

National Teacher and Principal Survey of 2017-2018 (NTPS 2017-18) Preliminary Field Activities

OMB# 1850-0598 v.17

Appendix B

NTPS 2015-16 Questionnaires and Draft NTPS 2017-18 Questionnaires

(to be updated with NTPS 2017-18 final questionnaires in the full-scale NTPS clearance request to be submitted in February of 2017)

To be Included in Special Contact District Research Application

National Center for Education Statistics
U.S. Department of Education

July 2016

Revised March 2017

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TEACHER LISTING FORM

NATIONAL TEACHER AND PRINCIPAL SURVEY

2015-16 SCHOOL YEAR



(Please correct any errors in name, address, and ZIP Code.)

SCHOOL

**GRADE
RANGE**

Please return your completed questionnaire in the pre-addressed, postage-paid envelope or mail it to: U.S. CENSUS BUREAU

**ATTN: TLF, SMQAB, BUILDING 61D
JEFFERSONVILLE, IN 47132-0001**

NOTICE:

This survey is authorized by the Education Sciences Reform Act of 2002, 20 U.S. Code §9541(b) and §9543(a). The results will only be produced as statistical summaries.

REFERENCE CARD

Please use this guide when listing teachers.

INCLUDE ON THE TEACHER LIST

- 🍏 *Regular Classroom Teachers*
 - Chemistry, English, math, physical education, history, etc.
- 🍏 *Special Education Teachers*
 - Teach special education classes to students with disabilities.
- 🍏 *General Elementary Teachers*
 - Teach self-contained classes in any of grades K–8, i.e., teach the same class of students all or most of the day, unless they teach special education students, in which case see the category above.
 - Team-teaching, i.e., two or more teachers collaborate in teaching multiple subjects to the same class of students.
 - Include kindergarten teachers.
- 🍏 *Career, Technical, or Vocational Education Teachers*
 - Teach keyboarding, business, agriculture, life skills, family or consumer economics as well as any other vocational or technical classes.
- 🍏 *Teaching principals, teaching guidance counselors, teaching librarians, teaching school nurses*
 - Include any staff members who teach at least one regularly scheduled class per week.
For example:
If a librarian teaches a regularly scheduled class in math once a week, include her in the "Math" category, but if she only teaches groups of students library skills or how to use the library, do NOT include her on the form.
- 🍏 *Teachers of Ungraded Students*
- 🍏 *Itinerant, Co-op, Traveling, and Satellite Teachers*
 - Teach at more than one school and may OR may not be supervised by someone at your school.
- 🍏 *Current Long-Term Substitute Teachers*
 - Currently filling the role of a regular teacher for 4 or more continuous weeks.
- 🍏 *Other teachers who teach students in any of grades K–12*
 - If a teacher teaches pre-kindergarten and any other grade between K–12, answer the questions ONLY for the time the teacher spends teaching any grades K–12.

OMIT FROM THE TEACHER LIST

- 🍏 *Prekindergarten teachers who teach ONLY prekindergarten students*
- 🍏 *Adult Education and Postsecondary Teachers*
 - If they teach ONLY adult education or students beyond grade 12.
- 🍏 *Short-term Substitute Teachers*
 - Fill the role of a regular teacher for less than 4 continuous weeks.
- 🍏 *Student Teachers*
- 🍏 *Day Care Aides*
- 🍏 *Teacher Aides*
- 🍏 *Librarians who teach ONLY library skills or how to use the library*

▶ **Why does the National Center for Education Statistics (NCES) conduct the National Teacher and Principal Survey (NTPS)?**

- 🍏 The NTPS is designed to measure critical aspects of schooling and teaching, the composition of the principal and teacher work force, and conditions in schools.

▶ **What do you need from my school?**

- 🍏 A list of all of the full-time and part-time teachers who teach at this school.

- 🍏 **Please see the removable reference card on the reverse side for important information about the listing form.**

▶ **What happens to the information I report?**

- 🍏 A sample of teachers will be selected for the Teacher Survey component of NTPS. The selected teachers will receive the Teacher Questionnaire which asks for information on their educational background, work experience, and attitudes toward teaching.

▶ **Why is my school's participation important?**

- 🍏 Only a small number of schools are selected to participate in NTPS. Therefore, your school represents many other schools.

▶ **How does NCES protect the confidentiality of the information I provide?**

- 🍏 Your responses are protected from disclosure by federal statute (20 U.S.C., §9573). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law.

Thank you for your assistance.

Please tear off this reference card to use while completing the survey.

Paperwork Burden Statement

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 voluntary information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire, please e-mail: adp.education.surveys@census.gov, or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9046, Washington, DC 20006.

Please return your completed form in the enclosed pre-addressed, postage-paid envelope or mail it to:

**U.S. CENSUS BUREAU
ATTN: TLF, SMQAB, BLDG 61D
1201 E. 10TH STREET
JEFFERSONVILLE, IN 47132-0001**

1. In case we have questions about any of your responses, please print your name, title, and work telephone number on the lines below.

NAME

TITLE

WORK TELEPHONE NUMBER

AREA CODE TELEPHONE NUMBER

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2. How much time did it take to complete this form, not counting interruptions?

Minutes

🍏 Please see page 2 for important information.



Call 1-888-595-1338 toll free if you need assistance filling out the rest of this form. The office hours are 8:00 AM – 8:00 PM Eastern Time.

**PLEASE READ THE REFERENCE CARD BEFORE CONTINUING.
(A removable reference card is printed on the inside cover of this booklet.)**

Line Number	Teacher's Name	Subject Matter Taught	Teaching Status at the Selected School	Teacher's Email Address
	<p>Please list all of the full-time and part-time teachers who TEACH at THIS SCHOOL.</p> <p>List each teacher only once.</p> <p>List in the following order: First name, Middle name, Last name, suffix (if applicable).</p> <p>Please see the reference card for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p> <p>*Line Ex. is an example of a full-time art teacher who is in his first year of teaching.</p>	<p>Enter the numeric code that corresponds to the subject in which the teacher teaches the most classes. If the teacher teaches two or more subjects equally, enter each numeric code that applies.</p> <p>Enter the code for "Other" subject matter for teachers who teach art, foreign language, music, physical education, English as a second language, and any other remaining subjects.</p> <p>1 - Special education 2 - General elementary 3 - Math 4 - Science 5 - English/Language arts 6 - Social studies 7 - Vocational/Technical 8 - Other (e.g., art, music, etc.)</p>	<p>Enter the numeric code which corresponds to the teacher status of each teacher at this school.</p> <p>Include as part-time: Itinerant teachers who teach part-time in this school, regardless of other positions held in this or other districts. Teachers who perform other functions in this school in addition to part-time teaching.</p> <p>For example, a teaching guidance counselor should be counted as a part-time teacher.</p> <p>1 - Full-time 2 - Part-time</p>	<p>Please list each teacher's email address.</p>
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*Ex.	<i>Andrew Michael Shaffer</i>	8	1	<i>ams@place.com</i>
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	<p>Please list all of the full-time and part-time teachers who TEACH at THIS SCHOOL.</p> <p>List each teacher only once.</p> <p>List in the following order: First name, Middle name, Last name, suffix (if applicable).</p> <p>Please see the reference card for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p>	<p>Enter the numeric code that corresponds to the subject in which the teacher teaches the most classes. If the teacher teaches two or more subjects equally, enter each numeric code that applies.</p> <p>Enter the code for "Other" subject matter for teachers who teach art, foreign language, music, physical education, English as a second language, and any other remaining subjects.</p> <p>1 - Special education 2 - General elementary 3 - Math 4 - Science 5 - English/Language arts 6 - Social studies 7 - Vocational/Technical 8 - Other (e.g., art, music, etc.)</p>	<p>Enter the numeric code which corresponds to the teacher status of each teacher at this school.</p> <p>Include as part-time: Itinerant teachers who teach part-time in this school, regardless of other positions held in this or other districts. Teachers who perform other functions in this school in addition to part-time teaching.</p> <p>For example, a teaching guidance counselor should be counted as a part-time teacher.</p> <p>1 - Full-time 2 - Part-time</p>	<p>Please list each teacher's email address.</p>
	FIRST MIDDLE LAST SUFFIX			
192				
193				
194				
195				
196				
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203				
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206				
207				

PLEASE CONTINUE ON NEXT PAGE

**PLEASE READ THE REFERENCE CARD BEFORE CONTINUING.
(A removable reference card is printed on the inside cover of this booklet.)**

Line Number	Teacher's Name	Subject Matter Taught	Teaching Status at the Selected School	Teacher's Email Address
	<p>Please list all of the full-time and part-time teachers who TEACH at THIS SCHOOL.</p> <p>List each teacher only once.</p> <p>List in the following order: First name, Middle name, Last name, suffix (if applicable).</p> <p>Please see the reference card for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p>	<p>Enter the numeric code that corresponds to the subject in which the teacher teaches the most classes. If the teacher teaches two or more subjects equally, enter each numeric code that applies.</p> <p>Enter the code for "Other" subject matter for teachers who teach art, foreign language, music, physical education, English as a second language, and any other remaining subjects.</p> <p>1 - Special education 2 - General elementary 3 - Math 4 - Science 5 - English/Language arts 6 - Social studies 7 - Vocational/Technical 8 - Other (e.g., art, music, etc.)</p>	<p>Enter the numeric code which corresponds to the teacher status of each teacher at this school.</p> <p>Include as part-time: Itinerant teachers who teach part-time in this school, regardless of other positions held in this or other districts. Teachers who perform other functions in this school in addition to part-time teaching.</p> <p>For example, a teaching guidance counselor should be counted as a part-time teacher.</p> <p>1 - Full-time 2 - Part-time</p>	<p>Please list each teacher's email address.</p>
	FIRST MIDDLE LAST SUFFIX			
208				
209				
210				
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221				
222				
223				

Thank you very much for your participation in this survey. If you have any questions, please contact us, toll-free, at: 1-888-595-1338 or by e-mail at: addp.education.surveys@census.gov.

To learn more about this survey and to access reports from earlier collections, see the National Teacher and Principal Survey (NTPS) website at: <http://nces.ed.gov/surveys/ntps>

Additional data collected by the National Center for Education Statistics (NCES) on a variety of topics in elementary, secondary, postsecondary, and international education are available from NCES' website at: <http://nces.ed.gov>

For additional data collected by various Federal agencies, including the Department of Education, visit the Federal Statistics clearinghouse at: <http://fedstats.sites.usa.gov>

Conducted by:
U.S. DEPARTMENT OF EDUCATION
NATIONAL CENTER FOR EDUCATION STATISTICS

OMB No. 1850-0598: Approval Expires 06/30/2018

Collected by:
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

SCHOOL QUESTIONNAIRE

NATIONAL TEACHER AND PRINCIPAL SURVEY

2015-16 SCHOOL YEAR



(Please correct any errors in name, address, and ZIP Code.)

THIS SURVEY HAS BEEN ENDORSED BY:

American Association of School Administrators
 American Association of School Librarians
 American Federation of Teachers
 American Montessori Society
 Association for Middle Level Education (formerly National Middle School Association)
 Association for Supervision and Curriculum Development
 Association of American Educators
 Council of the Great City Schools
 National Association of Elementary School Principals
 National Association of Secondary School Principals
 National Parent Teacher Association

Please return your completed questionnaire in the pre-addressed, postage-paid envelope or mail it to:

**U.S. CENSUS BUREAU
 ATTN: DCB/PCSPU, BUILDING 60A
 1201 E. 10TH STREET
 JEFFERSONVILLE, IN 47132-0001**

NOTICE:

This survey is authorized by the Education Sciences Reform Act of 2002, 20 U.S. Code §9541(b) and §9543(a). The results will only be produced as statistical summaries.



- **What is the average student-teacher ratio in the United States?**
- **What is the average salary of a beginning principal?**
- **Have teachers' views of their autonomy in the classroom changed over time?**
- **Have the characteristics of the principal and teacher workforces in the United States changed over time?**

The answers to these questions help school districts and policy makers at the state, federal, and local levels set education policy and improve teacher and principal working conditions.

Since 1988, the National Teacher and Principal Survey and its precursor, the Schools and Staffing Survey, have provided the answers to these and other important education questions from the perspective of Principals and Teachers.

By selecting a statistically representative sample of schools, and teachers in those schools, we are able to provide representative data for the United States without going to every school.

Your school has been selected to participate in the 2015-16 National Teacher and Principal Survey. You will represent thousands of other schools, so it is important that you respond to this survey.

Your responses are protected from disclosure by federal statute (20 U.S.C., §9573). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law.

More information can be found on our website: <http://nces.ed.gov/surveys/ntps>

Paperwork Burden Statement

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 voluntary information collection is 1850-0598. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire, please e-mail: addp.education.surveys@census.gov, or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9046, Washington, DC 20006.



INSTRUCTIONS

The data you enter on this form will be captured through the use of imaging technology. Please print all information clearly in ordinary characters, using a **blue or black ballpoint pen**.

CORRECT marking example –
(Use care to keep characters
in their designated spaces.)

3 5

Yes

No

INCORRECT marking example –

35

Yes

No

OR

3 5

Yes

No

- a. This questionnaire may be completed by any staff member who has access to the school's records.
- b. Please do not write any comments by the answer boxes.
- c. If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.
- d. If you have any questions, call the U.S. Census Bureau at 1-888-595-1338. Someone will be available to take your call Monday through Friday, between 8:00 a.m. and 8:00 p.m. (Eastern Time). The U.S. Census Bureau is also available to answer your questions via e-mail at: addp.education.surveys@census.gov.



1. GENERAL INFORMATION ABOUT THIS SCHOOL

Please report for the school listed on the cover.

1-1. Does this school offer the following grades?

🍏 Please mark (X) Yes or No for each grade level.

Prekindergarten	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Kindergarten	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1st	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2nd	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3rd	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4th	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5th	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6th	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7th	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8th	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9th	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
10th	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
11th	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
12th	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Ungraded	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

1-2. Excluding prekindergarten, postsecondary, and adult education students, around the first of October, how many students were enrolled in this school?

Students

1-3. For this school year (2015-16), what is the Average Daily Attendance (ADA) percentage at this school?

🍏 Round to the nearest whole **PERCENT**.

 %


1-4. What is the official start and end time for MOST students at this school?

🍏 If the start and end times vary by day, record the start and end time for the longest day of the week.

🍏 Do not include prekindergarten or transitional first grade programs.

: Start time

: End time

1-5. How many days are in the SCHOOL YEAR for students in this school?

Days per **SCHOOL YEAR**

1-6. Which of the following best describes this school?

🍏 Mark (X) only one box.

- REGULAR school – elementary or secondary
- SPECIAL PROGRAM EMPHASIS school – such as a science or math school, performing arts school, talented or gifted school, foreign language immersion school, etc.
- SPECIAL EDUCATION school – primarily serves students with disabilities
- CAREER/TECHNICAL/VOCATIONAL school – primarily serves students being trained for occupations
- ALTERNATIVE/OTHER school – offers a curriculum designed to provide alternative or nontraditional education; does not specifically fall into the categories of regular, special program emphasis, special education, or vocational school – *Please describe.* ↘

1-7a. Does this school currently have any students enrolled in kindergarten?

🍏 Please include regular kindergarten as well as transitional (or readiness) kindergarten and transitional first (or pre-first) grade students, if enrolled.

- Yes
- No → **GO TO item 1-8 on page 6.**

b. How long is the school day for a kindergarten, transitional kindergarten, or transitional first grade student?

🍏 Mark (X) only one box.

- Full day (4 hours or more per day)
- Half day (less than 4 hours per day)
- Both full-day and half-day programs are offered

c. How many days per week does a kindergarten, transitional kindergarten, or transitional first grade student attend?

🍏 If the number of days per week varies (e.g., some students attend 3 days per week and some attend 5 days per week), record the most days that a student would attend in a week.

Days per week



1-8. Does this school have a library media center?

(A library media center is an organized collection of printed and/or audiovisual and/or computer resources which is administered as a unit, is located in a designated place or places, and makes resources and services available to students, teachers, and administrators. A library media center may be called a school library, media center, resource center, information center, instructional materials center, learning resource center, or any other similar name.)

Yes

No

1-9a. Does this school offer any courses that are taught entirely online?

Yes

No → **GO TO item 1-10 below.**

**b. Among all the courses you offer at this school, about how many of the courses are entirely online?**

🍏 *Mark (X) only one box.*

One or a few courses

Some courses but less than half

About half

A majority

All courses

1-10. Are the following programs or services currently available AT THIS SCHOOL for students in any of grades K-12 or comparable ungraded levels, regardless of funding source?**a. Before-school or after-school program providing instruction beyond the normal school day for students who need academic assistance**

Yes

No

b. Before-school or after-school program providing instruction beyond the normal school day for students who seek academic advancement or enrichment

Yes

No

c. Before-school or after-school day care programs

Yes

No

1-11. Does this school have instruction specifically designed to address the needs of students with limited-English proficiency, also known as English-language learners (ELLs)?

Yes

No



2. SCHOOL STAFFING

For all teacher counts in items 2-1 and 2-2:

🍏 **INCLUDE** these types of teachers:

- Regular classroom teachers
- Special area or resource teachers (e.g., special education, Title I, art, music, physical education)
- Long-term substitute teachers

🍏 **INCLUDE** as part-time teachers:

- Itinerant teachers who teach part-time at this school or teachers who are shared with other schools
- Employees reported in other items of this section if they also have a part-time teaching assignment at this school

🍏 **DO NOT INCLUDE:**

- Student teachers
- Short-term substitute teachers
- Teachers who teach **ONLY** prekindergarten or adult education

2-1. Around the first of October, how many TEACHERS held full-time or part-time positions or assignments in this school?

🍏 *If none, please mark (X) the box.*

a. Full-time

None or Full-time teachers

b. Part-time

None or Part-time teachers

c. TOTAL number of full- and part-time teachers

Total teachers



2-2. Of the full-time and part-time TEACHERS in this school around the first of October, how many were –

☐ If none, please mark (X) the box.

☐ Please only include each teacher in one category below so none are double-counted.

a. Hispanic or Latino, regardless of race?

None or Teachers

b. White, not of Hispanic or Latino origin?

None or Teachers

c. Black or African American, not of Hispanic or Latino origin?

None or Teachers

d. Asian, not of Hispanic or Latino origin?

None or Teachers

e. Native Hawaiian or other Pacific Islander, not of Hispanic or Latino origin?

None or Teachers

f. American Indian or Alaska Native, not of Hispanic or Latino origin?

None or Teachers

g. Two or more races, not of Hispanic or Latino origin?

None or Teachers

NOTE: Sum of entries in items 2-2(a-g) should be equal to entry in item 2-1c on page 7.



2-3. Around the first of October, how many STAFF held full-time or part-time positions or assignments in this school in each of the following categories?

Employees shared with other schools or the district office should be counted as part-time employees. Employees who hold more than one position in this school should be counted as part-time staff for each position held.

FOR EXAMPLE: If your school's vice principal also serves as a data coach, you would count this person as 1 part-time vice principal (item b) and 1 part-time data coach (item k), even if this person works full-time across the two positions.

🍎 If no FULL-TIME staff members exist, please mark (X) the "None" box under FULL-TIME.

🍎 If no PART-TIME staff members exist, please mark (X) the "None" box under PART-TIME.

🍎 If no full-time or part-time staff members exist, please mark (X) the "None" boxes under BOTH full-time AND part-time.

	FULL-TIME		PART-TIME	
		None		None
a. Principals	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
b. Vice principals and assistant principals	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
c. Instructional coordinators and supervisors, such as curriculum specialists	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
d. Librarians or library media specialists	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
e. School/guidance counselors, excluding psychologists and social workers	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
f. Student support services professional staff				
(1) Nurses	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(2) Social workers	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(3) Psychologists	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(4) Speech therapists or pathologists	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(5) Other professional staff	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
g. Aides				
(1) Regular Title I aides	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
(2) English as a Second Language (ESL) or bilingual teacher aides	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>



2-3. *Continued* – Around the first of October, how many STAFF held full-time or part-time positions or assignments in this school in each of the following categories?

	FULL-TIME		PART-TIME	
(3) Special education instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(4) Special education non-instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(5) Library media center instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(6) Library media center non-instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(7) Other classroom instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
(8) Other non-instructional aides	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
h. Secretaries and other clerical support staff	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
i. Food service personnel	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
j. Custodial and maintenance personnel	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
k. Data coaches or data coordinators	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
l. Technology specialists	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
m. Security guards or security personnel (not law enforcement)	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
n. School Resource Officers (include all career law enforcement officers with arrest authority, who have specialized training and are assigned to work in collaboration with school organizations)	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
o. Sworn law enforcement officers who are not School Resource Officers	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>
p. Other employees not reported above	<input type="text"/>	None <input type="checkbox"/>	<input type="text"/>	None <input type="checkbox"/>



2-4a. Do any of the teachers or staff have the following specialist assignments in this school?
(A specialist works with students.)

(1) Reading specialist

Yes

No

(2) Math specialist

Yes

No

(3) Science specialist

Yes

No

b. Do any of the teachers or staff have the following coaching assignments in this school?
(A coach works with teachers. Coaching includes observing lessons, providing feedback, and demonstrating teaching strategies.)

(1) Reading coach

Yes

No

(2) Math coach

Yes

No

(3) Science coach

Yes

No

(4) General instructional/Not subject-specific coach

Yes

No



2-5a. For THIS school year (2015-16), were there teaching vacancies in this school, that is, teaching positions for which teachers were recruited and interviewed by this school's hiring authority?
 🍏 Please include teaching positions that were vacant for the 2015-16 school year and that may or may not have been filled before the start of the 2015-16 school year.
 🍏 Do not include vacancies for teachers who teach ONLY prekindergarten or adult education.

Yes
 No → GO TO item 2-6a on page 13.

b. How easy or difficult was it to fill the vacancies for this school year in each of the following fields?

🍏 Mark (X) one box on each line.						
	This position is not offered in this school	No vacancy in this field this school year	Easy	Somewhat difficult	Very difficult	Could not fill the vacancy
(1) General elementary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Special education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) English or language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) Computer science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6) Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(7) Biology or life sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(8) Physical sciences (e.g., chemistry, physics, earth sciences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(9) English as a Second Language (ESL) or bilingual education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(10) Foreign languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11) Music or art	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12) Career or technical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(13) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



- 2-6a. Around the first of October, how many teachers were newly hired by this school?**
 (Newly hired teachers are teachers not employed in this school last school year as teachers.)
 🍏 Do not include newly hired teachers who teach ONLY prekindergarten or adult education.
 🍏 Record HEAD COUNTS, not FTEs (full-time equivalent).
 🍏 If none, please mark (X) the box.

None → GO TO Section 3 on page 14.

Teachers


- b. Of those newly hired teachers, how many were in their first year of teaching?**
 🍏 Record HEAD COUNTS, not FTEs (full-time equivalent).
 🍏 If none, please mark (X) the box.

None or Teachers



3. COMMUNITY SERVICE REQUIREMENTS

The questions in this section are about the DISTRICT that this school is a part of, not this specific school. You may wish to contact the district to obtain the information requested if it is not immediately known.

3-1. Does this DISTRICT grant high school diplomas?

🍎 Do NOT include vocational certificates, certificates of attendance, or certificates of completion.

Yes

No → [GO TO Section 4 on page 15.](#)

3-2. For high school graduates of the class of 2016, does this school or district have a community service requirement for a standard diploma?

Yes

No → [GO TO Section 4 on page 15.](#)

3-3. What is the minimum number of community service hours required of the high school graduates in the class of 2016?

Hours



4. SPECIAL PROGRAMS AND SERVICES

4-1a. Of the students enrolled in this school, do any have an Individual Education Plan (IEP) because they have special needs?

🍏 Do NOT include prekindergarten, postsecondary, or adult education students.

Yes

No → GO TO item 4-3a on page 16.



b. How many students have an Individual Education Plan (IEP) because they have special needs?

🍏 Do NOT include prekindergarten, postsecondary, or adult education students.

Students

4-2a. Does this school primarily serve students with disabilities?

🍏 If you marked "SPECIAL EDUCATION school - primarily serves students with disabilities" for item 1-6, please mark "Yes" for this item.

Yes → GO TO item 4-3a on page 16.

No



b. How many students with disabilities are in each of the following instructional settings?

🍏 The sum of entries in item 4-2b should equal the entry in item 4-1b above.

🍏 If none, please mark (X) the box.

(1) All day in a regular classroom (100 percent of the school day)

None or Students

(2) Most of the day in a regular classroom (80-99 percent of the school day)

None or Students

(3) Some of the day in a regular classroom (40-79 percent of the school day)

None or Students

(4) Little or none of the day in a regular classroom (0-39 percent of the school day)

None or Students



4-3a. Does this school have any prekindergarten students?

NOTE: Previous items asking for student counts requested that prekindergarten students be excluded. Prekindergarten students are included here because they often receive National School Lunch Program and Title I services asked about in items 4-4 – 4-7.

- Yes
- No → GO TO item 4-4a below.

b. Around the first of October, how many prekindergarten students were enrolled in this school?

Prekindergarten students

4-4a. Does this school participate in the National School Lunch Program (that is, the federal free or reduced-price lunch program)?

- Yes
- No → GO TO item 4-5 below.

b. Around the first of October, how many students at this school were APPROVED for free or reduced-price lunches?

🍏 Report a separate count for prekindergarten students.
 🍏 If none, please mark (X) the box.

None or K-12 students approved

None or Prekindergarten students approved

4-5. Around the first of October, did any students enrolled in this school receive Title I services at this school or at any other location?

(Title I is a federally funded program that provides educational services, such as remedial reading or remedial math, to children who live in areas with high concentrations of low-income families.)

- Yes
- No → GO TO Section 5 on page 18.

4-6. How many students participate in the Title I program?

🍏 Report a separate count for prekindergarten students.
 🍏 If none or all, please mark (X) the box.

No K-12 students

All K-12 students

K-12 students

No Prekindergarten students

All Prekindergarten students

Prekindergarten students



4-7. Are students receiving Title I services in –**a. Reading or language arts?** Yes No**b. Mathematics?** Yes No**c. English as a Second Language (ESL)?** Yes No**4-8. In head counts, how many designated Title I teachers were teaching AT THIS SCHOOL around the first of October?**

🍎 *If none, please mark (X) the box.*

None or Title I teachers



5. CHARTER SCHOOL INFORMATION

5-1. Is this school a public CHARTER school?

(A charter school is a public school that, in accordance with an enabling state statute, has been granted a charter exempting it from selected state or local rules and regulations. A charter school may be a newly created school or it may previously have been a public or private school.)

Yes

No → [GO TO Section 6 on page 19.](#)

5-2. Which of the following best describes the governance structure of this public charter school?

An independent or stand-alone charter school

Part of a non-profit charter management organization or network of schools that are managed by a central agency

Part of a for-profit charter management organization or network of schools that are managed by a central agency

Part of a traditional public school district

Other – *Please describe* →



6. CONTACT INFORMATION

6-1. What is the name of the person who completed most of this questionnaire?

6-2. What is his or her job title?

6-3. What is his or her phone number?

6-4. What is his or her work e-mail address?

6-5. Please enter the date you completed this questionnaire.

🍏 Report month as a number, that is, 01 for January, 02 for February, etc.

Month

Day

Year

6-6. Please indicate how much time it took you to complete this form, not counting interruptions.

Minutes

Thank you very much for your participation
in this survey. If you have any questions,
please contact us, toll-free, at: 1-888-595-1338
or by e-mail at: addp.education.surveys@census.gov.

Please return your completed questionnaire
in the enclosed pre-addressed, postage-paid
envelope or mail it to:

U.S. CENSUS BUREAU
ATTN: DCB/PCSPU, BUILDING 60A
1201 E. 10TH STREET
JEFFERSONVILLE, IN 47132-0001



To learn more about this survey and to access reports from earlier collections, see the National Teacher and Principal Survey (NTPS) website at: <http://nces.ed.gov/surveys/ntps>

Additional data collected by the National Center for Education Statistics (NCES) on a variety of topics in elementary, secondary, postsecondary, and international education are available from NCES' website at: <http://nces.ed.gov>

For additional data collected by various Federal agencies, including the Department of Education, visit the Federal Statistics clearinghouse at: <http://fedstats.sites.usa.gov>



Conducted by:
U.S. DEPARTMENT OF EDUCATION
NATIONAL CENTER FOR EDUCATION STATISTICS

OMB No. 1850-0598 Approval Expires 06/30/2018

Collected by:
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

PRINCIPAL QUESTIONNAIRE

NATIONAL TEACHER AND PRINCIPAL SURVEY

2015-16 SCHOOL YEAR



(Please correct any errors in name, address, and ZIP Code.)

THIS SURVEY HAS BEEN ENDORSED BY:

American Association of School Administrators
 American Association of School Librarians
 American Federation of Teachers
 American Montessori Society
 Association for Middle Level Education (formerly National Middle School Association)
 Association for Supervision and Curriculum Development
 Association of American Educators
 Council of the Great City Schools
 National Association of Elementary School Principals
 National Association of Secondary School Principals
 National Parent Teacher Association

Please return your completed questionnaire in the pre-addressed, postage-paid envelope or mail it to:

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 ATTN: DCB/PCSPU, BUILDING 60A
 1201 E. 10TH STREET
 JEFFERSONVILLE, IN 47132-0001**

NOTICE:

This survey is authorized by the Education Sciences Reform Act of 2002, 20 U.S. Code §9541(b) and §9543(a). The results will only be produced as statistical summaries.



- **What is the average student-teacher ratio in the United States?**
- **What is the average salary of a beginning principal?**
- **Have teachers' views of their autonomy in the classroom changed over time?**
- **Have the characteristics of the principal and teacher workforces in the United States changed over time?**

The answers to these questions help school districts and policy makers at the state, federal, and local levels set education policy and improve teacher and principal working conditions.

Since 1988, the National Teacher and Principal Survey and its precursor, the Schools and Staffing Survey, have provided the answers to these and other important education questions from the perspective of Principals and Teachers.

By selecting a statistically representative sample of schools, and teachers in those schools, we are able to provide representative data for the United States without going to every school.

Your school has been selected to participate in the 2015-16 National Teacher and Principal Survey. You will represent thousands of other principals, so it is important that you respond to this survey.

Your responses are protected from disclosure by federal statute (20 U.S.C., §9573). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law.

More information can be found on our website: <http://nces.ed.gov/surveys/ntps>

Paperwork Burden Statement

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 voluntary information collection is 1850-0598. The time required to complete this information collection is estimated to average 22 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire, please e-mail: addp.education.surveys@census.gov, or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9046, Washington, DC 20006.



INSTRUCTIONS

The data you enter on this form will be captured through the use of imaging technology. Please print all information clearly in ordinary characters, using a **blue or black ballpoint pen**.

CORRECT marking example –
(Use care to keep characters
in their designated spaces.)

Yes

No

INCORRECT marking example –

Yes

No

OR

Yes

No

- a. It is important that this questionnaire be completed by the school PRINCIPAL, not by anyone else.
- b. Please do not write any comments by the answer boxes.
- c. If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.
- d. If you have any questions, call the U.S. Census Bureau at 1-888-595-1338. Someone will be available to take your call Monday through Friday, between 8:00 a.m. and 8:00 p.m. (Eastern Time). The U.S. Census Bureau is also available to answer your questions via e-mail at: addp.education.surveys@census.gov.



1. PRINCIPAL EXPERIENCE AND TRAINING

1-1. **BEFORE** you became a principal, how many years of elementary, middle, or secondary teaching experience did you have?

🍎 *Count part of a year as 1 year.*

🍎 *If none, please mark (X) the box.*

None or Year(s) of teaching before becoming a principal

1-2. **BEFORE** you became a principal, did you hold the position of an assistant principal or program director?

🍎 *Include temporary positions.*

Yes

No

1-3. **BEFORE** you became a principal, did you have any management experience outside of the field of education?

Yes

No

1-4. **BEFORE** you became a principal, did you participate in any district or school training or development program for ASPIRING school principals?

Yes

No

1-5. **PRIOR** to this school year, how many years did you serve as the principal of THIS OR ANY OTHER school?

🍎 *Do NOT include any years you served as ASSISTANT principal.*

🍎 *Count part of a year as 1 year.*

🍎 *If none, please mark (X) the box.*

None or Year(s) as principal of this or any other school

1-6. **PRIOR** to this school year, how many years did you serve as the principal of THIS school?

🍎 *Do NOT include any years you served as ASSISTANT principal.*

🍎 *Count part of a year as 1 year.*

🍎 *If none, please mark (X) the box.*

None or Year(s) as principal of this school



1-7. What is the highest degree you have earned?

🍏 *Mark (X) only one box.*

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

1-8. Which of the following best describes the highest degree you have earned?

🍏 *Mark (X) only one box.*

- It was awarded by your school's college of Education, school of Education, or department of Education
- It was awarded by another college, school, or department, not in Education

1-9. Do you currently hold a license or certification in "school administration"?

- Yes
- No

1-10. WHILE serving as a principal, have you also regularly taught one or more classes at the elementary, middle, or secondary level?

🍏 *Do not include time spent as a short-term substitute teacher.*

- Yes
- No → [GO TO Section 2 on page 6.](#)

1-11. While serving as a principal, how many YEARS did you regularly teach at the elementary, middle, or secondary level?

🍏 *Count part of a year as 1 year.*

🍏 *Include the 2015-16 school year in this count, if applicable.*

🍏 *If none, please mark (X) the box.*

- None → [GO TO Section 2 on page 6.](#)

YEAR(S) of teaching since becoming a principal

1-12. In addition to serving as principal, are you CURRENTLY teaching in THIS school?

🍏 *Do not include time spent as a short-term substitute teacher.*

- Yes
- No



2. GOALS AND DECISION MAKING

2-1. We are interested in the importance you place on various educational goals. From the following ten goals, which do you consider the most important, the second most important, and the third most important?

- 1 - Building basic literacy skills (reading, math, writing, speaking)
- 2 - Encouraging academic excellence
- 3 - Preparing students for postsecondary education
- 4 - Promoting occupational or vocational skills
- 5 - Promoting good work habits and self-discipline
- 6 - Promoting personal growth (self-esteem, self-knowledge, etc.)
- 7 - Promoting human relations skills
- 8 - Promoting specific moral values
- 9 - Promoting multicultural awareness or understanding
- 10 - Fostering religious or spiritual development

Most important

Second most important

Third most important

2-2. How much ACTUAL influence do you think you have as a principal on decisions concerning the following activities?

		🍏 Mark (X) one box on each line.				
		No influence	Minor influence	Moderate influence	Major influence	Not applicable
a.	Setting performance standards for students of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Establishing curriculum at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Determining the content of in-service professional development programs for teachers of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Evaluating teachers of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Hiring new full-time teachers of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Setting discipline policy at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Deciding how your school budget will be spent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. SCHOOL CLIMATE AND SAFETY

3-1. To the best of your knowledge, how often do the following types of problems occur at this school?

	🍏 Mark (X) one box on each line.				
	Happens daily	Happens at least once a week	Happens at least once a month	Happens on occasion	Never happens
a. Physical conflicts among students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Robbery or theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Student use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Student use of illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Student possession of weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical abuse of teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Student racial tensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Student bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Student verbal abuse of teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Widespread disorder in classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Student acts of disrespect for teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Gang activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3-2. LAST school year (2014-15), what percentage of students had at least one parent or guardian participating in the following events?

	🍏 Mark (X) one box on each line.				
	0-25%	26-50%	51-75%	76-100%	Not applicable
a. Open house or back-to-school night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. All regularly scheduled schoolwide parent-teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special subject-area events (e.g., science fair, concerts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Parent education workshops or courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Signing of a school-parent compact (This is an agreement between school community members [e.g., parents, principals, teachers, and students] that acknowledges the shared responsibility for student learning and/or the school's policies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Volunteer in the school as needed or on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Involvement in school instructional issues (e.g., planning classroom learning activities, providing feedback on curriculum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Involvement in governance (e.g., PTA or PTO meetings, school board, parent booster clubs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Involvement in budget decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3-3. Are teachers at this school REQUIRED to do the following?

a. Help students with academic needs OUTSIDE of regular school hours

Yes

No

b. Help students with social and emotional needs OUTSIDE of regular school hours

Yes

No

3-4. Are BEGINNING teachers at this school enrolled in a formal schoolwide or districtwide program aimed to enhance teachers' effectiveness by providing systematic support (sometimes called a teacher induction program)?

🍏 A beginning teacher refers to a teacher who is in the first or second year of teaching.

Yes

No



4. WORKING CONDITIONS AND PRINCIPAL PERCEPTIONS

- 4-1. Including hours spent during the school day, before and after school, and on the weekends, how many hours do you spend on ALL school-related activities during a typical FULL WEEK at THIS school?

Total WEEKLY hours spent on school-related activities

- 4-2. On average throughout the school year, what percentage of time do you estimate that you spend on the following tasks in this school?

- 🍏 Rough estimates are sufficient.
- 🍏 Please write a percentage in each row. Write 0 if none.
- 🍏 Responses should add up to 100%.

a. Internal administrative tasks, including human resource/personnel issues, regulations, reports, school budget	<input type="text"/>	%
b. Curriculum and teaching-related tasks, including teaching, lesson preparation, classroom observations, mentoring teachers	<input type="text"/>	%
c. Student interactions, including discipline and academic guidance	<input type="text"/>	%
d. Parent interactions, including formal and informal interactions	<input type="text"/>	%
e. Other – please specify → <input type="text"/>	<input type="text"/>	%
f. Total	<input type="text" value="100"/>	%

- 4-3. How many days per year are you required to work under your current contract?

- 🍏 Include professional development, student contact days, and any other days covered by your contract.

Days per contract year

- 4-4. Are you represented under a meet-and-confer agreement or a collective bargaining agreement?

("Meet-and-confer" discussions are for the purpose of reaching non-legally-binding agreements. Collective bargaining agreements are legally-binding agreements.)

- 🍏 Mark (X) only one box.

- Yes, meet-and-confer
- Yes, collective bargaining
- No



4-5. To what extent do you agree or disagree with each of the following statements?

	🍏 <i>Mark (X) one box on each line.</i>			
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. The stress and disappointments involved in being a principal at this school aren't really worth it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am generally satisfied with being principal at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could get a higher paying job I'd leave this job as soon as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I think about transferring to another school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I don't seem to have as much enthusiasm now as I did when I began this job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I think about staying home from school because I'm just too tired to go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4-6. How long do you plan to remain a principal?

🍏 *Mark (X) only one box.*

- As long as I am able
- Until I am eligible for retirement benefits from this job
- Until I am eligible for retirement benefits from a previous job
- Until I am eligible for Social Security benefits
- Until a specific life event occurs (e.g., children graduate from college, relocation)
- Until a more desirable job opportunity comes along
- Definitely plan to leave as soon as I can
- Undecided at this time



5. STUDENT GROWTH AND TEACHER EVALUATION

- 5-1. During this school year (2015-16), is student achievement growth on standardized assessments used in the performance evaluation of teachers in this school? Please include student achievement growth within a teacher's classroom as well as teamwide, gradewide, or schoolwide student achievement growth.

Student achievement growth is the change in student achievement for an individual student between two or more points in time, and may be measured using student growth percentiles, value added, or other measures of change in student achievement over time.

Standardized assessments are assessments consistently administered and scored for all students in the same grades and subjects, districtwide. These might include required state summative assessments, assessments purchased from testing companies, or district-developed assessments that are administered districtwide.

Student achievement growth on standardized assessments is:

- Used in the evaluation of ALL teachers in the school, including all grades, all subjects (including art, music, and physical education), special education, and special populations such as English learners and students with disabilities.
- Used in the evaluation of SOME (but not all) teachers in this school.
- Not used in the evaluation of any teachers in this school.

- 5-2. During this school year (2015-16), which of the following sources of information on teacher performance does your school use in teacher evaluations?

a. Classroom observations using a teacher professional practice rubric, conducted by the principal or other school administrator

- Used in evaluating teachers
- Not used in evaluating teachers

b. Classroom observations using a teacher professional practice rubric, conducted by someone other than a school administrator (such as a peer or mentor teacher, instructional coach, central office staff member, or an observer from outside the school or district)

- Used in evaluating teachers
- Not used in evaluating teachers

c. Teacher self-assessment

- Used in evaluating teachers
- Not used in evaluating teachers

d. Portfolios or other artifacts of teacher professional practice

- Used in evaluating teachers
- Not used in evaluating teachers



5-2. Continued –**e. Assessments by a peer or mentor teacher that are not based on a teacher professional practice rubric**

- Used in evaluating teachers
- Not used in evaluating teachers
-

f. Student work samples

- Used in evaluating teachers
- Not used in evaluating teachers
-

g. Student surveys or other student feedback

- Used in evaluating teachers
- Not used in evaluating teachers
-

h. Parent surveys or other parent feedback

- Used in evaluating teachers
- Not used in evaluating teachers
-

5-3. Will the performance evaluation results for teachers for this school year (2015-16) be used to inform any of the following decisions about teacher professional development?**a. Feedback given to teachers on their professional practice**

- Yes
- No
-

b. Planning professional development for individual teachers

- Yes
- No
-

c. Development of performance improvement plans for low-performing teachers

- Yes
- No
-

d. Setting goals with teachers for student achievement growth for the next school year

- Yes
- No
-

e. Identifying low-performing teachers for coaching, mentoring, or peer assistance

- Yes
- No



5-4. Will the performance evaluation results for teachers for this school year (2015-16) be used to inform any of the following decisions about teacher career advancement?

a. Recognizing high-performing teachers

Yes

No

b. Determining annual salary increases

Yes

No

c. Determining bonuses or performance-based compensation other than salary increases

Yes

No

This school does not use bonuses or performance-based compensation

d. Granting tenure or similar job protection

Yes

No

This school does not grant tenure or similar job protection

e. Career advancement opportunities, such as teacher leadership roles

Yes

No

5-5. Will the performance evaluation results for teachers for this school year (2015-16) be used to inform any of the following decisions about low-performing teachers?

a. Loss of tenure or similar job protection

Yes

No

This school does not grant tenure or similar job protection

b. Sequencing potential layoffs to reduce staff

Yes

No

c. Dismissing or terminating employment for cause

Yes

No



6. PRINCIPAL DEMOGRAPHIC INFORMATION

6-1. Are you male or female?

Male

Female

6-2. Are you of Hispanic or Latino origin?

Yes

No

6-3. What is your race?

🍏 *Mark (X) one or more races to indicate what you consider yourself to be.*

White

Black or African-American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

6-4. What is your year of birth?

1 9

6-5. What is your current ANNUAL salary for your position in this school before taxes and deductions?

🍏 *If your position includes multiple duties (e.g., you teach a class and serve as principal at this school), please include your entire salary before taxes and deductions.*

🍏 *Please report in whole dollars.*

\$, .00 per year



7. CONTACT INFORMATION

- 7-1. The survey you have completed may involve a brief follow-up next school year in order to gain information on principals' movements in the labor force. The following information would assist us in contacting you if you have moved or changed jobs. Please keep in mind that all information provided here is strictly confidential and will only be used in the event that we need to contact you for follow-up. Your responses are protected from disclosure by federal statute (20 U.S.C., §9543). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law.

Please PRINT your name, home address, your work, cell, and home telephone numbers, and your work and home e-mail addresses.

- a. First name

Middle name

Last name

Suffix

- b. Street address

- c. City

- d. State

- e. ZIP Code + 4

- f. Work phone number

AREA CODE TELEPHONE NUMBER

- g. Cell phone number

AREA CODE TELEPHONE NUMBER

- h. Home phone number

AREA CODE TELEPHONE NUMBER

- i. Work e-mail address

- j. Home e-mail address



7-2. Please enter the date you completed this questionnaire.

🍏 Report month as a number, that is, 01 for January, 02 for February, etc.

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/>

7-3. Please indicate how much time it took you to complete this form, not counting interruptions.

🍏 Please record the time in minutes, e.g., 50 minutes, 65 minutes, etc.

<input type="text"/>	Minutes
----------------------	---------

**Thank you very much for your participation
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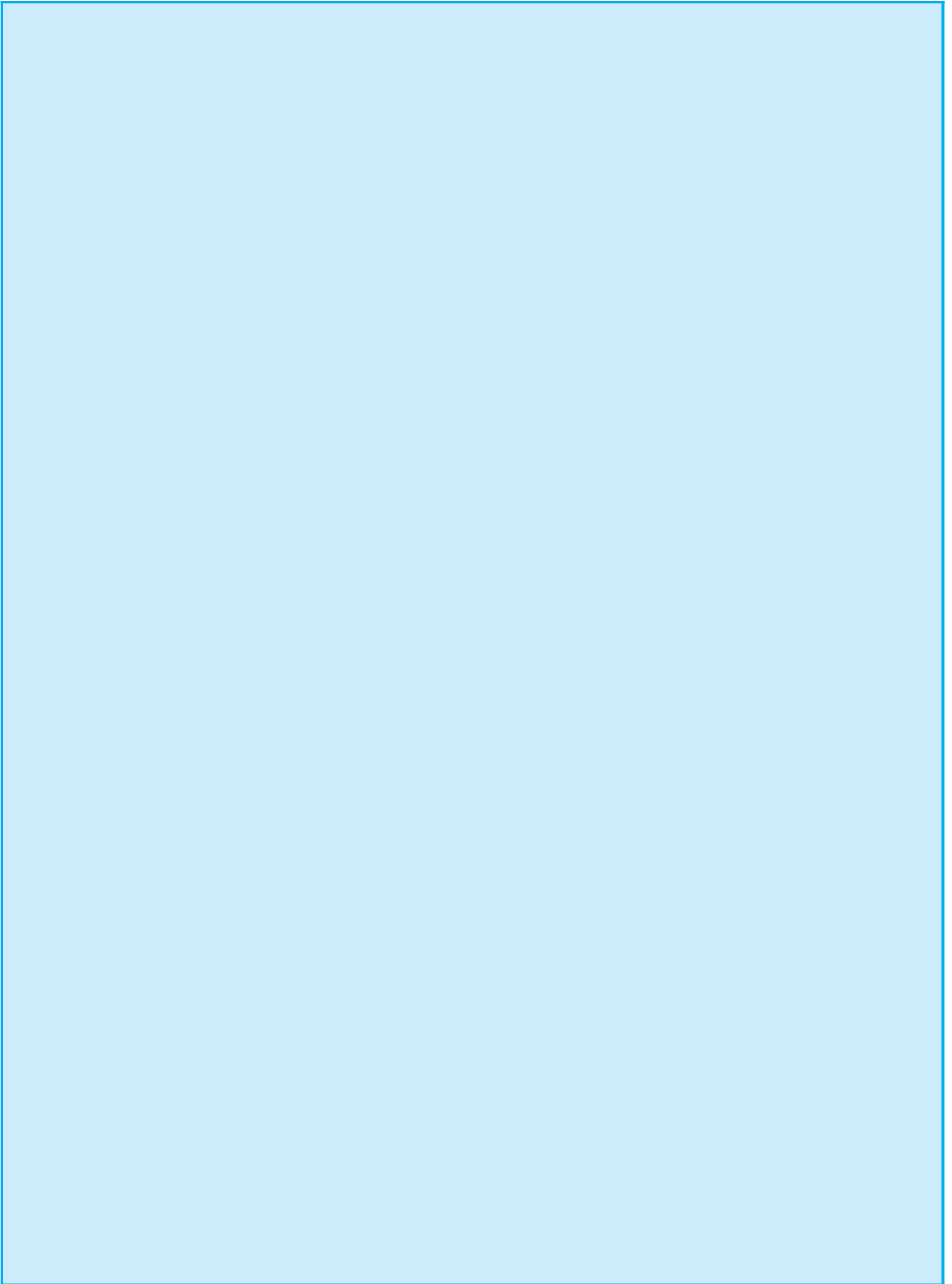


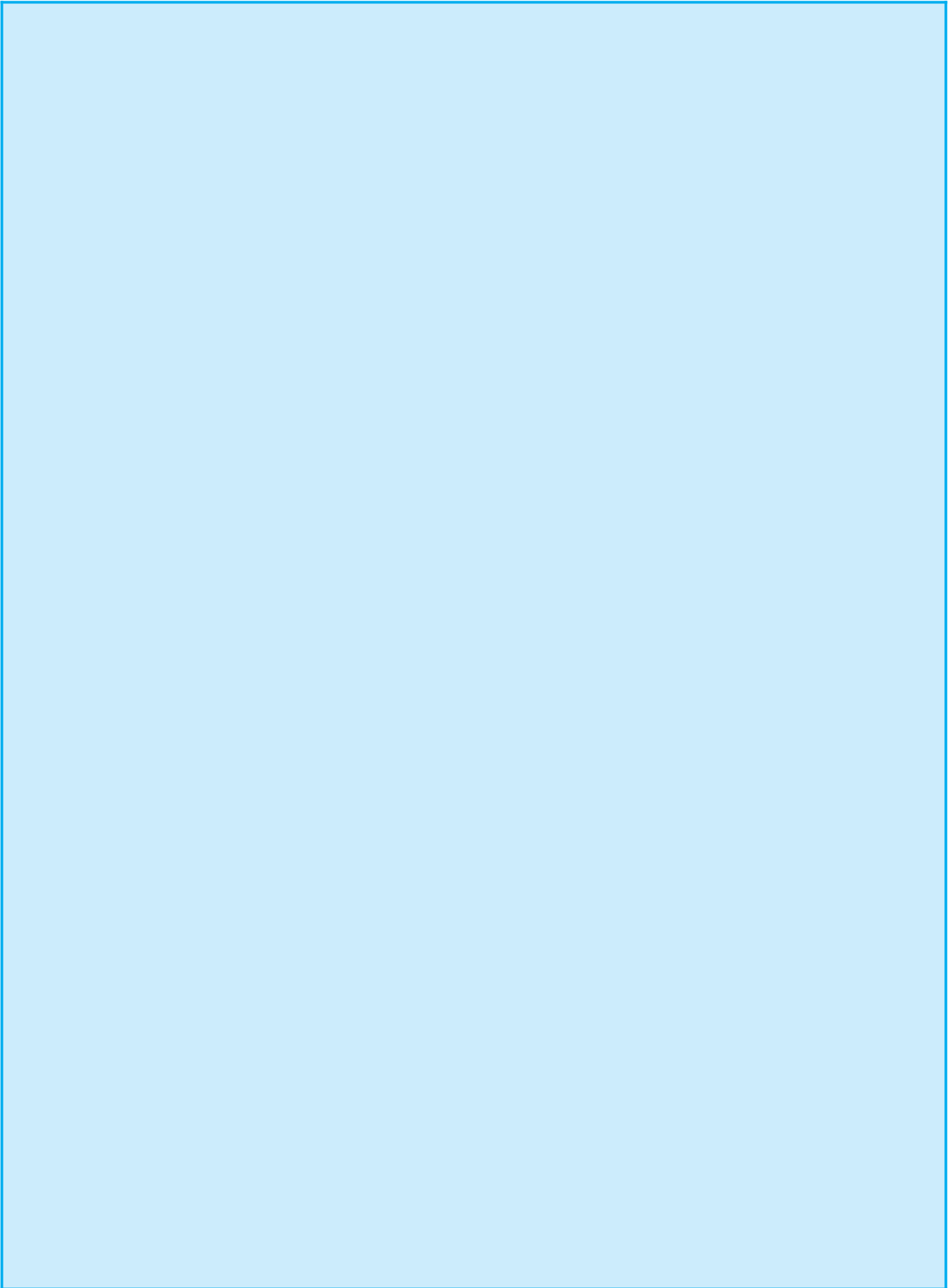
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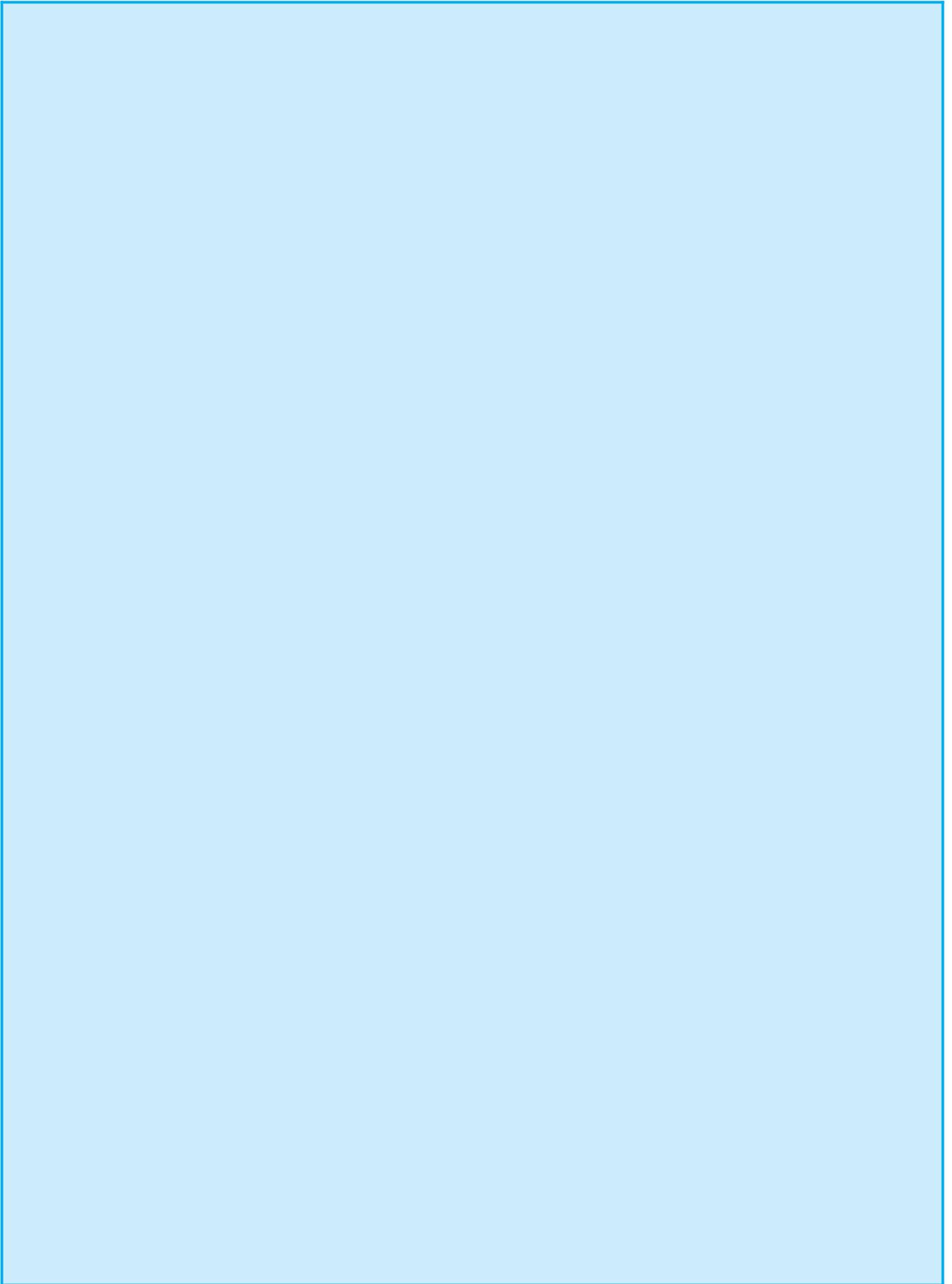
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Conducted by:
U.S. DEPARTMENT OF EDUCATION
NATIONAL CENTER FOR EDUCATION STATISTICS

OMB No. 1850-0598: Approval Expires 06/30/2018

Collected by:
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Economics and Statistics Administration
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TEACHER QUESTIONNAIRE

NATIONAL TEACHER AND PRINCIPAL SURVEY

2015-16 SCHOOL YEAR



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Council of the Great City Schools
National Association of Elementary School Principals
National Association of Secondary School Principals
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The data you enter on this form will be captured through the use of imaging technology. Please print all information clearly in ordinary characters, using a **blue or black ballpoint pen**.

CORRECT marking example – <i>(Use care to keep characters in their designated spaces.)</i>	INCORRECT marking example –
	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	OR <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

- a. If you are the teacher named on the cover page label, please complete the questionnaire.
- b. Please do not write any comments near the answer boxes.
- c. If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.
- d. If you have any questions, call the U.S. Census Bureau at 1-888-595-1338. Someone will be available to take your call Monday through Friday, between 8:00 a.m. and 8:00 p.m. (Eastern Time). The U.S. Census Bureau is also available to answer your questions via e-mail at: addp.education.surveys@census.gov.

Teachers who teach in multiple schools: Please respond to questions as they apply to the school where you received this questionnaire.

Grades K-12 and comparable ungraded levels. This survey focuses on schools offering any of grades K-12 or comparable ungraded levels at the elementary, middle, or secondary level. The term “ungraded levels” refers to schools that classify students by an alternative means other than particular grade levels (e.g., Kindergarten, 1st grade, 2nd grade, etc.).

Paperwork Burden Statement

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 voluntary information collection is 1850-0598. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire, please e-mail: addp.education.surveys@census.gov, or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9046, Washington, DC 20006.



1. GENERAL INFORMATION

1-1. How do you classify your position at THIS school, that is, the activity at which you spend most of your time during this school year?

🍏 *Mark (X) only one box.*

- 1 Regular full-time teacher (in any of grades K-12 or comparable ungraded levels)
- 2 Regular part-time teacher (in any of grades K-12 or comparable ungraded levels)
- 3 Itinerant teacher (i.e., your assignment requires you to provide instruction at more than one school)
- 4 Long-term substitute (i.e., your assignment requires that you fill the role of a regular teacher on a long-term basis, but you are still considered a substitute)
- 5 Short-term substitute
- 6 Student teacher
- 7 Teacher aide
- 8 Administrator (e.g., principal, assistant principal, director, school head)
- 9 Library media specialist or Librarian
- 10 Other professional staff (e.g., counselor, curriculum coordinator, social worker)
- 11 Support staff (e.g., secretary)

1-2. Which box did you mark in item 1-1 above?

- Box 1 → *GO TO item 1-5 on page 4.*
- Box 2, 3, or 4 → *GO TO item 1-4 on page 4.*
- Box 5, 6, or 7 → *Please STOP now and return this questionnaire to the U.S. Census Bureau. Thank you for your time.*
- Box 8, 9, 10, or 11



1-3. Do you TEACH one or more classes at THIS school, at least once per week, in any of grades K-12 or comparable ungraded levels?

🍏 *If you work as a library media specialist or librarian at this school, do not include classes in which you teach students how to use the library (e.g., library skills or library research).*

🍏 *If you teach a particular specialty either within or outside of a regular classroom (e.g., reading specialist, special education teacher, English as a Second Language teacher), include that time as a regularly scheduled class.*

- Yes → *GO TO item 1-4 on page 4.*
- No → *Please STOP now and return this questionnaire to the U.S. Census Bureau. Thank you for your time.*



1-4. How much time do you work as a TEACHER in any of grades K-12 or comparable ungraded levels at THIS school?

☛ Mark (X) only one box.

- Full time
- 3/4 time or more, but less than full-time
- 1/2 time or more, but less than 3/4 time
- 1/4 time or more, but less than 1/2 time
- Less than 1/4 time
- I do not teach any of grades K-12 or comparable ungraded levels →

Please STOP now and return this questionnaire to the U.S. Census Bureau. Thank you for your time.

1-5. When did you begin teaching, either full-time or part-time, at THIS school?

☛ Do NOT include time spent as a student teacher.

☛ Enter the month AND year. Report month as a number, that is, 01 for January, 02 for February, etc.

Month

Year

1-6. LAST school year (2014-15), what was your MAIN activity?

☛ Mark (X) only ONE box which best applies to how you spent the MOST time LAST school year.

☛ If you were a substitute or itinerant teacher, please mark (X) the box which best applies to your MAIN activity LAST school year.

- Teaching in this school
- Teaching in another public elementary, middle, or secondary school IN THIS SCHOOL SYSTEM
- Teaching in a public elementary, middle, or secondary school IN A DIFFERENT SCHOOL SYSTEM IN THIS STATE
- Teaching in a public elementary, middle, or secondary school IN ANOTHER STATE
- Teaching in a PRIVATE elementary, middle, or secondary school
- Teaching in a preschool
- Teaching at a college or university
- Student at a college or university
- Working in a position in the field of education, but not as a teacher
- Working in a position outside the field of education
- On leave (e.g., maternity or paternity leave, disability leave, sabbatical)
- Caring for family members, but not on leave (e.g., homemaking, childrearing)
- Military service
- Unemployed and seeking work
- Retired from another job
- Other – please specify →



1-7. When did you FIRST begin teaching, either full-time or part-time, at the K-12 or comparable ungraded level?

🍏 Do NOT include time spent as a student teacher.

🍏 Enter the month AND year. Report month as a number, that is, 01 for January, 02 for February, etc.

Month

Year

1-8. In how many schools have you taught, either full-time or part-time, at the K-12 or comparable ungraded level?

🍏 Do NOT include time spent as a student teacher.

Schools

1-9. Excluding time spent on maternity/paternity leave or sabbatical, how many school years have you worked, either full-time or part-time, as a K-12 or comparable ungraded level teacher in public, public charter, or private schools?

🍏 Include the current school year.

🍏 Do NOT include time spent as a student teacher.

🍏 Report years to the nearest whole year, not fractions or months.

School years



2. CLASS ORGANIZATION

2-1. Do you currently teach students in any of these grades at THIS school?

🍎 Please mark (X) Yes or No for each grade level.

Prekindergarten	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kindergarten	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1st	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2nd	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3rd	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ungraded	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2-2. Of all the students you teach at THIS school, how many have an Individualized Education Program (IEP) because they have disabilities or are special education students?

🍎 Do NOT include students who have only a 504 plan.

🍎 If none, please mark (X) the box.

None or Students



2-3. Of all the students you teach at THIS school, how many are of limited-English proficiency (LEP) or are English-language learners (ELLs)?

(Students of limited-English proficiency [LEP] or English-language learners [ELLs] are those whose native or dominant language is other than English and who have sufficient difficulty speaking, reading, writing, or understanding the English language as to deny them the opportunity to learn successfully in an English-speaking-only classroom.)

🍏 *If none, please mark (X) the box.*

None or Students

2-4. Using Table 1 on page 10, this school year, in what subject is your MAIN teaching assignment at THIS school, that is, the subject matter in which you teach the most classes?

🍏 *Record one of the main teaching assignment codes and labels from Table 1 on page 10.*

Main Teaching Assignment Code Main Teaching Assignment Label

2-5. Are you intentionally assigned to instruct the same group of students for more than one year (e.g., looping)?

Yes

No

2-6a. During any of your classes, do you have students use instructional software to learn some or all of their lessons?

Yes

No → **GO TO item 2-7 on page 8.**



b. Does any of the instructional software the students use AUTOMATICALLY ADJUST the level of instruction to an individual student's performance?

Yes

No



2-7. Which statement best describes the way YOUR classes at THIS school are organized?

🍏 *Mark (X) only one box.*

- 1 You instruct several classes of different students most or all of the day in one or more subjects (sometimes called Departmentalized Instruction).
- 2 You are an elementary school teacher who teaches only one subject to different classes of students (sometimes called an Elementary Subject Specialist).
- 3 You instruct the same group of students all or most of the day in multiple subjects (sometimes called a Self-Contained Class).
- 4 You are one of two or more teachers, in the same class, at the same time, and are jointly responsible for teaching the same group of students all or most of the day (sometimes called Team Teaching).
- 5 You instruct a small number of selected students released from or in their regular classes in specific skills or to address specific needs (sometimes called a "Pull-Out" Class or "Push-In" Instruction).

2-8. Which box did you mark in item 2-7 above?

Box 1 or 2 → *GO TO item 2-12 on page 11.*

Box 3 or 4

Box 5 → *GO TO item 2-10 below.*

2-9. During your most recent FULL WEEK of teaching at THIS school, what is the total number of students enrolled in the class you taught?

🍏 *If you teach more than one self-contained class, report the number from your class with the most students.*

Students → *GO TO item 2-11 on page 9.*

2-10. During your most recent FULL WEEK of teaching at THIS school, what is the average number of students you taught at any one time?

Students



2-11. During your most recent FULL WEEK of teaching, approximately how many hours did YOU spend teaching each of the following subjects at THIS school?

🍎 If you taught two or more subjects at the same time, apportion the time to each subject the best you can.

🍎 Report hours to the nearest whole hour; do not record fractions of an hour or minutes.

🍎 If you did not teach a particular subject during the week, mark (X) the "None" box.

a. English, reading, or language arts (including reading and writing)

None or Hours per week

(1) Of these hours, how many were designated for reading instruction?

None or Hours per week

GO TO item 2-11b below.

b. Arithmetic or mathematics

None or Hours per week

c. Social studies or history

None or Hours per week

d. Science

None or Hours per week

GO TO Section 3 on page 12.



**Table 1. Main Teaching Assignment and Subject-matter Codes and Labels
For Questions 2-4 and 2-13**

General Education Codes and Labels

Elementary Education

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

Special Education

110	Special education, any
-----	------------------------

Subject-matter Specific Codes and Labels

Arts and Music

141	Art or arts and crafts
142	Art history
143	Dance
144	Drama or theater
145	Music

English and Language Arts

151	Communications
152	Composition
153	English
154	Journalism
155	Language arts
157	Literature or literary criticism
158	Reading
159	Speech

English as a Second Language (ESL)

160	ESL or bilingual education: General
161	ESL or bilingual education: Spanish
162	ESL or bilingual education: Other languages

Foreign Languages

171	French
172	German
173	Latin
174	Spanish
175	Other foreign language

Health Education

181	Health education
182	Physical education

Mathematics and Computer Science

191	Algebra I
192	Algebra II
193	Algebra III
194	Basic and general mathematics
195	Business and applied math
196	Calculus and pre-calculus
197	Computer science
198	Geometry
199	Pre-algebra
200	Statistics and probability
201	Trigonometry

Natural Sciences

210	Science, general
211	Biology or life sciences
212	Chemistry
213	Earth sciences
214	Engineering
215	Integrated science
216	Physical sciences
217	Physics
218	Other natural sciences

Social Sciences

220	Social studies, general
221	Anthropology
222	Area or ethnic studies (excluding Native American studies)
225	Economics
226	Geography
227	Government or civics
228	History
231	Native American studies
232	Political Science
233	Psychology
234	Sociology
235	Other social sciences

Career or Technical Education

241	Agriculture and natural resources
242	Business management
243	Business support
244	Marketing and distribution
245	Healthcare occupations
246	Construction trades, engineering, or science technologies (including CADD and drafting)
247	Mechanics and repair
249	Manufacturing or precision production (electronics, metalwork, textiles, etc.)
250	Communications and related technologies (including design, graphics, or printing; not including computer science)
253	Personal and public services (including culinary arts, cosmetology, child care, social work, protective services, custodial services, and interior design)
254	Family and consumer sciences education
255	Industrial arts or technology education
256	Other career or technical education

Miscellaneous

262	Driver education
264	Library or information science
265	Military science or ROTC
266	Philosophy
267	Religious studies, theology, or divinity

Other

268	Other
-----	-------



NOTE: Items 2-12 and 2-13 are for teachers who marked box 1 or 2 for item 2-7 on page 8.

If you marked box 3, 4, or 5 for item 2-7 → **GO TO Section 3 on page 12.**

2-12. How many separate class periods or sections do you currently teach at THIS school?

🍏 Do NOT include homeroom periods or study halls.

(Example: If you teach 2 classes or sections of chemistry I, a class or section of physics I, and a class or section of physics II, you would report 04 classes or sections.)

Number of classes or sections

2-13. Using Table 1 on page 10, for EACH class period or section that you reported in item 2-12, record the subject-matter code, subject-matter label, grade level code, and number of students.

🍏 If you teach a class or section with more than one grade level, list the grade level with the most students in column C and record the total number of students in column D.

🍏 If you reported more than 10 periods or sections in item 2-12, report on only 10 of those periods or sections.

	A. Subject-Matter Code from Table 1	B. Subject-Matter Label from Table 1	C. Grade Level Code from list below	D. Number of Students
Example	1 9 2	Algebra II	1 1	3 3
(1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(5)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(6)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(7)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(8)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(9)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(10)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Grade Level Codes

If your class period or section has students from more than one grade level (i.e., MIXED GRADES), please list the grade with the most students.

- | | | | |
|----|-----------------|----|------------|
| PK | Prekindergarten | 07 | 7th grade |
| KG | Kindergarten | 08 | 8th grade |
| 01 | 1st grade | 09 | 9th grade |
| 02 | 2nd grade | 10 | 10th grade |
| 03 | 3rd grade | 11 | 11th grade |
| 04 | 4th grade | 12 | 12th grade |
| 05 | 5th grade | UG | Ungraded |
| 06 | 6th grade | | |



3. EDUCATION AND TRAINING

3-1a. Do you have a bachelor's degree?

🍏 *If you have more than one bachelor's degree, information about additional degrees will be asked in item 3-3 on page 15.*

Yes

No → **GO TO item 3-3 on page 15.**



b. What is the name of the college or university where you earned this degree?

Name of college or university

In what city and state is it located?

City

State

Located outside the United States

c. In what year did you receive your bachelor's degree?

Year

d. Which of the following best describes your bachelor's degree?

🍏 *Mark (X) only one box.*

It was awarded by your school's College of Education, School of Education, or Department of Education

It was awarded by another college, school, or department, not in education

e. Using Table 2 on page 13, what was your major field of study?

Major Field
of Study Code

Major Field
of Study Label

f. Did you have a second major field of study?

🍏 *Do NOT report academic minors or concentrations.*

Yes

No → **GO TO item 3-1h on page 14.**



g. Using Table 2 on page 13, what was your second major field of study?

🍏 *Do NOT report academic minors or concentrations.*

Major Field
of Study Code

Major Field
of Study Label



**Table 2. Major and Minor Fields of Study Codes and Labels
For Questions 3-1e, 3-1g, 3-1i, 3-2e, and 3-3b**

General Education Codes and Labels

Elementary Education

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

Secondary Education

- 103 Middle grades, general
104 Secondary grades, general

Special Education

- 110 Special education, any

Other Education

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

Subject-matter Specific Codes and Labels

Arts and Music

- 141 Art or arts and crafts
142 Art history
143 Dance
144 Drama or theater
145 Music

English and Language Arts

- 151 Communications
152 Composition
153 English
154 Journalism
155 Language arts
156 Linguistics
157 Literature or literary criticism
158 Reading
159 Speech

English as a Second Language (ESL)

- 160 ESL or bilingual education: General
161 ESL or bilingual education: Spanish
162 ESL or bilingual education: Other languages

Foreign Languages

- 171 French
172 German
173 Latin
174 Spanish
175 Other foreign language

Health Education

- 181 Health education
182 Physical education

Mathematics and Computer Science

- 190 Mathematics
197 Computer science
200 Statistics and probability

Natural Sciences

- 211 Biology or life sciences
212 Chemistry
213 Earth sciences
214 Engineering
217 Physics
218 Other natural sciences

Social Sciences

- 220 Social studies, general
221 Anthropology

- 222 Area or ethnic studies (excluding Native American studies)
223 Criminal justice
224 Cultural studies
225 Economics
226 Geography
227 Government or civics
228 History
229 International studies
230 Law
231 Native American studies
232 Political science
233 Psychology
234 Sociology
235 Other social sciences

Career or Technical Education

- 241 Agriculture and natural resources
242 Business management
243 Business support
244 Marketing and distribution
245 Healthcare occupations
246 Construction trades, engineering, or science technologies (including CADD and drafting)
247 Mechanics and repair
249 Manufacturing or precision production (electronics, metalwork, textiles, etc.)
250 Communications and related technologies (including design, graphics, or printing; not including computer science)
253 Personal and public services (including culinary arts, cosmetology, child care, social work, protective services, custodial services, and interior design)
254 Family and consumer sciences education
255 Industrial arts or technology education
256 Other career or technical education

Miscellaneous

- 261 Architecture
263 Humanities or liberal studies
264 Library or information science
265 Military science or ROTC
266 Philosophy
267 Religious studies, theology, or divinity

Other

- 268 Other



3-1h. Did you have a minor field of study?

- Yes
- No → *GO TO item 3-2a below.*

i. Using Table 2 on page 13, what was your minor field of study?

	Minor Field of Study Code		Minor Field of Study Label
--	------------------------------	--	-------------------------------

3-2a. Do you have a master's degree?

🍏 *If you have more than one master's degree, information about additional degrees will be asked in item 3-3 on page 15.*

- Yes
- No → *GO TO item 3-3 on page 15.*

b. Was at least a portion of the cost of your master's degree paid for by a STATE, SCHOOL, or SCHOOL DISTRICT in which you taught?

- Yes
- No

c. In what year did you receive your master's degree?

	Year
--	------

d. Which of the following best describes your master's degree?

🍏 *Mark (X) only one box.*

- It was awarded by your school's College of Education, School of Education, or Department of Education
- It was awarded by another college, school, or department, not in education

e. Using Table 2 on page 13, what was your major field of study for your master's degree?

	Major Field of Study Code		Major Field of Study Label
--	------------------------------	--	-------------------------------



3-3. Have you earned any of the degrees or certificates listed below?

- Yes
 No → *GO TO item 3-4 on page 16.*

a. Degree or certificate	b. Using Table 2 on page 13, what was your major field of study for each degree or certificate?	c. Which of the following best describes each degree or certificate?	d. In what year?
(1) Vocational certificate	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>		Year <input type="text"/>
(2) Associate's degree	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>		Year <input type="text"/>
(3) SECOND Bachelor's degree	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's College of Education, School of Education, or Department of Education <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(4) SECOND Master's degree	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's College of Education, School of Education, or Department of Education <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(5) Educational specialist or professional diploma (at least one year beyond a master's level)	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's College of Education, School of Education, or Department of Education <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(6) Certificate of Advanced Graduate Studies	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's College of Education, School of Education, or Department of Education <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(7) Doctorate or first professional degree (Ph.D., Ed.D., M.D., J.D., D.D.S.)	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's College of Education, School of Education, or Department of Education <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>



3-4. Have you ever taken any graduate or undergraduate courses that focused SOLELY on teaching methods?

🍎 Do NOT include student teaching (sometimes called practice teaching).

🍎 Do NOT include professional development courses, workshops, or seminars.

Yes 

No → **GO TO item 3-6 below.**

How many courses?

🍎 Mark (X) only one box.

1 or 2 courses

3 or 4 courses

5 to 9 courses

10 or more courses

3-5. Did you take any of the courses you marked in 3-4 before your first year of teaching?

Yes

No

3-6. BEFORE your first year of teaching, did you take any graduate or undergraduate courses which taught you —

a. Classroom management techniques?

Yes

No

b. Lesson planning?

Yes

No

c. How to assess learning?

Yes

No

d. How to use student performance data to inform instruction?

Yes

No

e. How to serve students from diverse economic backgrounds?

Yes

No



3-6. *Continued* – **BEFORE** your first year of teaching, did you take any graduate or undergraduate courses which taught you —

f. How to serve students with special needs?

Yes

No

g. How to teach students who are limited-English proficient (LEP) or English-language learners (ELLs)?

Yes

No

3-7a. Did you have any student teaching (sometimes called practice teaching)?

Yes

No → *GO TO Section 4 on page 18.*



b. In how many different classrooms did you student teach?

🍏 *Mark (X) only one box.*

1

2

3 or more

c. How long did your student teaching last?

🍏 *If you student taught in more than one classroom, report the total amount of time spent student teaching across all assignments.*

🍏 *Mark (X) only one box.*

4 weeks or less

5-7 weeks

8-11 weeks

12 weeks or more



4. CERTIFICATION

4-1. Did you enter teaching through an alternative route to certification program?

(An alternative route to certification program is a program that was designed to expedite the transition of nonteachers to a teaching career, for example, a state, district, or university alternative route to certification program.)

- Yes
- No

The next series of questions is about state certification. Please read the questions carefully. This section allows teachers to report UP TO TWO current teaching certificates in the state where they are teaching, plus several content areas per certificate, if applicable. Those who have only one certificate that applies to only one content area DO NOT have to fill out the entire section and should follow the GO TO instructions.

4-2a. Which of the following describes the teaching certificate you currently hold that certifies you to teach in THIS state?

🍏 Mark (X) only one box.

🍏 If you currently hold more than one of the following, a second certification may be listed in item 4-3.

- Regular or standard state certificate or advanced professional certificate
- Certificate issued after satisfying all requirements except the completion of a probationary period (in some states this is called a probationary certificate)
- Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained (in some states this is called a temporary or provisional certificate)
- Certificate issued to persons who must complete a certification program in order to continue teaching (in some states this is called a waiver or emergency certificate)
- I do not hold any of the above certifications in THIS state → [GO TO Section 5 on page 22.](#)

b. Using Table 3 on page 19, in what content area(s) and grade range(s) does the teaching certificate marked above certify you to teach in THIS state?

(For some teachers, the content area may be special education or the grade level.)

🍏 If this certificate certifies you to teach in more than one content area, you may report additional content areas in later items.

🍏 If your certificate does not restrict you to a specific grade range(s), mark (X) all three grade ranges.

(1) Content Area	(2) Grade Range of Certificate (mark (X) all that apply)
<p>Content Area Code</p> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <p>Content Area Label</p> <div style="border: 1px solid black; width: 270px; height: 25px;"></div>	<ul style="list-style-type: none"> <input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12

c. Does this certificate marked in item 4-2a certify you to teach in additional content areas?

- Yes → [GO TO item 4-2d on page 20.](#)
- No → [GO TO item 4-3a on page 20.](#)



Table 3. Certification Content Area Codes and Labels For Questions 4-2b, 4-2d, 4-3c, and 4-3e**General Education Codes and Labels****Elementary Education**

- 101 Early childhood or Pre-K, general
- 102 Elementary grades, general
- 103 Middle grades, general

Secondary Education

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

Special Education

- 111 Special education, general
- 112 Autism
- 113 Deaf and hard-of-hearing
- 114 Developmentally delayed
- 115 Early childhood special education
- 116 Emotionally disturbed or behavior disorders

Special Education – Continued

- 117 Learning disabilities
- 118 Intellectual disabilities
- 119 Mildly or moderately disabled
- 120 Orthopedically impaired
- 121 Severely or profoundly disabled
- 122 Speech or language impaired
- 123 Traumatologically brain-injured
- 124 Visually impaired
- 125 Other special education

General Administration

- 131 Administration
- 132 Counseling and guidance

Subject-matter Specific Codes and Labels**Arts and Music**

- 141 Art or arts and crafts
- 142 Art History
- 143 Dance
- 144 Drama or theater
- 145 Music

English and Language Arts

- 151 Communications
- 152 Composition
- 153 English
- 154 Journalism
- 155 Language arts
- 157 Literature or Literary Criticism
- 158 Reading
- 159 Speech

English as a Second Language

- 160 ESL or bilingual education: General
- 161 ESL or bilingual education: Spanish
- 162 ESL or bilingual education: Other languages

Foreign Languages

- 171 French
- 172 German
- 173 Latin
- 174 Spanish
- 175 Other foreign language

Health Education

- 181 Health education
- 182 Physical education

Mathematics and Computer Science

- 190 Mathematics
- 197 Computer science
- 200 Statistics and probability

Natural Sciences

- 210 Science, general
- 211 Biology or life sciences
- 212 Chemistry
- 213 Earth sciences
- 216 Physical sciences
- 217 Physics
- 218 Other natural sciences

Social Sciences

- 220 Social studies, general
- 221 Anthropology
- 222 Area or ethnic studies (excluding Native American studies)
- 225 Economics
- 226 Geography
- 227 Government or civics
- 228 History
- 231 Native American studies
- 232 Political Science
- 233 Psychology
- 234 Sociology
- 235 Other social sciences

Career or Technical Education

- 241 Agriculture and natural resources
- 242 Business management
- 243 Business support
- 244 Marketing and distribution
- 245 Healthcare occupations
- 246 Construction trades, engineering, or science technologies (including CADD and drafting)
- 247 Mechanics and repair
- 249 Manufacturing or precision production (electronics, metalwork, textiles, etc.)
- 250 Communications and related technologies (including design, graphics or printing; not including computer science)
- 253 Personal and public services (including culinary arts, cosmetology, child care, social work, protective services, custodial services, and interior design)
- 254 Family and consumer sciences education
- 255 Industrial arts or technology education
- 256 Other career or technical education

Miscellaneous

- 262 Driver education
- 263 Humanities or Liberal studies
- 264 Library or Information science
- 265 Military science or ROTC
- 266 Philosophy
- 267 Religious studies, theology or divinity

Other

- 268 Other



4-2. Continued –**d. Using Table 3 on page 19, please record all ADDITIONAL content areas and grade ranges in which this certificate certifies you to teach:**

🍏 If your certificate does not restrict you to a specific range(s), mark (X) all three ranges.

Additional Content Area	Grade Range of Certificate (mark (X) all that apply)
(1) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(2) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(3) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(4) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12

4-3a. Do you have another current teaching certificate that certifies you to teach in THIS state?

- Yes
 No → **GO TO Section 5 on page 22.**

b. Which of the following describes this current teaching certificate you hold in THIS state?

🍏 Mark (X) only one box.

- Regular or standard state certificate or advanced professional certificate
 Certificate issued after satisfying all requirements except the completion of a probationary period (in some states this is called a probationary certificate)
 Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained (in some states this is called a temporary or provisional certificate)
 Certificate issued to persons who must complete a certification program in order to continue teaching (in some states this is called a waiver or emergency certificate)



4-3. *Continued* –

- c. Using Table 3 on page 19, in what content area(s) and grade range(s) does the teaching certificate marked in question 4-3b on page 20 certify you to teach in THIS state?

(For some teachers, the content area may be the grade level.)

🍎 If this certificate certifies you to teach in more than one content area, you may report additional content areas in later items.

🍎 If your certificate does not restrict you to a specific grade range(s), mark (X) all three grade ranges.

(1) Content Area	(2) Grade Range of Certificate (mark (X) all that apply)
Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12

- d. Does this certificate marked in item 4-3b certify you to teach in additional content areas?

Yes

No → **GO TO Section 5 on page 22.**

- e. Using Table 3 on page 19, please record all **ADDITIONAL** content areas and grade ranges in which this certificate certifies you to teach:

🍎 If your certificate does not restrict you to a specific grade range(s), mark (X) all three grade ranges.

Additional Content Area	Grade Range of Certificate (mark (X) all that apply)
(1) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(2) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(3) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(4) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12



5. EARLY CAREER EXPERIENCES

5-1. Was your **FIRST** year of teaching before the 2011-2012 school year?

- Yes → *GO TO Section 6 on page 26.*
- No

5-2. What was your **MAIN** activity the year before you began teaching at the K-12 or comparable ungraded level?

🍏 *Mark (X) only one box.*

- Student at a college or university
- Working as a substitute teacher → *GO TO item 5-4 on page 23.*
- Teaching in a preschool
- Teaching at a college or university
- Working in a position in the field of education, but not as a teacher
- Working in an occupation outside the field of education
- Caring for family members
- Military service → *GO TO item 5-4 on page 23.*
- Unemployed and seeking work
- Retired from another job

5-3a. What kind of work did you do, that is, what was your occupation?

🍏 *Please record your job title; for example, electrical engineer, cashier, typist, farmer, loan officer.*

b. What were your most important activities or duties on that job?

🍏 *For example, typing, selling cars, driving delivery truck, caring for livestock.*

c. How would you classify yourself on that job?

🍏 *Mark (X) only one box.*

- An employee of a PRIVATE company, business, or individual for wages, salary, or commission
- A FEDERAL government employee
- A STATE government employee
- A LOCAL government employee
- SELF-EMPLOYED in your own business, professional practice, or farm
- Working WITHOUT PAY in a family business or farm
- Working WITHOUT PAY in a volunteer job



- 5-4. In your FIRST year of teaching, how well prepared were you to —**
 🍏 *If you are in your first year of teaching, please answer for THIS school year.*

	🍏 <i>Mark (X) one box on each line.</i>			
	Not at all prepared	Somewhat prepared	Well prepared	Very well prepared
a. Handle a range of classroom management or discipline situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use a variety of instructional methods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Teach your subject matter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use computers in classroom instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Assess students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Differentiate instruction in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Use data from student assessments to inform instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Teach to state content standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Teach students who are limited-English proficient [LEP] or English-language learners [ELLs]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Teach students with special needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 5-5. In your FIRST year of teaching, did you participate in a formal schoolwide or districtwide program for beginning teachers aimed to enhance teachers' effectiveness by providing systematic support (sometimes called a teacher induction program)?**

🍏 *If you are in your first year of teaching, please answer for THIS school year.*

Yes

No



5-6. Did you receive the following kinds of support during your FIRST year of teaching?

🍏 *If you are in your first year of teaching, please answer for THIS school year.*

a. Reduced teaching schedule or number of preparations Yes No**b. Common planning time with teachers in your subject** Yes No**c. Seminars or classes for beginning teachers** Yes No**d. Extra classroom assistance (e.g., teacher aides)** Yes No**e. Regular supportive communication with your principal, other administrators, or department chair** Yes No**f. Observation and feedback on your teaching aimed at helping you develop and refine your teaching practice BEYOND any formal administrative observation and feedback you may have received** Yes No**g. Release time to participate in support activities for new or beginning teachers** Yes No

5-7a. In your FIRST year of teaching, were you assigned a master or mentor teacher by your school or district?

🍎 *If you are in your first year of teaching, please answer for THIS school year.*

- Yes
- No → **GO TO Section 6 on page 26.**

b. How frequently did you work with your assigned master or mentor teacher during your first year of teaching?

- At least once a week
- Once or twice a month
- A few times a year
- Never

c. Had your assigned master or mentor teacher ever instructed students in the same subject area(s) as yours?

- Yes
- No

5-8. Did your assigned master or mentor teacher provide the following types of support during your FIRST year of teaching?

🍎 *If you are in your first year of teaching, please answer for THIS school year.*

a. Helped with paperwork or record keeping

- Yes
- No

b. Demonstrated lessons

- Yes
- No

c. Helped you prepare lessons that address learning standards

- Yes
- No

d. Helped you develop student assessment tools

- Yes
- No

5-9. Overall, to what extent did your assigned master or mentor teacher improve your teaching in your first year of teaching?

🍎 *Mark (X) only one box.*

- Not at all
- To a small extent
- To a moderate extent
- To a great extent



6. TEACHER WORKING CONDITIONS

For questions 6-1 to 6-3 please report to the nearest whole hour; do not record fractions of an hour or minutes.

6-1. How many hours does your contract require you to work during a typical FULL WEEK at THIS school?

🍏 This would be base contract hours, or the equivalent, NOT including stipends or extra pay for extra duty.

Total WEEKLY hours required to work

6-2. Of the hours you are CONTRACTED to work, how many hours during a typical full week do you DELIVER INSTRUCTION to students in THIS school?

🍏 This number should be less than the reported number of hours in 6-1.

🍏 "PULL-OUT" or "PUSH-IN" TEACHERS: Please include the number of hours you instruct individual students or small groups of students.

🍏 Exclude time spent planning and monitoring students outside of class.

Total WEEKLY hours delivering instruction

6-3. Including hours spent during the school day, before and after school, and on the weekends, how many hours do you spend on ALL teaching and other school-related activities during a typical FULL WEEK at THIS school?

Total WEEKLY hours spent on all teaching and school-related activities



7. SCHOOL CLIMATE AND TEACHER ATTITUDES

7-1. How much actual influence do you think teachers have over school policy AT THIS SCHOOL in each of the following areas?

	🍏 Mark (X) one box on each line.			
	No influence	Minor influence	Moderate influence	A great deal of influence
a. Setting performance standards for students at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Establishing curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Determining the content of in-service professional development programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Evaluating teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hiring new full-time teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Setting discipline policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Deciding how the school budget will be spent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7-2. How much actual control do you have IN YOUR CLASSROOM at this school over the following areas of your planning and teaching?

	🍏 Mark (X) one box on each line.			
	No control	Minor control	Moderate control	A great deal of control
a. Selecting textbooks and other instructional materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Selecting content, topics, and skills to be taught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Selecting teaching techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Evaluating and grading students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Disciplining students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Determining the amount of homework to be assigned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



7-3. To what extent do you agree or disagree with each of the following statements?

	🍏 Mark (X) one box on each line.			
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. The school administration's behavior toward the staff is supportive and encouraging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am satisfied with my teaching salary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I receive a great deal of support from parents for the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Necessary materials such as textbooks, supplies, and copy machines are available as needed by the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Routine duties and paperwork interfere with my job of teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My principal enforces school rules for student conduct and backs me up when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Rules for student behavior are consistently enforced by teachers in this school, even for students who are not in their classes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Most of my colleagues share my beliefs and values about what the central mission of the school should be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The principal knows what kind of school he or she wants and has communicated it to the staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. There is a great deal of cooperative effort among the staff members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. In this school, staff members are recognized for a job well done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I worry about the security of my job because of the performance of my students or my school on state and/or local tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. State or district content standards have had a positive influence on my satisfaction with teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I am given the support I need to teach students with special needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. The amount of student tardiness and class cutting in this school interferes with my teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I am generally satisfied with being a teacher at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I make a conscious effort to coordinate the content of my courses with that of other teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



7-4. To what extent is each of the following a problem in this school?

	🍏 Mark (X) one box on each line.			
	Serious problem	Moderate problem	Minor problem	Not a problem
a. Student tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Student absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Student class cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Students dropping out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Student apathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Lack of parental involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Students come to school unprepared to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Poor student health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7-5. To what extent do you agree or disagree with each of the following statements?

	🍏 Mark (X) one box on each line.			
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
a. The stress and disappointments involved in teaching at this school aren't really worth it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The teachers at this school like being here; I would describe us as a satisfied group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I like the way things are run at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If I could get a higher paying job I'd leave teaching as soon as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I think about transferring to another school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I don't seem to have as much enthusiasm now as I did when I began teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I think about staying home from school because I'm just too tired to go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



7-6. How long do you plan to remain in teaching?

🍏 *Mark (X) only one box.*

- As long as I am able
- Until I am eligible for retirement benefits from this job
- Until I am eligible for retirement benefits from a previous job
- Until I am eligible for Social Security benefits
- Until a specific life event occurs (e.g., parenthood, marriage, retirement of spouse or partner)
- Until a more desirable job opportunity comes along
- Definitely plan to leave as soon as I can
- Undecided at this time

7-7a. Has a student FROM THIS SCHOOL ever threatened to injure you?

- Yes
- No → *GO TO item 7-8a below.*

b. Has a student FROM THIS SCHOOL threatened to injure you IN THE PAST 12 MONTHS?

- Yes
- No → *GO TO item 7-8a below.*

c. In the past 12 months, how many times has a student FROM THIS SCHOOL threatened to injure you?

Times

7-8a. Has a student FROM THIS SCHOOL ever physically attacked you?

- Yes
- No → *GO TO Section 8 on page 32.*

b. Has a student FROM THIS SCHOOL physically attacked you IN THE PAST 12 MONTHS?

- Yes
- No → *GO TO Section 8 on page 32.*

c. In the past 12 months, how many times has a student FROM THIS SCHOOL physically attacked you?

Times



8. GENERAL EMPLOYMENT AND BACKGROUND INFORMATION

The following questions refer to your BEFORE-TAX earnings from teaching and other employment.

8-1. DURING THE SUMMER OF 2015, did you have any earnings from —
 🍏 *Report amounts in whole dollars.*

a. Teaching summer school in this school or any other school?

- Yes →
- No

How much?

\$, .00

(1) Did all of these earnings come from your current school?

- Yes
- No

GO TO item 8-1b below.

b. Working in a non-teaching job in this school or any other school?

- Yes →
- No

How much?

\$, .00

(1) Did all of these earnings come from your current school?

- Yes
- No

GO TO item 8-1c below.

c. Working in any NONSCHOOL job?

- Yes →
- No

How much?

\$, .00

GO TO item 8-2 below.

8-2. How many days are covered by your contract, per contract year?

🍏 *Include professional development, student contact days, and any other days covered by your contract.*

Days per contract year

8-3. DURING THE CURRENT SCHOOL YEAR, what is your base teaching salary for the entire school year?

🍏 *Report amounts in whole dollars.*

\$, .00 For the entire school year



8-4. DURING THE CURRENT SCHOOL YEAR, do you, or will you, earn any additional compensation from this school system for extracurricular or additional activities such as coaching, student activity sponsorship, mentoring teachers, or teaching evening classes?
 🍏 Report amounts in whole dollars.

- Yes →
- No

How much?

\$, .00

GO TO item 8-5 below.



8-5. DURING THE CURRENT SCHOOL YEAR, do you, or will you, earn any additional compensation from this school system based on your students' performance (e.g., through a merit pay or pay-for-performance agreement)?
 🍏 Report amounts in whole dollars.

- Yes →
- No

How much?

\$, .00

GO TO item 8-6 below.



8-6. DURING THE CURRENT SCHOOL YEAR, have you earned income from any OTHER sources from this school system, such as a state supplement, etc.?
 🍏 Do NOT report any earnings already reported.
 🍏 Report amounts in whole dollars.

- Yes →
- No

How much?

\$, .00

GO TO item 8-7a below.



8-7a. DURING THE CURRENT SCHOOL YEAR, do you, or will you, earn additional compensation from working in any job OUTSIDE this school system?
 🍏 Report amounts in whole dollars.

- Yes →
- No →

How much?

\$, .00

GO TO item 8-7b below.

GO TO item 8-8 on page 34.

b. Which of these best describes this job OUTSIDE this school system?

🍏 Mark (X) only one box.

- Teaching or tutoring
- Non-teaching, but related to teaching field
- Other



8-13. Are you of Hispanic or Latino origin? Yes No**8-14. What is your race?**

🍏 *Mark (X) one or more races to indicate what you consider yourself to be.*

 White Black or African-American Asian Native Hawaiian or Other Pacific Islander American Indian or Alaska Native**8-15. What is your year of birth?** 

9. CONTACT INFORMATION

- 9-1. The survey you have completed may involve a brief follow-up next school year in order to gain information on teachers' movements in the labor force. The following information would assist us in contacting you if you have moved or changed jobs. Please keep in mind that all information provided here is strictly confidential and will only be used in the event that we need to contact you for follow-up. Your responses are protected from disclosure by federal statute (20 U.S.C., §9573). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law.

Please PRINT your name, your spouse's name (if applicable), your home address, your home and cell phone numbers, the most convenient time to reach you, and your work and home e-mail addresses.

- a. First name

Middle name

Last name

Suffix

- b. Spouse's First Name

Spouse's Middle Name

Spouse's Last Name

- c. Street Address

- d. City

- e. State

- f. ZIP Code + 4



- 9-2. What are the names and addresses of two other people who would know where to get in touch with you during the coming years? Please do not list more than one person who now lives with you. Please inform these individuals that you have provided their names and someone from the U.S. Census Bureau may contact them in the coming years if we are unable to locate you.**

Please **PRINT** contact's name, contact's relationship to you, and contact's cell and home phone numbers.

(1) First Contact Person

- a. First name

Last name

- b. Relationship to you

- c. Cell phone number

AREA CODE TELEPHONE NUMBER

- d. Home phone number

AREA CODE TELEPHONE NUMBER

What is the name and address of another person who would know where to get in touch with you during the coming years?

Please **PRINT** contact's name, contact's relationship to you, and contact's cell and home phone number.

(2) Second Contact Person

- a. First name

Last name

- b. Relationship to you

- c. Cell phone number

AREA CODE TELEPHONE NUMBER

- d. Home phone number

AREA CODE TELEPHONE NUMBER



9-3. Please enter the date you completed this questionnaire.

🍏 Report month as a number, that is, 01 for January, 02 for February, etc.

Month

Day

Year

9-4. Please indicate how much time it took you to complete this form, not counting interruptions.

🍏 Please record the time in minutes, e.g., 50 minutes, 65 minutes, etc.

Minutes

**Thank you very much for your participation
in this survey. If you have any questions,
please contact us, toll-free, at: 1-888-595-1338
or by e-mail at: addp.education.surveys@census.gov.**

**Please return your completed questionnaire
in the enclosed pre-addressed, postage-paid
envelope or mail it to:**

**U.S. CENSUS BUREAU
ATTN: DCB/PCSPU, BUILDING 60A
1201 E. 10TH STREET
JEFFERSONVILLE, IN 47132-0001**



To learn more about this survey and to access reports from earlier collections, see the National Teacher and Principal Survey (NTPS) website at: <http://nces.ed.gov/surveys/ntps>

Additional data collected by the National Center for Education Statistics (NCES) on a variety of topics in elementary, secondary, postsecondary, and international education are available from NCES' website at: <http://nces.ed.gov>

For additional data collected by various Federal agencies, including the Department of Education, visit the Federal Statistics clearinghouse at: <http://www.fedstats.sites.usa.gov>



Conducted by:
U.S. DEPARTMENT OF EDUCATION
NATIONAL CENTER FOR EDUCATION STATISTICS

OMB No. 1850-0598: Approval Expires 06/30/20**

Collected by:
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

SCHOOL QUESTIONNAIRE

NATIONAL TEACHER AND PRINCIPAL SURVEY

2017-18 SCHOOL YEAR



DRAFT

(Please correct any errors in name, address, and ZIP Code.)

THIS SURVEY HAS BEEN ENDORSED BY:

American Association of School Administrators
 American Association of School Librarians
 American Federation of Teachers
 American Montessori Society
 Association for Middle Level Education (formerly National Middle School Association)
 Association for Supervision and Curriculum Development
 Association of American Educators
 Council of the Great City Schools
 National Association of Elementary School Principals
 National Association of Secondary School Principals
 National Parent Teacher Association

Please return your completed questionnaire in the pre-addressed, postage-paid envelope or mail it to:

**U.S. CENSUS BUREAU
 ATTN: DCB/PCSPU, BUILDING 60A
 1201 E. 10TH STREET
 JEFFERSONVILLE, IN 47132-0001**

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- **What is the average student-teacher ratio in the United States?**
- **What is the average salary of a beginning principal?**
- **Have teachers' views of their autonomy in the classroom changed over time?**
- **Have the characteristics of the principal and teacher workforces in the United States changed over time?**

The answers to these questions help school districts and policy makers at the state, federal, and local levels set education policy and improve teacher and principal working conditions.

Since 1988, the National Teacher and Principal Survey and its precursor, the Schools and Staffing Survey, have provided the answers to these and other important education questions from the perspective of Principals and Teachers.

By selecting a statistically representative sample of schools, and teachers in those schools, we are able to provide representative data for the United States without going to every school.

Your school has been selected to participate in the 2017-18 National Teacher and Principal Survey. You will represent thousands of other schools, so it is important that you respond to this survey.

All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

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CORRECT marking example –
(Use care to keep characters
in their designated spaces.)

3 5

Yes

No

INCORRECT marking example –

35

Yes

No

OR

3 5

Yes

No

- a. This questionnaire may be completed by any staff member who has access to the school's records.
- b. Please do not write any comments by the answer boxes.
- c. If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.
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1. GENERAL INFORMATION ABOUT THIS SCHOOL

Please report for the school listed on the cover.

1-1. Does this school offer the following grades?

🍏 Please mark (X) Yes or No for each grade level.

Prekindergarten	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kindergarten	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1st	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2nd	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3rd	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ungraded	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DRAFT

1-2. Excluding prekindergarten, postsecondary, and adult education students, around the first of October, how many students were enrolled in this school?

, Students

1-3. For this school year (2017-18), what is the Average Daily Attendance (ADA) percentage at this school?

🍏 Round to the nearest whole PERCENT.

%



- 1-4. What is the official start and end time for MOST students at this school?**
 🍏 *If the start and end times vary by day, record the start and end time for the longest day of the week.*
 🍏 *Do not include prekindergarten or transitional first grade programs.*

Start time	End time
<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> : <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> a.m. <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> p.m.	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> : <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> a.m. <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> p.m.

- 1-5. How many days are in a TYPICAL SCHOOL WEEK for students in this school?**
 🍏 *Do not include prekindergarten, kindergarten, or transitional first grade programs.*

Days per **SCHOOL WEEK**

- 1-6. How many days are in the SCHOOL YEAR for students in this school?**

Days per **SCHOOL YEAR**

- 1-7. Which of the following best describes this school?**

🍏 *Mark (X) only one box.*

- REGULAR school – elementary or secondary
- SPECIAL PROGRAM EMPHASIS school – such as a science or math school, performing arts school, talented or gifted school, foreign language immersion school, etc.
- SPECIAL EDUCATION school – primarily serves students with disabilities
- CAREER/TECHNICAL/VOCATIONAL school – primarily serves students being trained for occupations
- ALTERNATIVE/OTHER school – offers a curriculum designed to provide alternative or nontraditional education; does not specifically fall into the categories of regular, special program emphasis, special education, or vocational school – *Please describe.* ↘



1-8a. Does this school currently have any students enrolled in kindergarten?

🍏 Please include regular kindergarten as well as transitional (or readiness) kindergarten and transitional first (or pre-first) grade students, if enrolled.

- Yes
- No → **GO TO item 1-9 below.**

b. How long is the school day for a kindergarten, transitional kindergarten, or transitional first grade student?

🍏 Mark (X) only one box.

- Full day (4 hours or more per day)
- Half day (less than 4 hours per day)
- Both full-day and half-day programs are offered

c. How many days are in a TYPICAL SCHOOL WEEK for kindergarten, transitional kindergarten, or transitional first grade students in this school?

🍏 If the number of days per week varies, record the most days that a student would attend in a week.

Days per **SCHOOL WEEK**

1-9. Does this school have a library media center?

(A library media center is an organized collection of printed and/or audiovisual and/or computer resources which is administered as a unit. A library media center may be called a school library, media center, resource center, information center, instructional materials center, learning resource center, or any other similar name.)

- Yes
- No

DRAFT



1-10a. Does this school offer any courses that are taught entirely online?

- Yes
- No → [GO TO item 1-11a below.](#)

b. Among all the courses you offer at this school, about how many of the courses are entirely online?

🍏 *Mark (X) only one box.*

- One or a few courses
- Some courses but less than half
- About half
- A majority
- All courses

1-11a. Does this school have a magnet program?

(A magnet program offers enhancements such as special curricular themes or methods of instruction to attract students from outside their normal attendance area.)

- Yes
- No → [GO TO item 1-12 on page 8.](#)

b. Is this a school-wide magnet program in which all students in this school participate in the program?

- Yes
- No

c. Is the magnet program focused on...?

🍏 *Mark (X) for all that apply.*

- Science, Technology, Engineering, or Math
- Performing Arts
- Education for gifted or talented students
- Foreign language immersion
- Other



1-12. Does this school offer the following?

a. Different instructional approaches (e.g., mixed ability grouping, self-paced instruction, ungraded classrooms, etc.)

Yes

No

b. A dual language or foreign language immersion program (A program in which the goal of instruction is that students are proficient in two languages)

🚫 *Do not include English as a Second Language (ESL) programs or classes.*

Yes

No

c. Distance learning course(s) (Taught primarily via Internet, e-mail, satellite, or television)

Yes

No

1-13. Are the following before-school or after-school programs or services currently available for students in any of grades K-12, or comparable ungraded levels, regardless of funding source at this school?

a. A program or service providing instruction beyond the normal school day for students who NEED academic ASSISTANCE

Yes

No

b. A program or service providing instruction beyond the normal school day for students who SEEK academic ADVANCEMENT or ENRICHMENT

Yes

No

c. Extended-day care

Yes

No

d. School-related activities and clubs (e.g., yearbook club, school dance committee, etc.)

Yes

No

1-14. Does this school have instruction specifically designed to address the needs of students with limited-English proficiency, also known as English-language learners (ELLs)?

Yes

No

DRAFT



2. INSTRUCTIONAL TIME

2-1. Does this school have students enrolled in the THIRD GRADE?

Yes
 No → GO TO item 2-4 on page 11.

2-2. What is the official start and end time for THIRD GRADE students at this school?

🕒 If the start and end times vary by day, record the start and end time for the longest day of the week.

Start time		End time
<input type="text"/> : <input type="text"/>	-	<input type="text"/> : <input type="text"/>
<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

2-3. During a TYPICAL SCHOOL WEEK, approximately how many minutes per day do most THIRD GRADE students spend on the following activities at this school?

🕒 For days where the subject is not taught to third grade students, please select "None".
 🕒 If your school has 2 or more third grade classes, calculate the average minutes per day for all third grade classes.

a. Arithmetic or mathematics

DRAFT

None or Minutes per day for Days per week

b. Social studies or history

None or Minutes per day for Days per week

c. Science

None or Minutes per day for Days per week

d. Foreign language (Not English as a Second Language [ESL])

None or Minutes per day for Days per week



2-3. *Continued-* During a TYPICAL SCHOOL WEEK, approximately how many minutes per day do most THIRD GRADE students spend on the following activities at this school?

🍏 For days where the subject is not taught to third grade students, please select "None".

🍏 If your school has 2 or more third grade classes, calculate the average minutes per day for all third grade classes.

e. Physical education

None or Minutes per day for Days per week

f. Music

None or Minutes per day for Days per week

g. Art

None or Minutes per day for Days per week

h. Recess

🍏 Do NOT include time allocated for lunch.

None or Minutes per day for Days per week



2-4. Does this school have students enrolled in the EIGHTH GRADE?

Yes
 No → GO TO item 3-1 on page 12.

2-5. What is the official start and end time for EIGHTH GRADE students at this school?

🍏 *If the start and end times vary by day, record the start and end time for the longest day of the week.*

Start time		End time
<input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	-	<input type="text"/> : <input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

2-6. During a TYPICAL SCHOOL WEEK, approximately how many minutes per day do most EIGHTH GRADE students spend on the following activities at this school?

🍏 *For days where the subject is not taught to eighth grade students, please select "None".*
 🍏 *If your school has 2 or more eighth grade classes, calculate the average minutes per day for all eighth grade classes.*

a. Combined TOTAL of English, reading, or language arts

Minutes per day Days per week

None or for

b. Arithmetic or mathematics

Minutes per day Days per week

None or for

c. Social studies or history

Minutes per day Days per week

None or for

d. Science

Minutes per day Days per week

None or for



3. CLASSROOM ORGANIZATION

3-1. During THIS school year (2017-2018), does this school use the following methods to organize classes or students?

a. Traditional grades (e.g., 1st grade, 2nd grade) or academic discipline-based departments (e.g., math, science)

Yes

No

b. Tracking (Students are assigned based on their ability)

Yes

No

c. Grades subdivided into small groups such as “teams”, “houses” or “families”

Yes

No

d. Student groups assigned to stay in classes together for two or more years with the SAME teacher (e.g., looping)

Yes

No

e. Student groups assigned to stay in classes together for two or more years with DIFFERENT teachers

Yes

No

f. Multi-age grouping or composite classes (Most students normally in different grades placed together)

Yes

No

g. Block scheduling (Extended class periods scheduled to create blocks of instruction time)

Yes

No

DRAFT



3-2a. Does this school use a year-round calendar to distribute school days across 12 months?

- Yes
- No → *GO TO item 3-3 below.*

b. Do all students attend on the same cycle?

- Yes
- No

3-3. Does this school have students enrolled in any grades 9-12?

- Yes → *GO TO item 3-4 on page 14.*
- No → *GO TO section 4 on page 15.*

DRAFT



3-4. Are the following opportunities available for students in any grades 9-12 in this school?

a. Dual or concurrent enrollment that offers both high school and college credit

Yes → **How is this funded?**

No

By the school, district or state

By the family or the student

By some other entity

b. Specialized career academy

(A program within the school that offers a set of specialized curriculum organized around a specific career area, such as automotive, business, carpentry, communications, construction, cosmetology, culinary arts, education, electricity, engineering, health, hospitality, IT, manufacturing, plumbing, protective and legal services, repair, transportation, etc.)

Yes → **How many students are enrolled in the program?**

No

students

c. Career and technical education courses

🍏 If courses are available to students but not part of a specialized career academy in 3-4b, select "Yes".

Yes → **How many students are enrolled in the program?**

No

students

d. Work-based learning or internships outside of school, in which students earn COURSE CREDITS for supervised learning activities that occur in paid or unpaid workplace assignments

Yes → **How many students are enrolled in the program?**

No

students

DRAFT



4. COMMUNITY SERVICE REQUIREMENTS

The questions in this section are about the DISTRICT that this school is a part of, not this specific school. You may wish to contact the district to obtain the information requested if it is not immediately known.

4-1. Does this DISTRICT grant high school diplomas?

📌 Do NOT include vocational certificates, certificates of attendance, or certificates of completion.

Yes

No → [GO TO Section 5 on page 16.](#)

4-2. For high school graduates of the class of 2018, does this school or district have a community service requirement for a standard diploma?

Yes

No → [GO TO Section 5 on page 16.](#)

4-3. What is the minimum number of community service hours required of the high school graduates in the class of 2018?

Hours

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5. SPECIAL PROGRAMS AND SERVICES

5-1a. Of the students enrolled in this school, do any have an Individual Education Plan (IEP) because they have special needs?

🍏 Do NOT include prekindergarten, postsecondary, or adult education students.

Yes

No → GO TO item 5-3a on page 17.



b. How many students have an Individual Education Plan (IEP) because they have special needs?

🍏 Do NOT include prekindergarten, postsecondary, or adult education students.

Students

5-2a. Does this school primarily serve students with disabilities?

🍏 If you marked "SPECIAL EDUCATION school - primarily serves students with disabilities" for item 1-7, please mark "Yes" for this item.

Yes → GO TO item 5-3a on page 17.

No



b. How many students with disabilities are in each of the following instructional settings?

🍏 The sum of entries in item 5-2b should equal the entry in item 5-1b above.

🍏 If none, please mark (X) the box.

(1) All day in a regular classroom (100 percent of the school day)

None or Students

(2) Most of the day in a regular classroom (80-99 percent of the school day)

None or Students

(3) Some of the day in a regular classroom (40-79 percent of the school day)

None or Students

(4) Little or none of the day in a regular classroom (0-39 percent of the school day)

None or Students

DRAFT



5-3a. Does this school participate in the National School Lunch Program (that is, the federal free or reduced-price lunch program)?

Yes

No → *GO TO item 5-4 on page 18.*

b. Around the first of October, 2017, how many PREKINDERGARTEN students were enrolled in this school ?

None or Prekindergarten students

(1) What was the percentage of PREKINDERGARTEN students at this school APPROVED for free or reduced-price lunches under the National School Lunch Program?

% of prekindergarten students approved

c. Around the first of October, 2017, what was the percentage of GRADES K-12 students at this school APPROVED for free or reduced-price lunches under the National School Lunch Program?

% of K-12 students approved

d. What is the count of students whose National School Lunch Program eligibility was determined through direct certification?

(Direct Certification deems students eligible for free meals under the NSLP by their families' participation in certain Federal assistance programs such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).)

None or students

e. Does this school provide a free lunch for ALL students as part of the National School Lunch Program's Community Eligibility Option?

(The Community Eligibility Program (CEP) eliminates the requirement for eligibility information once a school has determined a baseline percentage of FRPL-eligible students. Under CEP, schools must serve all students free lunch and breakfast. All students in a school are therefore eligible for free lunches and there is no count of reduced-price lunch students.)

Yes

No



- 5-4. Around the first of October, 2017 did any students enrolled in this school receive Title I services at this school or at any other location?**
(Title I is a federally funded program that provides educational services, such as remedial reading or remedial math, to children who live in areas with high concentrations of low-income families.)

Yes

No → *GO TO item 6-1 on page 19.*

- 5-5a. How many PREKINDERGARTEN students at this school participate in the Title I program?**

None or Prekindergarten students

- b. How many students at this school in GRADES K-12 participate in the Title I program?**

None or K-12 students

- 5-6. Are students receiving Title I services in –**

- a. Reading or language arts?**

Yes

No

- b. Mathematics?**

Yes

No

- c. English as a Second Language (ESL)?**

Yes

No

- 5-7. How many designated Title I teachers were teaching AT THIS SCHOOL around the first of October, 2017?**

None or Title I teachers

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6. CHARTER SCHOOL INFORMATION

6-1. Is this school a public CHARTER school?

(A charter school is a public school that, in accordance with an enabling state statute, has been granted a charter exempting it from selected state or local rules and regulations. A charter school may be a newly created school or it may previously have been a public or private school.)

Yes

No → [GO TO Section 7 on page 20.](#)

6-2. Which of the following best describes the governance structure of this public charter school?

An independent or stand-alone charter school

Part of a non-profit charter management organization or network of schools that are managed by a central agency

Part of a for-profit charter management organization or network of schools that are managed by a central agency

Part of a traditional public school district

Other – *Please describe* →

DRAFT



7. CONTACT INFORMATION

7-1. What is the name of the person who completed most of this questionnaire?

7-2. What is his or her job title?

7-3. What is his or her phone number?

 - -

7-4. What is his or her work e-mail address?

7-5. Please enter the date you completed this questionnaire.

🍏 Report month as a number, that is, 01 for January, 02 for February, etc.

Month

Day

Year

 2 0 1

7-6. Please indicate how much time it took you to complete this form, not counting interruptions.

Minutes

Thank you very much for your participation
in this survey. If you have any questions,
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PRINCIPAL QUESTIONNAIRE

NATIONAL TEACHER AND PRINCIPAL SURVEY

2017-18 SCHOOL YEAR



DRAFT

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(Use care to keep characters
in their designated spaces.)

3 5

Yes

No

INCORRECT marking example –

35

Yes

No

OR

3 5

Yes

No

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- c. If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.
- d. If you have any questions, call the U.S. Census Bureau at 1-888-595-1338. Someone will be available to take your call Monday through Friday, between 8:00 a.m. and 8:00 p.m. (Eastern Time). The U.S. Census Bureau is also available to answer your questions via e-mail at: addp.education.surveys@census.gov.

DRAFT



1. PRINCIPAL EXPERIENCE AND TRAINING

1-1. **BEFORE** you became a principal, how many years of elementary, middle, or secondary teaching experience did you have?

🍎 Count part of a year as 1 year.

🍎 If none, please mark (X) the box.

None or Year(s) of teaching before becoming a principal

1-2. **BEFORE** you became a principal, did you hold the position of an assistant principal or program director?

🍎 Include temporary positions.

Yes

No

1-3. **BEFORE** you became a principal, did you have any management experience outside of the field of education?

Yes

No

1-4. **BEFORE** you became a principal, did you participate in any district or school training or development program for ASPIRING school principals?

Yes

No

1-5. **PRIOR** to this school year, how many years did you serve as the principal of THIS OR ANY OTHER school?

🍎 Do NOT include any years you served as ASSISTANT principal.

🍎 Count part of a year as 1 year.

🍎 If none, please mark (X) the box.

None or Year(s) as principal of this or any other school

1-6. **PRIOR** to this school year, how many years did you serve as the principal of THIS school?

🍎 Do NOT include any years you served as ASSISTANT principal.

🍎 Count part of a year as 1 year.

🍎 If none, please mark (X) the box.

None or Year(s) as principal of this school

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1-7. What is the highest degree you have earned?

🍏 *Mark (X) only one box.*

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

1-8. Which of the following best describes the highest degree you have earned?

🍏 *Mark (X) only one box.*

- It was awarded by your school's college of Education, school of Education, or department of Education
- It was awarded by another college, school, or department, not in Education

1-9. Do you currently hold a license or certification in "school administration"?

- Yes
- No

1-10. While serving as a principal, have you also regularly taught one or more classes at the elementary, middle, or secondary level?

🍏 *Do not include time spent as a short-term substitute teacher.*

- Yes
- No → [GO TO item 2-1 on page 6.](#)

1-11. While serving as a principal, how many YEARS did you regularly teach at the elementary, middle, or secondary level?

🍏 *Count part of a year as 1 year.*

🍏 *Include the 2017-18 school year in this count, if applicable.*

🍏 *If none, please mark (X) the box.*

- None → [GO to item 2-1 on page 6.](#)

YEAR(S) of teaching since becoming a principal

1-12. In addition to serving as principal, are you CURRENTLY teaching in THIS school?

🍏 *Do not include time spent as a short-term substitute teacher.*

- Yes
- No



2. GOALS AND DECISION MAKING

2-1. We are interested in the importance you place on various educational goals. From the following ten goals, which do you consider the most important, the second most important, and the third most important?

- 1 - Building basic literacy skills (reading, math, writing, speaking)
- 2 - Encouraging academic excellence
- 3 - Preparing students for postsecondary education
- 4 - Promoting occupational or vocational skills
- 5 - Promoting good work habits and self-discipline
- 6 - Promoting personal growth (self-esteem, self-knowledge, etc.)
- 7 - Promoting human relations skills
- 8 - Promoting specific moral values
- 9 - Promoting multicultural awareness or understanding
- 10 - Fostering religious or spiritual development

Most important

Second most important

Third most important

2-2. How much ACTUAL influence do you think you have as a principal on decisions concerning the following activities?

🍏 *Mark (X) one box on each line.*

	No influence	Minor influence	Moderate influence	Major influence	Not applicable
a. Setting performance standards for students of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Establishing curriculum at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Determining the content of in-service professional development programs for teachers of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Evaluating teachers of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hiring new full-time teachers of this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Setting discipline policy at this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Deciding how your school budget will be spent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. SCHOOL CLIMATE AND SAFETY

3-1. To the best of your knowledge, how often do the following types of problems occur at this school?

	🍏 Mark (X) one box on each line.				
	Happens daily	Happens at least once a week	Happens at least once a month	Happens on occasion	Never happens
a. Physical conflicts among students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Robbery or theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Student use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Student use of illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Student possession of weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical abuse of teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Student racial tensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Student bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Student verbal abuse of teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Widespread disorder in classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Student acts of disrespect for teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Gang activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3-2. LAST school year (2016-17), what percentage of students had at least one parent or guardian participating in the following events?

	🍏 Mark (X) one box on each line.				
	0-25%	26-50%	51-75%	76-100%	Not applicable
a. Open house or back-to-school night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. All regularly scheduled schoolwide parent-teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Special subject-area events (e.g., science fair, concerts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Parent education workshops or courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Signing of a school-parent compact (This is an agreement between school community members [e.g., parents, principals, teachers, and students] that acknowledges the shared responsibility for student learning and/or the school's policies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Volunteer in the school as needed or on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Involvement in school instructional issues (e.g., planning classroom learning activities, providing feedback on curriculum)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Involvement in governance (e.g., PTA or PTO meetings, school board, parent booster clubs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Involvement in budget decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3-3. Are teachers at this school REQUIRED to do the following?

a. Help students with academic needs OUTSIDE of regular school hours

Yes

No

b. Help students with social and emotional needs OUTSIDE of regular school hours

Yes

No

3-4. Are BEGINNING teachers at this school enrolled in a formal schoolwide or districtwide program aimed to enhance teachers' effectiveness by providing systematic support (sometimes called a teacher induction program)?

🍏 A beginning teacher refers to a teacher who is in the first or second year of teaching.

Yes

No



4. TEACHER EVALUATION

4-1. During the LAST school year (2016-2017), which of the following sources of information on teacher performance did THIS school use in teacher evaluations?

a. Classroom observations using a teacher professional practice rubric, conducted by the principal or other school administrator

Yes

No

b. Classroom observations using a teacher professional practice rubric, conducted by someone OTHER than a school administrator

Yes

No

c. Videotaped classroom observation

Yes

No

d. Assessments by a peer or mentor teacher that are NOT based on a teacher professional practice rubric

Yes

No

e. Teacher self-assessment

Yes

No

f. Amount or content of professional development completed by the teacher

Yes

No

g. Artifacts of teacher professional practice or portfolios

Yes

No

h. Student surveys or other student feedback

Yes

No



4-1. Continued – During the LAST school year (2016-2017), which of the following sources of information on teacher performance did THIS school use in teacher evaluations?

i. Parent surveys or other parent feedback

Yes


No

j. Teacher professional credentials including experience, education, and certification

Yes

No

4-2. a. For a TENURED or EXPERIENCED teacher, on average, how many formal observations were conducted during the LAST school year (2016-2017) to evaluate performance?

 A formal observation is one that is required by the school, district or state in order to collect information for a performance evaluation.

None

Number of observations

GO TO item 4-2c below.

b. For a TENURED or EXPERIENCED teacher, on average, how long is the typical formal observation?

Average number of minutes

c. For a TENURED or EXPERIENCED teacher, on average, how many informal observations were conducted during the LAST school year (2016-2017)?

None

or

Number of observations

GO TO item 4-2e on page 11.

d. For a TENURED or EXPERIENCED teacher, on average, how long is the typical informal observation?


Average number of minutes


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4-2. Continued –


e. On average, how often do TENURED or EXPERIENCED teachers receive an evaluation?

 An evaluation is a *SUMMATIVE* judgement about performance that is used for some administrative purpose and becomes a part of the record of a teacher's performance.


 Mark (X) only one box.

- Two or more times a year
- Once a year
- Once every 2 years
- Once every 3 or more years
- No evaluations are conducted

4-3. a. For a NON-TENURED or INEXPERIENCED teacher, on average, how many formal observations were conducted during the LAST school year (2016-2017) to evaluate performance?

 A formal observation is one that is required by the school, district, or state in order to collect information for a performance evaluation.

None or Number of observations


 GO TO item 4-3c below.

b. For a NON-TENURED or INEXPERIENCED teacher, on average, how long is the typical formal observation?

Average number of minutes

c. For a NON-TENURED or INEXPERIENCED teacher, on average, how many informal observations were conducted during the LAST school year (2016-2017)?

None or Number of observations

 GO TO item 4-3e on page 12.

d. For a NON-TENURED or INEXPERIENCED teacher, on average, how long is the typical informal observation?

Average number of minutes



4-3. Continued –

- e. On average, how often do NON-TENURED or INEXPERIENCED teachers receive an evaluation?

🍏 An evaluation is a *SUMMATIVE* judgement about performance that is used for some administrative purpose and becomes a part of the record of a teacher's performance.

🍏 Mark (X) only one box.

- Two or more times a year
- Once a year
- Once every 2 years
- Once every 3 or more years
- No evaluations are conducted

4-4. During THIS school year (2017-2018), is student achievement growth on standardized assessments or student learning objectives used in the performance evaluation of teachers in this school, whether it be within a classroom, teamwide, gradewide, or schoolwide?

- 🍏 Student achievement growth is the change in individual student achievement between two or more points in time.
- 🍏 Standardized assessments are assessments consistently administered and scored districtwide or statewide for all students in the same grades and subjects.
- 🍏 Student learning objectives (SLOs) are measurable learning goals or objectives established for students, which can be used to measure student growth over a set period of time.

Student achievement growth on standardized assessments or student learning objectives is used in the evaluation of:

- ALL teachers in this school, including all grades, all subjects, special education, and special populations
- MOST teachers in this school
- SOME teachers in this school
- NO teachers in this school → [GO TO item 4-6 on page 13.](#)

4-5. The teachers in this school are evaluated on the achievement growth of:

🍏 Mark all that apply.

- Students they teach DIRECTLY
- Students GRADEWIDE
- Students TEAMWIDE
- Students SCHOOLWIDE



4-6. During THIS school year (2017-2018), to what extent will teachers' performance evaluation results be used to inform the following decisions about teacher professional development?

	🍏 Mark (X) one box in each line.		
	Not at all	Somewhat	A lot
a. Plan professional development for individual teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identify low-performing teachers for coaching, mentoring, or peer assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Develop performance improvement plans for low-performing teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Set goals with teachers for student achievement growth for the next school year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4-7. During THIS school year (2017-2018), will teacher performance evaluation results be used to inform any of the following decisions about teachers in THIS school?

a. Formally recognizing high performing teachers

Yes

No

b. Determining annual salary increases

Yes

No

c. Determining bonuses or performance-based compensation other than salary increases

Yes

No

d. Determining teaching assignments

Yes

No

e. Offering career advancement opportunities, such as teacher leadership roles

Yes

No

f. Granting job protection or tenure

Yes

No



4-8. During THIS school year (2017-2018), will teacher performance evaluation results be used to inform any of the following decisions about LOW-PERFORMING teachers in THIS school?

a. Losing job protection or tenure

Yes

No

b. Prioritizing teachers for layoffs

Yes

No

c. Determining teacher reassignment

Yes

No

d. Counseling a teacher out of the school, district, or profession due to poor performance

Yes

No

e. Not renewing teacher contract or terminating employment for cause

Yes

No

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5. TEACHER PROFESSIONAL DEVELOPMENT

5-1. To what extent do you agree or disagree with the following statements about professional development for TEACHERS in this school?

	🍏 Mark (X) one box in each line.			
	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. An appropriate amount of time is provided for professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sufficient resources are available for professional development in this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Professional development offerings are based on best practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Professional development opportunities are aligned with the school's improvement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional development is directly applicable to the content or curriculum being taught	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Professional development provides ongoing opportunities for teachers to refine instructional strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Professional development enhances teachers' abilities to improve student learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5-2. a. How often are teachers' evaluation results considered when professional development is planned and designed at THIS school?

- Never
- Sometimes
- Frequently
- Always

b. How often is teachers' input taken into consideration when planning professional development at THIS school?

- Never
- Sometimes
- Frequently
- Always



5-3. a. How often is professional development for teachers at THIS school led by teachers in this SCHOOL or DISTRICT?

- Never
 - Sometimes
 - Frequently
 - Always
-

b. How often is professional development for teachers at THIS school evaluated for evidence of improvement in SCHOOL or DISTRICT-wide achievement?

- Never
- Sometimes
- Frequently
- Always

DRAFT



6. PRINCIPAL EVALUATIONS

6-1. LAST school year (2016-2017), were you evaluated as a principal at THIS school?

Yes

No →

b. LAST school year, why were you not evaluated at THIS school?

I was not a principal at this school last year.

This district does not conduct principal evaluations.

This district does not conduct principal evaluations on yearly basis.

I am not evaluated because I am a tenured or experienced principal.

I am not evaluated for another reason.

GO TO item 6-4 on page 18.

6-2. Thinking about your evaluation LAST school year (2016-2017), to what extent do you agree or disagree with the following statements?

🍏 Mark (X) one box in each line.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. The evaluator(s) accurately evaluated my strengths and weaknesses as a principal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My evaluator(s) was fair and unbiased.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall, the evaluation process was fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The evaluation rubric accurately represents the scope of my responsibilities as a principal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



6-3. a. Thinking about your evaluation LAST school year (2016-2017), did you receive any feedback on your work as a principal?

- Yes
- No → [GO TO item 6-4 below.](#)



b. Thinking about your evaluation LAST school year (2016-2017), have you used the feedback you received to try to improve YOUR performance?

- Yes
- No

c. Thinking about your evaluation LAST school year (2016-2017), did you receive feedback on the processes or procedures you use to attain THIS school's performance goals?

- Yes
- No

6-4. During THIS school year (2017-2018), is student achievement growth on standardized assessments used in your performance evaluation?

-  *Student achievement growth is the change in individual student achievement between two or more points in time.*
-  *Standardized assessments are assessments consistently administered and scored districtwide or statewide for all students in the same grades and subjects.*

- Yes
- No

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7. PRINCIPAL PROFESSIONAL DEVELOPMENT

7-1. During the LAST school year (2016-2017), did you participate in any professional development activities as a principal at THIS school?

Yes
 No → [GO TO item 8-1 on page 22.](#)

7-2. During the LAST school year (2016-2017), how often were the professional development activities in which you participated:

🍏 Mark (X) one box in each line.				
	Never	Sometimes	Frequently	Always
a. Designed to support state or district standards and/or assessments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Designed as part of a school improvement plan to meet state, district, or school goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7-3. During the LAST school year (2016-2017), have you participated in the following kinds of professional development?

a. University course(s) related to your role as principal

Yes
 No

b. Visits to other schools designed to improve your own work as principal

Yes
 No

c. Mentoring and/or peer observation and coaching of principals

Yes
 No



7-3. Continued – During the LAST school year (2016-2017), have you participated in the following kinds of professional development?

- d. Participating in a principal network** (e.g, a group of principals organized within school systems, by an outside agency, or through the internet)

Yes

No

- e. Workshops, conferences, or training in which you were a presenter**

Yes

No

- f. Other workshops or conferences in which you were not a presenter**

Yes

No

7-4. During the LAST school year (2016-2017) did you participate in professional development on any of the following topics?

- a. Analyzing and interpreting student achievement data**

Yes

No

- b. Human resource management**

Yes

No

- c. Student motivation and engagement**

Yes

No

- d. Use of technology to support instruction**

Yes

No

- e. School management and policy**

Yes

No



7-4. *Continued* – During the LAST school year (2016-2017), did you participate in professional development on any of the following topics?

f. School improvement planning

Yes

No

g. Social services for students

Yes

No

h. Safety or school climate

Yes

No

i. Supporting effective instruction

Yes

No

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8. PRINCIPAL ENGAGEMENT

8-1. To what extent do you agree or disagree with the following statements about your work at THIS school?

	🍏 Mark (X) one box in each line.			
	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. I have the necessary tools and resources to carry out my work at THIS school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. During this school year, I have received positive recognition for my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My colleagues support me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The school helps me see that my job as a principal is an important one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel fulfilled in my role as a principal of this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is someone at this school who I can seek advice from about my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My supervisor values my opinions and ideas for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I work among colleagues who are highly committed to the mission of the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I feel connected to this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My job is rewarding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10. CONTACT INFORMATION

10-1. The survey you have completed may involve a brief follow-up next school year in order to gain information on principals' movements in the labor force. The following information would assist us in contacting you if you have moved or changed jobs. Please keep in mind that all information provided here is secure and will only be used in the event that we need to contact you for follow-up. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

Please PRINT your name, home address, your work, cell, and home telephone numbers, and your work and home e-mail addresses.

a. First name

Middle name

Last name

Suffix

b. Street address

c. City

d. State

e. ZIP Code + 4

f. Work phone number

AREA CODE TELEPHONE NUMBER

g. Cell phone number

AREA CODE TELEPHONE NUMBER

h. Home phone number

AREA CODE TELEPHONE NUMBER

i. Work e-mail address

j. Home e-mail address

DRAFT



10-2. Please enter the date you completed this questionnaire.

🍏 Report month as a number, that is, 01 for January, 02 for February, etc.

Month

Day

Year

10-3. Please indicate how much time it took you to complete this form, not counting interruptions.

🍏 Please record the time in minutes, e.g., 50 minutes, 65 minutes, etc.

Minutes

Thank you very much for your participation
in this survey. If you have any questions,
please contact us, toll-free, at: 1-888-595-1338
or by e-mail at: addp.education.surveys@census.gov.

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Please return your completed questionnaire
in the enclosed pre-addressed, postage-paid
envelope or mail it to:

U.S. CENSUS BUREAU
ATTN: DCB/PCSPU, BUILDING 60A
1201 E. 10TH STREET
JEFFERSONVILLE, IN 47132-0001



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To learn more about this survey and to access reports from earlier collections, see the National Teacher and Principal Survey (NTPS) website at: <http://nces.ed.gov/surveys/ntps>

Additional data collected by the National Center for Education Statistics (NCES) on a variety of topics in elementary, secondary, postsecondary, and international education are available from NCES' website at: <http://nces.ed.gov>

For additional data collected by various Federal agencies, including the Department of Education, visit the Federal Statistics clearinghouse at: <http://fedstats.sites.usa.gov>



Conducted by:
U.S. DEPARTMENT OF EDUCATION
NATIONAL CENTER FOR EDUCATION STATISTICS

OMB No. 1850-0598: Approval Expires 06/30/20**

Collected by:
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

TEACHER QUESTIONNAIRE

NATIONAL TEACHER AND PRINCIPAL SURVEY

2017-18 SCHOOL YEAR



DRAFT

THIS SURVEY HAS BEEN ENDORSED BY:

American Association of School Administrators
American Association of School Librarians
American Federation of Teachers
American Montessori Society
Association for Middle Level Education (formerly National Middle School Association)
Association for Supervision and Curriculum Development
Association of American Educators
Council of the Great City Schools
National Association of Elementary School Principals
National Association of Secondary School Principals
National Parent Teacher Association

Please return your completed questionnaire in the pre-addressed, postage-paid envelope or mail it to:

**U.S. CENSUS BUREAU
ATTN: DCB/PCSPU, BUILDING 60A
1201 E. 10TH STREET
JEFFERSONVILLE, IN 47132-0001**

NOTICE:

This survey is authorized by the Education Sciences Reform Act of 2002, 20 U.S. Code §9541(b) and §9543(a). The results will only be produced as statistical summaries.



INSTRUCTIONS AND DEFINITIONS

The data you enter on this form will be captured through the use of imaging technology. Please print all information clearly in ordinary characters, using a **blue or black ballpoint pen**.

CORRECT marking example – <i>(Use care to keep characters in their designated spaces.)</i>	INCORRECT marking example –
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="checkbox"/> 3 <input type="checkbox"/> 5 </div>	<div style="display: inline-block; margin-right: 20px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 35 </div> </div> <div style="display: inline-block;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="checkbox"/> 3 <input type="checkbox"/> 5 </div> </div>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OR <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

- a. If you are the teacher named on the cover page label, please complete the questionnaire.
- b. Please do not write any comments near the answer boxes.
- c. If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.
- d. If you have any questions, call the U.S. Census Bureau at 1-888-595-1338. Someone will be available to take your call Monday through Friday, between 8:00 a.m. and 8:00 p.m. (Eastern Time). The U.S. Census Bureau is also available to answer your questions via e-mail at: addp.education.surveys@census.gov.

Teachers who teach in multiple schools: Please respond to questions as they apply to the school where you received this questionnaire.

Grades K-12 and comparable ungraded levels. This survey focuses on schools offering any of grades K-12 or comparable ungraded levels at the elementary, middle, or secondary level. The term “ungraded levels” refers to schools that classify students by an alternative means other than particular grade levels (e.g., Kindergarten, 1st grade, 2nd grade, etc.).

All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

Paperwork Burden Statement

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 voluntary information collection is 1850-0598. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire, please e-mail: addp.education.surveys@census.gov, or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9046, Washington, DC 20006.



1. GENERAL INFORMATION

1-1. How do you classify your position at THIS school, that is, the activity at which you spend most of your time during this school year?

🍏 Mark (X) only one box.

- 1 Regular full-time teacher (in any of grades K-12 or comparable ungraded levels)
- 2 Regular part-time teacher (in any of grades K-12 or comparable ungraded levels)
- 3 Itinerant teacher (i.e., your assignment requires you to provide instruction at more than one school)
- 4 Long-term substitute (i.e., your assignment requires that you fill the role of a regular teacher on a long-term basis, but you are still considered a substitute)
- 5 Short-term substitute
- 6 Student teacher
- 7 Teacher aide
- 8 Administrator (e.g., principal, assistant principal, director, school head)
- 9 Library media specialist or Librarian
- 10 Other professional staff (e.g., counselor, curriculum coordinator, social worker)
- 11 Support staff (e.g., secretary)

1-2. Which box did you mark in item 1-1 above?

- Box 1 → GO TO item 1-5 on page 4.
- Box 2, 3, or 4 → GO TO item 1-4 on page 4.
- Box 5, 6, or 7 → **Please STOP now and return this questionnaire to the U.S. Census Bureau. Thank you for your time.**
- Box 8, 9, 10, or 11

1-3. Do you TEACH one or more classes at THIS school, at least once per week, in any of grades K-12 or comparable ungraded levels?

🍏 If you work as a library media specialist or librarian at this school, do not include classes in which you teach students how to use the library (e.g., library skills or library research).

🍏 If you teach a particular specialty either within or outside of a regular classroom (e.g., reading specialist, special education teacher, English as a Second Language teacher), include that time as a regularly scheduled class.

- Yes → GO TO item 1-4 on page 4.
- No → **Please STOP now and return this questionnaire to the U.S. Census Bureau. Thank you for your time.**



1-4. How much time do you work as a TEACHER in any of grades K-12 or comparable ungraded levels at THIS school?

☛ Mark (X) only one box.

- Full time
- 3/4 time or more, but less than full-time
- 1/2 time or more, but less than 3/4 time
- 1/4 time or more, but less than 1/2 time
- Less than 1/4 time
- I do not teach any of grades K-12 or comparable ungraded levels →

Please STOP now and return this questionnaire to the U.S. Census Bureau. Thank you for your time.

1-5. When did you begin teaching, either full-time or part-time, at THIS school?

☛ Do NOT include time spent as a student teacher.

☛ Enter the month AND year. Report month as a number, that is, 01 for January, 02 for February, etc.

Month

Year

1-6. LAST school year (2016-17), what was your MAIN activity?

☛ Mark (X) only ONE box which best applies to how you spent the MOST time LAST school year.

☛ If you were a substitute or itinerant teacher, please mark (X) the box which best applies to your MAIN activity LAST school year.

- Teaching in this school
- Teaching in another public elementary, middle, or secondary school IN THIS SCHOOL SYSTEM
- Teaching in a public elementary, middle, or secondary school IN A DIFFERENT SCHOOL SYSTEM IN THIS STATE
- Teaching in a public elementary, middle, or secondary school IN ANOTHER STATE
- Teaching in a PRIVATE elementary, middle, or secondary school
- Teaching in a preschool
- Teaching at a college or university
- Student at a college or university
- Working in a position in the field of education, but not as a teacher
- Working in a position outside the field of education
- On leave (e.g., maternity or paternity leave, disability leave, sabbatical)
- Caring for family members, but not on leave (e.g., homemaking, childrearing)
- Military service
- Unemployed and seeking work
- Retired from another job
- Other – please specify →



1-7. When did you FIRST begin teaching, either full-time or part-time, at the K-12 or comparable ungraded level?

🍏 Do NOT include time spent as a student teacher.

🍏 Enter the month AND year. Report month as a number, that is, 01 for January, 02 for February, etc.

Month

Year

1-8. In how many schools have you taught, either full-time or part-time, at the K-12 or comparable ungraded level?

🍏 Do NOT include time spent as a student teacher.

Schools

1-9. Excluding time spent on maternity/paternity leave or sabbatical, how many school years have you worked, either full-time or part-time, as a K-12 or comparable ungraded level teacher in public, public charter, or private schools?

🍏 Include the current school year.

🍏 Do NOT include time spent as a student teacher.

🍏 Report years to the nearest whole year, not fractions or months.

School years

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2. CLASS ORGANIZATION

2-1. Do you currently teach students in any of these grades at THIS school?

🍎 Please mark (X) Yes or No for each grade level.

Prekindergarten	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kindergarten	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1st	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2nd	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3rd	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12th	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ungraded	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2-2. Of all the students you teach at THIS school, how many have an Individualized Education Program (IEP) because they have disabilities or are special education students?

🍎 Do NOT include students who have only a 504 plan.

🍎 If none, please mark (X) the box.

None or Students



2-3. Of all the students you teach at THIS school, how many are of limited-English proficiency (LEP) or are English-language learners (ELLs)?

(Students of limited-English proficiency [LEP] or English-language learners [ELLs] are those whose native or dominant language is other than English and who have sufficient difficulty speaking, reading, writing, or understanding the English language as to deny them the opportunity to learn successfully in an English-speaking-only classroom.)

🍏 If none, please mark (X) the box.

None or Students

2-4. Using Table 1 on page 10, this school year, in what subject is your MAIN teaching assignment at THIS school, that is, the subject matter in which you teach the most classes?

🍏 Record one of the main teaching assignment codes and labels from Table 1 on page 10.

Main Teaching Assignment Code Main Teaching Assignment Label

2-5. Are you intentionally assigned to instruct the same group of students for more than one year (e.g., looping)?

Yes

No

2-6a. During any of your classes, do you have students use instructional software to learn some or all of their lessons?

Yes

No → GO TO item 2-7 on page 8.



b. Does any of the instructional software the students use AUTOMATICALLY ADJUST the level of instruction to an individual student's performance?

Yes

No



2-7. Which statement best describes the way YOUR classes at THIS school are organized?

🍏 *Mark (X) only one box.*

- 1 You instruct several classes of different students most or all of the day in one or more subjects (sometimes called Departmentalized Instruction).
- 2 You are an elementary school teacher who teaches only one subject to different classes of students (sometimes called an Elementary Subject Specialist).
- 3 You instruct the same group of students all or most of the day in multiple subjects (sometimes called a Self-Contained Class).
- 4 You are one of two or more teachers, in the same class, at the same time, and are jointly responsible for teaching the same group of students all or most of the day (sometimes called Team Teaching).
- 5 You instruct a small number of selected students released from or in their regular classes in specific skills or to address specific needs (sometimes called a "Pull-Out" Class or "Push-In" Instruction).

2-8. Which box did you mark in item 2-7 above?

Box 1 or 2 → *GO TO item 2-12 on page 11.*

Box 3 or 4

Box 5 → *GO TO item 2-10 below.*

2-9. During your most recent FULL WEEK of teaching at THIS school, what is the total number of students enrolled in the class you taught?

🍏 *If you teach more than one self-contained class, report the number from your class with the most students.*

Students → *GO TO item 2-11 on page 9.*

2-10. During your most recent FULL WEEK of teaching at THIS school, what is the average number of students you taught at any one time?

Students



2-11. During your most recent FULL WEEK of teaching, approximately how many minutes did YOU spend teaching each of the following subjects at THIS school?
 🍏 If you taught two or more subjects at the same time, apportion the time to each subject the best you can.
 🍏 If you did not teach a particular subject during the week, mark (X) the "None" box.

a. English, reading, or language arts (including reading and writing)

None or Minutes per day for Days per week

(1) Of these hours, how many were designated for reading instruction?
 None or Minutes per day for Days per week
 GO TO item 2-11b below.

b. Arithmetic or mathematics

None or Minutes per day for Days per week

c. Social studies or history

None or Minutes per day for Days per week

d. Science

None or Minutes per day for Days per week

GO TO Section 3 on page 12.

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**Table 1. Main Teaching Assignment and Subject-matter Codes and Labels
For Questions 2-4 and 2-13**

General Education Codes and Labels

Elementary Education

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

Special Education

- 110 Special education, any

Subject-matter Specific Codes and Labels

Arts and Music

- 141 Art or arts and crafts
142 Art history
143 Dance
144 Drama or theater
145 Music

English and Language Arts

- 151 Communications
152 Composition
153 English
154 Journalism
155 Language arts
157 Literature or literary criticism
158 Reading
159 Speech

English as a Second Language (ESL)

- 160 ESL or bilingual education: General
161 ESL or bilingual education: Spanish
162 ESL or bilingual education: Other languages

Foreign Languages

- 171 French
172 German
173 Latin
174 Spanish
175 Other foreign language

Health Education

- 181 Health education
182 Physical education

Mathematics and Computer Science

- 191 Algebra I
192 Algebra II
193 Algebra III
194 Basic and general mathematics
195 Business and applied math
196 Calculus and pre-calculus
197 Computer science
198 Geometry
199 Pre-algebra
200 Statistics and probability
201 Trigonometry

Natural Sciences

- 210 Science, general
211 Biology or life sciences
212 Chemistry
213 Earth sciences
214 Engineering
215 Integrated science
216 Physical sciences
217 Physics
218 Other natural sciences

Social Sciences

- 220 Social studies, general
221 Anthropology
222 Area or ethnic studies (excluding Native American studies)
225 Economics
226 Geography
227 Government or civics
228 History
231 Native American studies
232 Political Science
233 Psychology
234 Sociology
235 Other social sciences

Career or Technical Education

- 241 Agriculture and natural resources
242 Business management
243 Business support
244 Marketing and distribution
245 Healthcare occupations
246 Construction trades, engineering, or science technologies (including CADD and drafting)
247 Mechanics and repair
249 Manufacturing or precision production (electronics, metalwork, textiles, etc.)
250 Communications and related technologies (including design, graphics, or printing; not including computer science)
253 Personal and public services (including culinary arts, cosmetology, child care, social work, protective services, custodial services, and interior design)
254 Family and consumer sciences education
255 Industrial arts or technology education
256 Other career or technical education

Miscellaneous

- 262 Driver education
264 Library or information science
265 Military science or ROTC
266 Philosophy
267 Religious studies, theology, or divinity

Other

- 268 Other



NOTE: Items 2-12 and 2-13 are for teachers who marked box 1 or 2 for item 2-7 on page 8.

If you marked box 3, 4, or 5 for item 2-7 → **GO TO Section 3 on page 12.**

2-12. How many separate class periods or sections do you currently teach at THIS school?

🍏 Do NOT include homeroom periods or study halls.

(Example: If you teach 2 classes or sections of chemistry I, a class or section of physics I, and a class or section of physics II, you would report 04 classes or sections.)

--	--

Number of classes or sections

2-13. Using Table 1 on page 10, for EACH class period or section that you reported in item 2-12, record the subject-matter code, subject-matter label, grade level code, and number of students.

🍏 If you teach a class or section with more than one grade level, list the grade level with the most students in column C and record the total number of students in column D.

🍏 If you reported more than 10 periods or sections in item 2-12, report on only 10 of those periods or sections.

	A. Subject-Matter Code from Table 1	B. Subject-Matter Label from Table 1	C. Grade Level Code from list below	D. Number of Students
Example	1 9 2	Algebra II	1 1	3 3
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Grade Level Codes

If your class period or section has students from more than one grade level (i.e., MIXED GRADES), please list the grade with the most students.

- | | | | |
|----|-----------------|----|------------|
| PK | Prekindergarten | 07 | 7th grade |
| KG | Kindergarten | 08 | 8th grade |
| 01 | 1st grade | 09 | 9th grade |
| 02 | 2nd grade | 10 | 10th grade |
| 03 | 3rd grade | 11 | 11th grade |
| 04 | 4th grade | 12 | 12th grade |
| 05 | 5th grade | UG | Ungraded |
| 06 | 6th grade | | |



3. EDUCATION AND TRAINING

3-1a. Do you have a bachelor's degree?

🍏 *If you have more than one bachelor's degree, information about additional degrees will be asked in item 3-3 on page 15.*

Yes

No → **GO TO item 3-3 on page 15.**



b. What is the name of the college or university where you earned this degree?

Name of college or university

In what city and state is it located?

City

State

Located outside the United States

c. In what year did you receive your bachelor's degree?

Year

d. Which of the following best describes your bachelor's degree?

🍏 *Mark (X) only one box.*

It was awarded by your school's College of Education, School of Education, or Department of Education

It was awarded by another college, school, or department, not in education

e. Using Table 2 on page 13, what was your major field of study?

Major Field
of Study Code

Major Field
of Study Label

f. Did you have a second major field of study?

🍏 *Do NOT report academic minors or concentrations.*

Yes

No → **GO TO item 3-1h on page 14.**



g. Using Table 2 on page 13, what was your second major field of study?

🍏 *Do NOT report academic minors or concentrations.*

Major Field
of Study Code

Major Field
of Study Label



**Table 2. Major and Minor Fields of Study Codes and Labels
For Questions 3-1e, 3-1g, 3-1i, 3-2e, and 3-3b**

General Education Codes and Labels

Elementary Education

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

Secondary Education

- 103 Middle grades, general
104 Secondary grades, general

Special Education

- 110 Special education, any

Other Education

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

Subject-matter Specific Codes and Labels

Arts and Music

- 141 Art or arts and crafts
142 Art history
143 Dance
144 Drama or theater
145 Music

English and Language Arts

- 151 Communications
152 Composition
153 English
154 Journalism
155 Language arts
156 Linguistics
157 Literature or literary criticism
158 Reading
159 Speech

English as a Second Language (ESL)

- 160 ESL or bilingual education: General
161 ESL or bilingual education: Spanish
162 ESL or bilingual education: Other languages

Foreign Languages

- 171 French
172 German
173 Latin
174 Spanish
175 Other foreign language

Health Education

- 181 Health education
182 Physical education

Mathematics and Computer Science

- 190 Mathematics
197 Computer science
200 Statistics and probability

Natural Sciences

- 211 Biology or life sciences
212 Chemistry
213 Earth sciences
214 Engineering
217 Physics
218 Other natural sciences

Social Sciences

- 220 Social studies, general
221 Anthropology

- 222 Area or ethnic studies (excluding Native American studies)
223 Criminal justice
224 Cultural studies
225 Economics
226 Geography
227 Government or civics
228 History
229 International studies
230 Law
231 Native American studies
232 Political science
233 Psychology
234 Sociology
235 Other social sciences

Career or Technical Education

- 241 Agriculture and natural resources
242 Business management
243 Business support
244 Marketing and distribution
245 Healthcare occupations
246 Construction trades, engineering, or science technologies (including CADD and drafting)
247 Mechanics and repair
249 Manufacturing or precision production (electronics, metalwork, textiles, etc.)
250 Communications and related technologies (including design, graphics, or printing; not including computer science)
253 Personal and public services (including culinary arts, cosmetology, child care, social work, protective services, custodial services, and interior design)
254 Family and consumer sciences education
255 Industrial arts or technology education
256 Other career or technical education

Miscellaneous

- 261 Architecture
263 Humanities or liberal studies
264 Library or information science
265 Military science or ROTC
266 Philosophy
267 Religious studies, theology, or divinity

Other

- 268 Other



3-1h. Did you have a minor field of study?

- Yes
- No → *GO TO item 3-2a below.*

i. Using Table 2 on page 13, what was your minor field of study?

Minor Field
of Study Code
Minor Field
of Study Label**3-2a. Do you have a master's degree?**

🍏 *If you have more than one master's degree, information about additional degrees will be asked in item 3-3 on page 15.*

- Yes
- No → *GO TO item 3-3 on page 15.*

b. Was at least a portion of the cost of your master's degree paid for by a STATE, SCHOOL, or SCHOOL DISTRICT in which you taught?

- Yes
- No

c. In what year did you receive your master's degree?

Year

d. Which of the following best describes your master's degree?

🍏 *Mark (X) only one box.*

- It was awarded by your school's College of Education, School of Education, or Department of Education
- It was awarded by another college, school, or department, not in education

e. Using Table 2 on page 13, what was your major field of study for your master's degree?

Major Field
of Study Code
Major Field
of Study Label

3-3. Have you earned any of the degrees or certificates listed below?

Yes
 No → *GO TO item 3-4 on page 16.*

a. Degree or certificate	b. Using Table 2 on page 13, what was your major field of study for each degree or certificate?	c. Which of the following best describes each degree or certificate?	d. In what year?
(1) Vocational certificate	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>		Year <input type="text"/>
(2) Associate's degree	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>		Year <input type="text"/>
(3) SECOND Bachelor's degree	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's College of Education, School of Education, or Department of Education <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(4) SECOND Master's degree	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's College of Education, School of Education, or Department of Education <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(5) Educational specialist or professional diploma (at least one year beyond a master's level)	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's College of Education, School of Education, or Department of Education <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(6) Certificate of Advanced Graduate Studies	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's College of Education, School of Education, or Department of Education <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>
(7) Doctorate or first professional degree (Ph.D., Ed.D., M.D., J.D., D.D.S.)	Major Field of Study Code <input type="text"/> Major Field of Study Label <input type="text"/>	<input type="checkbox"/> It was awarded by your school's College of Education, School of Education, or Department of Education <input type="checkbox"/> It was awarded by another college, school, or department, not in education	Year <input type="text"/>



3-4. Have you ever taken any graduate or undergraduate courses that focused SOLELY on teaching methods?

🍎 Do NOT include student teaching (sometimes called practice teaching).

🍎 Do NOT include professional development courses, workshops, or seminars.

Yes →

No → GO TO item 3-6 below.

How many courses?

🍎 Mark (X) only one box.

1 or 2 courses

3 or 4 courses

5 to 9 courses

10 or more courses

3-5. Did you take any of the courses you marked in 3-4 before your first year of teaching?

Yes

No

3-6. BEFORE your first year of teaching, did you take any graduate or undergraduate courses which taught you —

a. Classroom management techniques?

Yes

No

b. Lesson planning?

Yes

No

c. How to assess learning?

Yes

No

d. How to use student performance data to inform instruction?

Yes

No

e. How to serve students from diverse economic backgrounds?

Yes

No

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3-6. *Continued* – **BEFORE** your first year of teaching, did you take any graduate or undergraduate courses which taught you —

f. How to serve students with special needs?

Yes

No

g. How to teach students who are limited-English proficient (LEP) or English-language learners (ELLs)?

Yes

No

3-7a. Did you have any student teaching (sometimes called practice teaching)?

Yes

No → *GO TO Section 4 on page 18.*



b. In how many different classrooms did you student teach?

🍏 *Mark (X) only one box.*

1

2

3 or more

c. How long did your student teaching last?

🍏 *If you student taught in more than one classroom, report the total amount of time spent student teaching across all assignments.*

🍏 *Mark (X) only one box.*

4 weeks or less

5-7 weeks

8-11 weeks

12 weeks or more

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4. CERTIFICATION

4-1. Did you enter teaching through an alternative route to certification program?

(An alternative route to certification program is a program that was designed to expedite the transition of nonteachers to a teaching career, for example, a state, district, or university alternative route to certification program.)

- Yes
- No

The next series of questions is about state certification. Please read the questions carefully. This section allows teachers to report UP TO TWO current teaching certificates in the state where they are teaching, plus several content areas per certificate, if applicable. Those who have only one certificate that applies to only one content area DO NOT have to fill out the entire section and should follow the GO TO instructions.

4-2a. Which of the following describes the teaching certificate you currently hold that certifies you to teach in THIS state?

🍏 Mark (X) only one box.

🍏 If you currently hold more than one of the following, a second certification may be listed in item 4-3.

- Regular or standard state certificate or advanced professional certificate
- Certificate issued after satisfying all requirements except the completion of a probationary period (in some states this is called a probationary certificate)
- Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained (in some states this is called a temporary or provisional certificate)
- Certificate issued to persons who must complete a certification program in order to continue teaching (in some states this is called a waiver or emergency certificate)
- I do not hold any of the above certifications in THIS state → [GO TO Section 5 on page 22.](#)

b. Using Table 3 on page 19, in what content area(s) and grade range(s) does the teaching certificate marked above certify you to teach in THIS state?

(For some teachers, the content area may be special education or the grade level.)

🍏 If this certificate certifies you to teach in more than one content area, you may report additional content areas in later items.

🍏 If your certificate does not restrict you to a specific grade range(s), mark (X) all three grade ranges.

(1) Content Area	(2) Grade Range of Certificate (mark (X) all that apply)
Content Area Code <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
Content Area Label <input type="text"/>	

c. Does this certificate marked in item 4-2a certify you to teach in additional content areas?

- Yes → [GO TO item 4-2d on page 20.](#)
- No → [GO TO item 4-3a on page 20.](#)



Table 3. Certification Content Area Codes and Labels For Questions 4-2b, 4-2d, 4-3c, and 4-3e**General Education Codes and Labels****Elementary Education**

- 101 Early childhood or Pre-K, general
- 102 Elementary grades, general
- 103 Middle grades, general

Secondary Education

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

Special Education

- 111 Special education, general
- 112 Autism
- 113 Deaf and hard-of-hearing
- 114 Developmentally delayed
- 115 Early childhood special education
- 116 Emotionally disturbed or behavior disorders

Special Education – Continued

- 117 Learning disabilities
- 118 Intellectual disabilities
- 119 Mildly or moderately disabled
- 120 Orthopedically impaired
- 121 Severely or profoundly disabled
- 122 Speech or language impaired
- 123 Traumatologically brain-injured
- 124 Visually impaired
- 125 Other special education

General Administration

- 131 Administration
- 132 Counseling and guidance

Subject-matter Specific Codes and Labels**Arts and Music**

- 141 Art or arts and crafts
- 142 Art History
- 143 Dance
- 144 Drama or theater
- 145 Music

English and Language Arts

- 151 Communications
- 152 Composition
- 153 English
- 154 Journalism
- 155 Language arts
- 157 Literature or Literary Criticism
- 158 Reading
- 159 Speech

English as a Second Language

- 160 ESL or bilingual education: General
- 161 ESL or bilingual education: Spanish
- 162 ESL or bilingual education: Other languages

Foreign Languages

- 171 French
- 172 German
- 173 Latin
- 174 Spanish
- 175 Other foreign language

Health Education

- 181 Health education
- 182 Physical education

Mathematics and Computer Science

- 190 Mathematics
- 197 Computer science
- 200 Statistics and probability

Natural Sciences

- 210 Science, general
- 211 Biology or life sciences
- 212 Chemistry
- 213 Earth sciences
- 216 Physical sciences
- 217 Physics
- 218 Other natural sciences

Social Sciences

- 220 Social studies, general
- 221 Anthropology
- 222 Area or ethnic studies (excluding Native American studies)
- 225 Economics
- 226 Geography
- 227 Government or civics
- 228 History
- 231 Native American studies
- 232 Political Science
- 233 Psychology
- 234 Sociology
- 235 Other social sciences

Career or Technical Education

- 241 Agriculture and natural resources
- 242 Business management
- 243 Business support
- 244 Marketing and distribution
- 245 Healthcare occupations
- 246 Construction trades, engineering, or science technologies (including CADD and drafting)
- 247 Mechanics and repair
- 249 Manufacturing or precision production (electronics, metalwork, textiles, etc.)
- 250 Communications and related technologies (including design, graphics or printing; not including computer science)
- 253 Personal and public services (including culinary arts, cosmetology, child care, social work, protective services, custodial services, and interior design)
- 254 Family and consumer sciences education
- 255 Industrial arts or technology education
- 256 Other career or technical education

Miscellaneous

- 262 Driver education
- 263 Humanities or Liberal studies
- 264 Library or Information science
- 265 Military science or ROTC
- 266 Philosophy
- 267 Religious studies, theology or divinity

Other

- 268 Other



4-2. Continued –**d. Using Table 3 on page 19, please record all ADDITIONAL content areas and grade ranges in which this certificate certifies you to teach:**

🍏 If your certificate does not restrict you to a specific range(s), mark (X) all three ranges.

Additional Content Area	Grade Range of Certificate (mark (X) all that apply)
(1) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(2) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(3) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(4) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12

4-3a. Do you have another current teaching certificate that certifies you to teach in THIS state?

- Yes
 No → [GO TO Section 5 on page 22.](#)

b. Which of the following describes this current teaching certificate you hold in THIS state?

🍏 Mark (X) only one box.

- Regular or standard state certificate or advanced professional certificate
 Certificate issued after satisfying all requirements except the completion of a probationary period (in some states this is called a probationary certificate)
 Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained (in some states this is called a temporary or provisional certificate)
 Certificate issued to persons who must complete a certification program in order to continue teaching (in some states this is called a waiver or emergency certificate)



4-3. Continued –

c. Using Table 3 on page 19, in what content area(s) and grade range(s) does the teaching certificate marked in question 4-3b on page 20 certify you to teach in THIS state?

(For some teachers, the content area may be the grade level.)

🍎 If this certificate certifies you to teach in more than one content area, you may report additional content areas in later items.

🍎 If your certificate does not restrict you to a specific grade range(s), mark (X) all three grade ranges.

(1) Content Area	(2) Grade Range of Certificate (mark (X) all that apply)
Content Area Code <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
Content Area Label <input type="text"/>	

d. Does this certificate marked in item 4-3b certify you to teach in additional content areas?

Yes

No → **GO TO Section 5 on page 22.**

e. Using Table 3 on page 19, please record all ADDITIONAL content areas and grade ranges in which this certificate certifies you to teach:

🍎 If your certificate does not restrict you to a specific grade range(s), mark (X) all three grade ranges.

Additional Content Area	Grade Range of Certificate (mark (X) all that apply)
(1) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(2) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(3) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
(4) Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12



5. TEACHER EVALUATIONS

5-1. LAST school year (2016-2017), were you evaluated at THIS school?

Yes

No → LAST school year, why were you not evaluated at THIS school?

I was not a teacher at this school last year.

I was not evaluated because I am only evaluated every 2 or more years.

This school does not conduct teacher evaluations.

I was not evaluated for another reason.

5-2. To what extent do you agree or disagree with the following statements about your evaluation LAST school year (2016-2017)?

🍏 Mark (X) one box on each line.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. Overall, the evaluation process was fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The evaluation process was based on what is known about good teaching practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I had a strong understanding of how I would be evaluated at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The results of my evaluation were accurate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The evaluation process helped me to determine whether I had been successful with my students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I had a clearer idea of what was expected of me because of the evaluation process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The evaluation process had a positive effect on my teaching.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Overall, the evaluation process led to improved student learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



5-3. Did you receive feedback from your evaluation LAST school year (2016-2017)?

Yes

No → *GO TO item 5-5 below.*

5-4. a. Did you receive feedback on your teaching methods from your evaluation LAST school year (2016-2017)?

Yes

No

b. Did you receive feedback on how well you were meeting the school's performance goals from your evaluation LAST school year (2016-2017)?

Yes

No

c. Have you used the feedback you received from your evaluation LAST school year (2016-2017), to improve your teaching?

Yes

No

5-5. Was participation in professional development considered during your evaluation LAST school year (2016-2017)?

Yes

No

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6. TEACHER WORKING CONDITIONS

For questions 6-1 to 6-2 please report to the nearest whole hour; do not record fractions of an hour or minutes.

6-1a. How many hours does your contract require you to work during a typical FULL WEEK at THIS school?

🍏 *This would be base contract hours, or the equivalent, NOT including stipends or extra pay for extra duty.*

Total WEEKLY hours required to work

6-1b. Of the hours you are CONTRACTED to work, excluding time spent on planning, lunch, break/recess, proctoring exams, arrival/dismissal of students, and otherwise NOT delivering instruction, how many hours during a typical full week do you DELIVER INSTRUCTION to students at THIS school?

🍏 *"PULL-OUT" or "PUSH-IN" TEACHERS: Please include the number of hours you instruct individual students or small groups of students.*

Total WEEKLY hours delivering instruction

6-2. Including hours spent during the school day, before and after school, and on the weekends, how many hours do you spend on ALL teaching and other school-related activities during a typical FULL WEEK at THIS school?

Total WEEKLY hours spent on all teaching and school-related activities

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6-3. During this school year, do you or will you do the following for this school or district —

a. Coach a sport?

Yes

No

b. Sponsor any student groups, clubs, or organizations?

Yes

No

c. Serve as a department lead or chair?

Yes

No

d. Serve as a lead curriculum specialist?

Yes

No

e. Serve on a schoolwide or districtwide committee or task force?

Yes

No

f. Serve as an assigned mentor or mentor coordinator for teachers?

Yes

No

6-4. In the LAST SCHOOL YEAR (2016-17), how much of your own money did you spend on classroom supplies, without reimbursement?

🍎 Please use your best estimate for costs incurred, in whole dollars.

🍎 If none, please mark (X) the box.

None

or

\$, .00



7. TEACHER PROFESSIONAL DEVELOPMENT

7-1. During the past 12 months, how frequently, if at all, did you participate in each of the following professional development activities?

🍏 If an activity occurred all day for several days, but less than one month of the year in total, please mark "Once or a few times a year"

🍏 Mark (X) one box on each line.

	Did not participate	Once or a few times a year	Once or a few times a month	Once or a few times a week
a. Planned lessons or courses with other teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consulted with other teachers about individual students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Collaborated with other teachers on issues of instruction excluding administrative meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Acted as a coach or mentor to other teachers or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Received coaching or mentoring from other teachers or staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Participated in online or web-based professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Participated in a workshop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attended a conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7-2. During the past 12 months, how many HOURS, if any, did you spend participating in any of the following types of professional development?

🍏 Mark (X) one box on each line.					
	Did not participate	8 hours or less	9-16 hours	17-32 hours	33 hours or more
a. Professional development that directly relates to your teaching assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professional development on using technology to support instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Professional development on teaching Science, Technology, Engineering or Mathematics (STEM), or incorporating STEM into other subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Professional development on classroom and behavior management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional development on instruction strategies to teach students with disabilities or IEPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Professional development on preparing students to take annual assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Professional development on analyzing and interpreting student achievement data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Professional development on differentiated instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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7-3. Considering all of the professional development you participated in during the past 12 months, how relevant was it to your teaching assignment?

- Did not complete any professional development in the past 12 months → GO TO item 7-7 on page 29.
- Not relevant at all
- Somewhat relevant
- Very relevant



7-4a. Did you incorporate what you learned from professional development into your teaching, in the past 12 months?

Yes

No → *GO TO item 7-5 below.*

b. Did you receive feedback about how you incorporated what you learned from professional development into your teaching, in the past 12 months?

Yes

No

7-5. As a result of completing any professional development activities in the past 12 months, did you receive credits toward re-certification or advanced certification?

Yes

No

7-6. During the past 12 months, did you receive any of the following types of support?

a. Release time from teaching to attend professional development

Yes

No

b. Funding or reimbursement for attending conferences or workshops for professional development

Yes

No

c. Funding or reimbursement for travel and/or daily expenses to attend professional development

Yes

No

d. Full or partial reimbursement of college tuition for courses related to professional development

Yes

No

e. Stipend for professional development activities that took place outside regular work hours

Yes

No



7-7. In the past 12 months, professional development was available to teachers at THIS school:

🍏 *Mark (X) all that apply.*

- Before or after school days
- During in-service days (teacher planning or work days) when students are NOT in school
- During regular school days when students are in school
- During summer and other extended school breaks

7-8. To what extent do you agree or disagree with the following statements about professional development at THIS school?

🍏 *Mark (X) one box on each line.*

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. I have sufficient resources available for my professional development in this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have access to about the same amount of resources for professional development as other teachers at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My professional development opportunities are aligned with this school's performance goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The techniques I am learning about in my professional development definitely will help improve student achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel capable of incorporating the kinds of techniques I am learning about in my professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The types of professional development available to me are consistent with my own professional goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have the opportunity to provide feedback to school leaders about my professional development experience to determine its value and impact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



7-9. Does THIS school provide teachers with time for INDIVIDUAL professional development during regular contract hours?

Yes

No

7-10. Does THIS school provide teachers with time for TEAM-BASED professional development during regular contract hours?

Yes

No

DRAFT



8. TEACHER ENGAGEMENT

8-1. To what extent do you agree or disagree with the following statements about your work at THIS school?

	🍏 Mark (X) one box on each line.			
	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
a. I have the necessary tools and resources to carry out my work at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I received positive feedback for my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My colleagues support me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The school helps me see that my job as a teacher is an important one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel fulfilled in my role as a teacher at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is someone at this school whom I can look to for advice about my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The principal values my opinions and my ideas for improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I work among colleagues who are highly committed to the mission of the school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I feel connected to this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My job is rewarding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



9. GENERAL EMPLOYMENT AND BACKGROUND INFORMATION

The following questions refer to your BEFORE-TAX earnings from teaching and other employment.

9-1. DURING THE SUMMER OF 2017, did you have any earnings from —
 🍏 *Report amounts in whole dollars.*

a. Teaching summer school in this school or any other school?

- Yes →
- No

How much?

\$, .00

(1) Did all of these earnings come from your current school?

- Yes
- No

GO TO item 9-1b below.

b. Working in a non-teaching job in this school or any other school?

- Yes →
- No

How much?

\$, .00

(1) Did all of these earnings come from your current school?

- Yes
- No

GO TO item 9-1c below.

c. Working in any NONSCHOOL job?

- Yes →
- No

How much?

\$, .00

GO TO item 9-2 below.

9-2. How many days are covered by your contract, per contract year?

🍏 *Include professional development, student contact days, and any other days covered by your contract.*

Days per contract year

9-3. DURING THE CURRENT SCHOOL YEAR, what is your base teaching salary for the entire school year?

🍏 *Report amounts in whole dollars.*

\$, .00 For the entire school year

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9-4. DURING THE CURRENT SCHOOL YEAR, do you, or will you, earn any additional compensation from this school system for extracurricular or additional activities such as coaching, student activity sponsorship, mentoring teachers, or teaching evening classes?

🍏 Report amounts in whole dollars.

Yes →

How much?

\$, .00

No

GO TO item 9-5 below.

9-5. DURING THE CURRENT SCHOOL YEAR, do you, or will you, earn any additional compensation from this school system based on your students' performance (e.g., through a merit pay or pay-for-performance agreement)?

🍏 Report amounts in whole dollars.

Yes →

How much?

\$, .00

No

GO TO item 9-6 below.

9-6. DURING THE CURRENT SCHOOL YEAR, have you earned income from any OTHER sources from this school system, such as a state supplement, etc.?

🍏 Do NOT report any earnings already reported.

🍏 Report amounts in whole dollars.

Yes →

How much?

\$, .00

No

GO TO item 8-7a below.

9-7a. DURING THE CURRENT SCHOOL YEAR, do you, or will you, earn additional compensation from working in any job OUTSIDE this school system?

🍏 Report amounts in whole dollars.

Yes →

How much?

\$, .00

GO TO item 9-7b below.

No → GO TO item 9-8 on page 34.

b. Which of these best describes this job OUTSIDE this school system?

🍏 Mark (X) only one box.

Teaching or tutoring

Non-teaching, but related to teaching field


Other



9-13. Are you of Hispanic or Latino origin?

- Yes
- No

9-14. What is your race?

 *Mark (X) one or more races to indicate what you consider yourself to be.*

- White
- Black or African-American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

9-15. What is your year of birth?

1	9				
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10. CONTACT INFORMATION

- 10-1. The survey you have completed may involve a brief follow-up next school year in order to gain information on teachers' movements in the labor force. The following information would assist us in contacting you if you have moved or changed jobs. Please keep in mind that all information provided here is secure and will only be used in the event that we need to contact you for follow-up. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

Please PRINT your name, your spouse's name (if applicable), your home address, your home and cell phone numbers, the most convenient time to reach you, and your work and home e-mail addresses.

- a. First name

Middle name

Last name

Suffix

- b. Spouse's First Name

Spouse's Middle Name

Spouse's Last Name

- c. Street Address

- d. City

- e. State

- f. ZIP Code + 4

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- 10-2. What are the names and addresses of two other people who would know where to get in touch with you during the coming years? Please do not list more than one person who now lives with you. Please inform these individuals that you have provided their names and someone from the U.S. Census Bureau may contact them in the coming years if we are unable to locate you.**

Please **PRINT** contact's name, contact's relationship to you, and contact's cell and home phone numbers.

(1) First Contact Person

- a. First name

Last name

- b. Relationship to you

- c. Cell phone number

AREA CODE TELEPHONE NUMBER

- d. Home phone number

AREA CODE TELEPHONE NUMBER

What is the name and address of another person who would know where to get in touch with you during the coming years?

Please **PRINT** contact's name, contact's relationship to you, and contact's cell and home phone number.

(2) Second Contact Person

- a. First name

Last name

- b. Relationship to you

- c. Cell phone number

AREA CODE TELEPHONE NUMBER

- d. Home phone number

AREA CODE TELEPHONE NUMBER



10-3. Please enter the date you completed this questionnaire.

🍏 Report month as a number, that is, 01 for January, 02 for February, etc.

Month

Day

Year

10-4. Please indicate how much time it took you to complete this form, not counting interruptions.

🍏 Please record the time in minutes, e.g., 50 minutes, 65 minutes, etc.

Minutes

Thank you very much for your participation
in this survey. If you have any questions,
please contact us, toll-free, at: 1-888-595-1338
or by e-mail at: addp.education.surveys@census.gov.

DRAFT

Please return your completed questionnaire
in the enclosed pre-addressed, postage-paid
envelope or mail it to:

**U.S. CENSUS BUREAU
ATTN: DCB/PCSPU, BUILDING 60A
1201 E. 10TH STREET
JEFFERSONVILLE, IN 47132-0001**



To learn more about this survey and to access reports from earlier collections, see the National Teacher and Principal Survey (NTPS) website at: <http://nces.ed.gov/surveys/ntps>

Additional data collected by the National Center for Education Statistics (NCES) on a variety of topics in elementary, secondary, postsecondary, and international education are available from NCES' website at: <http://nces.ed.gov>

For additional data collected by various Federal agencies, including the Department of Education, visit the Federal Statistics clearinghouse at: <http://www.fedstats.sites.usa.gov>



TEACHER LISTING FORM

NATIONAL TEACHER AND PRINCIPAL SURVEY

2017-18 SCHOOL YEAR



(Please correct any errors in name, address, and ZIP Code.)

SCHOOL →

GRADE RANGE →

Large empty rectangular area for providing school and grade range information.

Please return your completed questionnaire in the pre-addressed, postage-paid envelope or mail it to:

**U.S. CENSUS BUREAU
ATTN: TLF, SMQAB, BUILDING 61D
1201 E. 10TH STREET
JEFFERSONVILLE, IN 47132-0001**

NOTICE: ▶

This survey is authorized by the Education Sciences Reform Act of 2002, 20 U.S. Code §9541(b) and §9543(a). The results will only be produced as statistical summaries.

REFERENCE CARD

Please use this guide when listing teachers.

INCLUDE ON THE TEACHER LIST

- 🍏 *Regular Classroom Teachers*
 - Chemistry, English, math, physical education, history, etc.
- 🍏 *Special Education Teachers*
 - Teach special education classes to students with disabilities.
- 🍏 *General Elementary Teachers*
 - Teach self-contained classes in any of grades K–8, i.e., teach the same class of students all or most of the day, unless they teach special education students, in which case see the category above.
 - Team-teaching, i.e., two or more teachers collaborate in teaching multiple subjects to the same class of students.
 - Include kindergarten teachers.
- 🍏 *Career, Technical, or Vocational Education Teachers*
 - Teach keyboarding, business, agriculture, life skills, family or consumer economics as well as any other vocational or technical classes.
- 🍏 *Teaching principals, teaching guidance counselors, teaching librarians, teaching school nurses*
 - Include any staff members who teach at least one regularly scheduled class per week.
For example:
If a librarian teaches a regularly scheduled class in math once a week, include her in the "Math" category, but if she only teaches groups of students library skills or how to use the library, do NOT include her on the form.
- 🍏 *Teachers of Ungraded Students*
- 🍏 *Itinerant, Co-op, Traveling, and Satellite Teachers*
 - Teach at more than one school and may OR may not be supervised by someone at your school.
- 🍏 *Current Long-Term Substitute Teachers*
 - Currently filling the role of a regular teacher for 4 or more continuous weeks.
- 🍏 *Other teachers who teach students in any of grades K–12*
 - If a teacher teaches pre-kindergarten and any other grade between K–12, answer the questions ONLY for the time the teacher spends teaching any grades K–12.

OMIT FROM THE TEACHER LIST

- 🍏 *Prekindergarten teachers who teach ONLY prekindergarten students*
- 🍏 *Adult Education and Postsecondary Teachers*
 - If they teach ONLY adult education or students beyond grade 12.
- 🍏 *Short-term Substitute Teachers*
 - Fill the role of a regular teacher for less than 4 continuous weeks.
- 🍏 *Student Teachers*
- 🍏 *Day Care Aides*
- 🍏 *Teacher Aides*
- 🍏 *Librarians who teach ONLY library skills or how to use the library*

Please tear off this reference card to use while completing the survey.

▶ **Why does the National Center for Education Statistics (NCES) conduct the National Teacher and Principal Survey (NTPS)?**

- 🍏 The NTPS is designed to measure critical aspects of schooling and teaching, the composition of the principal and teacher work force, and conditions in schools.

▶ **What do you need from my school?**

- 🍏 A list of all of the full-time and part-time teachers who teach at this school.

- 🍏 **Please see the removable reference card on the reverse side for important information about the listing form.**

▶ **What happens to the information I report?**

- 🍏 A sample of teachers will be selected for the Teacher Survey component of NTPS. The selected teachers will receive the Teacher Questionnaire which asks for information on their educational background, work experience, and attitudes toward teaching.

▶ **Why is my school's participation important?**

- 🍏 Only a small number of schools are selected to participate in NTPS. Therefore, your school represents many other schools.

▶ **How does NCES protect the confidentiality of the information I provide?**

- 🍏 All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

Thank you for your assistance.

Please tear off this reference card to use while completing the survey.

Paperwork Burden Statement

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 voluntary information collection is 1850-0598. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire, please e-mail: ntps@census.gov, or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, PCP, 550 12th Street, S.W., 4th Floor, Washington, DC, 20202.

Please return your completed form in the enclosed pre-addressed, postage-paid envelope or mail it to:

**U.S. CENSUS BUREAU
ATTN: TLF, SMQAB, BLDG 61D
1201 E. 10TH STREET
JEFFERSONVILLE, IN 47132-0001**

1. In case we have questions about any of your responses, please print your name, title, and work telephone number on the lines below.

NAME

TITLE

WORK TELEPHONE NUMBER

AREA CODE TELEPHONE NUMBER

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2. How much time did it take to complete this form, not counting interruptions?

Minutes

🍏 Please see page 2 for important information.



Call 1-xxx-xxx-xxxx toll free if you need assistance filling out the rest of this form.
The office hours are 8:00 AM – 8:00 PM Eastern Time.

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*Ex.	<i>Andrew Michael Shaffer</i>	8	1	<i>ams@place.com</i>
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239				

PLEASE CONTINUE ON NEXT PAGE

PLEASE READ THE REFERENCE CARD BEFORE CONTINUING.
(A removable reference card is printed on the inside cover of this booklet.)

Line Number	Teacher's Name	Subject Matter Taught	Teaching Status at the Selected School	Teacher's Email Address
	<p>Please list all of the full-time and part-time teachers who TEACH at THIS SCHOOL.</p> <p>List each teacher only once.</p> <p>List in the following order: First name, Middle name, Last name, suffix (if applicable).</p> <p>Please see the reference card for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p>	<p>Enter the numeric code that corresponds to the subject in which the teacher teaches the most classes. If the teacher teaches two or more subjects equally, enter each numeric code that applies.</p> <p>Enter the code for "Other" subject matter for teachers who teach art, foreign language, music, physical education, English as a second language, and any other remaining subjects.</p> <p>1 - Special education 2 - General elementary 3 - Math 4 - Science 5 - English/Language arts 6 - Social studies 7 - Vocational/Technical 8 - Other (e.g., art, music, etc.)</p>	<p>Enter the numeric code which corresponds to the teacher status of each teacher at this school.</p> <p>Include as part-time: Itinerant teachers who teach part-time in this school, regardless of other positions held in this or other districts. Teachers who perform other functions in this school in addition to part-time teaching.</p> <p>For example, a teaching guidance counselor should be counted as a part-time teacher.</p> <p>1 - Full-time 2 - Part-time</p>	<p>Please list each teacher's email address.</p>
	<p>FIRST MIDDLE LAST SUFFIX</p>			
240				
241				
242				
243				
244				
245				
246				
247				
248				
249				
250				
251				
252				
253				
254				
255				

Thank you very much for your participation in this survey. If you have any questions, please contact us, toll-free, at: 1-xxx-xxx-xxxx or by e-mail at: ntps@census.gov.

To learn more about this survey and to access reports from earlier collections, see the National Teacher and Principal Survey (NTPS) website at: <http://nces.ed.gov/surveys/ntps>

Additional data collected by the National Center for Education Statistics (NCES) on a variety of topics in elementary, secondary, postsecondary, and international education are available from NCES' website at: <http://nces.ed.gov>

For additional data collected by various Federal agencies, including the Department of Education, visit the Federal Statistics clearinghouse at: <http://fedstats.sites.usa.gov>

TEACHER LISTING VERIFICATION FORM

NATIONAL TEACHER AND PRINCIPAL SURVEY

2017-18 SCHOOL YEAR



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(Please correct any errors in name, address, and ZIP Code.)

SCHOOL →

GRADE RANGE →

Please return your completed questionnaire in the pre-addressed, postage-paid envelope or mail it to:

**U.S. CENSUS BUREAU
ATTN: TLF, SMQAB, BUILDING 61D
1201 E. 10TH STREET
JEFFERSONVILLE, IN 47132-0001**

NOTICE: →

This survey is authorized by the Education Sciences Reform Act of 2002, 20 U.S. Code §9541(b) and §9543(a). The results will only be produced as statistical summaries.

Paperwork Burden Statement

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 voluntary information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire, please e-mail: addp.education.surveys@census.gov, or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, 1990 K Street, N.W., #9046, Washington, DC 20006.

Please return your completed form in the enclosed pre-addressed, postage-paid envelope or mail it to:

**U.S. CENSUS BUREAU
ATTN: TLF, SMQAB, BLDG 61D
1201 E. 10TH STREET
JEFFERSONVILLE, IN 47132-0001**

▶ **Why does the National Center for Education Statistics (NCES) conduct the National Teacher and Principal Survey (NTPS)?**

- 🍏 The NTPS is designed to measure critical aspects of schooling and teaching, the composition of the principal and teacher work force, and conditions in schools.

▶ **What do you need from my school?**

- 🍏 A list of all of the full-time and part-time teachers who teach at this school. In order to reduce the burden on your school, we populated your school's TLF with a list of teachers from publicly-available sources. We are now asking you to verify the accuracy of the teacher data.
- 🍏 **Please see the removable reference card on the reverse side for important information about the listing form.**

▶ **What happens to the information I report?**

- 🍏 A sample of teachers will be selected for the Teacher Survey component of NTPS. The selected teachers will receive the Teacher Questionnaire which asks for information on their educational background, work experience, and attitudes toward teaching.

▶ **Why is my school's participation important?**

- 🍏 Only a small number of schools are selected to participate in NTPS. Therefore, your school represents many other schools.

▶ **How does NCES protect the confidentiality of the information I provide?**

- 🍏 All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

Thank you for your assistance.

Please tear off this reference card to use while completing the survey.

REFERENCE CARD

Please use this guide when verifying teachers.

INCLUDE ON THE TEACHER LIST

- 🍏 *Regular Classroom Teachers*
 - Chemistry, English, math, physical education, history, etc.
- 🍏 *Special Education Teachers*
 - Teach special education classes to students with disabilities.
- 🍏 *General Elementary Teachers*
 - Teach self-contained classes in any of grades K–8, i.e., teach the same class of students all or most of the day, unless they teach special education students, in which case see the category above.
 - Team-teaching, i.e., two or more teachers collaborate in teaching multiple subjects to the same class of students.
 - Include kindergarten teachers.
- 🍏 *Career, Technical, or Vocational Education Teachers*
 - Teach keyboarding, business, agriculture, life skills, family or consumer economics as well as any other vocational or technical classes.
- 🍏 *Teaching principals, teaching guidance counselors, teaching librarians, teaching school nurses*
 - Include any staff members who teach at least one regularly scheduled class per week.
For example:
If a librarian teaches a regularly scheduled class in math once a week, include her in the "Math" category, but if she only teaches groups of students library skills or how to use the library, do NOT include her on the form.
- 🍏 *Teachers of Ungraded Students*
- 🍏 *Itinerant, Co-op, Traveling, and Satellite Teachers*
 - Teach at more than one school and may OR may not be supervised by someone at your school.
- 🍏 *Current Long-Term Substitute Teachers*
 - Currently filling the role of a regular teacher for 4 or more continuous weeks.
- 🍏 *Other teachers who teach students in any of grades K–12*
 - If a teacher teaches pre-kindergarten and any other grade between K–12, answer the questions ONLY for the time the teacher spends teaching any grades K–12.

EXCLUDE FROM THE TEACHER LIST

- 🍏 *Prekindergarten teachers who teach ONLY prekindergarten students*
- 🍏 *Adult Education and Postsecondary Teachers*
 - If they teach ONLY adult education or students beyond grade 12.
- 🍏 *Short-term Substitute Teachers*
 - Fill the role of a regular teacher for less than 4 continuous weeks.
- 🍏 *Student Teachers*
- 🍏 *Day Care Aides*
- 🍏 *Teacher Aides*
- 🍏 *Librarians who teach ONLY library skills or how to use the library*

Please tear off this reference card to use while completing the survey.

INSTRUCTIONS

- a. Please review each teacher's information to ensure that it is accurate.
- b. If you need to make any corrections to the teacher's name or email address, please line out the incorrect portion and enter the correction next to the preprinted information in pen.
- c. If the teacher's subject matter is incorrect, please line it out and enter the code for the correct subject matter(s). If the teacher teaches an additional subject matter, enter the code next to the preprinted subject matter.
- d. **Please see page 4 for important information on whom to include and exclude from the teacher list.** If the person listed is a teacher at your school, mark "yes" in the Teacher Status column. If the person listed is not a teacher or does not work at your school, mark "no."
- e. Please add any teachers who are missing from this list in the available rows.
- f. If you have any questions, call the U.S. Census Bureau at 1-888-595-1338. Someone will be available to take your call Monday through Friday, between 8:00 a.m. and 8:00 p.m. (Eastern Time). The U.S. Census Bureau is also available to answer your questions via e-mail at: adp.education.surveys@census.gov.

1. **In case we have questions about any of your responses, please print your name, title, and work telephone number on the lines below.**

NAME

TITLE

WORK TELEPHONE NUMBER

AREA CODE TELEPHONE NUMBER

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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2. **How much time did it take to complete this form, not counting interruptions?**

Minutes

PLEASE READ THE REFERENCE CARD BEFORE CONTINUING.
(A removable reference card is printed on page 3 of this booklet.)

Line Number	Teacher's Name	Teacher's Email Address	Subject Matter Taught	Teacher's Status
	<p>Please review the list of the full-time and part-time teachers who TEACH at THIS SCHOOL.</p> <p>Make any corrections to the teacher's name in pen.</p> <p>If teacher(s) are missing, add their information to this form. Each teacher should be listed only once.</p> <p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p>	<p>Please review each teacher's email address.</p> <p>Make any corrections to the teacher's email address in pen. If the email address is missing, write it in this column.</p>	<p>Please review each teacher's subject matter. If the subject matter is <u>not</u> correct, enter the numeric code that corresponds to the subject in which the teacher teaches the most classes in pen. If the teacher teaches two or more subjects equally, enter each numeric code that applies.</p> <p>1-Special education (SE) 2-General elementary (GE) 3-Math 4-Science 5-English/Language arts (ELA) 6-Social studies (SS) 7-Vocational/Technical (VT) 8-Other (e.g., art, music, foreign language, physical education, English as a second language, and any other remaining subjects.)</p>	<p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p> <p>Is this person currently a teacher at this school?</p>
	FIRST MIDDLE LAST SUFFIX			
*Ex. 1	<i>Schafer</i> Andrew Michael Shaffer	<i>ams@place.com</i> amshaffer@place.com	5-ELA 2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Ex. 2	Elizabeth Marie Smith	ems@place.com	2-GE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Ex. 3	<i>Jessica Lynn Jones</i>	<i>jlj@place.com</i>	6	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No
11				<input type="checkbox"/> Yes <input type="checkbox"/> No
12				<input type="checkbox"/> Yes <input type="checkbox"/> No
13				<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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Line Number	Teacher's Name	Teacher's Email Address	Subject Matter Taught	Teacher's Status
	<p>Please review the list of the full-time and part-time teachers who TEACH at THIS SCHOOL.</p> <p>Make any corrections to the teacher's name in pen.</p> <p>If teacher(s) are missing, add their information to this form. Each teacher should be listed only once.</p> <p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p>	<p>Please review each teacher's email address.</p> <p>Make any corrections to the teacher's email address in pen. If the email address is missing, write it in this column.</p>	<p>Please review each teacher's subject matter. If the subject matter is <u>not</u> correct, enter the numeric code that corresponds to the subject in which the teacher teaches the most classes in pen. If the teacher teaches two or more subjects equally, enter each numeric code that applies.</p> <p>1-Special education (SE) 2-General elementary (GE) 3-Math 4-Science 5-English/Language arts (ELA) 6-Social studies (SS) 7-Vocational/Technical (VT) 8-Other (e.g., art, music, foreign language, physical education, English as a second language, and any other remaining subjects.)</p>	<p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p> <p>Is this person currently a teacher at this school?</p>
	FIRST MIDDLE LAST SUFFIX			
14				<input type="checkbox"/> Yes <input type="checkbox"/> No
15				<input type="checkbox"/> Yes <input type="checkbox"/> No
16				<input type="checkbox"/> Yes <input type="checkbox"/> No
17				<input type="checkbox"/> Yes <input type="checkbox"/> No
18				<input type="checkbox"/> Yes <input type="checkbox"/> No
19				<input type="checkbox"/> Yes <input type="checkbox"/> No
20				<input type="checkbox"/> Yes <input type="checkbox"/> No
21				<input type="checkbox"/> Yes <input type="checkbox"/> No
22				<input type="checkbox"/> Yes <input type="checkbox"/> No
23				<input type="checkbox"/> Yes <input type="checkbox"/> No
24				<input type="checkbox"/> Yes <input type="checkbox"/> No
25				<input type="checkbox"/> Yes <input type="checkbox"/> No
26				<input type="checkbox"/> Yes <input type="checkbox"/> No
27				<input type="checkbox"/> Yes <input type="checkbox"/> No
28				<input type="checkbox"/> Yes <input type="checkbox"/> No
29				<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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Line Number	Teacher's Name	Teacher's Email Address	Subject Matter Taught	Teacher's Status
	<p>Please review the list of the full-time and part-time teachers who TEACH at THIS SCHOOL.</p> <p>Make any corrections to the teacher's name in pen.</p> <p>If teacher(s) are missing, add their information to this form. Each teacher should be listed only once.</p> <p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p>	<p>Please review each teacher's email address.</p> <p>Make any corrections to the teacher's email address in pen. If the email address is missing, write it in this column.</p>	<p>Please review each teacher's subject matter. If the subject matter is <u>not</u> correct, enter the numeric code that corresponds to the subject in which the teacher teaches the most classes in pen. If the teacher teaches two or more subjects equally, enter each numeric code that applies.</p> <p>1-Special education (SE) 2-General elementary (GE) 3-Math 4-Science 5-English/Language arts (ELA) 6-Social studies (SS) 7-Vocational/Technical (VT) 8-Other (e.g., art, music, foreign language, physical education, English as a second language, and any other remaining subjects.)</p>	<p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p> <p>Is this person currently a teacher at this school?</p>
	FIRST MIDDLE LAST SUFFIX			
30				<input type="checkbox"/> Yes <input type="checkbox"/> No
31				<input type="checkbox"/> Yes <input type="checkbox"/> No
32				<input type="checkbox"/> Yes <input type="checkbox"/> No
33				<input type="checkbox"/> Yes <input type="checkbox"/> No
34				<input type="checkbox"/> Yes <input type="checkbox"/> No
35				<input type="checkbox"/> Yes <input type="checkbox"/> No
36				<input type="checkbox"/> Yes <input type="checkbox"/> No
37				<input type="checkbox"/> Yes <input type="checkbox"/> No
38				<input type="checkbox"/> Yes <input type="checkbox"/> No
39				<input type="checkbox"/> Yes <input type="checkbox"/> No
40				<input type="checkbox"/> Yes <input type="checkbox"/> No
41				<input type="checkbox"/> Yes <input type="checkbox"/> No
42				<input type="checkbox"/> Yes <input type="checkbox"/> No
43				<input type="checkbox"/> Yes <input type="checkbox"/> No
44				<input type="checkbox"/> Yes <input type="checkbox"/> No
45				<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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Line Number	Teacher's Name	Teacher's Email Address	Subject Matter Taught	Teacher's Status
	<p>Please review the list of the full-time and part-time teachers who TEACH at THIS SCHOOL.</p> <p>Make any corrections to the teacher's name in pen.</p> <p>If teacher(s) are missing, add their information to this form. Each teacher should be listed only once.</p> <p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p>	<p>Please review each teacher's email address.</p> <p>Make any corrections to the teacher's email address in pen. If the email address is missing, write it in this column.</p>	<p>Please review each teacher's subject matter. If the subject matter is <u>not</u> correct, enter the numeric code that corresponds to the subject in which the teacher teaches the most classes in pen. If the teacher teaches two or more subjects equally, enter each numeric code that applies.</p> <p>1-Special education (SE) 2-General elementary (GE) 3-Math 4-Science 5-English/Language arts (ELA) 6-Social studies (SS) 7-Vocational/Technical (VT) 8-Other (e.g., art, music, foreign language, physical education, English as a second language, and any other remaining subjects.)</p>	<p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p> <p>Is this person currently a teacher at this school?</p>
	FIRST MIDDLE LAST SUFFIX			
46				<input type="checkbox"/> Yes <input type="checkbox"/> No
47				<input type="checkbox"/> Yes <input type="checkbox"/> No
48				<input type="checkbox"/> Yes <input type="checkbox"/> No
49				<input type="checkbox"/> Yes <input type="checkbox"/> No
50				<input type="checkbox"/> Yes <input type="checkbox"/> No
51				<input type="checkbox"/> Yes <input type="checkbox"/> No
52				<input type="checkbox"/> Yes <input type="checkbox"/> No
53				<input type="checkbox"/> Yes <input type="checkbox"/> No
54				<input type="checkbox"/> Yes <input type="checkbox"/> No
55				<input type="checkbox"/> Yes <input type="checkbox"/> No
56				<input type="checkbox"/> Yes <input type="checkbox"/> No
57				<input type="checkbox"/> Yes <input type="checkbox"/> No
58				<input type="checkbox"/> Yes <input type="checkbox"/> No
59				<input type="checkbox"/> Yes <input type="checkbox"/> No
60				<input type="checkbox"/> Yes <input type="checkbox"/> No
61				<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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Line Number	Teacher's Name	Teacher's Email Address	Subject Matter Taught	Teacher's Status
	<p>Please review the list of the full-time and part-time teachers who TEACH at THIS SCHOOL.</p> <p>Make any corrections to the teacher's name in pen.</p> <p>If teacher(s) are missing, add their information to this form. Each teacher should be listed only once.</p> <p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p>	<p>Please review each teacher's email address.</p> <p>Make any corrections to the teacher's email address in pen. If the email address is missing, write it in this column.</p>	<p>Please review each teacher's subject matter. If the subject matter is <u>not</u> correct, enter the numeric code that corresponds to the subject in which the teacher teaches the most classes in pen. If the teacher teaches two or more subjects equally, enter each numeric code that applies.</p> <p>1-Special education (SE) 2-General elementary (GE) 3-Math 4-Science 5-English/Language arts (ELA) 6-Social studies (SS) 7-Vocational/Technical (VT) 8-Other (e.g., art, music, foreign language, physical education, English as a second language, and any other remaining subjects.)</p>	<p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p> <p>Is this person currently a teacher at this school?</p>
	FIRST MIDDLE LAST SUFFIX			
62				<input type="checkbox"/> Yes <input type="checkbox"/> No
63				<input type="checkbox"/> Yes <input type="checkbox"/> No
64				<input type="checkbox"/> Yes <input type="checkbox"/> No
65				<input type="checkbox"/> Yes <input type="checkbox"/> No
66				<input type="checkbox"/> Yes <input type="checkbox"/> No
67				<input type="checkbox"/> Yes <input type="checkbox"/> No
68				<input type="checkbox"/> Yes <input type="checkbox"/> No
69				<input type="checkbox"/> Yes <input type="checkbox"/> No
70				<input type="checkbox"/> Yes <input type="checkbox"/> No
71				<input type="checkbox"/> Yes <input type="checkbox"/> No
72				<input type="checkbox"/> Yes <input type="checkbox"/> No
73				<input type="checkbox"/> Yes <input type="checkbox"/> No
74				<input type="checkbox"/> Yes <input type="checkbox"/> No
75				<input type="checkbox"/> Yes <input type="checkbox"/> No
76				<input type="checkbox"/> Yes <input type="checkbox"/> No
77				<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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Line Number	Teacher's Name Please review the list of the full-time and part-time teachers who TEACH at THIS SCHOOL. Make any corrections to the teacher's name in pen. If teacher(s) are missing, add their information to this form. Each teacher should be listed only once. Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.	Teacher's Email Address Please review each teacher's email address. Make any corrections to the teacher's email address in pen. If the email address is missing, write it in this column.	Subject Matter Taught Please review each teacher's subject matter. If the subject matter is <u>not</u> correct, enter the numeric code that corresponds to the subject in which the teacher teaches the most classes in pen. If the teacher teaches two or more subjects equally, enter each numeric code that applies. 1-Special education (SE) 2-General elementary (GE) 3-Math 4-Science 5-English/Language arts (ELA) 6-Social studies (SS) 7-Vocational/Technical (VT) 8-Other (e.g., art, music, foreign language, physical education, English as a second language, and any other remaining subjects.)	Teacher's Status Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school. Is this person currently a teacher at this school?
	FIRST MIDDLE LAST SUFFIX			
78				<input type="checkbox"/> Yes <input type="checkbox"/> No
79				<input type="checkbox"/> Yes <input type="checkbox"/> No
80				<input type="checkbox"/> Yes <input type="checkbox"/> No
81				<input type="checkbox"/> Yes <input type="checkbox"/> No
82				<input type="checkbox"/> Yes <input type="checkbox"/> No
83				<input type="checkbox"/> Yes <input type="checkbox"/> No
84				<input type="checkbox"/> Yes <input type="checkbox"/> No
85				<input type="checkbox"/> Yes <input type="checkbox"/> No
86				<input type="checkbox"/> Yes <input type="checkbox"/> No
87				<input type="checkbox"/> Yes <input type="checkbox"/> No
88				<input type="checkbox"/> Yes <input type="checkbox"/> No
89				<input type="checkbox"/> Yes <input type="checkbox"/> No
90				<input type="checkbox"/> Yes <input type="checkbox"/> No
91				<input type="checkbox"/> Yes <input type="checkbox"/> No
92				<input type="checkbox"/> Yes <input type="checkbox"/> No
93				<input type="checkbox"/> Yes <input type="checkbox"/> No

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Line Number	Teacher's Name	Teacher's Email Address	Subject Matter Taught	Teacher's Status
	<p>Please review the list of the full-time and part-time teachers who TEACH at THIS SCHOOL.</p> <p>Make any corrections to the teacher's name in pen.</p> <p>If teacher(s) are missing, add their information to this form. Each teacher should be listed only once.</p> <p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p>	<p>Please review each teacher's email address.</p> <p>Make any corrections to the teacher's email address in pen. If the email address is missing, write it in this column.</p>	<p>Please review each teacher's subject matter. If the subject matter is <u>not</u> correct, enter the numeric code that corresponds to the subject in which the teacher teaches the most classes in pen. If the teacher teaches two or more subjects equally, enter each numeric code that applies.</p> <p>1-Special education (SE) 2-General elementary (GE) 3-Math 4-Science 5-English/Language arts (ELA) 6-Social studies (SS) 7-Vocational/Technical (VT) 8-Other (e.g., art, music, foreign language, physical education, English as a second language, and any other remaining subjects.)</p>	<p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p> <p>Is this person currently a teacher at this school?</p>
	FIRST MIDDLE LAST SUFFIX			
94				<input type="checkbox"/> Yes <input type="checkbox"/> No
95				<input type="checkbox"/> Yes <input type="checkbox"/> No
96				<input type="checkbox"/> Yes <input type="checkbox"/> No
97				<input type="checkbox"/> Yes <input type="checkbox"/> No
98				<input type="checkbox"/> Yes <input type="checkbox"/> No
99				<input type="checkbox"/> Yes <input type="checkbox"/> No
100				<input type="checkbox"/> Yes <input type="checkbox"/> No
101				<input type="checkbox"/> Yes <input type="checkbox"/> No
102				<input type="checkbox"/> Yes <input type="checkbox"/> No
103				<input type="checkbox"/> Yes <input type="checkbox"/> No
104				<input type="checkbox"/> Yes <input type="checkbox"/> No
105				<input type="checkbox"/> Yes <input type="checkbox"/> No
106				<input type="checkbox"/> Yes <input type="checkbox"/> No
107				<input type="checkbox"/> Yes <input type="checkbox"/> No
108				<input type="checkbox"/> Yes <input type="checkbox"/> No
109				<input type="checkbox"/> Yes <input type="checkbox"/> No

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Line Number	Teacher's Name	Teacher's Email Address	Subject Matter Taught	Teacher's Status
	<p>Please review the list of the full-time and part-time teachers who TEACH at THIS SCHOOL.</p> <p>Make any corrections to the teacher's name in pen.</p> <p>If teacher(s) are missing, add their information to this form. Each teacher should be listed only once.</p> <p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p>	<p>Please review each teacher's email address.</p> <p>Make any corrections to the teacher's email address in pen. If the email address is missing, write it in this column.</p>	<p>Please review each teacher's subject matter. If the subject matter is <u>not</u> correct, enter the numeric code that corresponds to the subject in which the teacher teaches the most classes in pen. If the teacher teaches two or more subjects equally, enter each numeric code that applies.</p> <p>1-Special education (SE) 2-General elementary (GE) 3-Math 4-Science 5-English/Language arts (ELA) 6-Social studies (SS) 7-Vocational/Technical (VT) 8-Other (e.g., art, music, foreign language, physical education, English as a second language, and any other remaining subjects.)</p>	<p>Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.</p> <p>Is this person currently a teacher at this school?</p>
	FIRST MIDDLE LAST SUFFIX			
110				<input type="checkbox"/> Yes <input type="checkbox"/> No
111				<input type="checkbox"/> Yes <input type="checkbox"/> No
112				<input type="checkbox"/> Yes <input type="checkbox"/> No
113				<input type="checkbox"/> Yes <input type="checkbox"/> No
114				<input type="checkbox"/> Yes <input type="checkbox"/> No
115				<input type="checkbox"/> Yes <input type="checkbox"/> No
116				<input type="checkbox"/> Yes <input type="checkbox"/> No
117				<input type="checkbox"/> Yes <input type="checkbox"/> No
118				<input type="checkbox"/> Yes <input type="checkbox"/> No
119				<input type="checkbox"/> Yes <input type="checkbox"/> No
120				<input type="checkbox"/> Yes <input type="checkbox"/> No
121				<input type="checkbox"/> Yes <input type="checkbox"/> No
122				<input type="checkbox"/> Yes <input type="checkbox"/> No
123				<input type="checkbox"/> Yes <input type="checkbox"/> No
124				<input type="checkbox"/> Yes <input type="checkbox"/> No
125				<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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	FIRST MIDDLE LAST SUFFIX			
126				<input type="checkbox"/> Yes <input type="checkbox"/> No
127				<input type="checkbox"/> Yes <input type="checkbox"/> No
128				<input type="checkbox"/> Yes <input type="checkbox"/> No
129				<input type="checkbox"/> Yes <input type="checkbox"/> No
130				<input type="checkbox"/> Yes <input type="checkbox"/> No
131				<input type="checkbox"/> Yes <input type="checkbox"/> No
132				<input type="checkbox"/> Yes <input type="checkbox"/> No
133				<input type="checkbox"/> Yes <input type="checkbox"/> No
134				<input type="checkbox"/> Yes <input type="checkbox"/> No
135				<input type="checkbox"/> Yes <input type="checkbox"/> No
136				<input type="checkbox"/> Yes <input type="checkbox"/> No
137				<input type="checkbox"/> Yes <input type="checkbox"/> No
138				<input type="checkbox"/> Yes <input type="checkbox"/> No
139				<input type="checkbox"/> Yes <input type="checkbox"/> No
140				<input type="checkbox"/> Yes <input type="checkbox"/> No
141				<input type="checkbox"/> Yes <input type="checkbox"/> No

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	FIRST MIDDLE LAST SUFFIX			
142				<input type="checkbox"/> Yes <input type="checkbox"/> No
143				<input type="checkbox"/> Yes <input type="checkbox"/> No
144				<input type="checkbox"/> Yes <input type="checkbox"/> No
145				<input type="checkbox"/> Yes <input type="checkbox"/> No
146				<input type="checkbox"/> Yes <input type="checkbox"/> No
147				<input type="checkbox"/> Yes <input type="checkbox"/> No
148				<input type="checkbox"/> Yes <input type="checkbox"/> No
149				<input type="checkbox"/> Yes <input type="checkbox"/> No
150				<input type="checkbox"/> Yes <input type="checkbox"/> No
151				<input type="checkbox"/> Yes <input type="checkbox"/> No
152				<input type="checkbox"/> Yes <input type="checkbox"/> No
153				<input type="checkbox"/> Yes <input type="checkbox"/> No
154				<input type="checkbox"/> Yes <input type="checkbox"/> No
155				<input type="checkbox"/> Yes <input type="checkbox"/> No
156				<input type="checkbox"/> Yes <input type="checkbox"/> No
157				<input type="checkbox"/> Yes <input type="checkbox"/> No

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	FIRST MIDDLE LAST SUFFIX			
158				<input type="checkbox"/> Yes <input type="checkbox"/> No
159				<input type="checkbox"/> Yes <input type="checkbox"/> No
160				<input type="checkbox"/> Yes <input type="checkbox"/> No
161				<input type="checkbox"/> Yes <input type="checkbox"/> No
162				<input type="checkbox"/> Yes <input type="checkbox"/> No
163				<input type="checkbox"/> Yes <input type="checkbox"/> No
164				<input type="checkbox"/> Yes <input type="checkbox"/> No
165				<input type="checkbox"/> Yes <input type="checkbox"/> No
166				<input type="checkbox"/> Yes <input type="checkbox"/> No
167				<input type="checkbox"/> Yes <input type="checkbox"/> No
168				<input type="checkbox"/> Yes <input type="checkbox"/> No
169				<input type="checkbox"/> Yes <input type="checkbox"/> No
170				<input type="checkbox"/> Yes <input type="checkbox"/> No
171				<input type="checkbox"/> Yes <input type="checkbox"/> No
172				<input type="checkbox"/> Yes <input type="checkbox"/> No
173				<input type="checkbox"/> Yes <input type="checkbox"/> No

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	FIRST MIDDLE LAST SUFFIX			
174				<input type="checkbox"/> Yes <input type="checkbox"/> No
175				<input type="checkbox"/> Yes <input type="checkbox"/> No
176				<input type="checkbox"/> Yes <input type="checkbox"/> No
177				<input type="checkbox"/> Yes <input type="checkbox"/> No
178				<input type="checkbox"/> Yes <input type="checkbox"/> No
179				<input type="checkbox"/> Yes <input type="checkbox"/> No
180				<input type="checkbox"/> Yes <input type="checkbox"/> No
181				<input type="checkbox"/> Yes <input type="checkbox"/> No
182				<input type="checkbox"/> Yes <input type="checkbox"/> No
183				<input type="checkbox"/> Yes <input type="checkbox"/> No
184				<input type="checkbox"/> Yes <input type="checkbox"/> No
185				<input type="checkbox"/> Yes <input type="checkbox"/> No
186				<input type="checkbox"/> Yes <input type="checkbox"/> No
187				<input type="checkbox"/> Yes <input type="checkbox"/> No
188				<input type="checkbox"/> Yes <input type="checkbox"/> No
189				<input type="checkbox"/> Yes <input type="checkbox"/> No

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	FIRST MIDDLE LAST SUFFIX			
190				<input type="checkbox"/> Yes <input type="checkbox"/> No
191				<input type="checkbox"/> Yes <input type="checkbox"/> No
192				<input type="checkbox"/> Yes <input type="checkbox"/> No
193				<input type="checkbox"/> Yes <input type="checkbox"/> No
194				<input type="checkbox"/> Yes <input type="checkbox"/> No
195				<input type="checkbox"/> Yes <input type="checkbox"/> No
196				<input type="checkbox"/> Yes <input type="checkbox"/> No
197				<input type="checkbox"/> Yes <input type="checkbox"/> No
198				<input type="checkbox"/> Yes <input type="checkbox"/> No
199				<input type="checkbox"/> Yes <input type="checkbox"/> No
200				<input type="checkbox"/> Yes <input type="checkbox"/> No
201				<input type="checkbox"/> Yes <input type="checkbox"/> No
202				<input type="checkbox"/> Yes <input type="checkbox"/> No
203				<input type="checkbox"/> Yes <input type="checkbox"/> No
204				<input type="checkbox"/> Yes <input type="checkbox"/> No
205				<input type="checkbox"/> Yes <input type="checkbox"/> No

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	FIRST MIDDLE LAST SUFFIX			
206				<input type="checkbox"/> Yes <input type="checkbox"/> No
207				<input type="checkbox"/> Yes <input type="checkbox"/> No
208				<input type="checkbox"/> Yes <input type="checkbox"/> No
209				<input type="checkbox"/> Yes <input type="checkbox"/> No
210				<input type="checkbox"/> Yes <input type="checkbox"/> No
211				<input type="checkbox"/> Yes <input type="checkbox"/> No
212				<input type="checkbox"/> Yes <input type="checkbox"/> No
213				<input type="checkbox"/> Yes <input type="checkbox"/> No
214				<input type="checkbox"/> Yes <input type="checkbox"/> No
215				<input type="checkbox"/> Yes <input type="checkbox"/> No
216				<input type="checkbox"/> Yes <input type="checkbox"/> No
217				<input type="checkbox"/> Yes <input type="checkbox"/> No
218				<input type="checkbox"/> Yes <input type="checkbox"/> No
219				<input type="checkbox"/> Yes <input type="checkbox"/> No
220				<input type="checkbox"/> Yes <input type="checkbox"/> No
221				<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

Thank you very much for your participation in this survey. If you have any questions, please contact us, toll-free, at: 1-888-595-1338 or by e-mail at: addp.education.surveys@census.gov.

To learn more about this survey and to access reports from earlier collections, see the National Teacher and Principal Survey (NTPS) website at: <http://nces.ed.gov/surveys/ntps>

Additional data collected by the National Center for Education Statistics (NCES) on a variety of topics in elementary, secondary, postsecondary, and international education are available from NCES' website at: <http://nces.ed.gov>

For additional data collected by various Federal agencies, including the Department of Education, visit the Federal Statistics clearinghouse at: <http://fedstats.sites.usa.gov>