**PTAC Focus Group Participant Screening Questionnaire**

**Paperwork Reduction Act Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1880-0542. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. If you have comments or concerns regarding the status of your individual submission of this form, application or survey, please contact: Family Policy Compliance Office, 400 Maryland Ave., SW, Washington, D.C. 20202-8520 directly.

Email Address:

Gender:

Age:

* 18-25
* 26-39
* 40-55
* 55+

**Occupation/Role (choose one):**

* Teacher
	+ What do you teach? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ How long have you been teaching? \_\_\_\_\_\_\_\_\_
* School Administrator
* District IT Staff
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Familiarity with Student Privacy Issues:**

* Expert knowledge
* I know enough to get by
* I have a lot to learn
* Not familiar at all

**Previous Student Privacy or FERPA Training:**

Have you had student privacy or FERPA training before?

* No
* Yes

If Yes, please answer for your most recent training:

Type of training course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(e.g. online, in person)

Length of course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who provided the training or taught the class?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When did you most recently receive training on this topic?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you taken training multiple times for Student Privacy or FERPA?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your school type:**

**Part I**

Is your school a public school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II**

* Elementary
* Middle School/Junior High School
* High School
* Other (please indicate grade range) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Location Characteristics:**

School zip code\_\_\_\_\_\_\_\_\_\_\_\_\_

* Rural School
* Urban School
* Suburban School

School District Size:

* Less than 10,000 students
* 10,000-20,000 students
* 20,000-50,000 students
* More than 100,000 students