

APPENDIX C
TEACHER SURVEY

- 1. Teacher Letter**
- 2. Teacher Questionnaire**

TEACHER SURVEY COVER LETTER

Dear [TEACHER NAME]:

Your school is participating in the national Evaluation of the Teacher Incentive Fund (TIF) conducted by xxxxxxxxxxxx for the U.S. Department of Education. This important study will produce valuable information on the impact of performance-based incentive programs on student achievement and teacher and principal mobility.

As part of the study, a sample of teachers is being asked to complete a Web-based survey this spring 2015. You have been selected to be included in this sample. The survey will take about 30 minutes of your time. The survey is designed to learn about teachers' understanding of the TIF program, your attitude toward it, as well as to collect demographic characteristics, educational background, and professional experience information.

While your participation is voluntary, the information collected from teachers like you will be extremely important to the study's findings. We will mail you a check for \$20 in appreciation of your participation upon receipt of the completed survey this year and each subsequent year.

The information you provide in this survey will be kept strictly confidential and will not be shared with anyone outside the study team. District officials, principals, and school staff will not have access to the survey's data. Responses will be presented only in aggregate form and will not identify any individual or school.

Please use the information below to access the TIF teacher survey.

Go to <https://www.xxxxxxxx.org/>

At the login screen, enter the following:

Login ID: [username]

Password: [password]

If you have any questions, please contact xxxxxxxxx, the deputy survey director, toll free at xxx-xxx-xxxx, or by email at xxxxxxxxxxxx.

Thank you for your cooperation and participation in this important study.

Sincerely,

xxxxxxxxxxxxxxxxxxxxxxxxxxxx

Survey Director

OMB Control No.:
Expiration Date:

[Program Name]

U.S. DEPARTMENT OF EDUCATION NATIONAL TEACHER INCENTIVE FUND EVALUATION

SURVEY OF TEACHERS SPRING 2015



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

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

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 **1850-0876**. Public reporting burden for this collection is estimated to average 30 minutes per respondent, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. The obligation to respond to this collection is voluntary. If you have any comments or concerns regarding the status of your individual submission of this survey, please contact (U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Ave, NW, Washington, DC 20208) directly. (Note: Please do not return the completed survey to this address).

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

We would like you to know that:

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

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

Thank you very much for your help with this survey.

A. EDUCATION, CERTIFICATION, AND CURRENT EMPLOYMENT STATUS



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

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

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

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

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

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

IN EACH ROW, MARK ONE BOX IN COLUMN A. IF YES, COMPLETE COLUMNS B TO D

	A. D O Y O U H A V E T H I S D E G R E E? 1 <input type="checkbox"/>	B. NAME, CITY, AND STATE OF AWARDING INSTITUTION	C · M A J O R C O D E	D. Y E A R A W A R D E D
a. Bachelor's degree.....	1 <input type="checkbox"/> Ye s	_____ _____	 — 	 —
b. Master's degree.....	1 <input type="checkbox"/> Ye s	_____ _____	 — 	 —
c. Doctorate degree.....	1 <input type="checkbox"/> Ye s	_____ _____	 — 	 —
d. Other degree (Specify):..... _____	1 <input type="checkbox"/> Ye s	_____ _____	 — 	 —

Field of Study Codes

General Education

Elementary Education

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

Secondary Education

- 103 Middle grades, general
- 104 Secondary grades, general

Other Education

- 131 Administration
- 132 Counseling and guidance
- 133 Educational psychology
- 134 Policy studies
- 135 School psychology
- 136 Other non-subject matter

110 Special Education

specific education

Subject Matter-Specific

014	Arts and music	020	Natural sciences
015	English and language arts	021	Social sciences (includes history, economics, government, etc.)
016	English as a Second Language (ESL)	022	Vocational, career, or technical education
017	Foreign languages	023	Humanities (includes philosophy, religion)
018	Health or physical education	024	Other
019	Mathematics or computer science		

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

MARK ONE ONLY

- 1** Regular or standard certificate or advanced professional certificate.
- 2** Certificate issued after satisfying all requirements except the completion of a probationary period.
- 3** Certificate that requires some additional college coursework, student teaching, or passage of a test before regular certification can be obtained.
- 4** Certificate issued to persons who must complete a certification program in order to continue teaching. →
- 5** I do not hold any of the above certifications in THIS state. **GO TO QUESTION A5**

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

SELECT ALL THAT APPLY

- 1** Preschool (birth-Pre-K)
- 2** Elementary (K-5)
- 3** Middle grades (6-8)
- 4** Secondary grades (9-12)
- 5** Specific subject areas (K-12) (*Specify*): _____
- 6** Exceptional children (K-12)
- 7** Other (*Specify*): _____

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

MARK ONE ONLY

- 1** Through a traditional teacher certification program as part of a bachelor's degree
- 2** Through a traditional teacher certification program as a "5th year" or master's degree
- 3** Through the Teach For America (TFA) program
- 4** Through an alternative route to certification (other than TFA)
- 5** Other (*Specify*): _____

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

Yes



No **GO TO QUESTION A6**

a. Date obtained or expected | | | | / | | | | |
MONTH YEAR

b. In what discipline is the certification? _____

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

Yes. **For how many years?** | | | | NUMBER

No

A7. Are you currently in a teaching position?



Yes **GO TO QUESTION B1**



No **GO TO QUESTION A8**

A8. Which category best describes your current employment status?

MARK ONE ONLY

Working in the field of education, but not as a teacher (e.g., administrator or counselor) →
GO TO QUESTION A9

Working in a position outside the field of education → **GO TO QUESTION A9**

Working in the home → **GO TO QUESTION A9**

Unemployed (looking for work) → **GO TO QUESTION A9**

Retired **GO TO SECTION F ON PAGE 20**

Taking time off from teaching with intent to return (e.g., maternity or disability leave) →
GO TO SECTION F ON PAGE 20

Other (Specify) _____ → **GO TO QUESTION A9**

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

MARK ONE
BOX IN
EACH ROW

	YES	NO
	1	0
a. To pursue opportunities for professional advancement.....	<input type="checkbox"/>	<input type="checkbox"/>
	1	0
b. To pursue opportunities to earn extra pay.....	<input type="checkbox"/>	<input type="checkbox"/>
	1	0
c. I did not like the way teacher performance was evaluated.....	<input type="checkbox"/>	<input type="checkbox"/>
	1	0
d. Low morale at the school.....	<input type="checkbox"/>	<input type="checkbox"/>
	1	0
e. I was dissatisfied with teaching.....	<input type="checkbox"/>	<input type="checkbox"/>
	1	0
f. The school's participation in [Program Name].....	<input type="checkbox"/>	<input type="checkbox"/>

**GO TO SECTION F ON
PAGE 21**

B. TEACHING AND OTHER RESPONSIBILITIES

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

a. Total years as a teacher NUMBER

b. Years in current district NUMBER

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

a. Name of school: _____

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

Note: If this is your first year teaching at this school, enter "01".

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

MARK ONE BOX IN EACH ROW

	N O T A T A L L	S L I G H T L Y	S O M E W H A T	H I G H L Y
a. District central office.....				
b. Principal.....				
c. Other school staff.....				
d. School location.....				
e. Compensation.....				
f. Working conditions.....				
g. Other (<i>Specify</i>).....	1	2	3	4

_____ →

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

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

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

Yes

No **GO TO QUESTION B7**

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

SELECT ALL THAT APPLY

- Stayed at my school because of the [Program Name]
- Changed school to get into the [Program Name]
- Changed my primary grade or subject of instruction because of the [Program Name]
- Applied to my school to get into the [Program Name]
- Applied for position(s) in another school to leave the [Program Name]
- Applied for position(s) in another school with a better bonus program

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

Yes



No **GO TO QUESTION B9**

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

SELECT ALL THAT APPLY

- Stay at my school because of the [Program Name]
- Change school to get out of the [Program Name]
- Change my primary grade or subject of instruction because of the [Program Name]
- Apply for position(s) in another school to leave the [Program Name]
- Apply for position(s) in another school with a better bonus program

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

MARK ONE ONLY

- Regular full-time teacher
- Regular part-time teacher
- Substitute teacher
- Itinerant teacher (assigned to multiple schools)
- Other (*Specify*): _____

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

SELECT ALL THAT APPLY

- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Kindergarten
- Pre-kindergarten
- Ungraded

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

MARK ONE ONLY

- I teach one self-contained class
- I teach several classes of different students



GO TO QUESTION B13

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

SELECT ALL THAT APPLY

- ¹ English / language arts / reading
- ² Mathematics
- ³ Science
- ⁴ Social studies or history
- ⁵ Foreign language
- ⁶ Special instruction for English Language Learners (ELL) or Limited English Proficient (LEP) students
- ⁷ English as a Second Language (ESL)
- ⁸ Visual or performing arts
- ⁹ Special education
- ¹⁰ Physical education
- ¹¹ Other (*Specify*): _____

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

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

Report hours to the nearest WHOLE HOUR. If you did not spend time on a particular activity, write 0 (zero). Please make sure the hours in the items below (a through e) sum to the total number of school hours in the most recent full week.

	HOURS SPENT LAST FULL WEEK
a. Teaching students in the classroom, small groups, or individually	_ _
b. Supervising students in other activities (e.g., bus duty, hall duty, lunch duty, counseling, coaching a sport)	_ _
c. Preparation on your own (e.g., lessons, grading, assignments)	_ _
d. Preparation and professional development with colleagues (e.g., common lesson planning, workshops, staff meetings, mentoring)	_ _
e. Other activities	_ _
TOTAL SCHOOL HOURS IN LAST FULL WEEK (SUM OF a THROUGH e)	<input type="text"/>

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

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

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

	HOURS SPENT LAST FULL WEEK
a. Academic-related activities with students (e.g., tutoring)	_ _ -
b. Other activities with students (e.g., transporting students, sports coaching, advising a student group)	_ _
c. Preparation on your own (e.g., lessons, grading, assignments)	_ _
d. Preparation and professional development with colleagues (e.g., common lesson planning, workshops, staff meetings, mentoring)	_ _
e. Other school-related activities	_ _
TOTAL NON-SCHOOL HOURS IN LAST FULL WEEK (SUM OF a THROUGH e)	<input type="text"/>

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

I will probably teach for more years.

C. SUPPORT AND PROFESSIONAL DEVELOPMENT

Support You Received

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

Yes

No **GO TO QUESTION C5**

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

SCHEDULED MEETING(S) IN A TYPICAL MONTH

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

MINUTES PER SCHEDULED MEETING

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

HOURS AND MINUTES OF UNSCHEDULED TIME

Support You Provided

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

MARK ONE ONLY

Yes, part of the [Program Name]

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

No **GO TO QUESTION C8**

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

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

HOUR(S) AND MINUTES MENTORING DURING A TYPICAL MONTH OF TEACHING

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

MARK ONE BOX
IN EACH ROW

	YES	NO
a. I received special training <u>before</u> this school year on providing mentoring or coaching.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. I received special training <u>during</u> this school year on providing mentoring or coaching.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. I have been given release time for mentoring or coaching.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. I am a mentor or coach to more than one teacher.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. I am responsible for conducting classroom observations.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. I have conducted professional development sessions in my school.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

Professional Development

C8. Approximately how many hours do you expect to spend participating in professional development activities during the 2014-2015 school year?

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

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

| | | | TOTAL HOUR(S)

C9. Have you received or do you plan to receive professional development (PD) on any of the following topics during the 2014-2015 school year?

For each topic listed, indicate the following:

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

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

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

IN EACH ROW, MARK ONE BOX IN COLUMN A. IF YES, COMPLETE COLUMNS B AND C.

	A. FOCUS OF PD?		B H O U R S S P E N T O N T O P I C	C. USEFULNESS OF PD TO YOUR TEACHING			
	Y E S	N O		N O T A T A L L	S L I G H T L Y	S O M E - W H A T	H I G H L Y
a. Understanding components of the [Program Name].....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	 	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Understanding performance measure used as part of the [Program Name].....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	 	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Direct feedback based upon individual performance ratings as measured by the [Program Name].....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	 	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Differentiated instructional strategies based on student assessments.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	 	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

e. Instructional techniques and strategies.....	1 □	0 □	—	1 □	2 □	3 □	4 □
f. Aligning curricula to state or district standards.....	1 □	0 □	—	1 □	2 □	3 □	4 □

Classroom Observation

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

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

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

|_|_| OBSERVATION(S) THIS SCHOOL YEAR TO DATE

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

|_|_| MORE OBSERVATION(S) EXPECTED BY THE END OF THE SCHOOL YEAR

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

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

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

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

¹ Yes

⁰ No **GO TO QUESTION D1**

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

MARK ONE ONLY

¹ I have received a written summary

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

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

C15. Did you receive oral feedback?

¹ Yes

⁰ No

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

¹ Same day as the observation

² Within a week after the observation

³ Between one and two weeks after the observation

⁴ More than two weeks after the observation

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

MARK ONE BOX IN EACH ROW

	S T R O N G L Y D I S A G R E E	D I S A G R E E	A G R E E	S T R O N G L Y A G R E E
a. The timeliness of the feedback was	1 <input type="checkbox"/>	2	3	4
b. The feedback was easy to understand	1 <input type="checkbox"/>	2	3	4
c. The feedback provided specific ideas about how I could improve my performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The feedback made me more reflective about my teaching	1 <input type="checkbox"/>	2	3	4
e. The feedback provided useful information to improve my teaching	1 <input type="checkbox"/>	2	3	4
f. In the long run, students will benefit from the feedback I received	1 <input type="checkbox"/>	2	3	4

D. PERCEPTIONS ABOUT YOUR SCHOOL

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

MARK ONE BOX IN EACH ROW

	V E R Y D I S S A T I S F I E D	S O M E W H A T D I S S A T I S F I E D	S O M E W H A T S A T I S F I E D	V E R Y S A T I S F I E D
a. Opportunities for professional advancement.....	1	2	3	4
b. Opportunities to enhance my skills.....	1	2	3	4
c. Opportunities to earn extra pay.....	1	2	3	4
d. Use of formal classroom observations to assess my skills.....	1	2	3	4
e. Use of student achievement scores to assess my effectiveness.....	1	2	3	4
f. Feedback on my performance.....	1	2	3	4
g. Recognition of accomplishments.....	1	2	3	4
h. Quality of interaction with colleagues.....	1	2	3	4
i. Efforts of my colleagues.....	1	2	3	4
j. Morale in the school.....	1	2	3	4
k. Overall job satisfaction.....	1	2	3	4

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

MARK ONE BOX IN EACH ROW

	S T R O N G L Y D I S A G R E E	D I S A G R E E	A G R E E	S T R O N G L Y A G R E E	N / A
a. Teachers who do the same job should receive the same pay.....	1	2	3	4	9
b. Standardized student test scores in my district measure what students have learned.....	1	2	3	4	9
c. My principal is a good judge of teacher talent.....	1	2	3	4	9
d. I am glad that I am participating in the [Program Name].....	1	2	3	4	9
e. My job satisfaction has increased due to the [Program Name].....	1	2	3	4	9
f. I feel increased pressure to perform due to the [Program Name].....	1	2	3	4	9
g. I have less freedom to teach the way I would like to teach due to the [Program Name].....	1	2	3	4	9 <input type="checkbox"/>
h. The [Program Name] has harmed the collaborative nature of teaching.....	1	2	3	4	9
i. The [Program Name] has caused teachers to work more effectively.....	1	2	3	4	9
j. The [Program Name] is fair.....	1	2	3	4	9
k. The process used to determine how bonuses are determined was adequately explained to me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. COMPENSATION AND EVALUATION

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

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

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

Roles and Responsibilities	A. EL IGI	B. MAXIMU M	C. AMOUNT YOU
a. Mentor teacher.....	1 <input type="checkbox"/> → Ye s	\$ __ __ , __ __ 	\$ __ __ , __ __
b. Master or lead teacher.....	1 <input type="checkbox"/> → Ye s	\$ __ __ , __ __ 	\$ __ __ , __ __
c. Department chair or head.....	1 <input type="checkbox"/> → Ye s	\$ __ __ , __ __ 	\$ __ __ , __ __
d. Lead curriculum specialist	1 <input type="checkbox"/> → Ye s	\$ __ __ , __ __ 	\$ __ __ , __ __
e. Serving on a school-wide committee or task force.....	1 <input type="checkbox"/> → Ye s	\$ __ __ , __ __ 	\$ __ __ , __ __
f. Serving on a leadership team in some capacity (<i>Specify</i>)..... _____	1 <input type="checkbox"/> → Ye s	\$ __ __ , __ __ 	\$ __ __ , __ __
Other Activities			
g. Teaching in a hard-to-staff school (e.g., schools serving large proportions of economically disadvantaged	1 <input type="checkbox"/> → Ye s	\$ __ __ , __ __ 	\$ __ __ , __ __
h. Teaching high-need subjects (e.g., math, science, or special education).....	1 <input type="checkbox"/> → Ye s	\$ __ __ , __ __ 	\$ __ __ , __ __
i. Attending professional development activities or enrolling in graduate-level courses (exclude tuition).....	1 <input type="checkbox"/> → Ye s	\$ __ __ , __ __ 	\$ __ __ , __ __

j. An automatic bonus (e.g. 1% of salary) for participating in [Program Name].....	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ __ __ , __ __ __ 	\$ __ __ , __ __ __
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The next series of questions focus on criteria used to measure your performance and to determine performance-based bonuses. Performance-based bonuses refer to bonuses based on measured teacher effectiveness and ~~do not~~ include additional pay for roles/responsibilities and activities (such as those listed in Question E1).

E2. Is it possible for you to earn a bonus based solely on your performance for the 2014-2015 school year?

- Yes **GO TO E3**
- No **GO TO E6**

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

Round to the nearest \$100.

\$ |__|__|,|__|__|__|

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

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

\$ |__|__|,|__|__|__|

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

- Yes
- No

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

MARK ONE BOX IN EACH ROW

S	D	A	S
T	I	G	T
R	S	R	R
O	A	E	O
N	G	E	N
G	R	E	G
L	E	E	L
Y	E	E	Y
D	E	E	A
I	E	E	G
S	E	E	R
A	E	E	E
G	E	E	E

	R E E			E
a. It was explained why I did (or did not) receive a performance-based bonus.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I understand how the amounts of the performance-based bonuses were determined	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I received information about the performance-based bonus in a timely manner.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I feel the performance-based bonus payouts were fair.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I understand how I can adjust my teaching practices this year to try to earn a bonus or larger bonus	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

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

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

	FOR EACH CRITERION, MARK ONE BOX IN COLUMN A AND ONE BOX IN COLUMN B				
	A. IS CRITERION USED TO EVALUATE YOUR PERFORMANCE?		B. DOES CRITERION AFFECT YOUR PERFORMANCE-BASED BONUS?		
	Y E S	N O	Y E S	N O	N / A
STUDENT ACHIEVEMENT					
a. Student test scores at a point in time (e.g., average scores, proficiency rates, or Adequate Yearly Progress – AYP based on 2014-2015 scores only)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>
b. Growth in student test scores between the current and prior school year(s) at the <u>school level</u> (e.g., value-added, average	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	9 <input type="checkbox"/>

gains).....					
c. Growth in student test scores between the current and prior school year(s) in <u>certain student groups</u> (e.g., grade level, team, subject area).....	1	0	1	0	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Growth in student test scores between the current and prior school year(s) in <u>teachers' individual classes</u>	1	0	1	0	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIRECT OBSERVATION					
	1	0	1	0	9
e. Classroom observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Professional judgment of principal or other administrator, other than classroom observations.....	1	0	1	0	9
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTENDANCE					
	1	0	1	0	9
g. Teacher attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	0	1	0	9
h. Student attendance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STAKEHOLDER INPUT					
	1	0	1	0	9
i. Reviews from other teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	0	1	0	9
j. Parent input.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	0	1	0	9
k. Student input.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	0	1	0	9
l. OTHER (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Do not include the value of potential performance-based bonuses. Please report your before-tax earnings from teaching for July 1, 2014 to June 30, 2015.

Round to the nearest \$100.

\$, 0 0

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

Yes **GO TO E10**

No **GO TO F1**

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

Round to the nearest \$100.

\$ |__|__|, |__|__|__|

E11. How much do you agree or disagree with each of the following statements?

→

→

MARK ONE BOX IN EACH ROW

	S T R O N G L Y D I S A G R E E	D I S A G R E E	A G R E E	S T R O N G L Y A G R E E
a. The district's teacher performance measures are an accurate measure of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The district's teacher performance measures are fair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The district's teacher performance measures are used to support teacher improvement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. PERFORMANCE EVALUATION IN 2015-16

F1. In 2015-16, I have the potential to earn additional pay

		MARK ONE PER ROW	
		Y E S	N O
a. Based <i>solely</i> on performance (e.g., measured by student achievement growth, observations, or a combination of measures).....	1	<input type="checkbox"/>	0 <input type="checkbox"/>
b. Based on performance measured by student achievement growth.....	1	<input type="checkbox"/>	0 <input type="checkbox"/>
c. Based on performance measured by observations.....	1	<input type="checkbox"/>	0 <input type="checkbox"/>
d. Based on my school's characteristics (e.g., schools serving large proportions of economically disadvantaged or low-performing students).....	1	<input type="checkbox"/>	0 <input type="checkbox"/>
e. For teaching in a hard-to-staff school or subject.....	1	<input type="checkbox"/>	0 <input type="checkbox"/>
f. For taking on additional roles or responsibilities (such as mentoring or master lead teacher).....	1	<input type="checkbox"/>	0 <input type="checkbox"/>

F2. How much do you agree or disagree with each of the following statements?

MARK ONE BOX IN EACH ROW

S T R O N G L Y D I S A G R E E	D I S A G R E E	A G R E E	S T R O N G L Y A G R E E
--	--------------------------------------	-----------------------	---

a. The district should provide additional pay based on teacher performance in 2015-16.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The district should use student achievement growth to measure teacher performance in 2015-16.....	1 <input type="checkbox"/>	2	3	4 <input type="checkbox"/>
c. The district should use multiple observations conducted by trained observers to measure teacher effectiveness in 2015-16.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

G. YOUR BACKGROUND

G1. Are you male or female?

Male

Female

G2. Are you of Hispanic or Latino origin?

Yes

No

G3. What is your race?

SELECT ALL THAT APPLY

White

Black or African American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

G4. What is your year of birth?

| 1 | 9 | | |

G5. What is your marital status?

Married or living with a partner

Widowed, separated, divorced, or never married

G6. Please check the appropriate box(es) regarding dependent children living with you.

SELECT ALL THAT APPLY

Under 5 years

Age 5 to 18 years

No dependent children 18 years or younger

G7. Which statement below describes your living arrangement?

MARK ONE ONLY

- ¹ Own home (either paying a mortgage or own outright)
- ² Rent
- ³ Living with parents or someone else rent-free

G8. How far do you live from the school where you currently teach?

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

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

a. |__|__|__| miles

b. |__|__|__| minutes

G9. If you have any additional thoughts you would like to share about the [Program Name], please use the space below.

H.CONTACT INFORMATION

- H1. Please provide your contact information below. We will use it to reach you in case we need to clarify any of your responses. We will also use the address to mail your check if you would like to receive it at an address other than the school's.**

Providing this information is voluntary.

Name:	_____		

Street address:	_____		

City:	State:	Zip	
Code:	_____	_____	_____
Home Telephone:	_ _ _ _ - _ _ _ _ - _ _ _ _ _		
	Area Code	Number	
Cell Phone:	_ _ _ _ - _ _ _ _ - _ _ _ _ _		
	Area Code	Number	
Work email:	_____		

Home email:	_____		

Best time to reach you by phone:	Day: _____	Time: _____	

- H2. A follow-up questionnaire will be sent to you at your school next year. Please provide the name and contact information of someone who will know how to reach you if you are no longer at your current school.**

Providing this information is voluntary.

Person's Name:	_____		
Relationship to you:	_____		
Street address:	_____		

City:	State:	Zip Code:	
_____	_____	_____	_____
Home Telephone:	_ _ _ _ - _ _ _ _ - _ _ _ _ _		
	Area Code	Number	
Email:	_____		

Thank you for completing this questionnaire.

