.S., etc.)
- Educational specialist or professional diploma (at least one year beyond master's level)
- Doctorate or first professional degree (Ph.D., Ed.D., M.D., L.L.B., J.D., D.D.S.)
- Do not have a degree

**1-8. Which of the following best describes the highest degree you have earned?**

🍎 *Mark (X) only one box.*

- It was awarded by your school's college of Education, school of Education, or department of Education
- It was awarded by another college, school, or department, not in Education

**1-9. Do you currently hold a license or certification in "school administration"?**

- Yes
- No

**1-10. At any time after you became a principal, did you serve as a regular classroom teacher?**

- Yes
- No → [GO TO Section 2 on page 6.](#)

**1-11. SINCE becoming a principal, how many years of elementary, middle, or secondary teaching experience have you had?**

🍎 *Count part of a year as 1 year.*

🍎 *If none, please mark (X) the box.*

- None → [GO TO Section 2 on page 6.](#)

Year(s) of teaching since becoming a principal

**1-12. In addition to serving as principal, are you currently teaching in this school?**

- Yes
- No



## 2. GOALS AND DECISION MAKING

**2-1. We are interested in the importance you place on various educational goals. From the following ten goals, which do you consider the most important, the second most important, and the third most important?**

- 1 - Building basic literacy skills (reading, math, writing, speaking)
- 2 - Encouraging academic excellence
- 3 - Preparing students for postsecondary education
- 4 - Promoting occupational or vocational skills
- 5 - Promoting good work habits and self-discipline
- 6 - Promoting personal growth (self-esteem, self-knowledge, etc.)
- 7 - Promoting human relations skills
- 8 - Promoting specific moral values
- 9 - Promoting multicultural awareness or understanding
- 10 - Fostering religious or spiritual development

Most important

Second most important

Third most important

**2-2. How much ACTUAL influence do you think you have as a principal on decisions concerning the following activities?**

		🍏 <i>Mark (X) one box on each line.</i>				
		No influence	Minor influence	Moderate influence	Major influence	Not applicable
a.	Setting performance standards for students of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Establishing curriculum at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Determining the content of in-service professional development programs for teachers of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Evaluating teachers of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Hiring new full-time teachers of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Setting discipline policy at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Deciding how your school budget will be spent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### 3. SCHOOL CLIMATE AND SAFETY

3-1. To the best of your knowledge, how often do the following types of problems occur at this school?

	🍏 Mark (X) one box on each line.				
	Happens daily	Happens at least once a week	Happens at least once a month	Happens on occasion	Never happens
a. Physical conflicts among students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Robbery or theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Student use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Student use of illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Student possession of weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical abuse of teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Student racial tensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Student bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Student verbal abuse of teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Widespread disorder in classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Student acts of disrespect for teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Gang activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### YOUR COMMENTS



**3-2. LAST SCHOOL YEAR (2013-14), what percentage of students had at least one parent or guardian participating in the following events?**

	🍏 Mark (X) one box on each line.				
	0-25%	26-50%	51-75%	76-100%	Not applicable
a. Open house or back-to-school night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. All regularly scheduled schoolwide parent-teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special subject-area events (e.g., science fair, concerts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Parent education workshops or courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Signing of a school-parent compact (This is an agreement between school community members [e.g., parents, principals, teachers, and students] that acknowledges the shared responsibility for student learning and/or the school's policies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Volunteer in the school as needed or on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Involvement in school instructional issues (e.g., planning classroom learning activities, providing feedback on curriculum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Involvement in governance (e.g., PTA or PTO meetings, school board, parent booster clubs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Involvement in budget decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3-3. Are teachers at THIS school required to do the following?**

**a. Help students with academic needs OUTSIDE of regular school hours**

Yes

No

**b. Help students with social and emotional needs OUTSIDE of regular school hours**

Yes

No

**3-4. Are BEGINNING teachers at this school enrolled in a formal school- or district-wide program aimed to enhance teachers' effectiveness by providing systematic support (sometimes called a teacher induction program)?**

🍏 A beginning teacher refers to a teacher who is in the first or second year of teaching.

Yes

No





## 4. WORKING CONDITIONS AND PRINCIPAL PERCEPTIONS

- 4-1. Including hours spent during the school day, before and after school, and on the weekends, how many hours do you spend on ALL school-related activities during a typical FULL WEEK at THIS school?

Total WEEKLY hours spent on school-related activities

- 4-2. On average throughout the school year, what percentage of time do you estimate that you spend on the following tasks in this school?

- 🍏 *Rough estimates are sufficient.*
- 🍏 *Please write a percentage in each row. Write 0 if none.*
- 🍏 *Responses should add up to 100%.*

a. Internal administrative tasks, including human resource/personnel issues, regulations, reports, school budget	<input type="text"/> %
b. Curriculum and teaching-related tasks, including teaching, lesson preparation, classroom observations, mentoring teachers	<input type="text"/> %
c. Student interactions, including discipline and academic guidance	<input type="text"/> %
d. Parent interactions, including formal and informal interactions	<input type="text"/> %
e. Other – please specify ↴ <input type="text"/>	<input type="text"/> %

**100% TOTAL**

- 4-3. How many days per year are you required to work under your current contract?

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

Days per contract year

- 4-4. Are you represented under a meet-and-confer agreement or a collective bargaining agreement?

("Meet-and-confer" discussions are for the purpose of reaching non-legally-binding agreements. Collective bargaining agreements are legally-binding agreements.)

- 🍏 *Mark (X) only one box.*

- Yes, meet-and-confer
- Yes, collective bargaining
- No



**4-5. To what extent do you agree or disagree with each of the following statements?**

	🍏 <i>Mark (X) one box on each line.</i>			
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. The stress and disappointments involved in being a principal at this school aren't really worth it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am generally satisfied with being principal at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could get a higher paying job I'd leave this job as soon as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I think about transferring to another school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I don't seem to have as much enthusiasm now as I did when I began this job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I think about staying home from school because I'm just too tired to go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4-6. How long do you plan to remain a principal?**

🍏 *Mark (X) only one box.*

- As long as I am able
- Until I am eligible for retirement benefits from this job
- Until I am eligible for retirement benefits from a previous job
- Until I am eligible for Social Security benefits
- Until a specific life event occurs (e.g., children graduate from college, relocation)
- Until a more desirable job opportunity comes along
- Definitely plan to leave as soon as I can
- Undecided at this time

**YOUR COMMENTS**



## 5. STUDENT GROWTH AND TEACHER EVALUATION

- 5-1. During this school year (2014-15), is student achievement growth on standardized assessments used in the performance evaluation of teachers in this school? Please include student achievement growth within a teacher's classroom as well as teamwide, gradewide, or schoolwide student achievement growth.

*Student achievement growth is the change in student achievement for an individual student between two or more points in time, and may be measured using student growth percentiles, value added, or other measures of change in student achievement over time.*

*Standardized assessments are assessments consistently administered and scored for all students in the same grades and subjects, districtwide. These might include required state summative assessments, assessments purchased from testing companies, or district-developed assessments that are administered districtwide.*

**Student achievement growth on standardized assessments is:**

- Used in the evaluation of ALL teachers in the school, including all grades, all subjects (including art, music, and physical education), special education, and special populations such as English learners and students with disabilities.
- Used in the evaluation of SOME (but not all) teachers in this school.
- Not used in the evaluation of any teachers in this school.

### YOUR COMMENTS



**5-2. During this school year (2014-15), which of the following sources of information on teacher performance does your school use in teacher evaluations?**

**a. Classroom observations using a teacher professional practice rubric, conducted by the principal or other school administrator**

- Used in evaluating teachers  
 Not used in evaluating teachers
- 

**b. Classroom observations using a teacher professional practice rubric, conducted by someone other than a school administrator (such as a peer or mentor teacher, instructional coach, central office staff member, or an observer from outside the school or district)**

- Used in evaluating teachers  
 Not used in evaluating teachers
- 

**c. Teacher self-assessment**

- Used in evaluating teachers  
 Not used in evaluating teachers
- 

**d. Portfolios or other artifacts of teacher professional practice**

- Used in evaluating teachers  
 Not used in evaluating teachers
- 

**e. Assessments by a peer or mentor teacher that are not based on a teacher professional practice rubric**

- Used in evaluating teachers  
 Not used in evaluating teachers
- 

**f. Student work samples**

- Used in evaluating teachers  
 Not used in evaluating teachers
- 

**g. Student surveys or other student feedback**

- Used in evaluating teachers  
 Not used in evaluating teachers
- 

**h. Parent surveys or other parent feedback**

- Used in evaluating teachers  
 Not used in evaluating teachers



**5-3. Will the performance evaluation results for teachers for this school year (2014-15) be used to inform any of the following decisions about teacher professional development?**

**a. Feedback given to teachers on their professional practice**

Yes

No

**b. Planning professional development for individual teachers**

Yes

No

**c. Development of performance improvement plans for low-performing teachers**

Yes

No

**d. Setting goals with teachers for student achievement growth for the next school year**

Yes

No

**e. Identifying low-performing teachers for coaching, mentoring, or peer assistance**

Yes

No

**YOUR COMMENTS**



**5-4. Will the performance evaluation results for teachers for this school year (2014-15) be used to inform any of the following decisions about teacher career advancement?**

**a. Recognizing high-performing teachers**

Yes

No

---

**b. Determining annual salary increases**

Yes

No

---

**c. Determining bonuses or performance-based compensation other than salary increases**

Yes

No

This school does not use bonuses or performance-based compensation

---

**d. Granting tenure or similar job protection**

Yes

No

This school does not grant tenure or similar job protection

---

**e. Career advancement opportunities, such as teacher leadership roles**

Yes

No

---

**5-5. Will the performance evaluation results for teachers for this school year (2014-15) be used to inform any of the following decisions about low-performing teachers?**

**a. Loss of tenure or similar job protection**

Yes

No

This school does not grant tenure or similar job protection

---

**b. Sequencing potential layoffs to reduce staff**

Yes

No

---

**c. Dismissing or terminating employment for cause**

Yes

No



## 6. PRINCIPAL DEMOGRAPHIC INFORMATION

6-1. Are you male or female?

- Male
- Female

6-2. Are you of Hispanic or Latino origin?

- Yes
- No

6-3. What is your race?

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

- White
- Black or African-American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

6-4. What is your year of birth?

1	9
---	---

6-5. What is your current ANNUAL salary for your position in this school before taxes and deductions?

- 🍏 *If your position includes multiple duties (e.g., you teach a class and serve as principal at this school), please include your entire salary before taxes and deductions.*
- 🍏 *Please report in whole dollars.*

\$		,		.	00	per year
----	--	---	--	---	----	----------

### YOUR COMMENTS



## 7. CONTACT INFORMATION

- 7-1. The survey you have completed may involve a brief follow-up next school year in order to gain information on principals' 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., §9543). 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, home address, your work, cell, and home telephone numbers, and your work and home e-mail addresses.

- a. First name

Middle name

Last name

Suffix

- b. Street address

- c. City

- d. State

- e. ZIP Code + 4

- f. Work phone number

AREA CODE TELEPHONE NUMBER

- g. Cell phone number

AREA CODE TELEPHONE NUMBER

- h. Home phone number

AREA CODE TELEPHONE NUMBER

- i. Work e-mail address

- j. Home e-mail address





**7-2. Please enter the date you completed this questionnaire.**

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

Month

Day

Year

**7-3. 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**

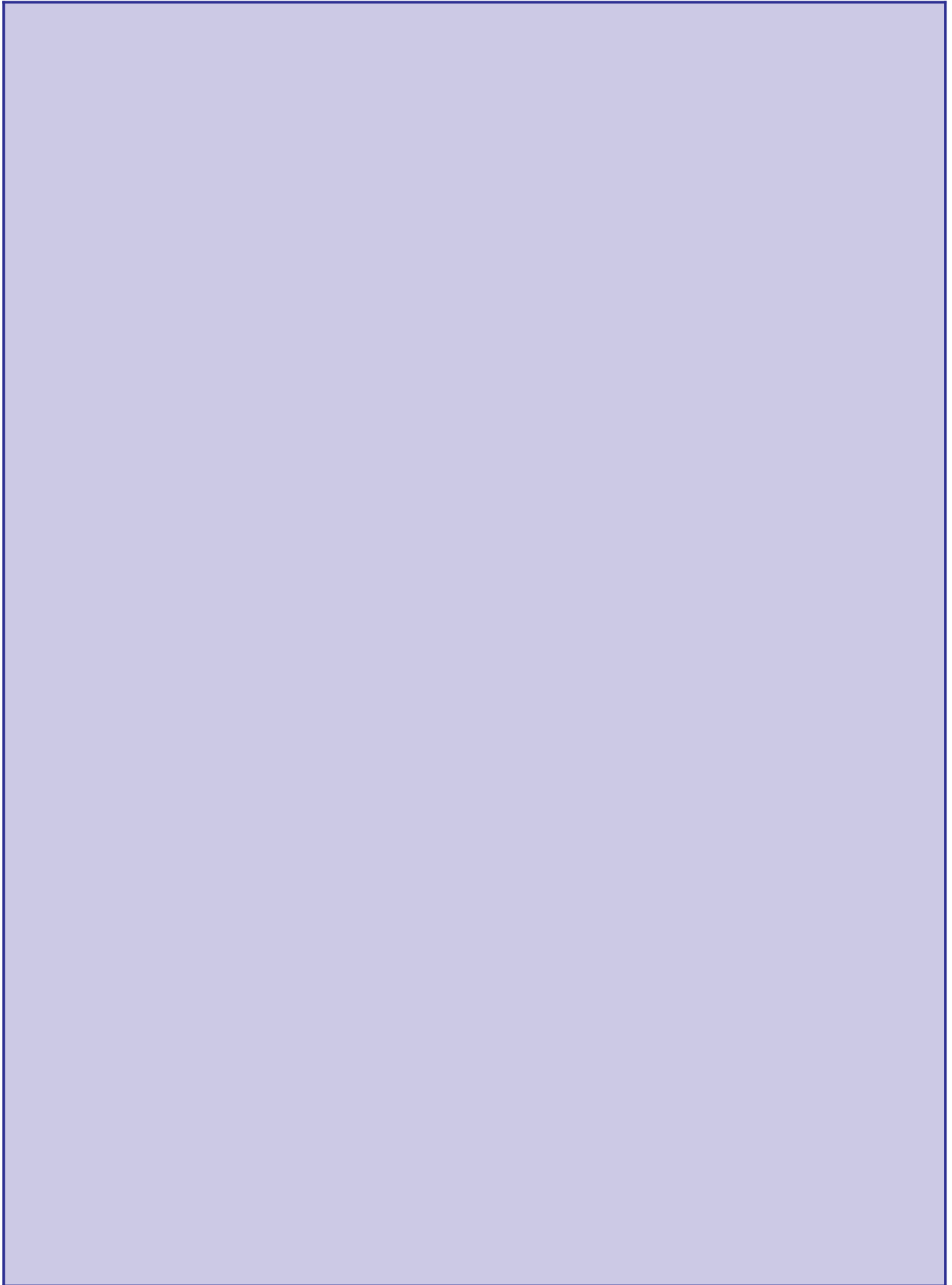
Thank you very much for your participation in this survey. If you have any questions, please contact us, toll-free, at: 1-888-595-1338 or by e-mail at: [addp.education.surveys@census.gov](mailto:addp.education.surveys@census.gov).

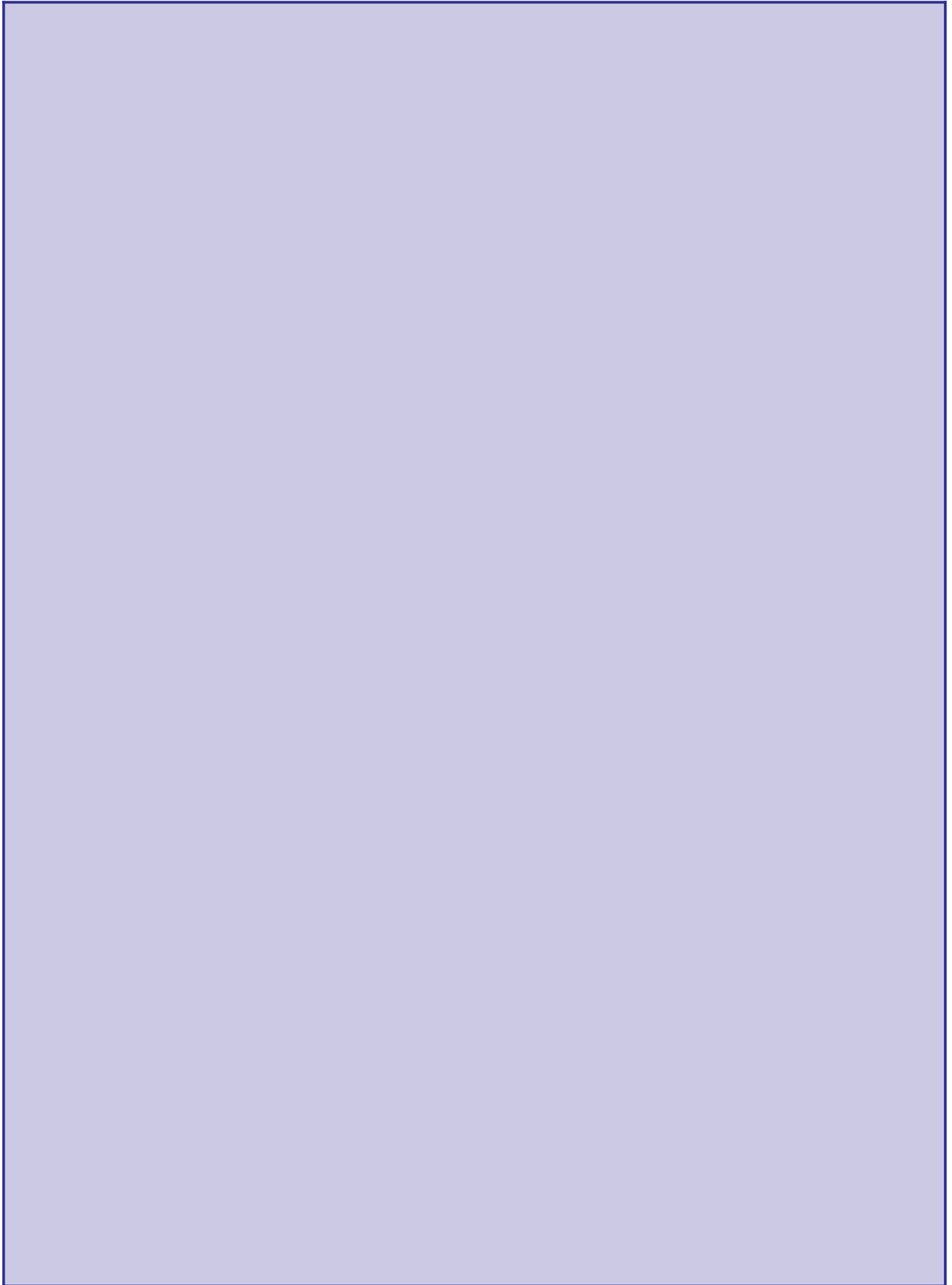
To learn more about this survey and to access reports from earlier collections, see the National Teacher and Principal Survey (NTPS) website at: <http://nces.ed.gov/surveys/ntps>

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>







# SCHOOL QUESTIONNAIRE

## NATIONAL TEACHER AND PRINCIPAL SURVEY

### 2014-15 SCHOOL YEAR



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

#### **THIS SURVEY HAS BEEN ENDORSED BY:**

American Association of School Administrations  
American Federation of Teachers  
National Association of Elementary School Principals  
Association for Middle Level Education (formerly National Middle School Association)  
Association of Supervision and Curriculum Development

**Please return this form within 2 weeks in the enclosed envelope.**

#### **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 PRINCIPAL:**

The NTPS is an integrated set of surveys of schools, principals, and teachers that the U.S. Census Bureau conducts for the National Center for Education Statistics (NCES) of the U.S. Department of Education. Your participation is important. Below are answers to some general questions.

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

The purpose of the NTPS is to provide researchers and policymakers with relevant and timely data on the characteristics and conditions of America's public schools and the professionals who work in them. The data collected permit detailed analyses of the characteristics of schools, principals, teachers, and students. The data also link the NTPS components, which enables researchers to examine the relationships among these elements of the education system. For example, researchers can study teacher attrition using information not only provided by teachers, but also from their principals.

**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. Only a small percentage of schools and principals are selected to participate. Therefore, your responses represent the responses of many and are important for the success of this study. By sharing information about your school in the questionnaires, your school will help to create representative data on our schools and educators. However, all participation is voluntary.

**WILL YOUR RESPONSES BE KEPT CONFIDENTIAL?**

Please be assured that both the U.S. Department of Education and the U.S. Census Bureau follow strict procedures to protect the privacy of study participants and that your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Education Sciences Reform Act of 2002 [ESRA 2002], Public Law 107-279, Section 183). Your participation is voluntary, but your responses are necessary to make the results of this study accurate and timely.

**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/PCSPU, BUILDING 60A  
1201 E. 10TH STREET  
JEFFERSONVILLE, IN 47132-0001**

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

**SINCERELY,**



**CHRISTOPHER CHAPMAN**

**ASSOCIATE COMMISSIONER FOR EDUCATION STATISTICS  
NATIONAL CENTER FOR EDUCATION STATISTICS  
U.S. DEPARTMENT OF EDUCATION**

**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 22 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: [addp.education.surveys@census.gov](mailto:addp.education.surveys@census.gov), or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9046, Washington, DC 20006.



## INSTRUCTIONS

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.)

3 5

Yes

No

**INCORRECT** marking example –

35

Yes

No

OR

3 5

Yes

No

- This questionnaire may be completed by any staff member who has access to the school's records.
- Please do not write any comments by the answer boxes.
- If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.
- If you have any questions, call the U.S. Census Bureau at 1-888-595-1338. Someone will be available to take your call Monday through Friday, between 8:00 a.m. and 8:00 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).

## YOUR COMMENTS



## 1. GENERAL INFORMATION ABOUT THIS SCHOOL

Please report for the school listed on the cover.

**1-1. Does this school offer the following grades?**

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

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





**1-1. Continued – Does this school offer the following grades?**

	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11th</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12th</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ungraded</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**1-2. Excluding prekindergarten, postsecondary, and adult education students, around the first of October, how many students were enrolled in this school?**

Students

**1-3. For this school year (2014-15), what is the Average Daily Attendance (ADA) percentage at this school?**

🍏 Round to the nearest whole **PERCENT**.

Percent

**1-4. What is the official start and end time for MOST students at this school?**

🍏 If the start and end times vary by day, record the start and end time for the longest day of the week.

🍏 Do not include prekindergarten or transitional first grade programs.

:  Start time

:  End time

**1-5. How many days are in the school YEAR for students in this school?**

Days per school YEAR

**YOUR COMMENTS**



**1-6a. Does this school currently have any students enrolled in kindergarten?**

🍏 Please include regular kindergarten as well as transitional (or readiness) kindergarten and transitional first (or prefirst) grade students, if enrolled.

Yes

No → GO TO item 1-7 below.

**b. How long is the school day for a kindergarten, transitional kindergarten, or transitional first grade student?**

🍏 Mark (X) only one box.

Full day (4 hours or more per day)

Half day (less than 4 hours per day)

Both full-day and half-day programs are offered

**c. How many days per week does a kindergarten, transitional kindergarten, or transitional first grade student attend?**

🍏 If the number of days per week varies (e.g., some students attend 3 days per week and some attend 5 days per week), record the most days that a student would attend in a week.

Days per week

**1-7. Does this school have a library media center?**

(A library media center is an organized collection of printed and/or audiovisual and/or computer resources which is administered as a unit, is located in a designated place or places, and makes resources and services available to students, teachers, and administrators. A library media center may be called a school library, media center, resource center, information center, instructional materials center, learning resource center, or any other similar name.)

Yes

No

**1-8a. Does this school offer any courses that are taught entirely online?**

Yes

No → GO TO item 1-9 on page 7.

**b. Among all the courses you offer at this school, about how many of the courses are entirely online?**

🍏 Mark (X) only one box.

One or a few courses

Some courses but less than half

About half

A majority

All courses

**c. Are any of the online course(s) offered at this school designed by staff at this school or district?**

Yes

No



**1-9. Does this school offer any courses that use live video of an instructor in another location?**

Yes

No

**1-10. Does this school offer any courses that use pre-recorded video of an instructor in another location?**

Yes

No

**1-11. Does this school offer any courses that use instructional software that adjusts the level of instruction to an individual student's performance?**

Yes

No

**1-12. Are the following programs or services currently available AT THIS SCHOOL for students in any of grades K-12 or comparable ungraded levels, regardless of funding source?**

**a. Before-school or after-school program providing instruction beyond the normal school day for students who need academic assistance**

Yes

No

**b. Before-school or after-school program providing instruction beyond the normal school day for students who seek academic advancement or enrichment**

Yes

No

**c. Before-school or after-school day care programs**

Yes

No

**1-13. Does this school have instruction specifically designed to address the needs of students with limited-English proficiency, also known as English-language learners (ELLs)?**

Yes

No



**1-14. Does THIS school help students access the following services because the students are in economic need?**

**a. Medical, dental, or vision care BEYOND referrals, routine screenings, and what is provided by a school nurse**

Yes

No

---

**b. Clothes**

Yes

No

---

**c. Meals after school or on weekends**

Yes

No

**YOUR COMMENTS**



## 2. SCHOOL STAFFING

For all teacher counts in items 2-1 and 2-2:

🍏 **INCLUDE** these types of teachers:

- Regular classroom teachers
- Special area or resource teachers (e.g., special education, Title I, art, music, physical education)
- Long-term substitute teachers

🍏 **INCLUDE** as part-time teachers:

- Itinerant teachers who teach part-time at this school or teachers who are shared with other schools
- Employees reported in other items of this section if they also have a part-time teaching assignment at this school

🍏 **DO NOT INCLUDE:**

- Student teachers
- Short-term substitute teachers
- Teachers who teach **ONLY** prekindergarten or adult education

**2-1. Around the first of October, how many TEACHERS held full-time or part-time positions or assignments in this school?**

🍏 *If none, please mark (X) the box.*

**a. Full-time**

None or  Full-time teachers

**b. Part-time**

None or  Part-time teachers

**c. TOTAL number of full- and part-time teachers**

Total teachers

### YOUR COMMENTS



**2-2. Of the full-time and part-time TEACHERS in this school around the first of October, how many were –**

☐ If none, please mark (X) the box.

☐ Please only include each teacher in one category below so none are double-counted.

**a. Hispanic or Latino, regardless of race?**

None or  Teachers

**b. White, not of Hispanic or Latino origin?**

None or  Teachers

**c. Black or African American, not of Hispanic or Latino origin?**

None or  Teachers

**d. Asian, not of Hispanic or Latino origin?**

None or  Teachers

**e. Native Hawaiian or other Pacific Islander, not of Hispanic or Latino origin?**

None or  Teachers

**f. American Indian or Alaska Native, not of Hispanic or Latino origin?**

None or  Teachers

**g. Two or more races, not of Hispanic or Latino origin?**

None or  Teachers

**NOTE:** Sum of entries in items 2-2(a-g) should be equal to entry in item 2-1c.

**YOUR COMMENTS**



**2-3. Around the first of October, how many STAFF held full-time or part-time positions or assignments in this school in each of the following categories?**

Employees shared with other schools or the district office should be counted as part-time employees. Employees who hold more than one position in this school should be counted as part-time staff for each position held.

FOR EXAMPLE: If your school's vice principal also serves as a data coach, you would count this person as 1 part-time vice principal (item b) and 1 part-time data coach (item k), even if this person works full-time across the two positions.

🍎 If no FULL-TIME staff members exist, please mark (X) the "None" box under FULL-TIME.

🍎 If no PART-TIME staff members exist, please mark (X) the "None" box under PART-TIME.

🍎 If no full-time or part-time staff members exist, please mark (X) the "None" boxes under BOTH full-time AND part-time.

	FULL-TIME		PART-TIME	
	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
<b>a. Principals</b>	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
<b>b. Vice principals and assistant principals</b>	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
<b>c. Instructional coordinators and supervisors, such as curriculum specialists</b>	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
<b>d. Librarians or library media specialists</b>	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
<b>e. School/guidance counselors, excluding psychologists and social workers</b>	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
<b>f. Student support services professional staff</b>	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(1) Nurses	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(2) Social workers	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(3) Psychologists	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(4) Speech therapists or pathologists	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(5) Other professional staff	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
<b>g. Aides</b>	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(1) Regular Title I aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(2) English as a Second Language (ESL) or bilingual teacher aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>



**2-3.** *Continued* – Around the first of October, how many STAFF held full-time or part-time positions or assignments in this school in each of the following categories?

	FULL-TIME		PART-TIME	
(3) Special education instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(4) Special education non-instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(5) Library media center instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(6) Library media center non-instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(7) Other classroom instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(8) Other non-instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
h. Secretaries and other clerical support staff	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
i. Food service personnel	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
j. Custodial and maintenance personnel	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
k. Data coaches or data coordinators	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
l. Technology specialists	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
m. Security guards or security personnel (not law enforcement)	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
n. School Resource Officers (include all career law enforcement officers with arrest authority, who have specialized training and are assigned to work in collaboration with school organizations)	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
o. Sworn law enforcement officers who are not School Resource Officers	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
p. Other employees not reported above	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>





**2-4a. Do any of the teachers or staff have the following specialist assignments in this school?**  
(A specialist works with students.)

**(1) Reading specialist**

Yes

No

**(2) Math specialist**

Yes

No

**(3) Science specialist**

Yes

No

**b. Do any of the teachers or staff have the following coaching assignments in this school?**  
(A coach works with teachers. Coaching includes observing lessons, providing feedback, and demonstrating teaching strategies.)

**(1) Reading coach**

Yes

No

**(2) Math coach**

Yes

No

**(3) Science coach**

Yes

No

**(4) General instructional/Not subject-specific coach**

Yes

No

**YOUR COMMENTS**



**2-5a. For THIS school year (2014-15), were there teaching vacancies in this school, that is, teaching positions for which teachers were recruited and interviewed by this school's hiring authority?**  
 ● Please include teaching positions that were vacant for the 2014-15 school year and that may or may not have been filled before the start of the 2014-15 school year.  
 ● Do not include vacancies for teachers who teach ONLY prekindergarten or adult education.

Yes  
 No → *GO TO item 2-6a on page 15.*

**b. How easy or difficult was it to fill the vacancies for this school year in each of the following fields?**

● Mark (X) one box on each line.

	This position is not offered in this school	No vacancy in this field this school year	Easy	Somewhat difficult	Very difficult	Could not fill the vacancy
(1) General elementary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) English or language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Computer science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Biology or life sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Physical sciences (e.g., chemistry, physics, earth sciences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) English as a Second Language (ESL) or bilingual education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) Foreign languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11) Music or art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12) Career or technical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(13) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 2-6a. Around the first of October, how many teachers were newly hired by this school?**  
(Newly hired teachers are teachers not employed in this school last school year as teachers.)  
🍏 Do not include newly hired teachers who teach ONLY prekindergarten or adult education.  
🍏 Record HEAD COUNTS, not FTEs (full-time equivalent).  
🍏 If none, please mark (X) the box.

None → [GO TO Section 3 on page 16.](#)

Teachers

- b. Of those newly hired teachers, how many were in their first year of teaching?**  
🍏 Record HEAD COUNTS, not FTEs (full-time equivalent).  
🍏 If none, please mark (X) the box.

None or  Teachers

**YOUR COMMENTS**



### 3. COMMUNITY SERVICE REQUIREMENTS

**3-1. Does this district grant high school diplomas?**

🍏 Do NOT include vocational certificates, certificates of attendance, or certificates of completion.

Yes

No → [GO TO Section 4 on page 17.](#)

**3-2. For high school graduates of the class of 2015, does this school or district have a community service requirement for a standard diploma?**

Yes

No → [GO TO Section 4 on page 17.](#)

**3-3. What is the minimum number of community service hours required of the high school graduates in the class of 2015?**

Hours

#### YOUR COMMENTS



## 4. CHARTER SCHOOL INFORMATION

### 4-1. Is this school a public CHARTER school?

(A charter school is a public school that, in accordance with an enabling state statute, has been granted a charter exempting it from selected state or local rules and regulations. A charter school may be a newly created school or it may previously have been a public or private school.)

Yes

No → [GO TO Section 5 on page 18.](#)

### 4-2. Which of the following best describes the origin of this public charter school?

A converted public school

A converted Bureau of Indian Education-funded school

A converted private school

A school originally established as a charter

### 4-3. Which of the following best describes the governance structure of this public charter school?

An independent or stand-alone charter school

Part of a non-profit charter management organization or network of schools that are managed by a central agency

Part of a for-profit charter management organization or network of schools that are managed by a central agency

Part of a traditional public school district

Other – *Please describe* →

### YOUR COMMENTS



## 5. CONTACT INFORMATION

5-1. What is the name of the person who completed most of this questionnaire?

5-2. What is his or her job title?

5-3. What is his or her phone number?

5-4. What is his or her work e-mail address?

5-5. Please enter the date you completed this questionnaire.

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

Month

Day

Year




5-6. Please indicate how much time it took you to complete this form, not counting interruptions.

Minutes

### YOUR COMMENTS



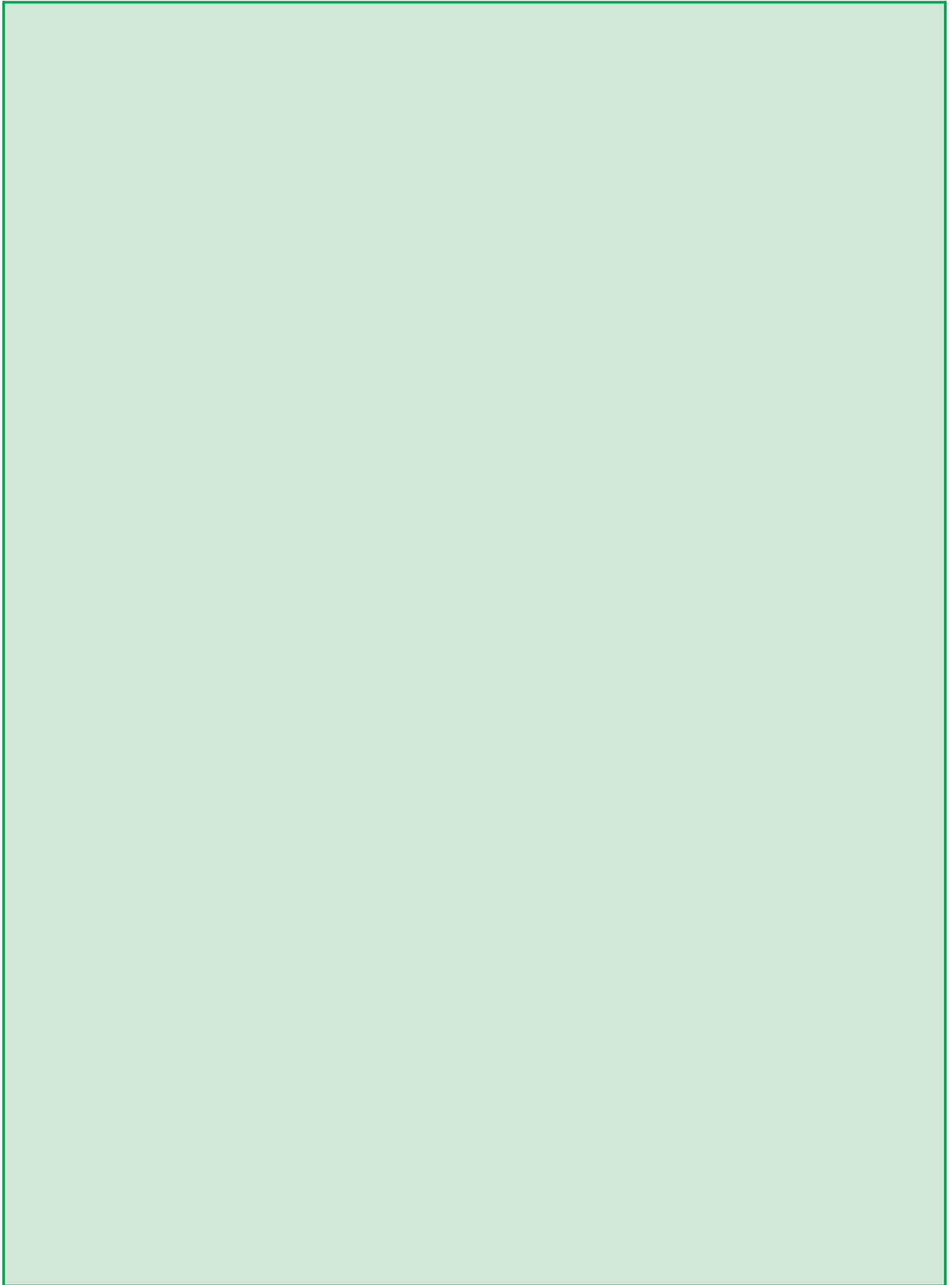
**Thank you very much for your participation in this survey. If you have any questions, please contact us, toll-free, at: 1-888-595-1338 or by e-mail at: [addp.education.surveys@census.gov](mailto:addp.education.surveys@census.gov).**

**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>**







# TEACHER QUESTIONNAIRE

## NATIONAL TEACHER AND PRINCIPAL SURVEY

### 2014-15 SCHOOL YEAR



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

#### **THIS SURVEY HAS BEEN ENDORSED BY:**

American Association of School Administrations  
American Federation of Teachers  
National Association of Elementary School Principals  
Association for Middle Level Education (formerly National Middle School Association)  
Association of Supervision and Curriculum Development

**Please return this form within 2 weeks in the enclosed envelope.**

**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 NTPS is an integrated set of surveys of schools, principals, and teachers that the U.S. Census Bureau conducts for the National Center for Education Statistics (NCES) of the U.S. Department of Education. Your participation is important. Below are answers to some general questions.

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

The purpose of the NTPS is to provide researchers and policymakers with relevant and timely data on the characteristics and conditions of America's public schools and the professionals who work in them. The data collected permit detailed analyses of the characteristics of schools, principals, teachers, and students. The data also link the NTPS components, which enables researchers to examine the relationships among these elements of the education system. For example, researchers can study teacher attrition using information not only provided by teachers, but also from their principals.

**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. Only a small percentage of schools and teachers are selected to participate. Therefore, your response represents the responses of many and is important for the success of this study. By sharing information about your school in the questionnaires, your school will help to create representative data on our schools and educators. However, all participation is voluntary.

**WILL YOUR RESPONSES BE KEPT CONFIDENTIAL?**

Please be assured that both the U.S. Department of Education and the U.S. Census Bureau follow strict procedures to protect the privacy of study participants and that your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Education Sciences Reform Act of 2002 [ESRA 2002], Public Law 107-279, Section 183). Your participation is voluntary, but your responses are necessary to make the results of this study accurate and timely.

**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/PCSPU, BUILDING 60A  
1201 E. 10TH STREET  
JEFFERSONVILLE, IN 47132-0001**

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

SINCERELY,



**CHRISTOPHER CHAPMAN**

**ASSOCIATE COMMISSIONER FOR EDUCATION STATISTICS  
NATIONAL CENTER FOR EDUCATION STATISTICS  
U.S. DEPARTMENT OF EDUCATION**

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: [addp.education.surveys@census.gov](mailto:addp.education.surveys@census.gov), or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9046, 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.)

Yes

No

**INCORRECT** marking example –

Yes

No

OR

Yes

No

- 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 1-888-595-1338. Someone will be available to take your call Monday through Friday, between 8:00 a.m. and 8:00 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?

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

- Yes → *GO TO item 1-4 on page 5.*
- 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.

- Full time
- 3/4 time or more, but less than full-time
- 1/2 time or more, but less than 3/4 time
- 1/4 time or more, but less than 1/2 time
- Less than 1/4 time
- 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.**

**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.

Example: If you began teaching at THIS school in September 2012 or in January 2013, you would report

2 0 1 2 - 2 0 1 3 School year

I began teaching at THIS SCHOOL in the

-  SCHOOL YEAR.

**1-6. What was your MAIN activity LAST school year (2013-14)?**

🍎 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.

- Teaching in this school
- Teaching in another public elementary or secondary school IN THIS SCHOOL SYSTEM
- Teaching in a public elementary or secondary school IN A DIFFERENT SCHOOL SYSTEM IN THIS STATE
- Teaching in a public elementary or secondary school IN ANOTHER STATE
- Teaching in a PRIVATE elementary or secondary school
- Student at a college or university
- Teaching in a preschool
- Teaching at a college or university
- Working in a position in the field of education, but not as a teacher
- Working in an occupation outside the field of education
- On leave (e.g., maternity or paternity leave, disability leave, sabbatical)
- Caring for family members, but not on leave (e.g., homemaking, childrearing)
- Military service
- Unemployed and seeking work
- Retired from another job
- Other – please specify →



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

🍎 Do NOT include time spent as a student teacher.

Example: If you FIRST began teaching at THIS school in September 2012 or in January 2013, you would report I FIRST began teaching in the

2 0 1 2 - 2 0 1 3 School year

I FIRST began teaching in the

-  SCHOOL YEAR.

**1-8. In how many schools have you taught, either full-time or part-time, at the elementary, middle, or secondary level?**

🍎 Do NOT include time spent as a student teacher.

Schools

**1-9. Excluding time spent on maternity/paternity leave or sabbatical, how many school years have you worked, either full-time or part-time, as an elementary, middle, 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.

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



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

	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>11th</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12th</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ungraded</b>	<input type="checkbox"/> Yes <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 have only a 504 plan.  
 🍎 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 11.

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)?**

Yes  
 No

**YOUR COMMENTS**





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

- Yes
- No → *GO TO item 2-7a below.*

**b. Is the LIVE video used —**

- Everyday?
- At least once a week, but not everyday?
- A few times a month?
- About once a month?
- A few times a year?

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

- Yes
- No → *GO TO item 2-8a below.*

**b. Is the PRE-RECORDED video used —**

- Everyday?
- At least once a week, but not everyday?
- A few times a month?
- About once a month?
- A few times a year?

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

- Yes
- No → *GO TO item 2-9 on page 10.*

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

- Everyday?
- At least once a week, but not everyday?
- A few times a month?
- About once a month?
- 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 above and follow the arrow for the next item.**

Box 1 or 2 → GO TO item 2-14 on page 12.

Box 3 or 4

Box 5 → GO TO item 2-12 below.

**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 below.

**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

**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.



**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  
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

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

**Other**

- 268 Other



**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.

	<b>A. Subject Name</b> <i>See Table 1 on page 11.</i>	<b>B. Subject-Matter Code</b> <i>See Table 1 on page 11.</i>	<b>C. Grade Level Code</b> <i>See Codes below.</i>	<b>D. Number of Students</b>
<i>Example</i>	English	1 5 3	1 1	3 3
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(6)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(7)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(8)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(9)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(10)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Codes for grade levels of students**

If your class period or section has students from more than one grade level (i.e., MIXED GRADES), 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 2-15 on page 12, how many are taught online only?**

None → *GO TO section 3 on page 14.*

or

Number of classes or sections

**2-16b. 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 on page 17.

Yes

No → GO TO item 3-4 on page 17.



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

Year

#### c. Which of the following best describes your bachelor's degree?

🍏 Mark (X) only one box.

It was awarded by your school's college of Education, school of Education, or department of Education

It was awarded by another college, school, or department, not in education

#### 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.

Yes

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?

Yes

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 Educational psychology  
134 Policy studies  
135 School psychology  
136 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



**3-2a. What is the name of the college or university where you earned this degree?**

Name of college or university

**b. In what city and state is it located?**

City

State


 Located outside the United States
**3-3a. Do you have a master's degree?**

🍏 *If you have more than one master's degree, information about additional degrees will be asked in item 3-4 on page 17.*

 Yes

 No → **GO TO item 3-4 on page 17.**
**b. Was at least a portion of the cost of your master's degree paid for by a STATE, SCHOOL, or SCHOOL DISTRICT in which you taught?**
 Yes

 No
**c. In what year did you receive your master's degree?**


Year

**d. Which of the following best describes your master's degree?**

🍏 *Mark (X) only one box.*

 It was awarded by your school's college of Education, school of Education, or department of Education

 It was awarded by another college, school, or department, not in education
**e. What was your major field of study for your master's degree?**

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

Major Field  
of Study Code
Major Field  
of Study Label**YOUR COMMENTS**





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

- Yes  
 No → **GO TO item 3-5 on page 18.**

a. Degree	b. What was your major field of study for each degree? 🍎 Record the field of study code and major label from Table 2 on page 15.	c. Which of the following best describes each degree?	d. In what year?
(1) Vocational certificate	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>		Year <input type="text"/>
(2) Associate's degree	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>		Year <input type="text"/>
(3) SECOND Bachelor's degree	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's college of Education, school of Education, or department of Education  <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(4) SECOND Master's degree	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's college of Education, school of Education, or department of Education  <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(5) Educational specialist or professional diploma (at least one year beyond a master's level)	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's college of Education, school of Education, or department of Education  <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(6) Certificate of Advanced Graduate Studies	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's college of Education, school of Education, or department of Education  <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(7) Doctorate or first professional degree (Ph.D., Ed.D., M.D., J.D., D.D.S.)	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's college of Education, school of Education, or department of Education  <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <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.

- Yes
- 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.

- Yes →
- No

**How many courses?**

🍏 Mark (X) only one box.

- 1 or 2 courses
- 3 or 4 courses
- 5 to 9 courses
- 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.

- Yes →
- No

**How many courses?**

🍏 Mark (X) only one box.

- 1 or 2 courses
- 3 or 4 courses
- 5 to 9 courses
- 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?**

- Yes
- No

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

**a. Classroom management techniques?**

- Yes
- No

**b. Lesson planning?**

- Yes
- No



**3-8.** *Continued –*

**c. How to assess learning?**

Yes

No

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

Yes

No

**e. How to serve students from diverse economic backgrounds?**

Yes

No

**f. How to serve students with special needs?**

Yes

No

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

Yes

No

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

Yes

No → *GO TO Section 4 on page 21.*



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

🍏 *Mark (X) only one box.*

1

2

3 or more

**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.*

4 weeks or less

5-7 weeks

8-11 weeks

12 weeks or more



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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

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 your student teaching was in more than one classroom, report the total number of times you received feedback across all assignments.

🍎 Mark (X) only one box.

Never

1 or 2 times

3 or 4 times

5 to 7 times

8 or more times

#### YOUR COMMENTS



## 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.

- Regular or standard state certificate or advanced professional certificate
- Certificate issued after satisfying all requirements except the completion of a probationary period (in some states this is called a probationary certificate)
- 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)
- 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)
- 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 special education or 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 (X) all three grade ranges.

(1) Content Area	(2) Grade Range of Certificate (mark (X) all that apply)
Content Area Code <input style="width: 100%; height: 20px;" 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 <input type="checkbox"/> At least one of grades 9-12
Content Area Label <input style="width: 100%; height: 20px;" type="text"/>	

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

Yes → GO TO item 4-1d on page 23.

No → GO TO item 4-2a on page 23.

### YOUR COMMENTS



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

**General Education Codes and Labels**

<b>Elementary Education</b>	115	Early childhood special education
101 Early childhood or Pre-K, general	116	Emotionally disturbed or behavior disorders
102 Elementary grades, general	117	Learning disabilities
103 Middle grades, general	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
<b>Special Education</b>	122	Speech or language impaired
111 Special education, general	123	Traumatically brain-injured
112 Autism	124	Visually impaired
113 Deaf and hard-of-hearing	125	Other special education
114 Developmentally delayed	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
142 Art History	221 Anthropology
143 Dance	222 Area or ethnic studies (excluding Native American studies)
144 Drama or theater	225 Economics
145 Music	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
<b>Foreign Languages</b>	246 Construction trades, engineering, or science technologies (including CADD and drafting)
171 French	247 Mechanics and repair
172 German	249 Manufacturing or precision production (electronics, metalwork, textiles, etc.)
173 Latin	250 Communications and related technologies (including design, graphics or printing; not including computer science)
174 Spanish	253 Personal and public services (including culinary arts, cosmetology, child care, social work, protective services, custodial services, and interior design)
175 Other foreign language	254 Family and consumer sciences education
<b>Health Education</b>	255 Industrial arts or technology education
181 Health education	256 Other career or technical education
182 Physical education	<b>Miscellaneous</b>
<b>Mathematics and Computer Science</b>	262 Driver education
190 Mathematics	263 Humanities or Liberal studies
197 Computer science	264 Library or Information science
200 Statistics and probability	265 Military science or ROTC
<b>Natural Sciences</b>	266 Philosophy
210 Science, general	267 Religious studies, theology or divinity
211 Biology or life sciences	<b>Other</b>
212 Chemistry	268 Other
213 Earth sciences	
216 Physical sciences	
217 Physics	
218 Other natural sciences	



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 range(s), mark (X) all three ranges.

Additional Content Area	Grade Range of Certificate (mark (X) all that apply)
<p>(1) Content Area Code  <input type="text"/></p> <p>Content Area Label  <input type="text"/></p>	<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 one of grades 9-12</p>
<p>(2) Content Area Code  <input type="text"/></p> <p>Content Area Label  <input type="text"/></p>	<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 one of grades 9-12</p>
<p>(3) Content Area Code  <input type="text"/></p> <p>Content Area Label  <input type="text"/></p>	<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 one of grades 9-12</p>
<p>(4) Content Area Code  <input type="text"/></p> <p>Content Area Label  <input type="text"/></p>	<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 one of grades 9-12</p>

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

- Yes
- 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.

- Regular or standard state certificate or advanced professional certificate
- Certificate issued after satisfying all requirements except the completion of a probationary period (in some states this is called a probationary certificate)
- 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)
- 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 (X) all three grade ranges.*

(1) Content Area	(2) Grade Range of Certificate (mark (X) all that apply)
Content Area Code <input type="text"/> Content Area Label <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 <input type="checkbox"/> At least one of grades 9-12

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

Yes  
 No → GO TO item 4-3 on page 25.

**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 from Table 3 on page 22.*

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

Additional Content Area	Grade Range of Certificate (mark (X) all that apply)
<b>(1)</b> Content Area Code <input type="text"/> Content Area Label <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 <input type="checkbox"/> At least one of grades 9-12
<b>(2)</b> Content Area Code <input type="text"/> Content Area Label <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 <input type="checkbox"/> At least one of grades 9-12
<b>(3)</b> Content Area Code <input type="text"/> Content Area Label <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 <input type="checkbox"/> At least one of grades 9-12
<b>(4)</b> Content Area Code <input type="text"/> Content Area Label <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 <input type="checkbox"/> At least one of grades 9-12





- 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.)

Yes

No

**YOUR COMMENTS**



## 5. EARLY CAREER EXPERIENCES

**5-1. Was your FIRST year of teaching before the 2010-2011 school year?**

Yes → *GO TO SECTION 6 on page 31.*

No



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

**🍏 Mark (X) only one box.**

Student at a college or university

Caring for family members

Working as a substitute teacher → *GO TO item 5-5 page 27.*

Teaching in a preschool

Teaching at a college or university

Working in a position in the field of education, but not as a teacher

Working in an occupation outside the field of education → *GO TO item 5-4a below.*

Military service

Unemployed and seeking work → *GO TO item 5-5 page 27.*

Retired from another job



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

**🍏 Mark (X) only one box.**

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

Counselor

Library media specialist/librarian

Coach

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

Instructional aide

Noninstructional support staff (e.g., secretary)

**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.**

**5-4b. What were your most important activities or duties on that job?**

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



**5-4c. How would you classify yourself on that job?**

🍏 *Mark (X) only one box.*

- An employee of a PRIVATE company, business, or individual for wages, salary, or commission
- A FEDERAL government employee
- A STATE government employee
- A LOCAL government employee
- SELF-EMPLOYED in your own business, professional practice, or farm
- Working WITHOUT PAY in a family business or farm
- 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.*

	🍏 <i>Mark (X) one box on each line.</i>			
	Not at all prepared	Somewhat prepared	Well prepared	Very well prepared
a. Handle a range of classroom management or discipline situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use a variety of instructional methods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Teach your subject matter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use computers in classroom instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Assess students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Differentiate instruction in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Use data from student assessments to inform instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Teach to state content standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Teach students who are limited-English proficient [LEP] or English-language learners [ELLs]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Teach students with special needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.*

- Yes
- 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**

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

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**

Yes

No

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

Yes

No

**YOUR COMMENTS**

**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.*

- Yes
- 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?**

- At least once a week
- Once or twice a month
- A few times a year
- Never

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

- Yes
- 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**

- Yes
- No

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

- Yes
- No

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

- Yes
- No

**d. Demonstrated lessons**

- Yes
- No

**e. Shared curriculum and instructional ideas**

- Yes
- No



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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

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.*

Not at all

To a small extent

To a moderate extent

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

### YOUR COMMENTS



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

**a. Coach a sport?**

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

**6-5. In the LAST SCHOOL YEAR (2013-14), 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





## 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?

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

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

### YOUR COMMENTS



## 7-3. 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 school administration's behavior toward the staff is supportive and encouraging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am satisfied with my teaching salary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I receive a great deal of support from parents for the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Necessary materials such as textbooks, supplies, and copy machines are available as needed by the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Routine duties and paperwork interfere with my job of teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My principal enforces school rules for student conduct and backs me up when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of my colleagues share my beliefs and values about what the central mission of the school should be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The principal knows what kind of school he or she wants and has communicated it to the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. There is a great deal of cooperative effort among the staff members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. In this school, staff members are recognized for a job well done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. State or district content standards have had a positive influence on my satisfaction with teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I am given the support I need to teach students with special needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. The amount of student tardiness and class cutting in this school interferes with my teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I am generally satisfied with being a teacher at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I make a conscious effort to coordinate the content of my courses with that of other teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Student absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Student class cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Students dropping out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Student apathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Lack of parental involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Students come to school unprepared to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Poor student health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The teachers at this school like being here; I would describe us as a satisfied group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I like the way things are run at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If I could get a higher paying job I'd leave teaching as soon as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I think about transferring to another school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I don't seem to have as much enthusiasm now as I did when I began teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I think about staying home from school because I'm just too tired to go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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

🍏 *Mark (X) only one box.*

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

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

- Yes
- No → *GO TO item 7-8a below.*

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

- Yes
- 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?**

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

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

- Yes
- 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 school or any other school?**

Yes →

How much?

\$  ,  .00

No

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

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

Yes

No



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

Yes →

How much?

\$  ,  .00

No

**(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?**

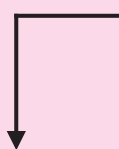
Yes →

How much?

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

\$  ,  .00

No



**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.

Yes →

**How much?**

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

No

\$  ,  .00



**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.

Yes →

**How much?**

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

No

\$  ,  .00



**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.

Yes →

**How much?**

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

No

\$  ,  .00



**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.

Yes →

**How much?**

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

No →

GO TO item 8-8  
on page 39.

\$  ,  .00

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

🍏 Mark (X) only one box.

Teaching or tutoring

Non-teaching, but related to teaching field

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 amounts in whole dollars.

- Yes →
- No

**How much?**  
 🍏 Record amount, then GO TO item 8-9 below.

\$  .00

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

- Yes
- No

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

- Yes
- No → GO TO item 8-11 below.

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

- Yes
- No

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

- Male
- Female

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

🍏 Mark (X) only one box.

- Now married → GO TO item 8-13 on page 40.
- Widowed
- Separated
- Divorced
- Never married

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

- Yes
- No → GO TO item 8-13 on page 40.

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

- Yes
- No



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

- Yes
- No

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

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

- White
- Black or African-American
- Asian
- Native Hawaiian or Other Pacific Islander
- 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

Suffix

- b. Spouse's First Name

Spouse's Middle Name

Spouse's Last Name

- c. Street Address

- d. City

- e. State

- f. ZIP Code + 4





- 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?

- Name entered in part a
- Other – please specify 

- i. Work e-mail address

- j. Home e-mail address



**9-2. Continued – 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?

Name entered in part a

Other – please specify ↘

i. Work e-mail address

j. Home e-mail address



**9-3. Please enter the date you completed this questionnaire.**

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

Month

Day

Year

**9-4. 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: 1-888-595-1338 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>



