

IMPACT EVALUATION OF SUPPORT FOR PRINCIPALS TEACHER 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 teacher 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 XXXX-XXXX. 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. TEACHER INSTRUCTIONAL SUPPORTS

This first section asks questions about various instructional supports and development opportunities that you received during the school year.

A1. Please indicate the frequency and usefulness of supports or development opportunities that you may have received in the following forms during the 2015-2016 school year.

In Column A: For each type of support or opportunity, mark how often each occurred during the 2015-2016 school year.

In Column B: For each type of support or opportunity, mark how useful you found the support. If you did not receive the support, mark "N/A."

	A. How often did each of the following supports occur?					B. How useful were each of the following supports?				
	Never	Yearly	Quarterly	Monthly	Weekly	Not Very Useful	Somewhat Useful	Moderately Useful	Very Useful	N/A
<i>IN EACH ROW, MARK ONE BOX ONLY IN BOTH A AND B</i>										
a. <u>My principal</u> coached or mentored me on my instructional practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
b. Someone <u>other than my principal</u> coached or mentored me on my instructional practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
c. I coached or mentored another teacher	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
d. Another teacher(s) and I jointly planned lessons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
e. I observed another teacher teaching, or another teacher observed me teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
f. Someone helped me locate formal professional development opportunities or arrange an informal learning opportunity to support my goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
g. I had the opportunity to take a leadership role related to one of my identified areas of strength	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
h. A content specialist worked with me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
i. I participated in a network of teachers formed specifically for the professional development of teachers EXAMPLE: PLC (Professional Learning Community)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
j. Someone helped me locate supports to address a problem with a student in my classroom	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>

A2. Please indicate the frequency and usefulness of the following types of instructional supports that you may have received specifically from your principal during the 2015-2016 school year.

In Column A: For each type of instructional support, mark how often your principal provided you the support.

In Column B: For each type of instructional support, mark how useful you found the support. If you did not receive the support from your principal, mark “N/A.”

	A. How often did <u>my principal</u> ...?					B. How useful were each of the following supports?				
	Never	Yearly	Quarterly	Monthly	Weekly	Not Very Useful	Somewhat Useful	Moderately Useful	Very Useful	N/A
<i>IN EACH ROW, MARK ONE BOX ONLY IN BOTH A AND B</i>										
Instructional evaluation & feedback										
a. observe my classroom instruction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
b. give me specific feedback on the quality of my teaching <u>as part of a state- or district-mandated evaluation</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
c. give me specific feedback on the quality of my teaching <u>not as part</u> of a state- or district-mandated evaluation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
d. work with me to develop specific instructional practice goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
e. examine data to determine whether my instructional practice goals were met	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
Support for data use										
f. discuss grade- or school-level student achievement data, teacher effectiveness data, or classroom observation data with me (either individually or as part of a group)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
g. made data (student achievement data, teacher effectiveness data, or classroom observation data) or reports available to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
h. suggest specific teaching actions to me, 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"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
Other instructional support										
i. review my teaching plans to ensure that they were aligned with curriculum standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
j. share instructional materials or curricula to support my instructional goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
k. help me establish classroom systems or routines to improve student engagement or support high expectations for students	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>

A3. This question is about supports from someone other than your principal.

Please indicate the frequency and usefulness of the following types of instructional supports that you may have received from someone other than your principal (such as another teacher, a coach/mentor, an assistant principal, a department chair, or a district administrator) during the 2015-2016 school year.

In Column A: For each type of instructional support, mark how often someone other than your principal provided you the support.

In Column B: For each type of instructional support, mark how useful you found the support. If you did not receive the support from someone other than your principal, mark "N/A."

	A. How often did <u>someone other than my principal</u> ...?					B. How useful were each of the following supports?				
	Never	Yearly	Quarterly	Monthly	Weekly	Not Very Useful	Somewhat Useful	Moderately Useful	Very Useful	N/A
<i>IN EACH ROW, MARK ONE BOX ONLY IN BOTH A AND B</i>										
Instructional evaluation & feedback										
a. observe my classroom instruction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
b. give me specific feedback on the quality of my teaching <u>as part of a state- or district-mandated evaluation</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
c. give me specific feedback on the quality of my teaching <u>not as part of a state- or district-mandated evaluation</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
d. work with me to develop specific instructional practice goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
e. examine data to determine whether my instructional practice goals were met	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
Support for data use										
f. discuss student grade- or school-level achievement data, teacher effectiveness data, or classroom observation data with me (either individually or as part of a group)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
g. made data (student achievement data, teacher effectiveness data, or classroom observation data) or reports available to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
h. suggest specific teaching actions to me, 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"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
Other instructional support										
i. review my teaching plans to ensure that they were aligned with curriculum standards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
j. share instructional materials or curricula to support instructional goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>
k. help me establish classroom systems or routines to support high expectations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	n <input type="checkbox"/>

A4. Thinking about all the instructional supports you received during the 2015-2016 school year, please indicate the extent to which those supports...

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 your 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 your performance evaluations, observations of your teaching, or your students' performance data	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. deepened or built upon your identified strengths	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. helped you address weaknesses in your teaching practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. addressed the pressing issues in your classroom(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. engaged you in setting specific goals to improve your teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. sent a consistent message about specific actions you <u>could</u> take to improve your teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. led you to <u>make</u> specific changes to your teaching practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A5. During the 2015-2016 school year, how often did you have an interaction about your instruction with your principal?

Select one only

- Never..... 1 **GO TO A7**
- Yearly..... 2
- Quarterly..... 3
- Monthly..... 4
- Weekly..... 5

A6. How useful did you find these interactions with your principal?

Select one only

- Not Very Useful..... 1
- Somewhat Useful..... 2
- Moderately Useful..... 3
- Very Useful..... 4

A7. During the 2015-2016 school year, how often did you have an interaction about your instruction with someone other than your principal (such as another teacher, a coach or mentor, an instructional leader in your school, or your assistant principal or department chair)?

Select one only

- Never.....1 **GO TO A9**
- Yearly.....2
- Quarterly.....3
- Monthly.....4
- Weekly.....5

A8. How useful did you find these interactions with someone other than your principal?

Select one only

- Not Very Useful.....1
- Somewhat Useful.....2
- Moderately Useful.....3
- Very Useful.....4

A9. Thinking about all the times during the 2015-2016 school year someone came to your classroom to observe your teaching, what is your best estimate of the total number of observations that took place in your classroom?

TOTAL NUMBER OF OBSERVATIONS

My classroom was never observed.....0 **GO TO A11**

A10. Thinking about all the times during the 2015-2016 school year someone came to your classroom to observe your teaching, what is your best estimate of the duration (in minutes) of each of the following?

NUMBER OF MINUTES

a. A TYPICAL OBSERVATION THAT YOU EXPERIENCED

NUMBER OF MINUTES

b. THE SHORTEST OBSERVATION THAT YOU EXPERIENCED

NUMBER OF MINUTES

c. THE LONGEST OBSERVATION THAT YOU EXPERIENCED

A11. During the 2015-2016 school year, did you receive any instructional feedback from your principal?

Yes, I received instructional feedback from my principal.....1

No, I did not receive instructional feedback from my principal.....0 **GO TO B1**

A12. Thinking about all the instructional feedback you received from your principal during the 2015-2016 school year, please indicate the extent to which that feedback...

<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. addressed the pressing issues in your classroom(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. included questions soliciting your own reflection on teaching practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. involved you talking more than the evaluator	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. was depersonalized, with a focus on your performance rather than your personality or you as an individual	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. used evidence as a starting point for reflection	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. provided you with actionable steps for improvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. focused on improving aspects of your teaching practice that are realistic for you to change	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. identified trends in your instructional practice, based on analysis of evidence, such as changes over time or patterns across different populations of students	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. was related to feedback you received earlier in the year on the same issue or area for improvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. provided descriptions of specific things that your students and you did or said during a classroom observation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. included recognition of our accomplishments or helped you identify your areas of strength	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. helped you identify your areas of instructional practice that need improvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A13. Thinking about the instructional feedback that you received during the 2015-2016 school year from your principal versus from someone else, to what extent did feedback from these two sources send a consistent message?

Select one only

- Not at All.....1
- To a Small Extent.....2
- To a Moderate Extent.....3
- To a Great Extent.....4
- N/A (I received feedback only from my principal or someone else; not both)0

SECTION B. TEACHER PROFESSIONAL DEVELOPMENT

This next section includes questions on your participation in formal professional development. By this we mean coordinated groups of activities designed specifically for the purpose of teacher professional development, such as university courses, degree programs, workshops, conferences, seminars, or in-service training.

B1. What is your best estimate of the total number of hours of formal professional development or learning sessions in which you participated during the 2015-2016 school year?

TOTAL NUMBER OF HOURS

I did not participate in formal professional development this school year.....0 **GO TO C1**

B2. Thinking about all of the formal professional development in which you participated during the 2015-2016 school year, what is your best estimate of the percentage that was personally delivered by your principal, as opposed to someone else (such as someone from your school, your district, or an external organization or individual hired to provide the professional development)?

PERCENTAGE YOUR PRINCIPAL PERSONALLY DELIVERED

B3. Thinking about all the formal professional development that you received during the 2015-2016 school year, please indicate the extent to which that professional development had the following characteristics.

The formal professional development 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. was aligned with my own improvement goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. was 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. was aligned with evidence from my performance evaluations, observations of my teaching, or my students' performance data	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. deepened or built upon my identified strengths	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. helped me address weaknesses in my teaching practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. addressed the pressing issues in my classroom(s)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. engaged me in setting specific goals to improve my teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. sent a consistent message about specific actions I <u>could</u> take to improve my teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. led me to <u>make</u> specific changes to my teaching practice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

SECTION C. SCHOOL CULTURE AND IMPROVEMENT

The next section includes questions about improvement plans in your school, your principal's practices during the school year, and your school's climate and culture.

C1. During the 2015-2016 school year, how often did your principal do each of the following?

My principal...

IN EACH ROW, MARK ONE BOX ONLY

	Never	Yearly	Quarterly	Monthly	Weekly
a. <u>discussed his/her goals</u> for improving our school's instructional quality with teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. <u>communicated progress toward goals</u> for improving our school's instructional quality to teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. <u>communicated a clear vision</u> for our school's instructional quality through his/her <u>regular communications</u>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

C2. Please indicate the extent to which 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	Don't Know
a. Teachers collaborated with the administration to shape plans	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <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"/>	d <input type="checkbox"/>
c. Plans were consistent with teachers' own goals for their individual growth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. Plans clearly outlined specific steps that teachers could take to improve their teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

C3. Please indicate the extent to which you agree or disagree with the following statements about your principal during the 2015-2016 school year.

My principal...

IN EACH ROW, MARK ONE BOX ONLY

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. knows what effective teaching looks like	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. made teachers feel comfortable to try new things in the classroom	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. communicated clear standards for student learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. was transparent about performance expectations for teachers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. expected teachers to continually learn and grow	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. encouraged teachers to implement what they learned in professional development	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. informed teachers about resources they could use to improve their instruction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. encouraged teachers to share ideas and work together to improve their teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. praised or encouraged teachers for their efforts to improve their teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. worked directly with teachers to help them improve their instruction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. knew what was going on in classrooms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. changed instructional assignments to match teachers' expertise with student needs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C4. Please indicate the extent to which you agree or disagree with the following statements about your school.

<i>IN EACH ROW, MARK ONE BOX ONLY</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
a. There is a great deal of cooperative effort among the staff members	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. The school administration's behavior toward the staff is supportive and encouraging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Teachers at my school trust each other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. In my school, teachers are encouraged to experiment in their classrooms	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. In my school, teachers are expected to continually learn and seek out new ideas for teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Academic achievement is recognized and acknowledged in my school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The level of student misbehavior in this school (such as noise, horseplay, or fighting in the halls, cafeteria, or student lounge) interferes with my teaching	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Students respect others who get good grades	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Teachers at my school encourage students to keep trying even when the work is challenging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Teachers at my school set high expectations for academic work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C5. Next, please indicate the extent to which you agree or disagree with the following statements about your job satisfaction.

<i>IN EACH ROW, MARK ONE BOX ONLY</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The stress and disappointments involved in teaching at 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 teachers at this school like being here; I would describe us 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 at this school	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 teaching 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 now as I did when I began teaching	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. TEACHER BACKGROUND AND EXPERIENCE

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

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. Which of the following describes the teaching certificate you held in June 2015 (i.e., the beginning of the summer prior to this past school year) in this state?

Select one only

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

D3. How many years have you worked as a teacher in any school (please round up to the nearest whole number and include the current school year)?

TOTAL YEARS

D4. How many years have you worked as a teacher at this school (please round up to the nearest whole number and include the current school year)?

TOTAL YEARS

D5. Are you of Hispanic or Latino origin?

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

D6. 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

D7. Are you male or female?

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

D8. In what year were you born?

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 Teacher Survey for the Impact Evaluation of Support for Principals