

Attachment H

Annual Survey for K–12 Institute Participants

Math and Science Partnership Program

Annual Survey for K-12 Institute Participants

**Sponsored by the
National Science Foundation**

**Conducted by
Westat
1650 Research Boulevard
Rockville, Maryland 20850**

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Public Burden

Paperwork Reduction Act Notice. The Paperwork Reduction Act of 1995 says we must tell you why we are collecting this information, how we will use it and whether you have to give it to us. The reasons and purpose of this survey are described in the introduction and instructions for this survey and your response is voluntary. Failure to provide full and complete information, however, may reduce the possibility of NSF continuing support for the award or project subject to this monitoring survey. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this survey is 3145-0199. The estimated average burden associated with this collection of information is 1.33 hours per respondent, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing the burden should be sent to Suzanne Plimpton, Reports Clearance Officer for OMB 3145-0199, NSF/OGC, 4201 Wilson Boulevard, Arlington, VA 22230.

Annual Survey of K-12 Institute Participants

The National Science Foundation (NSF) is collecting annual information about each of its Math and Science Partnership (MSP) projects. The purpose is to assess the overall implementation of the MSP program and to monitor the progress of individual MSP grants.

This survey is designed to obtain information from **each K-12 teacher and administrator** who has enrolled in one or more MSP Institute courses or workshops. The Principal Investigator (PI) of one of the MSP Institutes has identified you as being an appropriate respondent. If you have any questions about the MSP Management Information System, please contact:

Holly Bozeman
1-800-937-8281, ext. 2619
MSPMIS@westat.com

We estimate that it will take approximately 80 minutes of your time to complete this survey. Thank you in advance for completing this survey.

INSTRUCTIONS FOR COMPLETING THE SURVEY

Feed-back from K-12 teachers and administrators participating in the MSP program is crucial for understanding the strengths and weaknesses of the MSP program. We have constructed this survey to give you the flexibility to respond in general and in detail relative to your level of involvement.

Neither NSF nor the Federal Government will maintain names or contact information associated with this survey. However, this information is held by the awardee institution. Your responses to the questions, however, will not be shared with the PI except in summary form.

Please answer the following questions with the most appropriate response. You may cut and paste text into this system.

It is recommended that you review the Primer (which can be accessed electronically by clicking on "Help" in the menu on the top of the page) before beginning the survey. The Primer provides general instructions and navigation information.

As you are completing the survey, please click the Save & Continue button after you respond to each item/set of items. Once an item or item set is saved, you may use the **Question Guide** to return to an item and revise your response. If you exit the system without saving, you will lose any unsaved data.

When you are ready to submit your data to NSF, please click the Submit button at the end of the form. You will no longer have access to this survey after a Final Submit has been made.

Professional Status	Professional Community Building
Continued Professional Development	Dissemination of Institute Information
[INSERT PROJECT NAME] Participation	

Professional Status

This section obtains information on your professional status during the **[INSERT SCHOOL YEAR]** school year.

1. Please review and update the following item. If there are no changes, click on save and continue:

What was the name of the K–12 school at which you were working during the **[INSERT SCHOOL YEAR] school year?**

First school (district) name: (Pre-filled)¹

Second school (district) name: (Pre-filled)²

2. Please review and update the following item. If there are no changes, click on save and continue:

What was the designation of your K–12 school during the **[INSERT SCHOOL YEAR] school year: (Check *one* response)³**

- Elementary school
- Middle school/junior high school
- K–8 school
- K-12 school
- High school
- Ungraded school
- Other (specify): _____

¹ Response is pre-filled (Q4 from Initial). Respondent can alter text.

² Response is pre-filled (Q4 from Initial). Respondent can alter text.

³ Response is pre-filled (Q5 from Initial).

3. Please review and update the following item. If there are no changes, click on save and continue:

Which of the following best reflects your primary position during the [INSERT SCHOOL YEAR] school year? (Check *one* response.)⁴

- Elementary school teacher
- Middle school/junior high school teacher
- High school teacher
- Curriculum specialist
- School-wide subject-specific specialist⁵
- District-wide subject-specific specialist⁶
- Department head
- Principal
- Vice Principal or Assistant Principal
- Other (specify): _____

⁴ Response is pre-filed (Q6 from Initial).

⁵ Respondent will be asked to indicate if mathematics or science specialist.

⁶ Respondent will be asked to indicate if mathematics or science specialist.

4. Did you have any instructional responsibilities with K-12 students at your school during the **[INSERT SCHOOL YEAR]** school year?

- Yes
- No⁷

5. What grades did you teach or provide other mathematics or science services for during the **[INSERT SCHOOL YEAR]** school year? (Check *all* that apply)

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

⁷ If checked, skip to Q7, otherwise continue with Q5.

6. What subject(s) did you teach or provide other mathematics or science services for during the **[INSERT SCHOOL YEAR]** school year? (Check *all* that apply)

NOTE – Please refer to the glossary for the definitions of the high school level 1 – 5 Mathematics courses.

Mathematics

- Elementary school mathematics
- Middle school Mathematics
 - Includes Algebra 1 content*
 - Includes Geometry content*
 - Includes Algebra 2 content*
- High school Level 1 Mathematics
- High school Level 2 Mathematics
- High school Level 3 Mathematics
- High school Level 4 Mathematics
- High school Level 5 Mathematics
- AP Calculus (AB)
- AP Calculus (BC)
- AP Statistics
- Other (specify): _____

Science

- Elementary school science
- Middle school science
- Non-AP Biology
- Non-AP Chemistry
- Non-AP Physics
- Earth Science Integrated Science
- Engineering
- Environmental Science
- AP Biology
- AP Chemistry
- AP Physics
- Other (specify): _____

Computer Science

- Non-AP computer science
- AP computer science

* These items are selected only after “Middle school mathematics” is selected.

7. Please review and update the following item. If there are no changes, click on save and continue:

What degrees have you earned? (Check *all* cells that apply)⁸

NOTE—Degree options do not include certifications, certificates, endorsements, or licensures. If you have earned a degree that was a combination of several different degree fields, check all of the cells that apply (e.g., Master’s degree in mathematics and education.)

Type of degree	Degree field ⁹			
	Mathematics	Science	Education	Other
Bachelor’s degree				
Master’s degree				
Ph.D.				
Ed.D.				
Other (specify): _____				

8. Are you currently working on a degree? (Check *one* response)

- Yes (Continue with Question 8b.)
- No (Go to Question 9.)

⁸ Response is pre-filled (Q13 from Initial).

⁹ NOTE: Additional information will be requested for all degree fields checked, e.g., “Please use this list to specify the discipline of the [TYPE OF DEGREE] you earned in [DEGREE FIELD]”

8a. What degrees are you currently working on? (Check *all* cells that apply)

NOTE—Degree options do not include certifications, certificates, endorsements, or licensures. If you have earned a degree that was a combination of several different degree fields, check all of the cells that apply (e.g., Master’s degree in mathematics and education.)

Type of degree	Degree field ¹⁰			
	Mathematics	Science	Education	Other
Bachelor’s degree				
Master’s degree				
Ph.D.				
Ed.D.				
Other (specify): _____				

¹⁰ NOTE: Additional information will be requested for all degree fields checked, e.g., “Please use this list to specify the discipline of the [TYPE OF DEGREE] you are working on in [DEGREE FIELD]”

9. Please review and update the following item. If there are no changes, click on save and continue:

Which of the following state teaching certifications do you currently hold? (Check *all* that apply.)¹¹

- Elementary school: General
- Elementary school: Mathematics
- Elementary school: Science

- Middle school: General
- Middle school: Mathematics
- Middle school: Science

- High school: Mathematics
- High school: Science–General
- High school: Biology
- High school: Chemistry
- High school: Physics
- High school: Earth Science

- Special Education
- ESL/Bilingual

- Other subject area within state *endorsements* (specify): _____

10. Please review and update the following item. If there are no changes, click on save and continue:

Which of the following other certifications have you successfully completed? (Check *all* that apply)¹²

- National Board Certification©
- Praxis¹³ II™
- Praxis III™
- Other (specify): _____
- None of the above

¹¹ Response is pre-filled (Q15 from Initial).

¹² Response is pre-filled (Q16 from Initial).

¹³ The Praxis was formerly called the National Teachers Exam (NTE).

11. Which of the following leadership roles did you hold during the [INSERT SCHOOL YEAR] school year? (Check *all* that apply)

- Served on curriculum committee
- Served on textbook adoption committee
- Served on other school-wide or district-wide committee or task force

If yes, please describe: _____

- Involved in peer coaching activities
- Served as Lesson Study leader/participant
- Served as officer in a local professional organization for science and/or mathematics
- Served as committee chair/officer/representative for a national professional organization (e.g., NSTA, NCTM)
- Served on business/industry mathematics or science task force in local area
- Served as mathematics/science supervisor
- Served as a department chair or mathematics/science leader for my grade or building
- Mentored novice teachers
- Supervised an undergraduate or graduate student on practicum
- Formed action research community in my school and/or district
- Organized a learning community for teachers in my school and/or district
- Offered an in-service workshop for other teachers
- Offered a professional development workshop in math or science
- Made a presentation to my school, administrators, school board, or other organization about my school's efforts to improve student achievement in math or science
- Other (specify): _____
- None of the above

Professional Community Building

This section obtains information about the growth and development of a professional community among Institute Participants and other **[INSERT STEM]** and education professionals.

1. Using the table below, indicate how often you are in contact with the following mathematics, science, and/or education professionals as a result of your participation in the **[INSERT PROJECT NAME]** during the **[INSERT SCHOOL YEAR]** academic school year:

STEM and Education Professionals	Daily	Once or twice a week	Once or twice a month	Once or twice a year	Never
a) Other MSP Institute teacher participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) University, college, or community college science, technology, engineering, and/or mathematics faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) University, college, and/or community college education faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Post-docs, graduate students, and/or undergraduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Non-academic mathematician/scientist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Complete the following items for each science, technology, engineering, mathematics and/or education professional that you were in contact with daily, once or twice a week, or once or twice a month during the **[INSERT SCHOOL YEAR]** academic school year:

1. What was the most frequent means of communication with this professional? (Check *one* response)

- In person
- Email
- Phone
- Other (specify): _____

2. What was the purpose of your communication with this professional? (Check *all* that apply)

- To discuss successes and/or struggles of implementing knowledge learned at the **[INSERT PROJECT NAME]** Institute
- To develop more challenging curriculum/lesson plans
- To plan for future activities (e.g. professional development, conferences, seminars, etc.)
- To attend colloquia/workshops/seminars together
- To attend professional development activities together
- To analyze the results of state assessments
- To participate in a learning community/study group
- To participate in **[INSERT PROJECT NAME]** research project
- To discuss course work
- Other (specify): _____

Continued Professional Development

This section obtains information about the type of **[INSERT PROJECT NAME]** supported professional development activities you have completed during the **[INSERT SCHOOL YEAR]** academic school year.

- Using the table below, identify the professional development activities you received or took part in during the **[INSERT SCHOOL YEAR]** academic school year.

Professional Development Activities	[INSERT PROJECT NAME]-Supported professional development activity? ¹⁴	Professional development activity not supported by [INSERT PROJECT NAME]	I did not receive or take part in this activity during the [INSERT SCHOOL YEAR] academic school year.
a) Completed a formal course(s) in mathematics, science, teacher education, educational assessment, and/or educational leadership during the [INSERT SCHOOL YEAR] academic school year.	<input type="checkbox"/> (If checked, see page 15)	<input type="checkbox"/> (If checked, see page 15)	<input type="checkbox"/>
b) Received ongoing support, assistance, or mentoring from one or more Institute of High Education faculty members (e.g., a university or college faculty member on-call to receive content related questions, worked with Master Teachers on lesson plan development for diverse student populations, discussed content/instructional issues in my classroom, etc)	<input type="checkbox"/> (If checked, see page 17)	<input type="checkbox"/> (If checked, see page 17)	<input type="checkbox"/>
c) Attended conferences, workshops, seminars and/or colloquia, gave a talk at a meeting.	<input type="checkbox"/> (If checked, see page 19)	<input type="checkbox"/> (If checked, see page 19)	<input type="checkbox"/>
d) Authored a publication.	<input type="checkbox"/> (If checked, see page 20)	<input type="checkbox"/> (If checked, see page 20)	<input type="checkbox"/>
e) Other (<i>specify</i>): _____	<input type="checkbox"/> (If checked, see page 21)	<input type="checkbox"/> (If checked, see page 21)	<input type="checkbox"/>
f) Other (<i>specify</i>): _____	<input type="checkbox"/> (If checked, see page 21)	<input type="checkbox"/> (If checked, see page 21)	<input type="checkbox"/>

¹⁴ NOTE: Additional information will be requested for all activities for which the response was “Yes.”

If response is “Yes” to activity a) *Completed a formal course(s) in mathematics, science, teacher education, educational assessment, and/or educational leadership during the [INSERT SCHOOL YEAR] academic school year*, then complete the following item set:

1. How many courses did you take during the [INSERT SCHOOL YEAR] academic school year?

2. Did you receive academic credit for the course(s) you took during the [INSERT SCHOOL YEAR] academic school year?

- Yes, I received credits for *all* courses taken
- Yes, I received credit for some but not all courses taken
- No, I did not receive credit for the courses I took

3. What was the focus of the course(s)? (Check *all* that apply)

- Mathematics, science, and/or teacher education pedagogy
- Mathematics, science, and/or teacher education content
- Educational assessment
- Educational leadership
- Other (specify): _____

4. What was the educational level of the course(s)? (Check *all* that apply)

- Undergraduate
- Graduate
- Certificate
- Other (specify): _____

5. How was the course(s) offered? (Check *all* that apply)

- Online
- In-class at a university or college campus
- In-class at a K-12 school building
- In-class at another location (specify): _____
- Other (specify): _____

6. When was the course(s) offered? (Check *all* that apply)

- Not applicable – my courses are offered online
- During teaching hours
- Evenings
- Weekends

7. **Did you conduct or assist with any research as part of this course(s)?** (Check *all* that apply)

- No
- Yes, science, technology, engineering, and/or mathematics research
- Yes, education research
- Yes, action research
- Yes, other research (specify): _____

8. **In what ways has completing a formal course(s) in mathematics, science, teacher education, educational assessment, and/or educational leadership contributed to your development as a teacher leader?**

- Changed/improved teaching practices
- Increased content knowledge and/or understanding
- Increased leadership roles and/or responsibilities and/or skills
- Improved understanding or use of research
- Improved understanding or use of assessments
- Increased confidence, motivation, and/or comfort level
- Developed/enhanced professional relationships (i.e., long-term interactions)
- Sharing/gaining professional perspective or insight through networking and collaborations (e.g., short-term or brief interactions with other teachers/administrators)
- Enhanced ability to deliver and/or plan teacher trainings and other professional developments (e.g., workshops, presentations)
- Did not contribute _____
- Other contribution _____

If response is “Yes” to activity b) *Received ongoing support, assistance, or mentoring from one or more Institution of Higher Education (IHE) faculty members*, then complete the following item set:

1. Which of the following IHE faculty members provided you with ongoing support, assistance, or mentoring during the **[INSERT SCHOOL YEAR]** academic school year? (Check *all* that apply)

NOTE – If mentored, received support, or assistance from more than one faculty member, provide information for the individual who was your primary mentor or the individual from whom you have received the most guidance.

- University, college, or community college science, technology, engineering, and/or mathematics faculty
- University, college, or community college education faculty
- Master teacher
- Post-doc
- Graduate student
- Undergraduate student
- Professional development consultant
- Other (specify): _____

2. How often were you provided support, assistance, or mentoring during the **[INSERT SCHOOL YEAR]** academic school year? (Check *one* response for each row)

Mode of communication	Daily	Once or twice a month	Once or twice a year	A few times during the Year	Never
In person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By internet (e.g., email, chat room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What was the purpose of the support, assistance, or mentoring provided to you during the **[INSERT SCHOOL YEAR]** school year? (Check *all* that apply)

- With technology
- With Institute coursework
- With classroom instruction
- With other activities
- With any activity

4. In what ways has receiving ongoing support, assistance, or mentoring from one or more **IHE** faculty member contributed to your development as a teacher leader?

- Changed/improved teaching practices
- Increased content knowledge and/or understanding
- Increased leadership roles and/or responsibilities and/or skills
- Improved understanding or use of research
- Improved understanding or use of assessments
- Increased confidence, motivation, and/or comfort level No
- Developed/enhanced professional relationships (i.e., long-term interactions)
- Sharing/gaining professional perspective or insight through networking and collaborations (e.g., short-term or brief interactions with other teachers/administrators)
- Enhanced ability to deliver and/or plan teacher trainings and other professional developments (e.g, workshops, presentations)
- Did not contribute _____
- Other contribution _____

If response is “Yes” to activity *c) Attended conferences, workshops, seminars and/or colloquia*, then complete the following item set:

1. What was the focus of the conference, workshop(s), seminar and/or colloquia? (Check *all* that apply)

- Science, technology, engineering, and/or mathematics content
- Science, technology, engineering, and/or mathematics research
- Instructional strategies
- Instructional materials (e.g. technology, curriculum, etc.)
- Pedagogy
- Assessment
- Student diversity
- Leadership
- Other (specify): _____

2. In what ways has attending conferences, workshops, seminars and/or colloquia, contributed to your development as a teacher leader? (Check all that apply)

- Changed/improved teaching practices
- Increased content knowledge and/or understanding
- Increased leadership roles and/or responsibilities and/or skills
- Improved understanding or use of research
- Improved understanding or use of assessments
- Increased confidence, motivation, and/or comfort level
- Developed/enhanced professional relationships (i.e., long-term interactions)
- Sharing/gaining professional perspective or insight through networking and collaborations (e.g., short-term or brief interactions with other teachers/administrators)
- Enhanced ability to deliver and/or plan teacher trainings and other professional developments (e.g., workshops, presentations)
- Did not contribute _____
- Other contribution _____

If response is “Yes” to activity *d) authored/co-authored a publication*, then complete the following item set:

1. How many publications did you author/co-author during the [INSERT SCHOOLYEAR] school year?

- Specify number: _____ (Continued with question 1a)
- Not applicable (Go to question 2)

1a. Using the table below, list the title of the publication(s) you have authored/co-authored during the [INSERT SCHOOL YEAR] school year and indicate whether or not the publication was published in a refereed journal.

Title of Authored/Co-Authored Publication	Published in a refereed journal?
1. _____	Yes/No
2. _____	Yes/No
3. _____	Yes/No
4. _____	Yes/No

2. In what ways has authoring a publication, contributed to your development as a teacher leader? (Check all that apply)

- Changed/improved teaching practices
- Increased content knowledge and/or understanding
- Increased leadership roles and/or responsibilities and/or skills
- Improved understanding or use of research
- Improved understanding or use of assessments
- Increased confidence, motivation, and/or comfort level No
- Developed/enhanced professional relationships (i.e., long-term interactions)
- Sharing/gaining professional perspective or insight through networking and collaborations (e.g., short-term or brief interactions with other teachers/administrators)
- Enhanced ability to deliver and/or plan teacher trainings and other professional developments (e.g., workshops, presentations)
- Did not contribute _____
- Other contribution _____

If response is “Yes” to activity *e) Other (specify)*, then complete the following item:

1. What was this professional development activity?

3. In what ways has this professional development activity contributed to your development as a teacher leader?

- Changed/improved teaching practices
- Increased content knowledge and/or understanding
- Increased leadership roles and/or responsibilities and/or skills
- Improved understanding or use of research
- Improved understanding or use of assessments
- Increased confidence, motivation, and/or comfort level No
- Developed/enhanced professional relationships (i.e., long-term interactions)
- Sharing/gaining professional perspective or insight through networking and collaborations (e.g., short-term or brief interactions with other teachers/administrators)
- Enhanced ability to deliver and/or plan teacher trainings and other professional developments (e.g., workshops, presentations)
- Did not contribute _____
- Other contribution _____

Dissemination of Institute Information

This section obtains information about the ways in which you, as a teacher leader, during the **[INSERT SCHOOL YEAR]** have shared the information you learned through the **[INSERT PROJECT NAME]** Institute.

1. Estimate the number of teachers and administrators with whom you shared or disseminate Institute information to during the **[INSERT SCHOOL YEAR]** academic school year:

	Teachers	Administrators
In your school		
In your school district (excluding your school)		

- 1a. How often did you share or disseminate Institute information with the other **[INSERT TEACHER OR ADMINISTRATOR]** in your **[INSERT SCHOOL OR DISTRICT]** on **[INSERT PROJECT NAME]** related activities during the **[INSERT SCHOOL YEAR]** academic school year? (Check *one* response)

- Daily
- Once or twice a week
- Once or twice a month
- Once or twice a year

- 1b. How have you shared or disseminated Institute information to other **[INSERT TEACHER OR ADMINISTRATOR]** in your **[INSERT SCHOOL OR DISTRICT]** during the **[INSERT SCHOOL YEAR]** academic school year? (Check *all* that apply)

- Conducted classroom observations and offered feedback for improvement
- Served as a mentor
- Performed demonstration teaching for the other mathematics/science teachers
- Led study groups or science, technology, engineering, and/or mathematics learning communities with teachers on mathematics/science concepts and/or instructional skills
- Collaborated with other teachers to develop challenging mathematics/science curriculum
- Collaborated with other teachers to develop ways to promote higher student achievement
- Conducted professional development workshops and activities
- Other (specify): _____

2. Did you share with or disseminate Institute information to any teachers or administrators outside of your district or state?

- Yes (Continue with Question 2a)
- No (Go to Question 3)

2a. How often did you share with or disseminate Institute information to the other teachers and/or administrators from outside of your district and/or state on [INSERT PROJECT NAME] related activities during the [INSERT SCHOOL YEAR] academic school year? (Check *one* response)

- Daily
- Once or twice a week
- Once or twice a month
- Once or twice a year

2b. How have you shared with or disseminated Institute information to teachers and/or administrators from outside of your district and/or state during the [INSERT SCHOOL YEAR] academic school year? (Check *all* that apply)

- Conducted classroom observations and offered feedback for improvement
- Served as a mentor
- Performed demonstration teaching for the other mathematics/science teachers
- Led study groups or science, technology, engineering, and/or mathematics learning communities with teachers on mathematics/science concepts and/or instructional skills
- Collaborated with other teachers to develop challenging mathematics/science curriculum
- Collaborated with other teachers to develop ways to promote higher student achievement
- Conducted professional development workshops and activities
- Other (specify): _____

3. Did you present at a professional conference or workshop during the **[INSERT SCHOOL YEAR]** school year to disseminate information that you've learned through your participation in the **[INSERT PROJECT NAME]** Institute? (Check *one* response)

- Yes (Continue with Question 3a)
- No (Section complete)

3a. Please list the professional conference(s)/workshop(s) you presented at during the **[INSERT SCHOOL YEAR]** school year:

3b. What was the topic of your presentation(s)? (Check *all* that apply)

- Science, technology, engineering, and/or mathematics content
- Science, technology, engineering, and/or mathematics research
- Instructional strategies
- Instructional materials (e.g. technology, curriculum, etc.)
- Pedagogy
- Assessment
- Student diversity
- Leadership
- Other (specify): _____

[INSERT PROJECT NAME] Participation

This section obtains information about your involvement in the **[INSERT PROJECT NAME]** Institute during the **[INSERT SCHOOL YEAR]** school year.

1. How much time did you spend at the **[INSERT PROJECT NAME] Summer Institute this year?** (Check *one* response)

- Less than 2 weeks (*Skip to Q2*)
- 2 to 3 weeks (*Skip to Q2*)
- 4 to 5 weeks (*Skip to Q2*)
- 6 weeks or more (*Skip to Q2*)
- Not applicable – No Summer Institute, entire program was offered online (*Continue to Q1a*)
- Did not attend

1a. What support did you receive for participating in the **[INSERT PROJECT NAME]?** (*Skip to Q4 after completing this item*)

- No support provided
- Release time, constituting _____% of my daily schedule
- Administrative support
- Financial support
- Additional recognition/rewards
- Tuition reimbursement
- Other (specify)

2. What support did you receive for participating in the **[INSERT PROJECT NAME] Summer Institute this year?** (Check *all* that apply)

- No support provided
- Release time, constituting _____ % of my daily schedule
- Administrative support
- Financial support
- Additional recognition/rewards
- Tuition reimbursement
- Other (specify): _____

3. What support did you receive from [INSERT PROJECT NAME] during the [INSERT SCHOOL YEAR] academic year to fulfill your teacher leader responsibilities and/or to participate in project related activities? (Check *all* that apply)

- No support provided
- Release time, constituting _____ % of my daily schedule
- Administrative support
- Financial support
- Additional recognition/rewards
- Tuition reimbursement
- Other (specify): _____

4. To what extent did each of the following facilitate or hinder your ability to fulfill your teacher leader responsibilities AND/OR participate in [INSERT PROJECT NAME] during the [INSERT SCHOOL YEAR] academic school year? (Check *one* response for each question)

	Facilitate 1	2	Neutral 3	4	Hinder 5	Not Applicable
a. Total amount of <i>financial assistance</i> that I received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The total amount of <i>release time</i> that I received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Level of cooperation provided by the <i>principal</i> at your school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Level of cooperation provided by <i>other administrators</i> in your school or district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Level of cooperation provided by <i>other teachers</i> in your school or district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Level of ongoing support provided by faculty or others at post-secondary institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Level of ongoing support (other than financial) provided by your school or district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Level of priority placed on STEM Education reform within your school or district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The amount or type of technology provided by your school or district	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Were there any other factors that facilitated or hindered your ability to fulfill your teacher leader responsibilities AND/OR participate in [INSERT PROJECT NAME] during the [INSERT SCHOOL YEAR] academic school year?

- No other factors that facilitated or hindered my ability to fulfill my teacher leader responsibilities.
- Yes (please specify in the space below)

6. In what areas have your teaching practices changed over the course of your involvement with the [INSERT PROJECT NAME]. (Check *all* that apply)

- No change
- Increased use of student-centered teaching approaches
- Improved curriculum development skills
- Improved lesson plan development skills
- Increased STEM content knowledge
- Increased use of technology
- Greater understanding of student needs and potential to succeed in STEM subjects
- Improved cultural awareness
- Increased colleague collaboration
- Increase understanding of assessments and research
- Increased self-confidence
- Improved use of instructional materials
- Improved classroom management skills
- Other (please specify): _____

7. What has been your own most significant contribution to your school, district, or state as a result of your involvement with the [INSERT PROJECT NAME]? (Check *all* that apply)

- No Contribution¹⁵
- Applying new content knowledge to my own classroom
- Applying new pedagogical skills to my own classroom
- Providing teacher leadership to colleagues
- Relaying new content knowledge to my colleagues
- Relaying new pedagogy to my colleagues
- Provoking school-level or curriculum change (*e.g., improving the way other teachers present lessons; increased school-wide passing rates on standardized tests; started/developed new school-wide program, etc.*)
- Increasing collaborative activities among colleagues
- Other (*Please specify*): _____

¹⁵ Skip to Q8.

7a. Which of the following were impacted most by your contributions? (Check *all* that apply)

- Your classroom (e.g., students, personal teaching practices and knowledge)
- Your school (e.g., colleagues, school-level policies, practices, or programs)
- Other schools in your district (e.g., individuals, policies, practices, or programs)
- Beyond your school district (e.g., other districts, state-wide, nation-wide)

8. How has your role within your school and/or district changed over the course of your involvement with the [INSERT PROJECT NAME]? (Check *all* that apply)

- No change¹⁶
- My primary position/title has changed.
- I have additional teacher leadership responsibilities within my existing position.
- I have become a resource for my colleagues
- I have increased my level of collaboration with my colleagues
- My level of collaboration and/or teacher leadership responsibilities have decreased
- Other (*Please specify*): _____

8a. Which of the following were impacted most by the changes in your role over the course of your involvement in the [INSERT PROJECT NAME]? (Check *all* that apply)

- Your classroom (e.g., students, personal teaching practices and knowledge)
- Your school (e.g., colleagues, school-level policies, practices, or programs)
- Other schools in your district (e.g., individuals, policies, practices, or programs)
- Beyond your school district (e.g., other districts, state-wide, nation-wide)

¹⁶ Skip to the end of the survey