

IMPACT EVALUATION OF SUPPORT FOR PRINCIPALS

PRINCIPAL SURVEY

SPRING, 2016

This questionnaire is part of the Impact Evaluation of Support for Principals, a national evaluation being conducted for the U.S. Department of Education by Mathematica Policy research. The questionnaire asks about the professional development and supports you received in the 2015-2016 school year, your school's climate and culture, and your teaching background and experience.

We want you to know that:

1. Your responses are protected from disclosure per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183. Mathematica Policy Research will present the information collected as part of this study in an aggregate form, and will not associate responses to any of the individuals who participate. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law. 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 district or individual. Any willful disclosure of such information for nonstatistical purposes, without the informed consent of the respondent, is a class E felony.
2. This survey is voluntary, but your response is critical for producing valid and reliable data. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can. Your answers to questions will not affect your job or any hiring decisions now or in the future and will only be shared with the Mathematica study team (they will not be shared with anyone from your school or district). Participation in the principal survey will not impose any risks to you as a respondent. If you have any questions about your rights as a research volunteer, contact XXX at New England IRB, toll free XXX-XXX-XXXX.

Thank you for your help with this survey.

This evaluation is authorized by Title IX, Part F of the Elementary and Secondary Education Act, section 9601 as amended by the "No Child Left Behind Act of 2001" (20 USC 7941) as it relates to Title II, Part A of the Elementary and Secondary Education Act (ESEA), section 2121-2123 as amended by No Child Left Behind (NCLB) (20 USC 6621-6623).

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 information collection is XXXXX-XXX. The time required to complete this information collection is estimated to average 30 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208.

SECTION A. YOUR PRINCIPAL PROFESSIONAL DEVELOPMENT & SUPPORT

This section asks about professional development and supports you received in the past year.

A1. Please estimate the total number of hours and usefulness of the following types of professional development and supports that you received between September 1, 2015 and today.

In Column A: Indicate the total number of hours for each type, or enter “0” if you did not participate in an area.

In Column B: Mark the usefulness of each type, or mark “N/A” if you did not participate in an area.

Between September 1, 2015 and today, I did not receive any the following.....0 **GO TO A4**

	A. Total Hours of Support	B. Usefulness of support?				
		Not Very Useful	Somewhat Useful	Moderately Useful	Very Useful	N/A
a. Formal degree program or university courses (online or in person)	<input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
b. Formal group learning sessions, such as workshops, conferences, or seminars	<input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
c. One-on-one development opportunities, such as leadership mentoring or coaching	<input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>
d. Any other development opportunities, such as participating in professional development for teachers or participating in a professional learning community	<input type="text"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<input type="checkbox"/>

A2. Thinking about all the supports that you just reported receiving since September 1, 2015, please indicate whether you received supports in each of the following content areas (column A), and then indicate the top three areas in which you received the most supports (column B).

CONTENT RELATED TO:	A. Received Support in Area?		B. Top Three Areas (1, 2, 3)
	No	Yes	
a. Managing your school staff (such as hiring and promoting staff, assigning teachers to grades and students, or designing professional development for staff)	0 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>
b. Observing classroom instruction	0 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>
c. Providing feedback to teachers on their instruction	0 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>
d. Instructional practices or the curriculum being taught in your school	0 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>
e. Setting and communicating school improvement goals or progress toward school improvement	0 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>
f. Community/parent outreach, student affairs, or school operations, finances, and administration	0 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>
g. Any other area (specify) <input type="text"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/>

A3. Thinking broadly about all the supports (formal and informal) that you received since September 1, 2015, indicate the extent to which the supports had the following characteristics:

The supports I received...

IN EACH ROW, MARK ONE BOX ONLY

	Not at All	To a Small Extent	To a Moderate Extent	To a Great Extent
a. were aligned with my own improvement goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. were aligned with school-wide goals or plans for improvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. were aligned with evidence from my principal evaluations or leadership framework	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. sent a consistent message about specific actions I can take to facilitate school improvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. engaged me in setting specific goals to improve my school leadership	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. provided me opportunities to improve aspects of my work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. helped me pay closer attention to particular things I was doing in my work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. led me to try new things in my practice or work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. helped me think about what supports teachers need to improve their practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. gave me specific information about steps I can take to improve teaching in my school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. taught me how to gather and analyze evidence about the instructional quality in my school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. gave me specific information about how to effectively provide feedback to teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Next, please answer the following questions about activities specifically provided by the Center for Educational Leadership (CEL).

A4. Between September 1, 2015 and today, did you participate in at least one formal group training session provided by the CEL? Please do not consider coaching sessions in this reply.

- Yes..... 1
 No..... 0 **GO TO A6**

A5. Thinking back across all the CEL formal group training sessions you attended since September 1, 2015, to what extent do you agree or disagree with the following statements?

The formal group training sessions...

IN EACH ROW, MARK ONE BOX ONLY

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. were well organized	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. were useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. gave me a clear understanding of the immediate, specific actions I could take in response to the training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. suggested specific actions that I am likely to implement in my practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. helped me identify ways to measure progress toward school improvement goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. helped me make more accurate assessments of teacher performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. helped me better manage my time and resources	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A6. Between September 1, 2015 and today, did you participate in at least one coaching session provided by CEL?

- Yes..... 1
 No..... 0 **GO TO B1**

A7. Thinking back across all the CEL coaching sessions you received since September 1, 2015, to what extent do you agree or disagree with the following statements?

The coaching sessions...

IN EACH ROW, MARK ONE BOX ONLY

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. were well organized	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. were useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. gave me a clear understanding of the immediate, specific actions I could take in response to the coaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. suggested specific actions that I am likely to implement in my practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. helped me identify ways to measure progress toward school improvement goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. helped me make more accurate assessments of teacher performance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. helped me better manage my time and resources	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION B. LEADERSHIP PRACTICE

The next section asks about some of your day-to-day practices this year as principal of your school.

B1. During the 2015-2016 school year, how often did you do the following?

IN EACH ROW, MARK ONE BOX ONLY

	Never	Yearly	Quarterly	Monthly	Weekly
a. Connect a teacher to an instructional coach or mentor	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Help a teacher locate formal professional development opportunities to support his/her goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Arrange an informal learning opportunity to support a teacher's growth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Connect a teacher to a content expert	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Connect a teacher to a network of teachers formed specifically for the professional development of teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

B2. During the 2015-2016 school year, to what extent did you use evidence from teacher performance evaluations, observations of their teaching, or their students' performance data to determine the content of professional development to offer to teachers in your school?

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

B3. During the 2015-2016 school year, did one of the following individuals or groups have responsibility for overseeing, managing, or coordinating instruction in your school?

Mark only one

- Yes, only a vice or assistant principal..... 1
- Yes, some other individual staff member, such as a teacher or counselor..... 2
- Yes, a team of staff members..... 3
- No, none of these..... 0

GO TO B5

B4. During the 2015-2016 school year, to what extent did you delegate responsibility to this individual or team to do each of the following?

<i>IN EACH ROW, MARK ONE BOX ONLY</i>	Not at All	To a Small Extent	To a Moderate Extent	To a Great Extent
a. conduct observations of classroom teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. conduct walkthroughs in the school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. provide other instructional supports to teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B5. To what extent do you agree or disagree with each of the following statements?

<i>IN EACH ROW, MARK ONE BOX ONLY</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I know what effective teaching looks like	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I know what teaching practices to look for when I'm conducting classroom observations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I feel comfortable having difficult conversations with teachers in my school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I feel comfortable suggesting specific teaching actions to teachers, based on student achievement data, teacher effectiveness data, or classroom observation data	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I feel competent helping teachers identify their areas of instructional practice that need improvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I feel competent helping teachers recognize their accomplishments or identify their areas of strength	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I know how to ask teachers questions soliciting their own reflection on teaching practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. I know how to give teachers feedback on their instruction that provides them with actionable steps for improvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. I know where to find resources to support teacher instructional practice outside of my areas of expertise	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B6. How many observations (formal or informal) did you conduct in a typical teacher's classroom over the course of the 2015-2016 school year?

TOTAL NUMBER OF OBSERVATIONS(HOW MANY TIMES) FOR A TYPICAL TEACHER

I did not observe any teachers' classrooms.....0 **GO TO B12**

B7. Thinking about all the times during the 2015-2016 school year that you visited a typical teacher's classroom to observe their teaching (formal or informal), what is your best estimate of the duration (in minutes) of each of the following?

a. A TYPICAL OBSERVATION THAT YOU CONDUCTED

NUMBER OF MINUTES

b. THE SHORTEST OBSERVATION THAT YOU CONDUCTED

NUMBER OF MINUTES

c. THE LONGEST OBSERVATION THAT YOU CONDUCTED

NUMBER OF MINUTES

B8. Thinking about all the times during the 2015-2016 school year that you visited classrooms to observe teacher instruction in your school, to what extent did you do the following activities?

IN EACH ROW, MARK ONE BOX ONLY

	Not at All	To a Small Extent	To a Moderate Extent	To a Great Extent
a. I relied on a conceptual framework to guide my observations of specific practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I focused my observations on specific areas or issues unique to the teacher's needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I recorded descriptions of specific things that the teacher and students did or said during a classroom observation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I analyzed data collected during classroom observations to identify trends in instructional practice, such as changes over time or patterns across grade levels, disciplines, or different populations of students	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I found classroom observations useful for my leadership practice, for example by helping me identify specific actions I can take to facilitate school improvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B9. To what extent do you agree or disagree with the following statements about plans for improvement in your school?

During the 2015-2016 school year...

IN EACH ROW, MARK ONE BOX ONLY

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The administration collaborated with teachers collaboratively to shape the plans in my school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Plans included indicators to measure progress toward goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Plans were aligned with evidence from teacher performance evaluations, observations of classroom teaching, or student performance data	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Plans were consistent with teachers' goals for individual growth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Plans clearly outlined steps that teachers should take to improve their teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B10. During the 2015-2016 school year, how often did you do the following?

IN EACH ROW, MARK ONE BOX ONLY

	Never	Yearly	Quarterly	Monthly	Weekly
a. Communicate my goals for improving instructional quality in our school to teachers or other school staff	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Update staff on progress toward the school vision or goals for improvement	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Incorporate a clear vision for our school into my regular communications	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Delegate these actions surrounding school culture and vision to another member of my staff	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION C. SCHOOL CONTEXT & WORKING CONDITIONS

Next, please answer the following question about the school context and working conditions in which you operated this year.

C1. During the 2015-2016 school year, to what extent was each of the following a problem in your school?

<i>IN EACH ROW, MARK ONE BOX ONLY</i>	Not at All	To a Small Extent	To a Moderate Extent	To a Great Extent
a. Student absenteeism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Widespread disorder in classrooms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Student racial tensions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Bullying or harassment among students	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Physical conflicts among students	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Student acts of disrespect for teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Conflicts between students and teachers or verbal abuse of teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Student possession of weapons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C2. To what extent do you agree or disagree with each of the following statements?

<i>IN EACH ROW, MARK ONE BOX ONLY</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The stress and disappointments involved in serving as principal of this school aren't really worth it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The faculty and staff at this school like being here; I would describe them as a satisfied group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I like the way things are run in this district	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. If I could get a higher paying job, I'd leave education as soon as possible	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I think about transferring to another school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I don't seem to have as much enthusiasm as I did when I began my career as a principal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I think about staying home from school because I'm just too tired to go	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION D. PRINCIPAL CHARACTERISTICS

You're almost done! In this last section, please tell us about your background and experience as an educator.

D1. What is the highest degree you have earned?

Select one only

- Associate's degree..... 1
- Bachelor's degree (B.A., B.S., etc.)..... 2
- Master's degree (M.A., M.A.T., M.B.A., M.Ed., M.S., etc.)..... 3
- Educational specialist or professional diploma (at least one year beyond master's level)..... 4
- Doctorate or first professional degree (Ph.D., Ed.D., M.D., L.L.B., J.D., D.D.S.)..... 5
- Do not have a degree..... 6

D2. How many years have you served in each of the following positions? (Please round up to the nearest whole number and include the current school year.)

How many years have you served...

		YEARS OF EXPERIENCE	
		In <u>this</u> school	In <u>any</u> school (including this school)
a.	In any administrative position?	<input type="text"/>	<input type="text"/>
b.	As a principal?	<input type="text"/>	<input type="text"/>
		In an <u>elementary</u> school	In <u>any</u> school (including elementary)
c.	As a classroom teacher?	<input type="text"/>	<input type="text"/>

D3. Are you of Hispanic or Latino origin?

- Yes..... 1
- No..... 0

D4. What is your race?

Select all that apply

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

D5. Are you male or female?

- Male.....1
- Female.....2

D6. In what year were you born?

19	YEAR
----	------

YYYY

In order to mail you the [check/gift card] as a thank you for participating, please provide your full name and mailing addresses. In addition, we may have questions about the responses you provided on this survey. Please enter your telephone number and email address in the spaces provided. We will only contact you if we have questions.

Full Name

Mailing Address

Telephone Number (xxx-xxx-xxxx)

Email Address

Thank you for completing the Principal Survey for the Impact Evaluation of Support for Principals