Supporting Statement for OMB Clearance Request

Appendix O: Instructional Staff Online Survey

Innovative Strategies for Increasing Self-Sufficiency (ISIS) – Follow-up Data Collection

OMB No. 0970-0397

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Submitted by:

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and Evaluation

Administration for Children
and Families

**U.S. Department of Health and Human Services**

# Appendix O: Instructional Staff Online Survey



**Advance email to** **instructional staff**

Dear [name of instructor]:

As you may know, [name of local ISIS program] is participating in the Innovative Strategies for Increasing Self-Sufficiency (ISIS) study. This study is sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) and is being conducted by Abt Associates and its partners. ISIS will assess a range of promising post-secondary career pathways programs that promote the improvement of education, employment and self-sufficiency outcomes for low-skilled and economically disadvantaged adults. I am writing to ask your support and assistance in this important project.

A key feature of the information collection for this study will be an online survey of instructional staff. We are asking instructors like you to complete a brief survey to help us better understand the types of instruction provided as part of [name of local ISIS program]. The survey should take you approximately 30 minutes to complete. It is divided into three areas: instructor background and program involvement, course information and instructional approaches, and professional and program context. Your answers will be kept private. Information you provide will not be shared with program or instructional staff, including your supervisor. Your participation in this survey is completely voluntary, but it is important that we have as much input as possible to ensure an ac*c*urate evaluation of these programs.

Shortly you will receive an email from the ISIS study team providing you with a link to a web-based survey form. The email will be sent from [sender], and it will reference [subject line] in the “Subject” line. The email will also contain a toll free number and email address for you to send any questions or concerns about the survey. Thank you in advance for your assistance in completing this survey and providing important information to the study. With your help, we will have better information about the practices of participating ISIS programs across the nation.

Sincerely,

Abt Associates ISIS Project Director

*The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to supplement information gathered during on-site visits. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397).*



**Innovative Strategies for Increasing Self-Sufficiency (ISIS)**

**Instructional Staff Survey**

As you may know, [name of local ISIS program] is participating in the Innovative Strategies for Increasing Self-Sufficiency (ISIS) study. This study is sponsored by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) and is being conducted by Abt Associates and its partners. The study will assess a range of promising post-secondary career pathways programs that promote the improvement of education, employment, and self-sufficiency for low-skilled and economically disadvantaged adults. I am writing to enlist your support and assistance in this important project..

 As part of the ISIS study, we are asking staff involved in instructional services to participants to complete a brief survey to help us better understand the types of instruction provided as part of [name of local ISIS program] and the contexts in which this instruction is provided. The survey should take you approximately 30 minutes to complete and is divided into three areas: instructor background and program involvement, course information and instructional approaches, and professional and program context.

Your answers will be kept private. Information you provide will not be shared with other program or instructional staff, including your supervisor. Only the evaluation team will have access to the information you provide through this survey. Your name will not be listed in any published reports, and comments will not be attributed to you. Instead, your responses will be combined with information provided by others. Your responses to these questions are completely voluntary. We hope you will choose to complete all of the questions on the survey, but you may choose to skip any question you do not feel comfortable answering. Thank you in advance for your assistance in completing this survey and providing important information to the study.

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*The Paperwork Reduction Act Burden Statement: This collection of information is voluntary and will be used to supplement information gathered during on-site visits. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-0397).*

**Part A. Instructor Background and Program Involvement**

*Please complete the requested information below or select the category for each item that best describes your background.*

**1. What is your title in your current position with [name of local ISIS program]?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. What is the name of your employer?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3a. How long have you been working in this position of [title from Q1.] or a similar one at [name of local ISIS program]?**

\_\_\_\_\_ years \_\_\_\_\_ months

**3b. On average, what percent of your time do you spend on [name of local ISIS program]? (Please enter a response from 1-100.)**

**\_\_\_\_\_\_\_\_% of your time**

**4. Are you male or female?**

🞎 Male

🞎 Female

**5. What is your age?** \_\_\_\_\_\_\_ years

**6. Are you of Hispanic, Latino, or Spanish Origin?**

**(Please select only one answer.)**

🞎 No, not of Hispanic, Latino, or Spanish origin

🞎 Yes, Mexican, Mexican American, Chicano

🞎 Yes, Puerto Rican

🞎 Yes, Cuban

🞎 Yes, another Hispanic, Latino, or Spanish origin

**7. What is your race?**

**(You may select one or more answers.)**

🞎 White

🞎 Black or African American

🞎 American Indian or Alaska Native

🞎 Native Hawaiian or other Pacific Islander

🞎 Asian

**8. What is the highest level of education you have completed?**

**(Please select only one answer.)**

🞎 Some high school (no diploma/no GED)

🞎 High school diploma or GED

🞎 Some college (no degree)

🞎 Associate’s Degree

🞎 Bachelor’s Degree

🞎 Master’s degree

🞎 Doctoral degree or equivalent

🞎 Other *(Please specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Have you earned a post-secondary degree in any of the following academic areas?**

**(Please select all that apply. If you have not earned a degree in an academic area, leave it blank.)**

| **Academic Area** | **Degree Earned**  |
| --- | --- |
|  | Associate’s Degree | Bachelor’s Degree | Master’s Degree | Doctoral Degree |
| 9a. Adult Education |  |  |  |  |
| 9b. Business |  |  |  |  |
| 9c. Communication Arts |  |  |  |  |
| 9d. Education |  |  |  |  |
| 9e. Education/Elementary School |  |  |  |  |
| 9f. Education/Middle School |  |  |  |  |
| 9g. Education/Secondary School |  |  |  |  |
| 9h. Education/Reading |  |  |  |  |
| 9i. Special Education |  |  |  |  |
| 9j. Engineering |  |  |  |  |
| 9k. English |  |  |  |  |
| 9l. ESL |  |  |  |  |
| 9m. Guidance/Counseling |  |  |  |  |
| 9n. History |  |  |  |  |
| 9o. Language/Linguistics |  |  |  |  |
| 9p. Mathematics |  |  |  |  |
| 9q. Science (i.e., Biology, Botany, Chemistry, Physics, Health Sciences, Nursing) |  |  |  |  |
| 9r. Social Science (i.e., Anthropology, Economics, Political Science, Sociology, Psychology) |  |  |  |  |
| 9s. Social Work |  |  |  |  |
| 9t. Other academic area *(Please specify)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

**10. In addition to these post-secondary degrees, do you hold any educational certifications?**

🞎 Yes

🞎 No

**11. If yes, please specify the subject area in which you are certified and the type of certification you hold.** **You may include temporary or emergency certifications. Please do not include certifications that are in progress.**

| **Subject Area** | **Type Certification** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**12. On average, how many hours per week do you spend per course preparing for the class that [name of local ISIS program] participants attend?**

🞎 Less than 1 hour

🞎 1 to less than 3 hours

🞎 3 to less than 5 hours

🞎 5-10 hours

🞎 more than 10 hours

**13. How much total work experience (including your current and prior positions) do you have in teaching courses similar to those you instruct as part of [name of local ISIS program]?**

**(Please select only one answer.)**

🞎 More than 5 years

🞎 3 to 5 years

🞎 1 to less than 3 years

🞎 Less than 1 year

**14. In your position of [insert title from Q1] at [program or college name], are you a:**

**(Please select only one answer.)**

🞎 Full-time, tenured instructor

🞎 Full-time, non-tenured instructor

🞎 Part-time instructor

🞎 Adjunct or Contract instructor

**15. If part-time or adjunct/contract, are you paid:**

🞎 Per course

🞎 Per instructional hour

🞎 Other (*please specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16. Are you compensated for the time you spend preparing for class?**:

🞎 No, I am not paid for my time spent preparing for class

🞎 Yes, I am paid for my time spent preparing for class

**17a. Do you receive any fringe benefits (e.g., paid time off, health insurance) as part of your employment with [name of employer/ISIS program]?**

🞎 Yes

🞎 No

**17b. If yes, please select all that apply:**

🞎 Paid vacation

🞎 Health insurance

🞎 Life insurance

🞎 Sick leave

🞎 Tuition reimbursement

🞎 Free or discounted tuition

🞎 Other *(Please specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**18a. Are professional development opportunities (e.g., workshops or training) available to you as part of your job as an instructor?**

🞎 Yes

🞎 No

**18b. If yes, please select all that apply.**

🞎 Workshops/Trainings

🞎 Professional conferences

🞎 Professional association memberships or journal subscriptions

🞎 Online learning resources

🞎 Mentoring/Coaching

🞎 Learning communities or listservs

🞎 Other *(Please specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**19. Are the majority of the professional development opportunities available to you:**

**(Please select the one answer that is most accurate.)**

🞎 Paid by your employer and available during your normal work hours

🞎 Paid by your employer, but on personal time

🞎 Available at a cost to you, but provided time during work hours to attend/use

🞎 Available at a cost to you, on personal time

**20. How often do you attend/participate in professional development activities?**

🞎 More than 5 times per year

🞎 3-5 times per year

🞎 1-2 times per year

🞎 Never

**Part B. Course Information and Instructional Approaches**

**Please complete the requested information below or select the category for each item that best describes your involvement or approach, with respect to [name of local ISIS program].**

**21. How many courses do you teach in [name of local ISIS program]?**

\_\_\_\_\_ # courses

**22. What are the names of the courses you teach in [name of local ISIS program]?**

| **Course Name** |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**23. How many sessions of each course do you teach per week?**

[Auto-populate with course names from item 22]

| **Course Name** | **Number of Sessions** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**24. What is the number of students enrolled for each of the sessions?**

[Auto-populate with course names from item 22]

| **Course Name** | **Number Enrolled** |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**25. Which of the following types of courses do you teach as part of [name of local ISIS program]? (You may select more than one answer.)**

🞎 Adult Basic Education (ABE)

🞎 Developmental Education

🞎 English as a Second Language (ESL)

🞎 Vocational or Occupational Training (standalone)

🞎 Vocational or Occupational Training Combined with Basic Skills or ESL

🞎 College/career readiness

🞎 Academic subject area (e.g., chemistry, biology, algebra, etc.)

🞎 Other *(Please specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**26a. If you teach vocational/occupational or academic courses, do you include or integrate basic skills instruction?**

🞎 Yes

🞎 No

[If no, skip to 27a]

**26b. Which basic skills do you include?**

**(Please select all that apply)**

🞎 Math

🞎 Reading

🞎 Writing

**26c. Using a scale of 1 to 7, where 1 = No Integration and 7 = High Level of Integration (every day), to what extent do you integrate basic skills instruction with vocational/occupational training in the courses you teach as part of [name of local ISIS program]?**

| **Scale** |
| --- |
| **1****No Integration** | **2** | **3** | **4** | **5** | **6** | **7****High Level of Integration****(every day)** |

**26d. Using a scale of 1 to 7, where 1 = Never and 7 = All the Time, to what extent do you use the following methods to include basic skills instruction as part of the vocational/occupation training you provide?**

|  | **Scale** |
| --- | --- |
|  | **1****Never** | **2** | **3** | **4** | **5** | **6** | **7****All the Time** |
| 1. I teach separate parts or sections of the vocational/occupational class that focus on basic skills
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. I teach separate basic skills classes to students in my vocational/occupational classes
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. I integrate basic skills directly into training content
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. I provide basic skills-focused tutoring outside of class
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. I collaborate with another instructor who provides basic skills instruction as part of my course
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Other *(Please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**26e. Are courses co- taught (i.e., using instructor pairs or “team teaching” with one focused on basic skills and the other on career and technical training)?**

🞎 Yes

🞎 No

[If no, skip to 27a]

**26f. Using a scale of 1 to 7, where 1 = Never and 7 = All the Time, how frequently are both the basic skills instructors and technical instructors/occupational teaching together in the class (during the same session)?**

| **Scale** |
| --- |
| **1****Never** | **2** | **3** | **4** | **5** | **6** | **7****All the time** |

**27a. If you teach adult basic education, ESL or development education, do you include or integrate vocational/occupational content into your course?**

🞎 Yes

🞎 No

[If no, skip to 28a]

**27b. Using a scale of 1 to 7, where 1 = No Integration and 7 = High Level of Integration (done every day), to what extent do you integrate vocational/occupational or academic content into basic skills training in the courses you teach as part of [name of local ISIS program]?**

| **Scale** |
| --- |
| **1****No Integration** | **2** | **3** | **4** | **5** | **6** | **7****High Level of Integration****(every day)** |

**27c. Using a scale of 1 to 7, where 1 = Never and 7 = All the Time, to what extent do you use the following methods to include vocational/occupation content in the basic skills training you provide?**

|  | **Scale** |
| --- | --- |
|  | **1****Never** | **2** | **3** | **4** | **5** | **6** | **7****All the Time** |
| 1. I use examples from an occupational or academic field
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. I have guest speakers from the field
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Other *(Please specify):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**28a. On average, how frequently are the classes you teach as part of [name of local ISIS program] held during the day?**

🞎 More than once per week

🞎 Weekly

🞎 2-3 times per month

🞎 Once a month

🞎 About once a quarter

🞎 Infrequently, maybe once per year

🞎 Never

**28b. On average, how frequently are the classes you teach as part of [name of local ISIS program] held in the evening?**

🞎 More than once per week

🞎 Weekly

🞎 2-3 times per month

🞎 Once a month

🞎 About once a quarter

🞎 Infrequently, maybe once per year

🞎 Never

**28c. On average, how frequently are the classes you teach as part of [name of local ISIS program] held on the weekend?**

🞎 More than once per week

🞎 Weekly

🞎 2-3 times per month

🞎 Once a month

🞎 About once a quarter

🞎 Infrequently, maybe once per year

🞎 Never

**29. Considering all of the courses you teach in a typical week as part of [name of local ISIS program], what percent of your classes are “accelerated” or “compressed” in time to allow participants to complete the course in a shorter time period?**

| **Scale** |
| --- |
| **1****None** | **2** | **3** | **4** | **5** | **6** | **7****All**  |

**30. Using a scale of 1 to 5, where 1 = Never and 5 = All the Time, how frequently do you use each of the following learning environments while teaching [course name from item 22] as part of [name of local ISIS program]?**

[Program with a loop function to separately query each course listed in item 22.]

|  |  |
| --- | --- |
|  | **Scale** |
|  | **1****Never** | **2****Rarely** | **3****Sometimes** | **4****Often** | **5****All the Time** |
| 1. Individual Instruction (e.g., one-on-one tutoring or individuals working by themselves with materials)
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Small group instruction within a classroom (for fewer than 8 learners *within a larger classroom*)
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Small group instruction (for fewer than 8 learners at one time)
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Classroom style instruction (8 or more learners at one time in a whole group)
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Computer-assisted instruction within a classroom environment
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Multi-media learning labs or centers
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Real or simulated workplace settings
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Other *(Please specify)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**31. Using a scale of 1 to 5, where 1 = Never and 5 = All the Time, how frequently do you use each of the following instructional approaches while teaching [course name from item 22] as part of [name of local ISIS program]?**

[Note: anticipate providing descriptions of each approach in web format]

[Program with a loop function to separately query each course listed in item 22.]

|  |  |
| --- | --- |
|  | **Scale** |
|  | **1****Never** | **2****Rarely** | **3****Sometimes** | **4****Often** | **5****All the Time** |
| 1. Didactic (lecture-based)
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Seminar style with interaction
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Group work
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Experiential learning outside of the classroom
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Experiential learning inside of the classroom
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Project-based learning
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Computer-based/online learning
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Exercises/assignments that are self-paced
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**32. Using a scale of 1 to 5, where 1 = Never and 5 = All the Time, how frequently do you use each of the following instructional supports as part of [name of local ISIS program]?**

[Note: anticipate providing descriptions of each approach in web format]

[Program with a loop function to separately query each course listed in item 22.]

|  |  |
| --- | --- |
|  | **Scale** |
|  | **1****Never** | **2****Rarely** | **3****Sometimes** | **4****Often** | **5****All the Time** |
| 1. Tutoring
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Ad hoc sessions on specific topics
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Study groups
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Study skills classes
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Time management classes
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**33. Using a scale of 1 to 7, where 1 = None of My Time and 7 = Most of My Time, how much time do you spend on each of the following activities?**

|  |  | **Scale** |
| --- | --- | --- |
| **Domain** |  | **1****None of My Time** | **2** | **3** | **4** | **5** | **6** | **7****Most of My Time** |
| Academic Advising | 1. Advising on admissions requirements or pre-requisites
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Academic Advising | 1. Obtaining and reviewing academic assessment results
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Academic Advising | 1. Monitoring of participants’ day-to-day academic progress
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Non-Academic Advising | 1. Advising on students’ personal issues and needs
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Non-Academic Advising | 1. Advising or assistance with financial aid or scholarships
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Non-Academic Advising | 1. Referring or connecting to support services (childcare, TANF, SNAP, transportation, housing, etc.)
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Non-Academic Advising | 1. Assistance with developing skills needed for success at school, work, and other areas of life (either in a group setting or individually)
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Career Advising | 1. Career goal development
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Career Advising | 1. Advising on career choices
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Employment Assistance | 1. Assistance with internships/externships/clinical placements
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Employment Assistance | 1. Resume preparation
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Employment Assistance | 1. Identifying job openings for students
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Employment Assistance | 1. Referring to job search/placement services
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Employment Assistance | 1. Mock interviewing
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Other | 1. Other *(Please specify)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**34a. Do you find that you need to make changes to the course(s) you teach as part of [name of local ISIS program]?**

🞎 Yes

🞎 No

**34b. If yes, when do you typically implement the changes?**

**(Please select the one answer that is most accurate.)**

🞎 While the course is being taught (i.e., during the semester)

🞎 After the course is completed (i.e., in advance of the next term or semester)

🞎 Other *(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[For 35a, 35b, 35c: Program with a loop function to separately query each course listed in item 22]

**35a. Does completion of your course, [name of course from Q22], result in the achievement of a specific certificate or credential?**

🞎 Yes

🞎 No

**35b. If yes, please specify the certificate or credential awarded for [name of course from Q22]**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**35c. What is required of students for successful completion of your course, [name of course from Q22]?**

**(You may select more than one answer.)**

🞎 Attendance standard

🞎 Completion of homework

🞎 Completion of special projects

🞎 Successful completion of coursework

🞎 Specific Grade

**36. Using a scale of 1 to 7, where 1 = Never and 7 = All the Time, if a student is having academic problems how frequently do you use the following strategies?**

|  | **Scale** |
| --- | --- |
|  | **1****Never** | **2** | **3** | **4** | **5** | **6** | **7****All the Time** |
| 1. Spend more time in class with the student
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Spend time outside of class with the student
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Refer the student to a tutor
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Refer the student to an academic advisor/case manager
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**37. If a student is having personal problems, please indicate on scale of 1 to 7 which strategies you use:**

|  | **Scale** |
| --- | --- |
|  | **1****Never** | **2** | **3** | **4** | **5** | **6** | **7****All the Time** |
| 1. Work with the student to address the personal problems
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Refer the student to another staff person in this organization
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 1. Refer the student to an outside organization
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**38. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please respond to the following statements:**

|  |  |
| --- | --- |
|  | **Scale** |
|  | **1****Strongly Disagree** | **2** | **3** | **4**  | **5****Strongly Agree**  |
| a. Staff in this program make an effort to get to know the students well. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| b. Staff in this program make an effort to learn about students’ personal and family situations. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| c. Staff in this program closely monitor the academic progress of students. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| d. Staff in this program make an effort to learn about students’ career and employment goals. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

**39**. **Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how much you agree or disagree with the following statement:**

**If people in my job do good work, we can really improve the lives of students.**

|  |
| --- |
| **Scale** |
| **1****Strongly Disagree** | **2**  | **3** | **4**  | **5****Strongly Agree**  |

**40. Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how much you agree or disagree with the following statement:**

**The goal of my class is for students to get a job when they are done.**

|  |
| --- |
| **Scale** |
| **1****Strongly Disagree** | **2**  | **3** | **4**  | **5****Strongly Agree**  |

**41. In your opinion, which three of the following personal problems or challenges stand in the way most frequently of students’ successfully completing the program?**

**(Please select up to three answers.)**

🞎 Motivational issues

🞎 Mental health issues

🞎 Substance abuse issues

🞎 Physical health issues

🞎 Domestic violence issues

🞎 Other domestic issues (e.g., marital or relationship issues)

🞎 Child care or dependent care issues

🞎 Transportation problems

🞎 Child behavioral issues

🞎 Homelessness or housing problems

🞎 Criminal history

🞎 Legal problems

🞎 Financial issues

🞎 Other *(Please specify):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**42.** **In your opinion, does your program offer sufficient support services to students with the following issues?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t Know** |
| 1. Motivational issues
 | 🞎 | 🞎 | 🞎 |
| 1. Mental health issues
 | 🞎 | 🞎 | 🞎 |
| 1. Substance abuse issues
 | 🞎 | 🞎 | 🞎 |
| 1. Physical health issues
 | 🞎 | 🞎 | 🞎 |
| 1. Domestic violence issues
 | 🞎 | 🞎 | 🞎 |
| 1. Other domestic issues (e.g., marital or relationship issues)
 |  |  |  |
| 1. Child care or dependent care issues
 | 🞎 | 🞎 | 🞎 |
| 1. Transportation problems
 | 🞎 | 🞎 | 🞎 |
| 1. Child behavioral issues
 | 🞎 | 🞎 | 🞎 |
| 1. Homelessness or housing problems
 | 🞎 | 🞎 | 🞎 |
| 1. Criminal history
 | 🞎 | 🞎 | 🞎 |
| 1. Legal problems
 | 🞎 | 🞎 | 🞎 |
| 1. Financial issues
 | 🞎 | 🞎 | 🞎 |
| 1. Other *(Please specify)*:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 | 🞎 | 🞎 |

**Part C. Professional and Program Context**

**Using a scale of 1 to 5, where 1 = Strongly Disagree and 5 = Strongly Agree, please rate how strongly do you agree or disagree with each of the following statements about your experiences as an instructor at [name of local ISIS program]?**

| * **Domain**
 | **Item** | **Scale** |
| --- | --- | --- |
| **1****Strongly Disagree** | **2** | **3** | **4** | **5 Strongly Agree** |
| * Staffing
 | 1. Frequent staff turnover is a problem for your program.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Staffing
 | 1. Staff in your program are able to spend the time needed with students.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Staffing
 | 1. Staff in your program have the skills they need to do their jobs.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Staffing
 | 1. Your program has enough staff to meet current student need.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Staffing
 | 1. Staff in your program are well-trained.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Staffing
 | 1. A larger student services support staff (e.g., advisors, case managers) is needed to help meet needs at your program.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Training
 | 1. Instructor training and professional development are priorities in your program.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Training
 | 1. You learned new skills or techniques at a professional training in the past year.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Training
 | 1. Your program holds regular in-service training for staff.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Training
 | 1. The budget in your program allows staff to attend professional training.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Supervision
 | 1. Your program is managed well.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Supervision
 | 1. Your program has supervisors who are capable and qualified.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Supervision
 | 1. When needed, program supervisors devote much time and attention to supervision.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Supervision
 | 1. Management decisions for your program are well planned.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Supervision
 | 1. You have confidence in how decisions at your program are made.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Supervision
 | 1. You meet frequently with supervisors about student needs and progress.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Supervision
 | 1. Staff concerns are ignored by management when making decisions about your program.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Growth
 | 1. Keeping your knowledge and skills up-to-date is a priority for you.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Growth
 | 1. You do a good job of regularly updating and improving your skills.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Growth
 | 1. You regularly read professional articles or books in your field of expertise.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Growth
 | 1. You review new techniques or updates in the field regularly.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Satisfaction
 | 1. You are satisfied with your present job.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Satisfaction
 | 1. You feel appreciated for the job you do.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Satisfaction
 | 1. You give high value to the work you do.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Satisfaction
 | 1. You are proud to tell others where you work.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Satisfaction
 | 1. You like the people you work with.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Satisfaction
 | 1. You would like to find a job somewhere else.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Mission
 | 1. Some staff members seem confused about the main goals for your program.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Mission
 | 1. Your duties are clearly related to the goals for your program.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Mission
 | 1. Your program operates with clear goals and objectives.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Mission
 | 1. Management for your program has a clear plan for its future.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Stress
 | 1. The heavy staff workload reduces the effectiveness of your program.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Stress
 | 1. You are under too many pressures to do your job effectively.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Stress
 | 1. Staff members at your program often show signs of high stress and strain.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| * Stress
 | 1. Staff frustration is common where you work.
 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

Thank you for your time in filling out this questionnaire.