

Appendix B: 2017-18 NTPS Questionnaires

The following contact materials are contained in this document:

1. 2017-18 NTPS Teacher Listing Form (NTPS-1)
Note: This is the traditional Teacher Listing Form (TLF). This version will be used for data collection for Public schools for which there is no vendor data available and Private schools (non-Amish and non-Mennonite).
2. 2017-18 NTPS Teacher Listing Form, prepopulated version (NTPS-1P)
Note: This is the version of the TLF that will be prepopulated with vendor data. This version will be used for data collection for Public Schools for which vendor data are available.
3. 2017-18 NTPS Teacher Listing Form, short version (NTPS-1S)
Note: This is the shortened version of the traditional TLF (NTPS-1). This version will be used for data collection for Amish and Mennonite Private Schools.
4. 2017-18 NTPS Principal Questionnaire (NTPS-2A)
5. 2017-18 NTPS Private School Principal Questionnaire (NTPS-2B)
6. 2017-18 NTPS School Questionnaire (NTPS-3A)
7. 2017-18 NTPS Private School Questionnaire (NTPS-3B)
8. 2017-18 NTPS Teacher Questionnaire (NTPS-4A)
9. 2017-18 NTPS Private School Teacher Questionnaire (NTPS-4B)
10. 2017-18 NTPS Login Pages for Online Versions of the Questionnaires

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**

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:

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543).

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.

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*

▶ **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 (NTPS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Room 4014, 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 1-888-595-1338 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 | Teacher's Email Address | Subject Matter Taught | Teaching Status at the Selected School |
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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>*Line Ex. is an example of a full-time art teacher who is in his first year of teaching.</p> | <p>Please list each teacher's email address.</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. For example, a teaching guidance counselor should be counted as a part-time teacher.</p> <p>1 - Full-time 2 - Part-time</p> |
| | FIRST MIDDLE LAST SUFFIX | | | |
| *Ex. | <i>Andrew Michael Shaffer</i> | <i>ams@place.com</i> | <i>8</i> | <i>1</i> |
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**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: 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



(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: ▶

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543).

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 15 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 (NTPS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Room 4014, 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**

► **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: ntps@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

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

Minutes

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| | 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 |
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| | FIRST MIDDLE LAST SUFFIX | | | |
| 30 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 32 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 34 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 40 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 41 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 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 |

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| Line Number | Teacher's Name | Teacher's Email Address | Subject Matter Taught | Teacher's Status |
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| | 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 |
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| 61 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 62 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 76 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 77 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| | FIRST MIDDLE LAST SUFFIX | | | |
| 78 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 92 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 93 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| | FIRST MIDDLE LAST SUFFIX | | | |
| 94 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 109 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| | 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 |
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| 124 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 125 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| | FIRST MIDDLE LAST SUFFIX | | | |
| 126 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 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 |
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| | FIRST MIDDLE LAST SUFFIX | | | |
| 158 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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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 |
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| | <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> |
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| 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: 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 FORM

NATIONAL TEACHER AND PRINCIPAL SURVEY

2017-18 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
1201 E. 10TH STREET
JEFFERSONVILLE, IN 47132-0001**

NOTICE:

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543).

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.

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*

▶ **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 15 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 (NTPS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Room 4014, 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

| | | | | |
|----------------------|---|----------------------|---|----------------------|
| <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 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 | Teacher's Email Address | Subject Matter Taught | Teaching Status at the Selected School |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <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>Please list each teacher's email address.</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> |
| | FIRST MIDDLE LAST SUFFIX | | | |
| *Ex. | <i>Andrew Michael Shaffer</i> | <i>ams@place.com</i> | <i>8</i> | <i>1</i> |
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PLEASE CONTINUE ON NEXT PAGE

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or by e-mail at: ntps@census.gov.**

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**Additional data collected by the National
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a variety of topics in elementary,
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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 xx/xx/xxxx
Collected by:
U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

PRINCIPAL QUESTIONNAIRE

NATIONAL TEACHER AND PRINCIPAL SURVEY

2017-18 SCHOOL YEAR



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

THIS SURVEY HAS BEEN ENDORSED BY:

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:

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543).



- **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 principals, 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).

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

Paperwork Burden Statement

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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 – <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> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="checkbox"/> 35 </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="checkbox"/> 3 <input type="checkbox"/> 5 </div> </div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OR <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: ntps@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 → [GO TO item 1-9 below.](#)

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 2017-18 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 toward 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 <i>(A school-parent compact 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.)</i> | <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 (2016-17), 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. Assessments by the principal or other school administrator that are NOT based on a teacher professional practice rubric
- 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 (2016-17), 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 (2016-17) 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 4-2c 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 (2016-17)?

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



4-2. *Continued* –

- e. On average, how often do **TENURED** or **EXPERIENCED** teachers receive a summative evaluation?

(A *summative evaluation* is a *SUMMATIVE* judgment about performance that is used for some administrative purposes 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 (2016-17) 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 (2016-17)?

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 a summative evaluation?**

*(A summative evaluation is a **SUMMATIVE** judgment about performance that is used for some administrative purposes 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 (2017-18), 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.)

🍏 *Mark (X) only one box.*

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 (X) all that apply.*

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



4-6. During THIS school year (2017-18), to what extent will teachers' performance evaluation results be used to inform the following decisions about teacher professional development?

🍏 Mark (X) one box on 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 (2017-18), 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 (2017-18), 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



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 on 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. 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



- 5-3. a. How often is teachers' input taken into consideration when planning professional development at THIS school?**

🍏 *Mark (X) only one box.*

- Never
- Sometimes
- Always

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

🍏 *Mark (X) only one box.*

- Never
- Sometimes
- Always

-
- c. How often is professional development for teachers at THIS school evaluated for evidence of improvement in SCHOOLWIDE or DISTRICTWIDE achievement?**

🍏 *Mark (X) only one box.*

- Never
- Sometimes
- Always



6. PRINCIPAL EVALUATIONS

6-1a. During the LAST school year (2016-17), were you evaluated as a principal at THIS school?

Yes

No →

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

🍏 *Mark (X) only one box.*

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 a yearly basis.

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

I was not evaluated for another reason.

GO TO item 6-4 on page 18.

6-2. To what extent do you agree or disagree with the following statements about THIS school's evaluation process LAST school year (2016-17)?

🍏 *Mark (X) one box on each line.*

| | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The evaluator(s) accurately evaluated my strengths and weaknesses as a principal or school head | <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. 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"/> |
| e. 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"/> |
| f. The evaluation rubric accurately represents the scope of my responsibilities as a principal or school head. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



6-3. a. Thinking about your evaluation LAST school year (2016-17), 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 (2016-17), have you used the feedback you received to try to improve YOUR performance?

- Yes
- No

c. Thinking about your evaluation LAST school year (2016-17), did you receive feedback on the processes or procedures you used to achieve THIS SCHOOL'S performance goals?

- Yes
- No

6-4. During THIS school year (2017-18), 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



7. PRINCIPAL PROFESSIONAL DEVELOPMENT

7-1. During the LAST school year (2016-17), did you participate in any professional development activities as a principal at this school?

Yes

No → [GO TO Section 8 on page 22.](#)

7-2. During the LAST school year (2016-17), how often were the professional development activities in which you participated:

🍏 Mark (X) one box on each line.

| | Never | Sometimes | Always |
|--------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| a. Designed to support state or district standards and/or assessments? | <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"/> |

7-3. During the LAST school year (2016-17), was participation in professional development considered as part of your evaluation?

Yes

No

7-4. During the LAST school year (2016-17), 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

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



7-4. *Continued* – During the LAST school year (2016-17), have you participated in the following kinds of professional development?

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

7-5. During the LAST school year (2016-17), 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

f. School improvement planning

Yes

No



7-5. *Continued* – During the LAST school year (2016-17), did you participate in professional development on any of the following topics?

g. Social services for students

Yes

No

h. Safety or school climate

Yes

No

i. Supporting effective instruction

Yes

No



8. PRINCIPAL ENGAGEMENT

8-1. To what extent do you agree or disagree with the following statements?

| | 🍏 <i>Mark (X) one box on each line.</i> | | | |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
| a. The stress and disappointments involved with 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"/> |



9. PRINCIPAL DEMOGRAPHIC INFORMATION

9-1. Are you male or female?

- Male
 Female

9-2. Are you of Hispanic or Latino origin?

- Yes
 No

9-3. 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

9-4. What is your year of birth?

9-5. 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



10. SCHOOL LEADERSHIP AND RESOURCES

Your responses to this section of questions will help researchers and policymakers make international comparisons to principals in other countries.

10-1. Please indicate how frequently you engaged in the following activities in this school during the last 12 months.

| | 🍏 Mark (X) one box on each line. | | | |
|----------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | Never or Rarely | Sometimes | Often | Very Often |
| a. I collaborated with teachers to solve classroom discipline problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I observed instruction in the classroom. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I provided feedback to teachers based on my observations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I took actions to support cooperation among teachers to develop new teaching practices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I took actions to ensure that teachers take responsibility for improving their teaching skills. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I took action to ensure that teachers feel responsible for their students' learning outcomes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I provided parents or guardians with information on the school and student performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I reviewed school administrative procedures and reports. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I resolved problems with the lesson timetable in this school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I collaborated with principals from other schools on challenging work tasks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. I worked on a professional development plan for this school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. I used student results to develop the school's education goals. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



10-2. To what extent do the following limit your effectiveness as a principal in this school?

| | 🍏 Mark (X) one box on each line. | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | Never or Rarely | Sometimes | Often | Very Often |
| a. Inadequate school budget and resources | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Government regulation and policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Teachers' absences | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lack of parent or guardian involvement and support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Teachers' career-based wage system <i>(A <u>career-based wage system</u> is used when an employee's salary is determined mainly by his or her educational level and age or seniority rather than by his or her performance on the job.)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Lack of opportunities and support for my own professional development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Lack of opportunities and support for teachers' professional development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. High workload and level of responsibilities in my job | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Lack of shared leadership with other school staff members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Difficulty to recruit qualified teachers in some subject areas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Other, please specify <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



10-3. To what extent is this school's capacity to provide quality instruction currently hindered by any of the following issues?

| | 🍏 Mark (X) one box on each line. | | | |
|--------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | Not at all | Very little | To some extent | A lot |
| a. Shortage of qualified teachers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Shortage of teachers with competence in teaching students with special needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shortage of vocational teachers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Shortage or inadequacy of instructional materials (e.g., textbooks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Shortage or inadequacy of digital technology for instruction (e.g., computers, tablets, iPads) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Insufficient Internet access | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Shortage or inadequacy of digital software for instruction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Shortage or inadequacy of library materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Shortage of support personnel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Shortage or inadequacy of instructional space (e.g., classrooms) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Shortage or inadequacy of classroom furniture for students (e.g., desks, chairs, materials storage) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Shortage or inadequacy of physical infrastructure (e.g., school buildings, heating/cooling, and lighting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



10-4. For how many years do you want to continue to be a principal?

🍏 *Count part of a year as 1 year.*

🍏 *If none, please mark (X) the box.*

None or Years



11. CONTACT INFORMATION

11-1. Please PRINT your name, your home address, your work, cell, and home telephone numbers, and your work and home e-mail addresses. This information would 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).

a. First name

Middle name

Last name

Suffix

b. Street address

c. City

d. State

e. ZIP Code

f. Work phone number

Area code Number

g. Cell phone number

Area code Number

h. Home phone number

Area code Number

i. Work e-mail address

j. Home e-mail address



11-2. 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

11-3. 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.

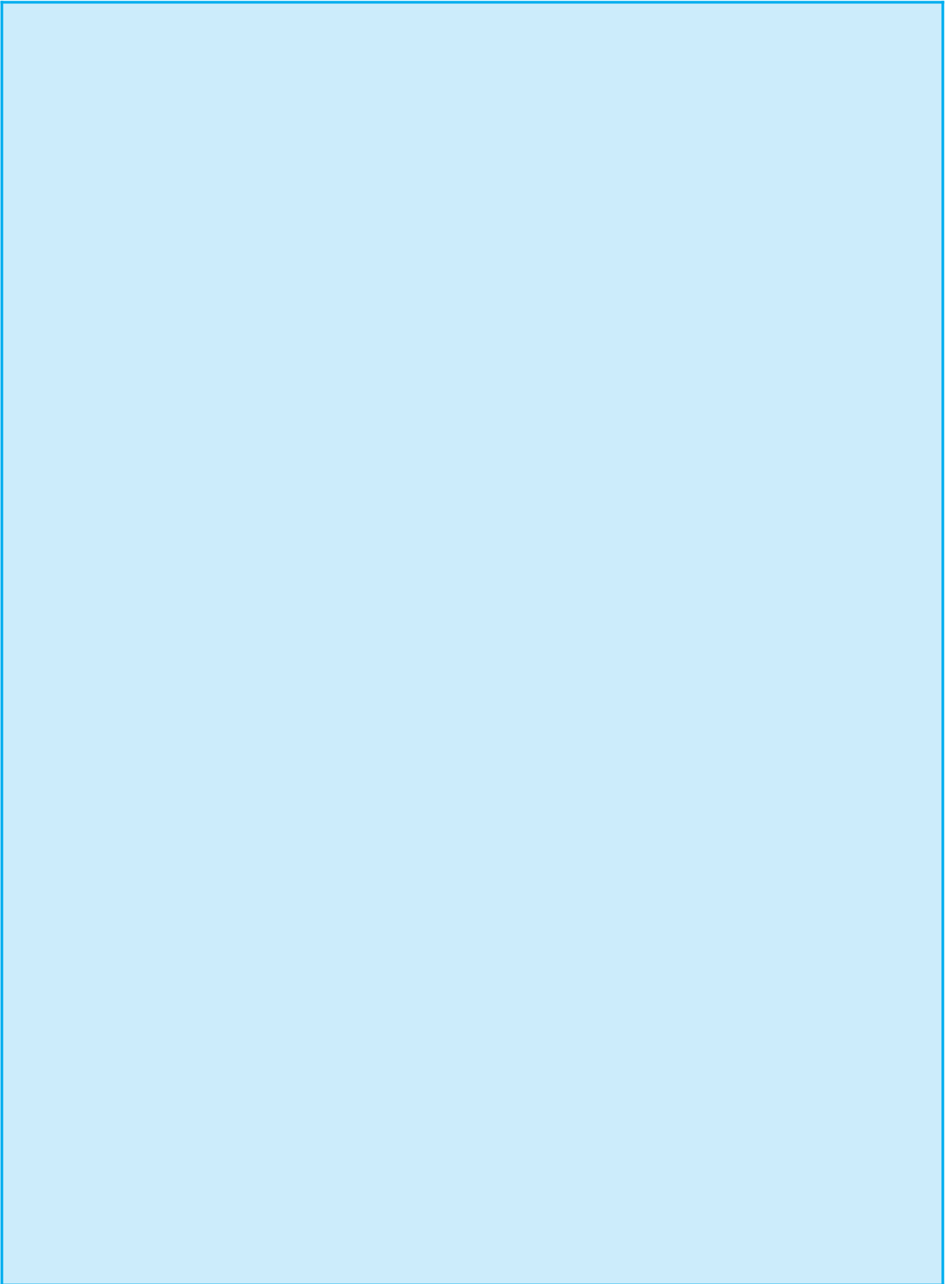
Minutes

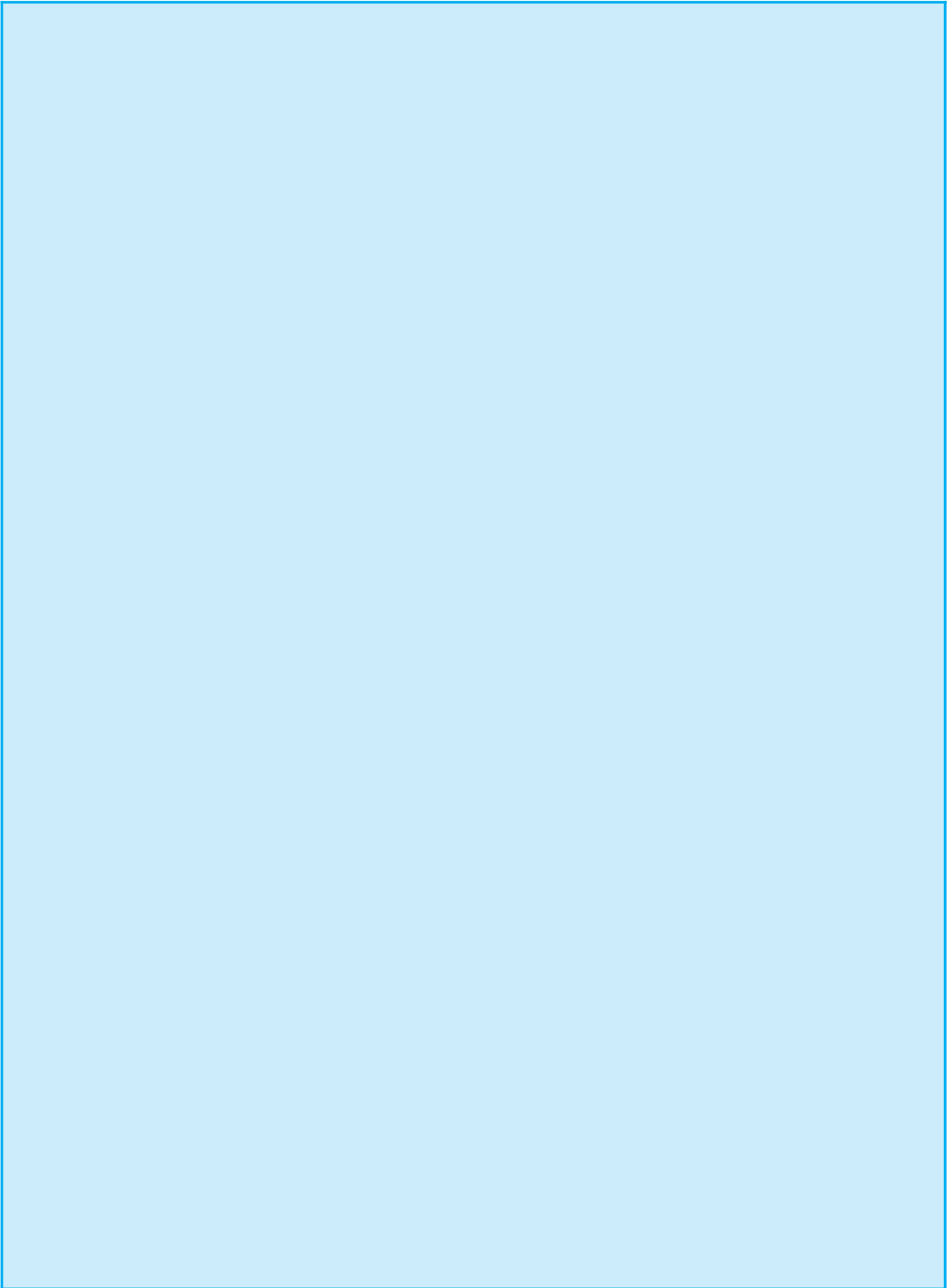
**Thank you very much for your participation
in this survey. If you have any questions,
please contact us, toll-free, at: 1-888-595-1338
or by e-mail at: ntps@census.gov.**

**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>

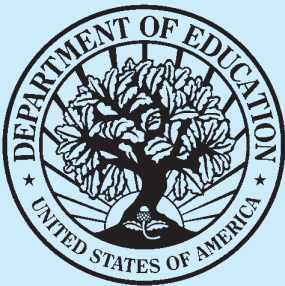
For additional data collected by various Federal agencies, including the Department of Education, visit the Federal Statistics clearinghouse at: <http://fedstats.sites.usa.gov>



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

OMB No. 1850-0598 Approval Expires xx/xx/xxxx
Collected by:
U.S. DEPARTMENT OF COMMERCE Economics
and Statistics Administration
U.S. CENSUS BUREAU

PRIVATE SCHOOL PRINCIPAL QUESTIONNAIRE NATIONAL TEACHER AND PRINCIPAL SURVEY 2017-18 SCHOOL YEAR



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

THIS SURVEY HAS BEEN ENDORSED BY:

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:

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543).



- **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 schools and policy makers 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 principals, 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).

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: ntps@census.gov, or write directly to: National Teacher and Principal Survey (NTPS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Room 4014, Washington, DC 20202.



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.) | INCORRECT marking example – |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-bottom: 10px;"> <input type="checkbox"/> 3 <input type="checkbox"/> 5 </div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 20px;"> <input type="checkbox"/> 35 </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="checkbox"/> 3 <input type="checkbox"/> 5 </div> </div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OR <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: ntps@census.gov.



1. PRINCIPAL OR SCHOOL HEAD EXPERIENCE AND TRAINING

1-1. **BEFORE** you became a principal or school head, 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 or school head

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

🍏 Include temporary positions.

Yes

No

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

Yes

No

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

Yes

No

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

🍏 Do NOT include any years you served as ASSISTANT principal or school head.

🍏 Count part of a year as 1 year.

🍏 If none, please mark (X) the box.

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

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

🍏 Do NOT include any years you served as ASSISTANT principal or school head.

🍏 Count part of a year as 1 year.

🍏 If none, please mark (X) the box.

None or Year(s) as principal or school head 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 → [GO TO item 1-9 below.](#)

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 or school head, 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 or school head, 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 Section 2 on page 6.](#)

YEAR(S) of teaching since becoming a principal or school head

1-12. In addition to serving as principal or school head, 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 or school head 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 toward 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 (A <i>school-parent compact</i> 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 (2016-17), 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, school head, or other school administrator
- Yes
- No
-
- b. Assessments by the principal, school head, or other school administrator that are NOT based on a teacher professional practice rubric
- 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 (2016-17), 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 (2016-17) to evaluate performance?

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

None or 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 (2016-17)?

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



4-2. *Continued* –

- e. **On average, how often do TENURED or EXPERIENCED teachers receive a summative evaluation?**

(A *summative evaluation* is a *SUMMATIVE* judgment about performance that is used for some administrative purposes 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 (2016-17) 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 (2016-17)?**

- 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 a summative evaluation?**

(A summative evaluation is a SUMMATIVE judgment about performance that is used for some administrative purposes 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 (2017-18), 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 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.)

🍏 *Mark (X) only one box.*

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 (X) all that apply.*

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



4-6. During THIS school year (2017-18), to what extent will teachers' performance evaluation results be used to inform the following decisions about teacher professional development?

 Mark (X) one box on 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 (2017-18), 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 (2017-18), 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



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 on 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. 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



5-3. a. How often is teachers' input taken into consideration when planning professional development at THIS school?

🍏 *Mark (X) only one box.*

- Never
- Sometimes
- Always

b. How often is professional development for teachers at THIS school led by teachers in this SCHOOL?

🍏 *Mark (X) only one box.*

- Never
- Sometimes
- Always

c. How often is professional development for teachers at THIS school evaluated for evidence of improvement in SCHOOLWIDE achievement?

🍏 *Mark (X) only one box.*

- Never
- Sometimes
- Always



6. PRINCIPAL OR SCHOOL HEAD EVALUATIONS

6-1a. During the LAST school year (2016-17), were you evaluated as a principal or school head at THIS school?

Yes

No →

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

🍏 Mark (X) only one box.

I was not a principal or school head at this school last year.

I was not evaluated because I am a tenured or experienced principal or school head.

I was not evaluated for another reason.

GO TO item 6-4 on page 18.

6-2. To what extent do you agree or disagree with the following statements about THIS school's evaluation process LAST school year (2016-17)?

🍏 Mark (X) one box on each line.

| | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
|----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The evaluator(s) accurately evaluated my strengths and weaknesses as a principal or school head. | <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. 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"/> |
| e. 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"/> |
| f. The evaluation rubric accurately represents the scope of my responsibilities as a principal or school head. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



6-3. a. Thinking about your evaluation LAST school year (2016-17), did you receive any feedback on your work as a principal or school head?

Yes

No → GO TO item 6-4 below.



b. Thinking about your evaluation LAST school year (2016-17), have you used the feedback you received to try to improve YOUR performance?

Yes

No

c. Thinking about your evaluation LAST school year (2016-17), did you receive feedback on the processes or procedures you used to achieve THIS SCHOOL'S performance goals?

Yes

No

6-4. During THIS school year (2017-18), 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 statewide for all students in the same grades and subjects.)

Yes

No



7. PRINCIPAL OR SCHOOL HEAD PROFESSIONAL DEVELOPMENT

7-1. During the LAST school year (2016-17), did you participate in any professional development activities as a principal or school head at this school?

Yes

No → [GO TO Section 8 on page 22.](#)

7-2. During the LAST school year (2016-17), was participation in professional development considered as part of your evaluation?

Yes

No

7-3. During the LAST school year (2016-17), have you participated in the following kinds of professional development?

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

Yes

No

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

Yes

No

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

Yes

No

d. Participating in a principal or school head network (e.g, a group of principals or school heads 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 (2016-17), 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

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



8. PRINCIPAL OR SCHOOL HEAD ENGAGEMENT

8-1. To what extent do you agree or disagree with the following statements?

| | 🍏 Mark (X) one box on each line. | | | |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
| a. The stress and disappointments involved with being a principal or school head 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 or school head 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"/> |



10. CONTACT INFORMATION

10-1. Please PRINT your name, your home address, your work, cell, and home telephone numbers, and your work and home e-mail addresses. This information would 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).

a. First name

Middle name

Last name

Suffix

b. Street address

c. City

d. State

e. ZIP Code

f. Work phone number

Area code Number

g. Cell phone number

Area code Number

h. Home phone number

Area code Number

i. Work e-mail address

j. Home e-mail address



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.

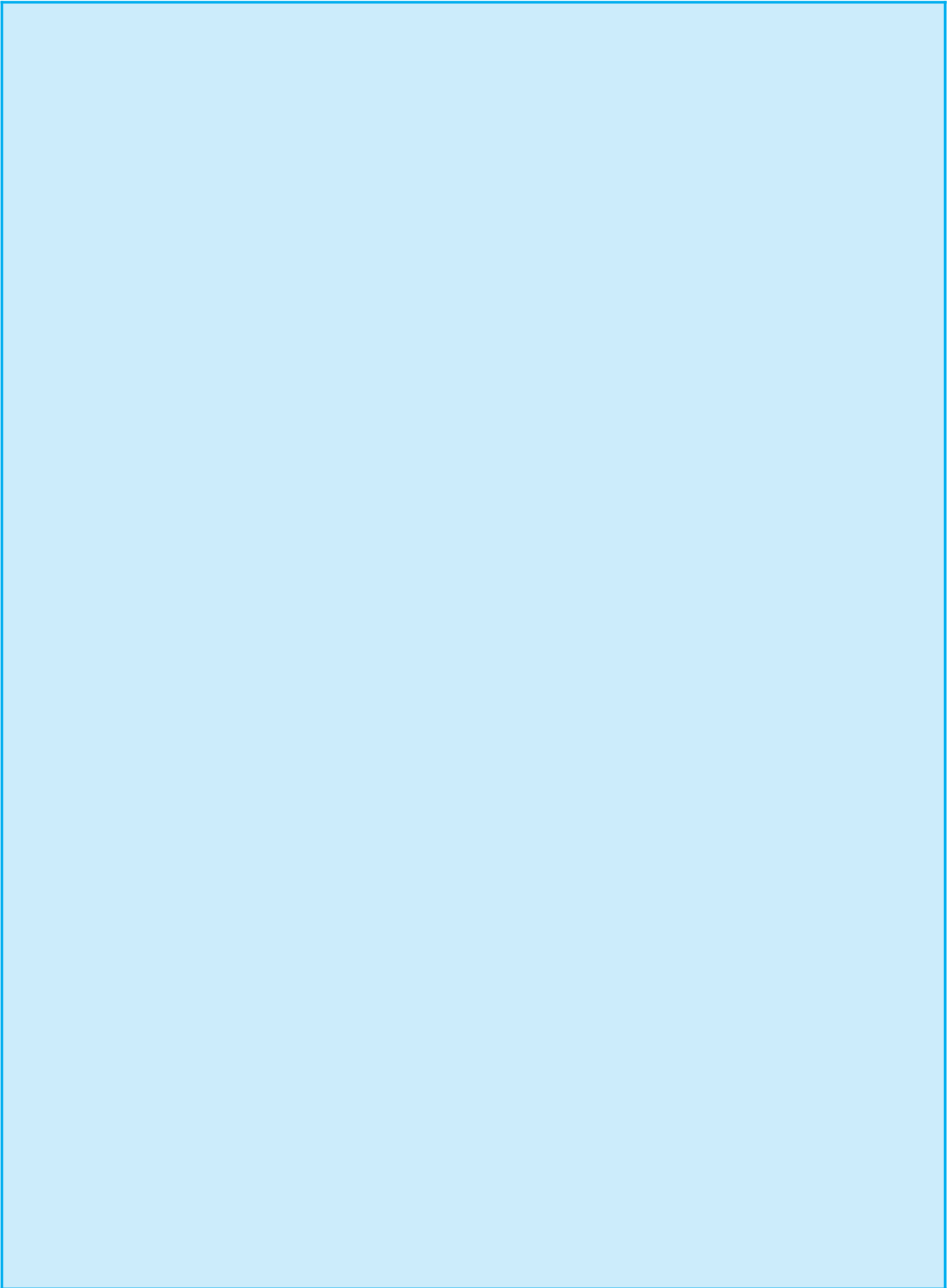
Minutes

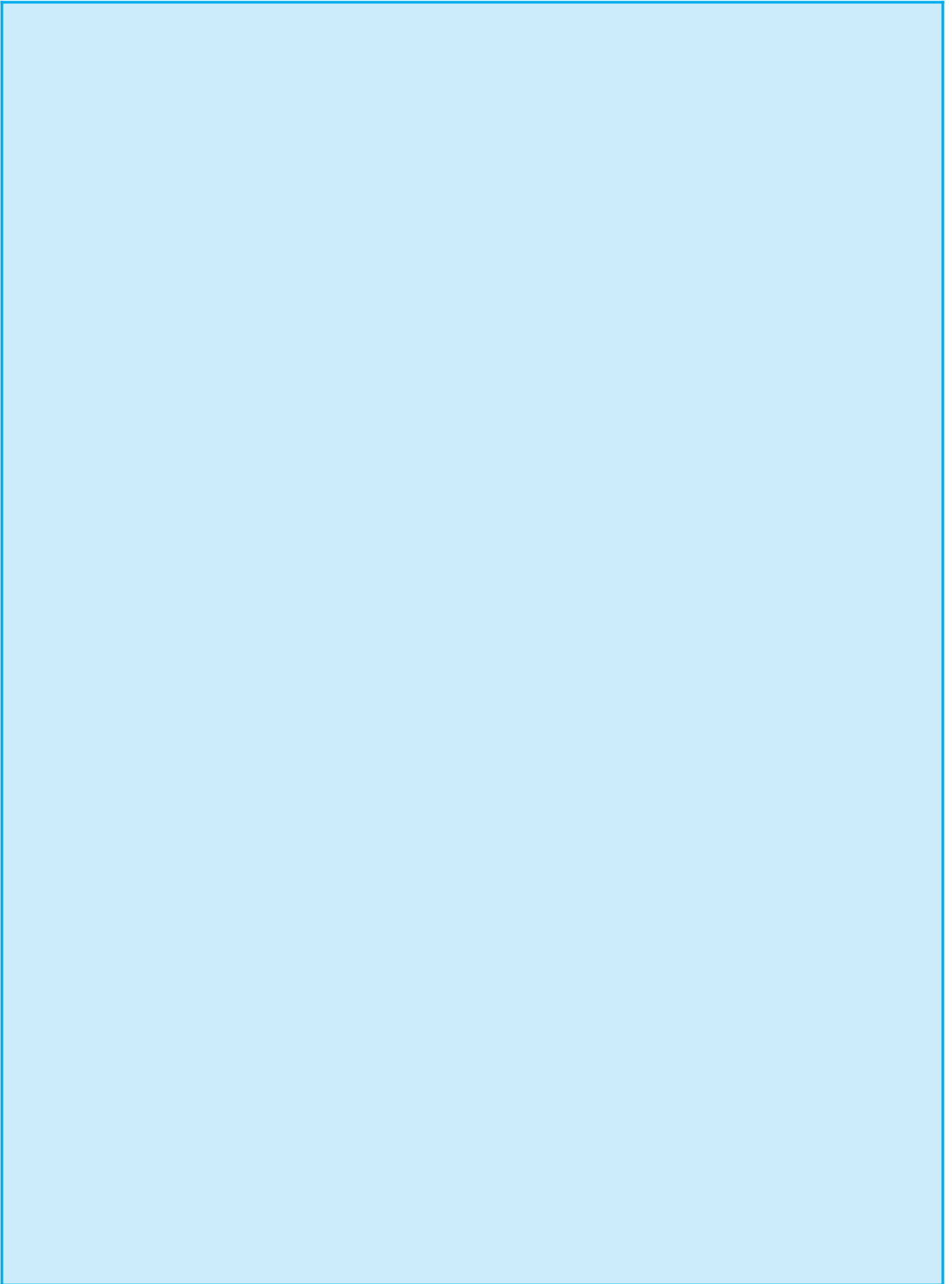
**Thank you very much for your participation
in this survey. If you have any questions,
please contact us, toll-free, at: 1-888-595-1338
or by e-mail at: ntps@census.gov.**

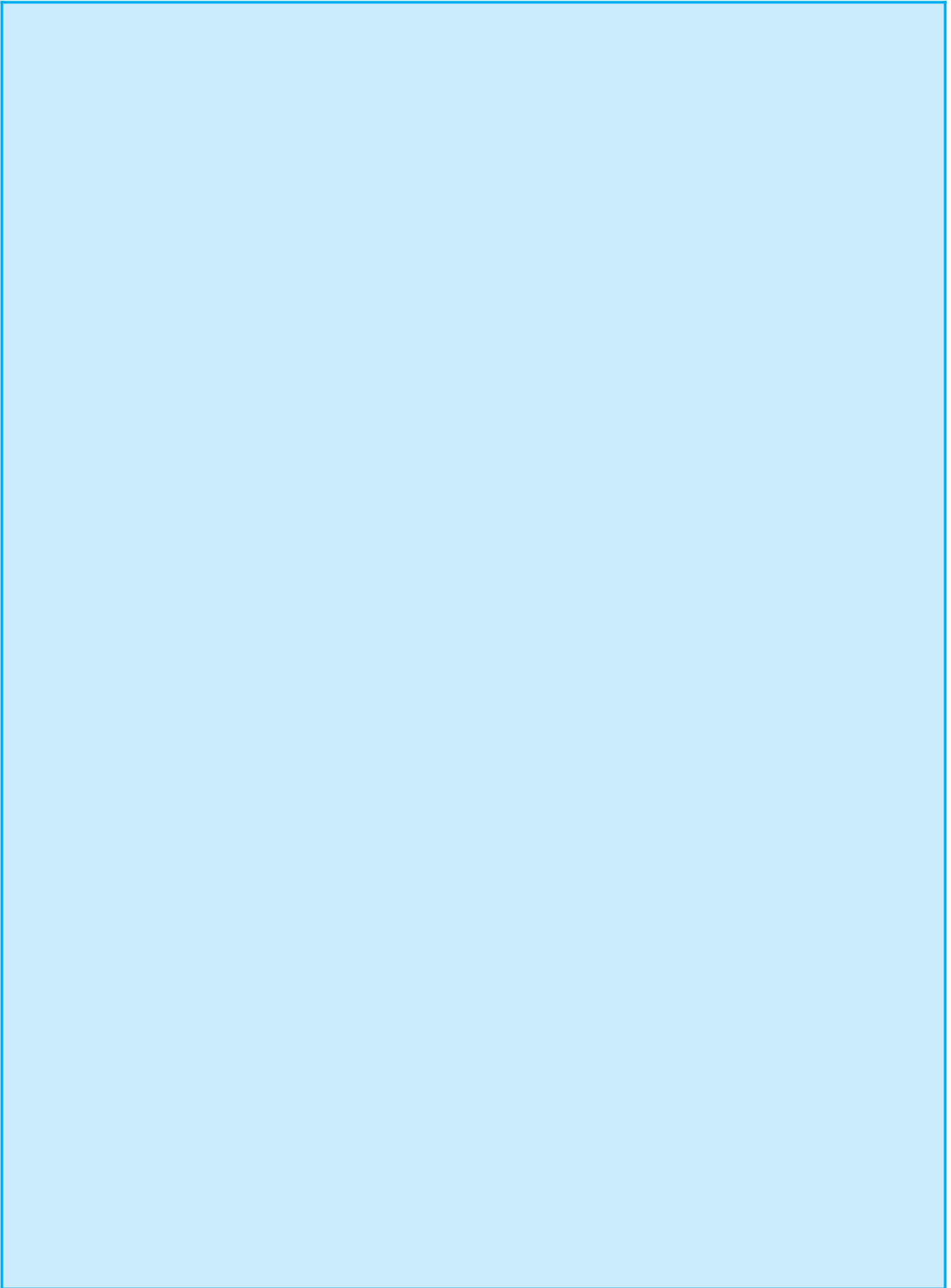
**Please return your completed questionnaire
in the enclosed pre-addressed, postage-paid
envelope or mail it to:**

**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

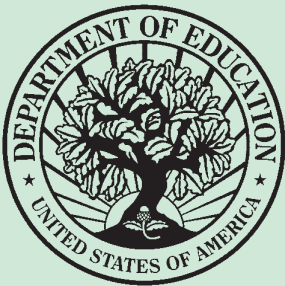
OMB No. 1850-0598: Approval Expires xx/xx/xxxx

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



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

THIS SURVEY HAS BEEN ENDORSED BY:

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:

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543).



- **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).

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

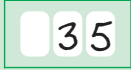

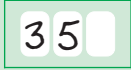
Paperwork Burden Statement

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 13 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 (NTPS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Room 4014, Washington, DC 20202.



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 – <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. 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: ntps@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 (2017-18), what is the Average Daily Attendance (ADA) percentage at this school?

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

%



1-8. 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 item 1-10 below
1-9. Which of the following best describes the governance structure of this public charter school?

🍏 Mark (X) only one box.

- 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 →

1-10. Around the first of October, how many TEACHERS held full-time or part-time positions or assignments in this school?

🍏 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

🍏 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



1-11a. 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 1-12 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**
1-12. 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


1-13a. Does this school offer any courses that are taught entirely online?

- Yes
- No → GO TO item 1-14a 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

1-14a. 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 1-15 on page 9.

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



1-15. 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

1-16. 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




2. INSTRUCTIONAL TIME

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


Yes
 No → GO TO item 2-4 on page 12.


2-2. 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.

Start time End time
 a.m. a.m.
 p.m. 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?

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

 If most third grade students have courses taught on a rotational schedule, calculate typical course time based on the following example: For a course taught 60 minutes per day for half the year, respond with 30 minutes per day.

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

None or Minutes per day for Days per week

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



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?

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

🍏 If most third grade students have courses taught on a rotational schedule, calculate typical course time based on the following example: For a course taught 60 minutes per day for half the year, respond with 30 minutes per day.

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

None or Minutes per day for Days per week

f. Physical education

None or Minutes per day for Days per week

g. Music

None or Minutes per day for Days per week

h. Art

None or Minutes per day for Days per week

i. Recess

🍏 Do NOT include time allocated for lunch.

None or Minutes per day for Days per week



3. STUDENTS AND CLASSROOM ORGANIZATION

- 3-1. During THIS school year (2017-18), 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. Students are assigned based on their ability (i.e., tracking)
- 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 (i.e., 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



3-2a. Do students attend this school across 12 months (i.e., year-round)?

- 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 below.](#)
- No → [GO TO Section 4 on page 15.](#)

3-4. Are the following opportunities available for students in any grades 9-12 attending this school?**a. Dual or concurrent enrollment that offers both high school and college credit**

- Yes →
- No

How is this funded?

🍏 *Mark (X) all that apply.*

- By the school, district, or state
- By the family or the student
- By some other entity

→ [GO TO item 3-4b below.](#)

b. Specialized career academy

(A specialized career academy is a program 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
- No

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
- No

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
- No



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



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 1-6, 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



- 5-3a. Of the students enrolled in this school as of the first of October, have any been identified as limited-English proficient, also known as English-language learners (ELLs)?**
(Limited-English proficient (LEP) or ELLs refers to students 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.)

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

- Yes
- No → GO TO item 5-6a on page 18.

- b. How many limited-English proficient students or English-language learners are enrolled in this school?**

Students

- 5-4. 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 → GO TO item 5-6a on page 18.

- 5-5. How are English-language learners taught English?**

Are any of them taught –

- a. Using ESL, bilingual, or immersion techniques?**

- Yes
- No

- b. In regular English-speaking classrooms?**

- Yes
- No



5-6a. 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 5-7a on page 19.

b. Around the first of October, 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, 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 National School Lunch Program (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



5-7. 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 6 on page 20.

5-8a. 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

5-9. 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

5-10. How many designated Title I teachers were teaching AT THIS SCHOOL around the first of October?

None or | | | Title I teachers



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?

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Area code | Number |
| <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

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 |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | | 2 0 1 |

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

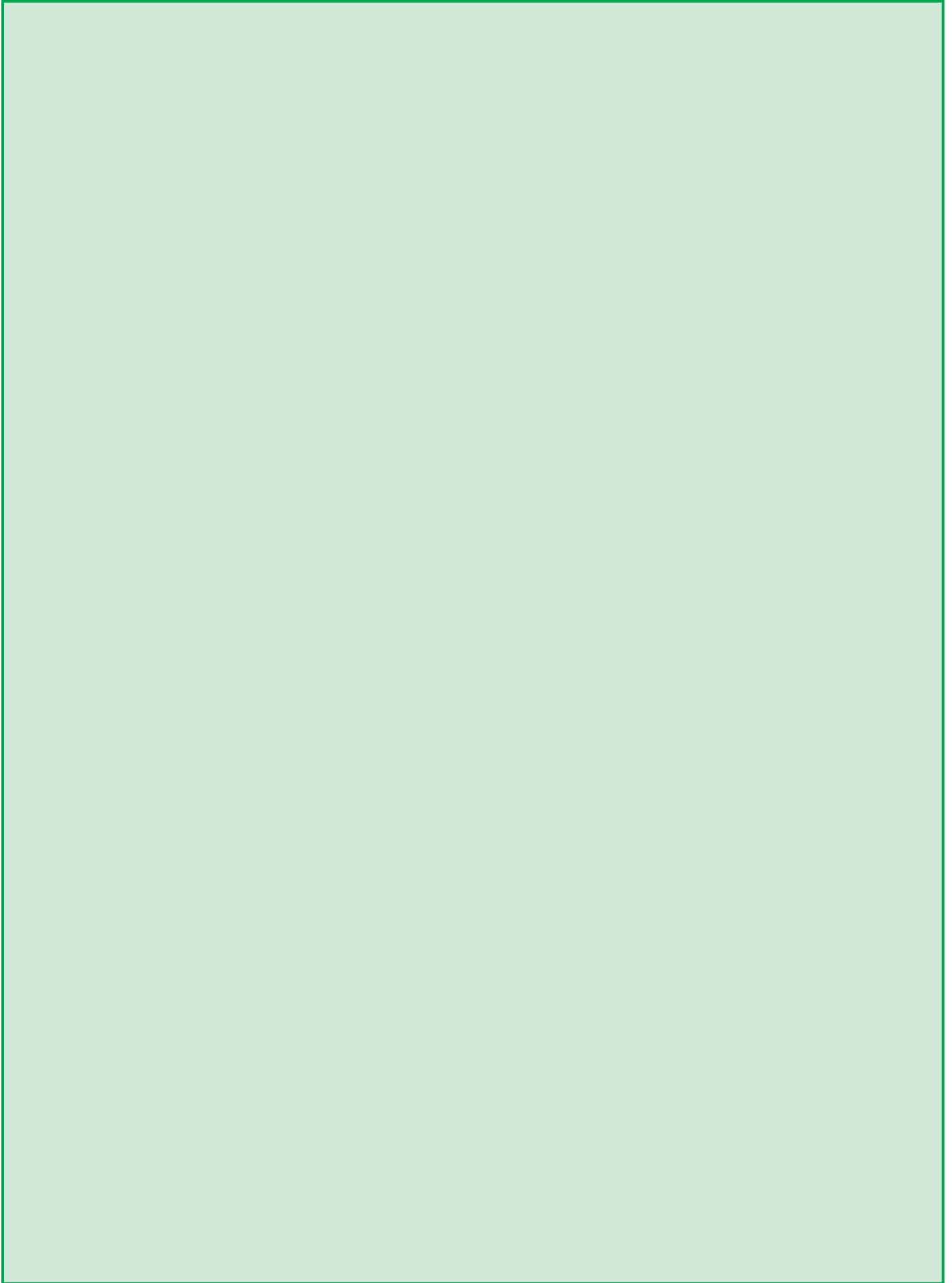
| | |
|----------------------------------------------------------------|---------|
| <input type="text"/> <input type="text"/> <input type="text"/> | Minutes |
|----------------------------------------------------------------|---------|

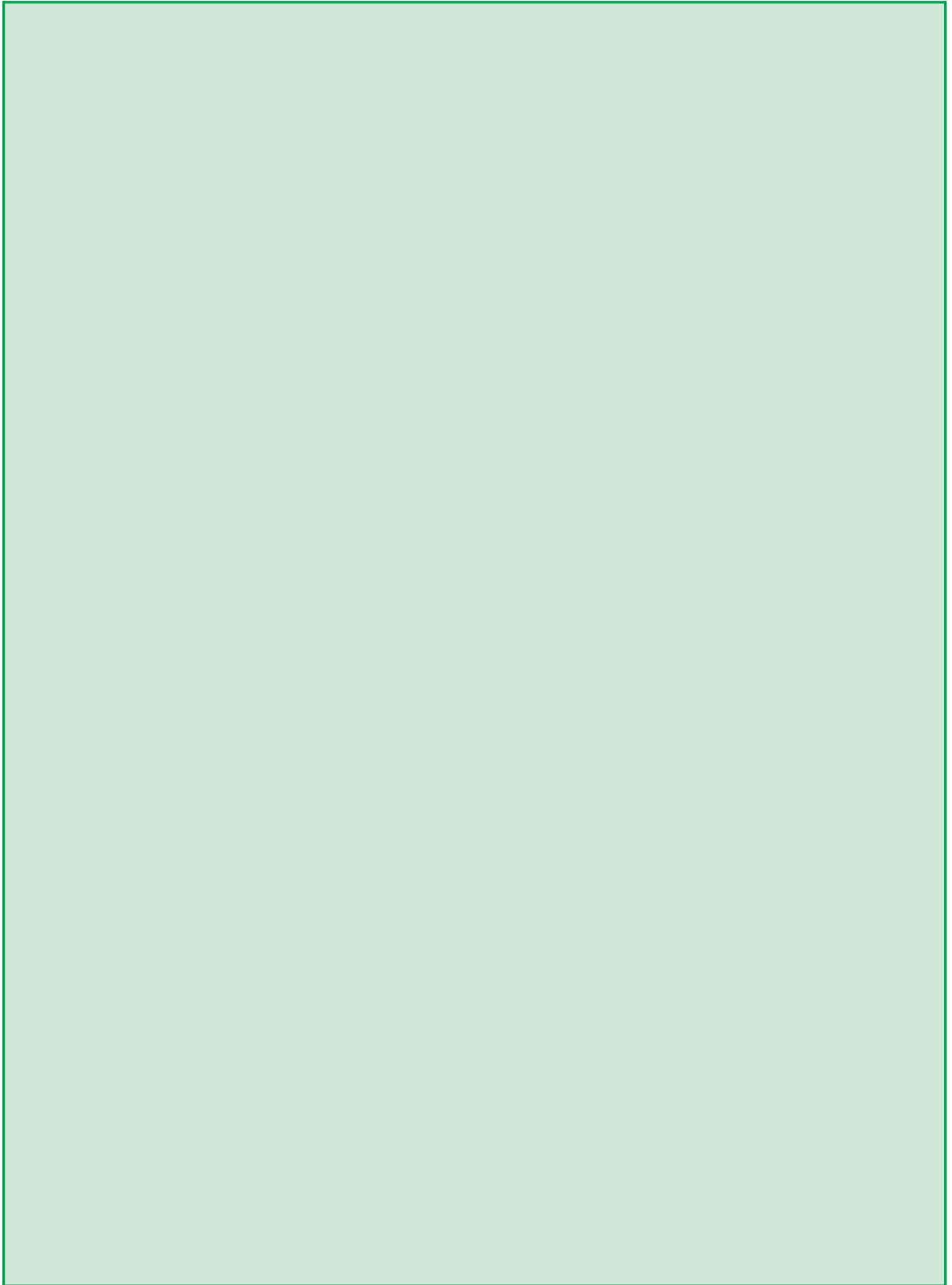
Thank you very much for your participation
in this survey. If you have any questions,
please contact us, toll-free, at: 1-888-595-1338
or by e-mail at: ntps@census.gov.

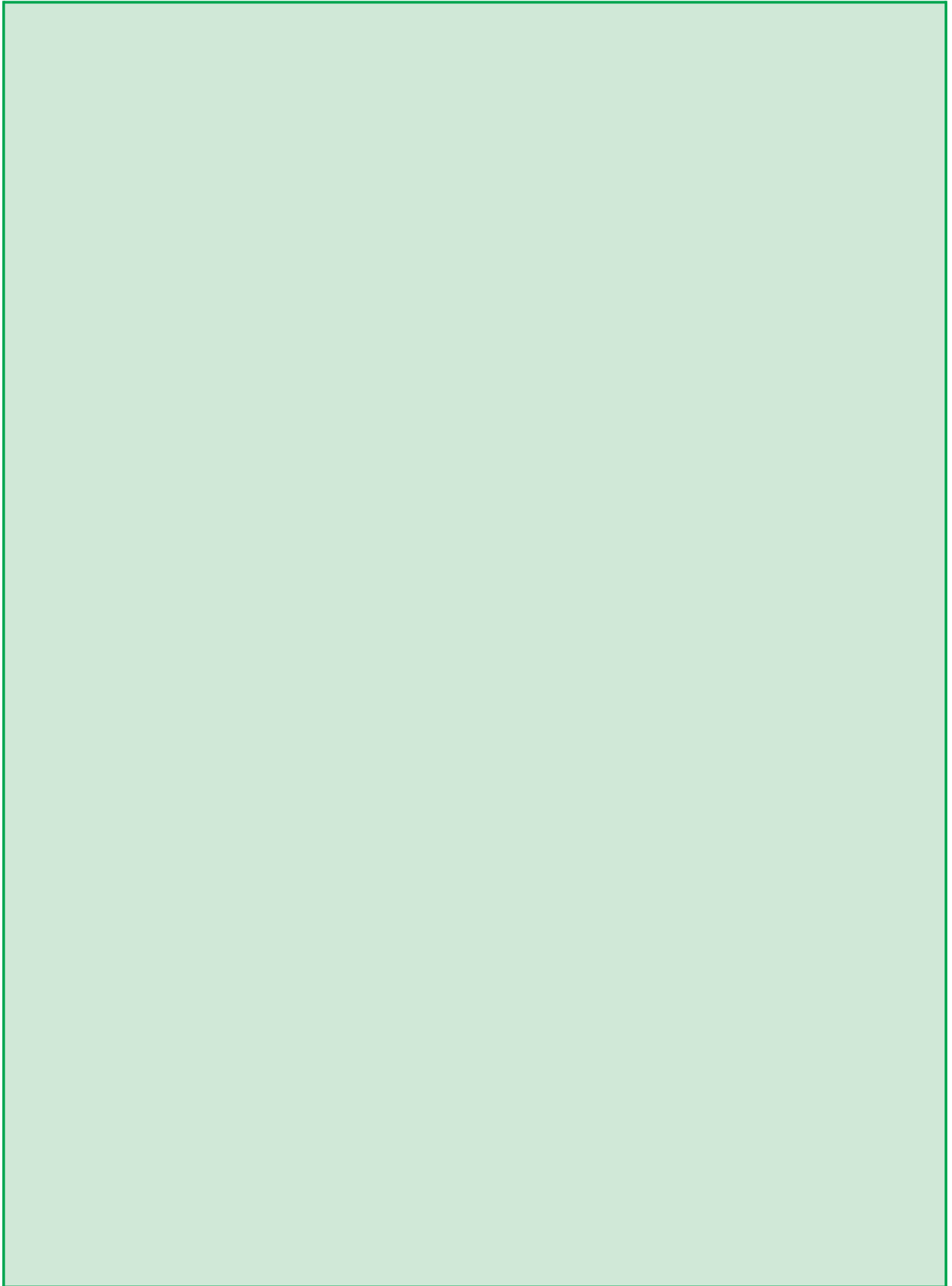
Please return your completed questionnaire
in the enclosed pre-addressed, postage-paid
envelope or mail it to:

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

PRIVATE SCHOOL QUESTIONNAIRE

NATIONAL TEACHER AND PRINCIPAL SURVEY

2017-18 SCHOOL YEAR



| | |
|--|--|
| | |
|--|--|

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

THIS SURVEY HAS BEEN ENDORSED BY:

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:

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543).



- **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 schools and policy makers 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.

Basic school information such as school name, contact information, school type or program emphasis, religious orientation or affiliation of the school, association membership, grades taught and the number of students by grade, number of students by race/ethnicity, and the number of full-time-equivalent teachers are published on <http://nces.ed.gov/surveys/pss/privateschoolsearch/>. The remaining information is 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).

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 33 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 (NTPS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Room 4014, Washington, DC 20202.



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.) | INCORRECT marking example – |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="checkbox"/> 3 <input type="checkbox"/> 5 </div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="checkbox"/> 35 </div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <input type="checkbox"/> 3 <input type="checkbox"/> 5 </div> </div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OR <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: ntps@census.gov.



1. GENERAL INFORMATION ABOUT THIS SCHOOL

1-1. How many students were enrolled in each of the following grade levels around the first of October?

🍏 Report only for the school named on the front of this questionnaire.

🍏 Do NOT include postsecondary or adult education students, or children who are enrolled only in day care at this school.

🍏 In column (1), mark (X) "Yes" or "No" for each grade level.

🍏 In column (2), record the number of students for each grade level with "Yes" marked in column (1).

| Grade levels | (1) Does this school have students in this grade? | (2) Number of students in this grade |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------|
| a. Ungraded (including ungraded special education students) | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text" value=""/> |
| b. Nursery and prekindergarten | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text" value=""/> |
| c. Kindergarten (traditional year of school primarily for 5-year-olds prior to first grade) | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text" value=""/> |
| d. Transitional (or readiness) kindergarten (extra year of school for kindergarten-age children who are judged not ready for kindergarten) | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text" value=""/> |
| e. Transitional first (or pre-first) grade (extra year of school for children who have attended kindergarten but have been judged not ready for first grade) | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text" value=""/> |
| f. 1st | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text" value=""/> |
| g. 2nd | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text" value=""/> |
| h. 3rd | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text" value=""/> |
| i. 4th | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text" value=""/> |
| j. 5th | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text" value=""/> |
| k. 6th | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text" value=""/> |



1-1. Continued – How many students were enrolled in each of the following grade levels around the first of October?

| | (1) Does this school have students in this grade? | (2) Number of students in this grade |
|----------------|---------------------------------------------------------------|-----------------------------------------|
| l. 7th | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text"/> |
| m. 8th | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text"/> |
| n. 9th | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text"/> |
| o. 10th | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text"/> |
| p. 11th | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text"/> |
| q. 12th | <input type="checkbox"/> Yes → <input type="checkbox"/> No | <input type="text"/> |

1-2. What was the total number of students enrolled in this school or program around the first of October?

🍏 Please sum lines 1-1(a) through 1-1(q).

Students



1-3. Around the first of October, how many students enrolled in grades K-12 and comparable ungraded levels were –

- 🍏 Do NOT include nursery, prekindergarten, postsecondary, or adult education students.
- 🍏 Do NOT include children who are enrolled only in day care at this school or program.
- 🍏 If none, please mark (X) the box.

a. Hispanic or Latino, regardless of race?

None or Students

b. White, not of Hispanic or Latino origin?

None or Students

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

None or Students

d. Asian, not of Hispanic or Latino origin?

None or Students

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

None or Students

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

None or Students

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

None or Students

1-4a. Is this school or program coeducational?

Yes

No, it is an all-female school

No, it is an all-male school

GO TO item 1-5a on page 7.

b. Around the first of October, how many MALE students in grades K-12 and comparable ungraded levels were enrolled in this school or program?

- 🍏 Do NOT include nursery, prekindergarten, postsecondary, or adult education students.
- 🍏 Do NOT include children who are enrolled only in day care at this school or program.
- 🍏 If none, please mark (X) the box.

None or Male students



1-5a. During the LAST school year (2016-17), were any students enrolled in 12th grade?

- Yes
- No → GO TO item 1-6 below.

b. How many students were enrolled in 12th grade around October 1, 2016?

12th graders

c. How many students graduated from the 12th grade with a diploma LAST school year (2016-17)?

🍏 Include 2017 summer graduates. Do not include students who received only vocational certificates, certificates of attendance, or certificates of completion.

🍏 If none, please mark (X) the box.

- None → GO TO item 1-6 below.

Graduates

d. Of those who graduated with a diploma LAST school year (2016-17), approximately what percentage went to four-year colleges?

🍏 If none, please mark (X) the box.

🍏 Round to the nearest whole percent.

- None or Percent

1-6. 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

: a.m. — : a.m.

p.m. p.m.

1-7. 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

1-8. How many days are in the SCHOOL YEAR for students in this school or program?

Days per SCHOOL YEAR



1-9. 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.* ↘



INSTRUCTIONS AND AN EXAMPLE FOR ITEM 1-10

In item 1-10, we ask for the number of teachers for grades K-12 and comparable ungraded levels by the amount of time they teach at THIS school program.

Example:

The following is an example to illustrate how to report teachers in this item for a school that includes prekindergarten through grade 8.

If this school has eight full-time teachers for grades 1 through 8, one full-time teacher who teaches kindergarten $\frac{1}{2}$ time and prekindergarten $\frac{1}{2}$ time, a music teacher who teaches two days each week, a physical education teacher who teaches three days each week, and a teaching principal who teaches one 30-minute class each day, you would complete item 1-10 as follows:

None or Full-time teachers

None or Teach at least $\frac{3}{4}$ time but less than full time

None or Teach at least $\frac{1}{2}$ time but less than $\frac{3}{4}$ time

This number includes the one full-time teacher who teaches kindergarten $\frac{1}{2}$ time and prekindergarten $\frac{1}{2}$ time. The time he or she spends teaching prekindergarten is not counted in item 10.

This number also includes the physical education teacher who teaches three days a week.

None or Teach at least $\frac{1}{4}$ time but less than $\frac{1}{2}$ time

This includes the music teacher who teaches two days a week.

None or Teach less than $\frac{1}{4}$ time

This includes the principal who teaches one 30-minute class each day. The time he or she spends working as a principal is not included in item 1-10.

TOTAL TEACHERS



1-10. Around the first of October, how many persons were teaching in grades K-12 and/or COMPARABLE ungraded levels at this school or program in the following time categories?

🍏 Consider only the amount of time an individual works as a teacher of grades K-12 and comparable ungraded levels during a typical week at THIS school or program.

🍏 Include:

- Regular classroom teachers
- Teachers who teach subjects such as music, art, physical education, and special education
- Teaching principals or administrators who teach a regularly scheduled class at this school or program

🍏 Do NOT include:

- Teachers who teach ONLY nursery, prekindergarten, postsecondary, or adult education
- Student teachers, teacher aides, day care aides, or short-term substitute teachers
- Counselors, library media specialists or librarians, speech therapists, social workers, or administrators UNLESS they also teach a regularly scheduled class at THIS school or program

🍏 If none, please mark (X) the box.

None or Full-time teachers

None or Teach at least $\frac{3}{4}$ time but less than full time

None or Teach at least $\frac{1}{2}$ time but less than $\frac{3}{4}$ time

None or Teach at least $\frac{1}{4}$ time but less than $\frac{1}{2}$ time

None or Teach less than $\frac{1}{4}$ time

TOTAL TEACHERS



1-11a. 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 1-12 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**

1-12. 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

1-13a. Is a major role of this school or program to support homeschooling?

- Yes
- No

b. Is this school or program located in a private home that is used primarily as a family residence?

- Yes
- No

1-14a. Does this school or program have a religious orientation or purpose?

- Yes
- No → GO TO item 1-15 on page 13.

b. Is this school or program affiliated with a religious organization or institution?

- Yes
- No



1-14c. What is this school's or program's religious orientation or affiliation?

🍏 *Mark (X) only one box.*

- Roman Catholic →
- African Methodist Episcopal
- Amish
- Assembly of God
- Baptist
- Brethren
- Calvinist
- Christian (no specific denomination)
- Church of Christ
- Church of God
- Church of God in Christ
- Church of the Nazarene
- Disciples of Christ
- Episcopal
- Friends
- Greek Orthodox
- Islamic
- Jewish
- Latter Day Saints
- Lutheran Church – Missouri Synod
- Evangelical Lutheran Church in America (formerly AELC, ALC, or LCA)
- Wisconsin Evangelical Lutheran Synod
- Other Lutheran
- Mennonite
- Methodist
- Pentecostal
- Presbyterian
- Seventh-Day Adventist
- Other – *Specify* ↴

Is this school –
 🍏 *Mark (X) only one box.*

- Parochial (or inter-parochial)
- Diocesan
- Private



1-15. To which of the following associations or organizations does this school or program belong?

🍏 *Mark (X) all that apply.*

This school does NOT belong to ANY associations or organizations → **GO TO item 1-16a on page 15.**

RELIGIOUS

- Accelerated Christian Education (ACE) (or School of Tomorrow)
- American Association of Christian Schools (AACCS)
- Association of Christian Schools International (ACSI)
- Association of Christian Teachers and Schools (ACTS)
- Association of Classical and Christian Schools (ACCS)
- Christian Schools International (CSI)
- Evangelical Lutheran Education Association (ELEA)
- Friends Council on Education (FCE)
- General Conference of the Seventh-Day Adventist Church (GCSDAC)
- Islamic School League of America (ISLA)
- Jesuit Secondary Education Association (JSEA)
- National Association of Episcopal Schools (NAES)
- National Catholic Educational Association (NCEA)
- National Christian School Association (NCSA)
- National Society for Hebrew Day Schools (Torah U'Mesorah)
- Oral Roberts University Educational Fellowship (ORUEF)
- The Jewish Community Day School Network (RAVSAK)
- Solomon Schechter Day School Association (SSDSA)
- Southern Baptist Association of Christian Schools (SBACS)
- Other religious school association(s) – *Specify* ↴



1-15. Continued – To which of the following associations or organizations does this school or program belong?

🍏 *Mark (X) all that apply.*

SPECIAL EMPHASIS

- American Montessori Society (AMS)
- Association Montessori International (AMI)
- Other Montessori association(s)
- Association of Military Colleges and Schools (AMCS)
- Association of Waldorf Schools of North America (AWSNA)
- National Association of Private Special Education Centers (NAPSEC)
- Other association(s) for exceptional children
- European Council for International Schools (ECIS)
- National Association for the Education of Young Children (NAEYC)
- National Association of Laboratory Schools (NALS)
- National Coalition of Girls Schools (NCGS)
- Other special emphasis association(s) – *Specify* ↴

OTHER SCHOOL ASSOCIATIONS OR ORGANIZATIONS

- Alternative School Network (ASN)
- National Association of Independent Schools (NAIS)
- State or regional independent school association
- National Coalition of Alternative Community Schools (NCACS)
- National Independent Private Schools Association (NIPSA)
- The Association of Boarding Schools (TABS)
- Other school association(s) – *Specify* ↴



1-16a. Does this school offer any courses that are taught entirely online?

- Yes
- No → GO TO item 1-17a 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

1-17. 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



1-18. 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



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?

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

🍏 *If most third grade students have courses taught on a rotational schedule, calculate typical course time based on the following example: For a course taught 60 minutes per day for half the year, respond with 30 minutes per day.*

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

None or Minutes per day for Days per week

f. Physical education

None or Minutes per day for Days per week

g. Music

None or Minutes per day for Days per week

h. Art

None or Minutes per day for Days per week

i. Recess

🍏 *Do NOT include time allocated for lunch.*

None or Minutes per day for Days per week



3. STUDENTS AND CLASSROOM ORGANIZATION

3-1. During THIS school year (2017-18), 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. Students are assigned based on their ability (i.e., tracking)

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 (i.e., 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



3-2a. Do students attend this school across 12 months (i.e., year-round)?

- 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 22.*
- No → *GO TO section 4 on page 23.*



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

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

Yes →

No

How is this funded?

🍏 *Mark (X) all that apply.*

By the school, district or state

By the family or the student

By some other entity

→ GO TO item 3-4b below.

b. Specialized career academy

(A specialized career academy is a program 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

No

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

No

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

No



4. COMMUNITY SERVICE REQUIREMENTS

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

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

Yes

No → GO TO Section 5 on page 24.

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

Yes

No → GO TO Section 5 on page 24.

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

Hours



5. SPECIAL PROGRAMS AND SERVICES

5-1a. Of the students enrolled in this school, do any have a formally identified disability?

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

Yes

No → GO TO item 5-3a on page 25.



b. How many students in this school have a formally identified disability?

🍏 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 1-9, please mark "Yes" for this item.

Yes → GO TO item 5-3a on page 25.

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



- 5-3a. Of the students enrolled in this school as of the first of October, have any been identified as limited-English proficient, also known as English-language learners (ELLs)?**
(Limited-English proficient (LEP) or ELLs refers to students 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.)

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

Yes

No → GO TO item 5-6a on page 26.



- b. How many limited-English proficient students or English-language learners are enrolled in this school?**

Students

- 5-4. 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 → GO TO item 5-6a on page 26.



- 5-5. How are English-language learners taught English?**

Are any of them taught –

- a. Using ESL, bilingual, or immersion techniques?**

Yes

No

- b. In regular English-speaking classrooms?**

Yes

No



5-6a. 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 5-7 on page 27.



b. Around the first of October, 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, 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



5-7. 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 6 on page 28.

5-8a. 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

5-9. 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



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?

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Area code | Number |
| <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

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

6-5. Please verify this school's or program's name and mailing address that are printed below.

If any part of the name and mailing address is incorrect, enter the correction(s), as necessary, in the appropriate space(s) below.

School or program name

Mailing address

City

State

ZIP Code

6-6a. Is the physical or street address of this school or program the same as the mailing address?

Yes → GO TO item 6-7 on page 29.

No



b. Please print this school's or program's physical or street address.

Street

City

State

ZIP Code



6-7. 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"/> <input type="text"/> | 201 <input type="text"/> |

6-8. 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.

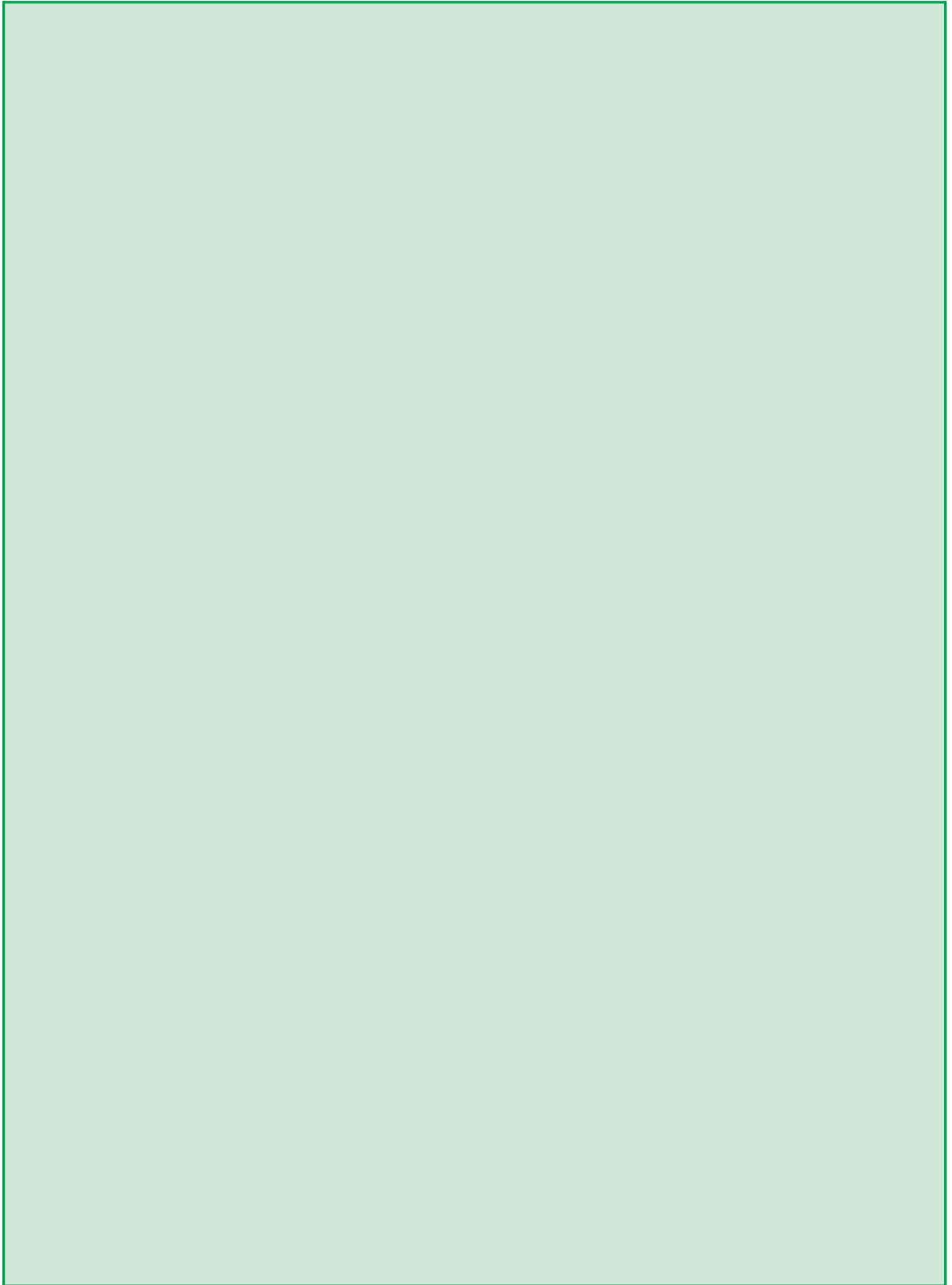
| | |
|----------------------------------------------------------------|---------|
| <input type="text"/> <input type="text"/> <input type="text"/> | Minutes |
|----------------------------------------------------------------|---------|

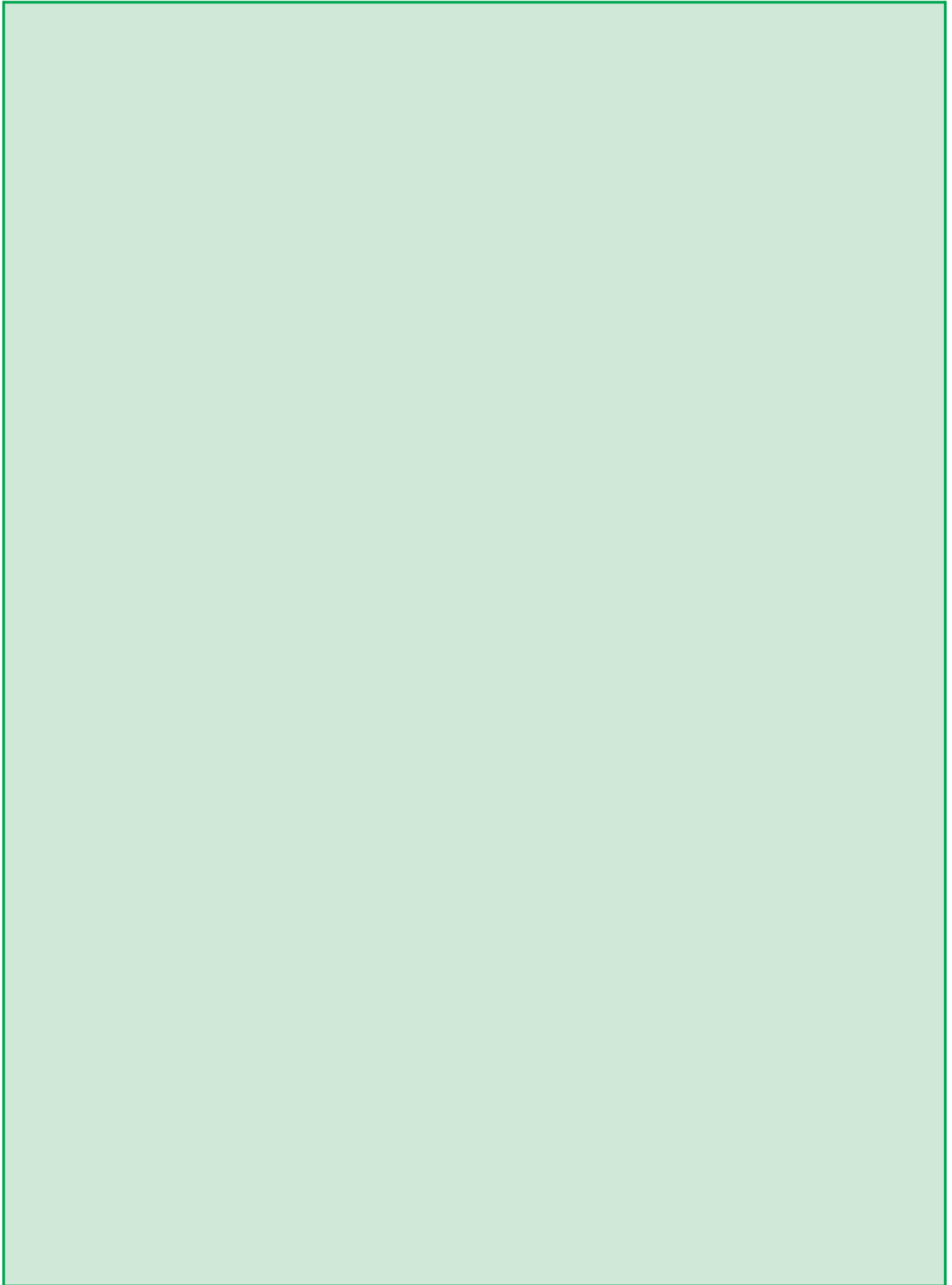
**Thank you very much for your participation
in this survey. If you have any questions,
please contact us, toll-free, at: 1-888-595-1338
or by e-mail at: ntps@census.gov.**

**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 xx/xx/xxxx
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



THIS SURVEY HAS BEEN ENDORSED BY:

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:

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543).



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**.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>CORRECT marking example – (Use care to keep characters in their designated spaces.)</p> <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <input type="checkbox"/> 3 <input type="checkbox"/> 5 </div> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> | <p>INCORRECT marking example –</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content;"> </div> <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content;"> <input type="checkbox"/> 3 <input type="checkbox"/> 5 </div> </div> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p style="text-align: center; font-weight: bold;">OR</p> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- 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: ntps@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: ntps@census.gov, or write directly to: National Teacher and Principal Survey (NTPS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Room 4014, Washington, DC 20202.



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. During the 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



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)

Minutes per day Days per week

None or for

↓

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

Minutes per day Days per week

None or for

GO TO item 2-11b below.

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

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 | <input type="text" value="192"/> | <input type="text" value="Algebra II"/> | <input type="text" value="11"/> | <input type="text" value="33"/> |
| (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? 🍏 Mark (X) only one box. | d. In what year? |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| (1) Vocational certificate | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px;" type="text"/> | | Year <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> |
| (2) Associate's degree | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px;" type="text"/> | | Year <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> |
| (3) SECOND Bachelor's degree | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px;" 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 style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> |
| (4) SECOND Master's degree | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px;" 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 style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> |
| (5) Educational specialist or professional diploma (at least one year beyond a master's level) | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px;" 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 style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> |
| (6) Certificate of Advanced Graduate Studies | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px;" 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 style="width: 40px; height: 20px; border: 1px solid black;" 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 style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px;" 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 style="width: 40px; height: 20px; border: 1px solid black;" 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

Content Area Code

Content Area Label

(2) Grade Range of Certificate (Mark (X) all that apply)

- Early childhood, preschool, or at least one of grades K-5
- At least one of grades 6-8
- 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 (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

- 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 Philosophy
- 266 Religious studies, theology or divinity
- 267

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" value=""/> Content Area Label <input type="text" value=""/> | <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" value=""/> Content Area Label <input type="text" value=""/> | <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" value=""/> Content Area Label <input type="text" value=""/> | <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" value=""/> Content Area Label <input type="text" value=""/> | <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 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" value=""/> 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" value=""/> 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" value=""/> 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" value=""/> 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" value=""/> 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. During the LAST school year (2016-17), were you evaluated at THIS school?

Yes

No →

(1) During the LAST school year (2016-17), why were you not evaluated at THIS school?

🍏 Mark (X) only one box.

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

GO TO item 6-1a on page 24.

5-2. To what extent do you agree or disagree with the following statements about THIS school's evaluation process LAST school year (2016-17)?

🍏 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 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"/> |
| e. The evaluation process had a positive effect on my teaching. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Overall, the evaluation process led to improved student learning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The results of my evaluation were accurate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



5-3. Did you receive feedback from your evaluation LAST school year (2016-17)?

Yes

No → *GO TO item 5-5 below.*

5-4a. Did you receive feedback on your teaching methods from your evaluation LAST school year (2016-17)?

Yes

No

b. Did you receive feedback on how well you were meeting the school's performance goals from your evaluation LAST school year (2016-17)?

Yes

No

c. Have you used the feedback you received from your evaluation LAST school year (2016-17), to improve your teaching?

Yes

No

5-5. Was participation in professional development considered during your evaluation LAST school year (2016-17)?

Yes

No



6. TEACHER PROFESSIONAL DEVELOPMENT

6-1. 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"/> |



6-2. During the past 12 months, how many HOURS, if any, did you spend participating in any of the following types of professional development?

| | 🍏 <i>Mark (X) one box on each line.</i> | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 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 differentiated instruction for all students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Professional development on preparing students to take annual assessments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Professional development on analyzing and interpreting student achievement data | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6-3. Considering all of the professional development you participated in during the past 12 months, how relevant was it to your teaching assignment?

🍏 *Mark (X) only one box.*

- Did not complete any professional development in the past 12 months → GO TO item 6-7 on page 27.
- Not relevant at all
- Somewhat relevant
- Very relevant



6-4a. During the past 12 months, how often did you incorporate what you learned in professional development into your teaching?

☛ Mark (X) only one box

- Never → GO TO item 6-5 below.
- Rarely
- Often
- Always

b. During the past 12 months, did you receive feedback about how you incorporated what you learned from professional development into your teaching?

- Yes
- No

6-5. 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

6-6. 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



6-7. To what extent do you agree or disagree with the following statements about YOUR professional development as a teacher at THIS school?

| | 🍏 <i>Mark (X) one box on each line.</i> | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
| a. I have sufficient resources available for my professional development. | <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. | <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 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"/> |

6-8. Does THIS school provide teachers with time for INDIVIDUAL professional development during regular contract hours?

Yes

No

6-9. Does THIS school provide teachers with time for TEAM-BASED professional development during regular contract hours?

Yes

No



7. TEACHER ENGAGEMENT

7-1. To what extent do you agree or disagree with the following statements about your work at this school?

| | 🍏 <i>Mark (X) one box on each line.</i> | | | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly Disagree | Somewhat Disagree | Somewhat Agree | Strongly Agree |
| 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"/> |



- 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 →

How much?

\$, .00

No

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 →

How much?

\$, .00

No

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 →

How much?

\$, .00

No

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 →

How much?

\$, .00

GO TO item 8-7b below.

No → GO TO item 8-8 on page 31.

- 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. FEEDBACK AND TEACHER STRATEGIES

Your responses to this section of questions will help researchers and policy makers make international comparisons to teachers in other countries.

9-1. When did you complete formal education or training that qualified you to teach?

🍏 Enter a four-digit year.

🍏 An approximate year is sufficient.

Year

9-2. In this school, who uses the following types of information to provide feedback to you?

(*External individuals or bodies* refer to, for example, inspectors, municipality representatives, or other persons from outside the school.)

🍏 Mark (X) all that apply on each line.

| | External individuals or bodies | School principal or member(s) of the school management team | Other colleagues within the school (not part of the school management team) | I have never received this feedback in this school |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------|
| a. Observation of my classroom teaching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Student survey responses related to my teaching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Assessment of my content knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My students' external results (e.g., national test scores) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. School-based and classroom-based results (e.g., performance results, project results, test scores) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Self-assessment of my work (e.g., presentation of a portfolio assessment, analysis of my teaching using video) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered 'I have never received this feedback in this school' to all of the above →

Please GO TO item 9-5 on page 35.



9-3. Thinking of all of the feedback that you have received during the last 12 months, did any of these have a positive impact on your teaching practice?

Yes

No → *GO TO item 9-5 on page 35.*

9-4. Thinking about the feedback you have received during the last 12 months, did it lead to a positive change in any of the following aspects of your work as a teacher?

🍏 *Mark (X) one box on each line.*

| | Yes | No |
|--------------------------------------------------------------------|--------------------------|--------------------------|
| a. Knowledge and understanding of my main subject field(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Methods of teaching in my main subject field(s) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Use of student assessments to improve student learning | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Classroom management | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Methods for teaching students with special needs | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Methods for teaching in a multicultural or multilingual setting | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Feedback to other teachers about their teaching | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Collaboration or working with other teachers | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Confidence as a teacher | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Motivation as a teacher | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Job satisfaction | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Participation in professional development activities | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Other, please specify | <input type="checkbox"/> | <input type="checkbox"/> |



9-5. In your teaching, to what extent can you do the following?

| | 🍏 <i>Mark (X) one box on each line.</i> | | | |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------|--------------------------|
| | Not at all | Very little | To some extent | A lot |
| a. Get students to believe they can do well in school work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Help my students value learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Craft good questions for my students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Control disruptive behavior in the classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Motivate students who show low interest in school work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Make my expectations about student behavior clear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Help students think critically | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Get students to follow classroom rules | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Calm a student who is disruptive or noisy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Use a variety of assessment strategies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Provide an alternative explanation for example when students are confused | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Vary instructional strategies in my classroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Help students develop cross-curricular skills (e.g., creativity, critical thinking, problem solving) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Support student learning through the use of digital technology (e.g., computers, tablets, smart boards) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Support student collaborative learning through the use of digital technology (e.g., computers, tablets, smart boards) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



10. CONTACT INFORMATION

- 10-1.** Please PRINT your name, your home address, your cell and home telephone numbers, the most convenient time to reach you, and your work and home e-mail addresses. This information would 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).

- a. First name

Middle name

Last name

Suffix

- b. Street Address

- c. City

- d. State

- e. ZIP Code

- f. Cell phone number

Area code Number

- g. Home phone number

Area code Number



h. Best day(s) to reach you
🍏 *Mark (X) all that apply.*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

i. Best time of the day to reach you
🍏 *Mark (X) only one box.*

- a.m.
- p.m.

j. Work e-mail address

k. Home e-mail address



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 |
| <input type="text"/> | <input type="text"/> | <input type="text" value="201"/> |

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.*

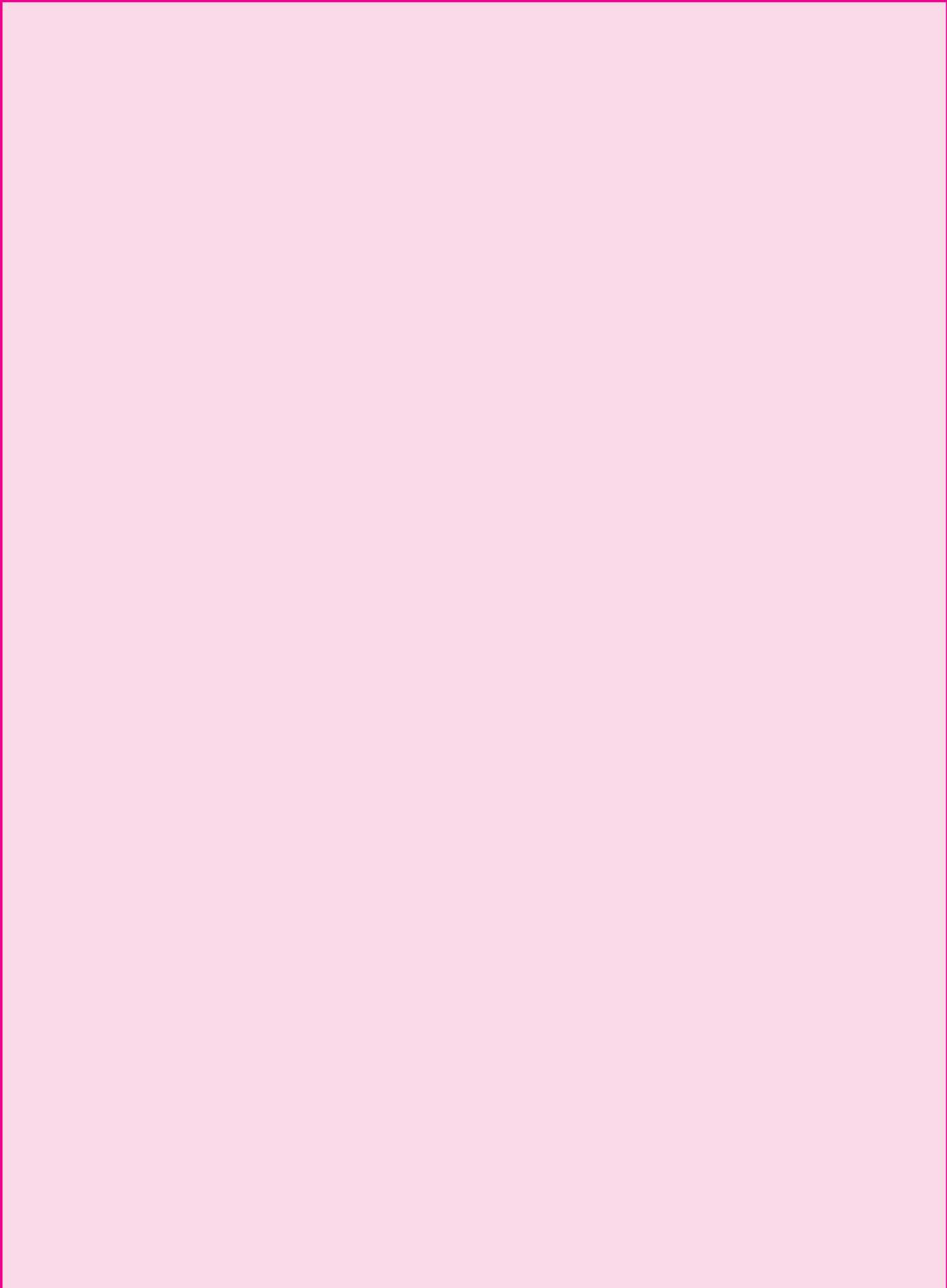
| | |
|----------------------|---------|
| <input type="text"/> | Minutes |
|----------------------|---------|

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: ntps@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 xx/xx/xxxx

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

PRIVATE SCHOOL TEACHER QUESTIONNAIRE NATIONAL TEACHER AND PRINCIPAL SURVEY 2017-18 SCHOOL YEAR



THIS SURVEY HAS BEEN ENDORSED BY:

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:

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543).



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**.

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>CORRECT marking example – <i>(Use care to keep characters in their designated spaces.)</i></p> <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <input type="checkbox"/> 3 <input type="checkbox"/> 5 </div> <p style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </p> | <p>INCORRECT marking example –</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content;"> <input type="checkbox"/> 35 </div> <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content;"> <input type="checkbox"/> 3 <input type="checkbox"/> 5 </div> </div> <p style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p> <p style="text-align: center; font-weight: bold;">OR</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- 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: ntps@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: ntps@census.gov, or write directly to: National Teacher and Principal Survey (NTPS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Room 4014, Washington, DC 20202.



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. During the 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 private elementary, middle, or secondary school IN THIS STATE
- Teaching in a private elementary, middle, or secondary school IN ANOTHER STATE
- Teaching in a PUBLIC 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 a formally diagnosed disability?

🍏 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)

Minutes per day Days per week

None or for

↓

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

Minutes per day Days per week

None or for

GO TO item 2-11b below.

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

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 | <input type="text" value="192"/> | <input type="text" value="Algebra II"/> | <input type="text" value="11"/> | <input type="text" value="33"/> |
| (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? 🍏 Mark (X) only one box. | d. In what year? |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| (1) Vocational certificate | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> | | Year <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> |
| (2) Associate's degree | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/> | | Year <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> |
| (3) SECOND Bachelor's degree | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px; border: 1px solid black;" 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 style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> |
| (4) SECOND Master's degree | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px; border: 1px solid black;" 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 style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> |
| (5) Educational specialist or professional diploma (at least one year beyond a master's level) | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px; border: 1px solid black;" 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 style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> |
| (6) Certificate of Advanced Graduate Studies | Major Field of Study Code <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px; border: 1px solid black;" 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 style="width: 40px; height: 20px; border: 1px solid black;" 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 style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Major Field of Study Label <input style="width: 100%; height: 20px; border: 1px solid black;" 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 style="width: 40px; height: 20px; border: 1px solid black;" 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 certification. Please read the questions carefully. This section allows teachers to report UP TO THREE current teaching certificates 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. Do you currently hold regular or full certification by an accrediting or certifying body OTHER THAN THE STATE?

🍏 Information about state-granted certification will be asked in item 4-3.

- Yes
- No → GO TO item 4-3a on page 20.

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?

(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

Content Area Code

Content Area Label

(2) Grade Range of Certificate (Mark (X) all that apply)

- Early childhood, preschool, or at least one of grades K-5
- At least one of grades 6-8
- 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 Traumatically 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 (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

- 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 Philosophy
- 266 Religious studies, theology or divinity
- 267

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"/> <input type="text"/> <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"/> <input type="text"/> <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"/> <input type="text"/> <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"/> <input type="text"/> <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 24.

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)
 I do not hold any of the above certifications in THIS state → GO TO Section 5 on page 24.



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 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" value=""/> Content Area Label <input type="text" value=""/> | <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 24.

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" value=""/> Content Area Label <input type="text" value=""/> | <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" value=""/> Content Area Label <input type="text" value=""/> | <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" value=""/> Content Area Label <input type="text" value=""/> | <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" value=""/> Content Area Label <input type="text" value=""/> | <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 |



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

- Yes
- No → **GO TO Section 5 on page 24.**

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)

c. Using Table 3 on page 19, in what content area(s) and grade range(s) does the teaching certificate marked in question 4-4b above 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

Content Area Code

Content Area Label

(2) Grade Range of Certificate (Mark (X) all that apply)

- Early childhood, preschool, or at least one of grades K-5
- At least one of grades 6-8
- 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 → **GO TO item 4-4e on page 23.**
- No → **GO TO Section 5 on page 24.**



4-4. Continued –

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) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(1) Content Area Code</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;"> </div> <p>Content Area Label</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least one of grades 9-12</p> |
| <p>(2) Content Area Code</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;"> </div> <p>Content Area Label</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least one of grades 9-12</p> |
| <p>(3) Content Area Code</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;"> </div> <p>Content Area Label</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least one of grades 9-12</p> |
| <p>(4) Content Area Code</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 60px; text-align: center;"> </div> <p>Content Area Label</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p><input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5</p> <p><input type="checkbox"/> At least one of grades 6-8</p> <p><input type="checkbox"/> At least one of grades 9-12</p> |



5. TEACHER EVALUATIONS

5-1. During the LAST school year (2016-17), were you evaluated at THIS school?

Yes

No →

(1) During the LAST school year (2016-17), why were you not evaluated at THIS school?

🍏 Mark (X) only one box.

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

GO TO Section 6 on page 26.

5-2. To what extent do you agree or disagree with the following statements about THIS school's evaluation process LAST school year (2016-17)?

🍏 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 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"/> |
| e. The evaluation process had a positive effect on my teaching. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Overall, the evaluation process led to improved student learning. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The results of my evaluation were accurate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



5-3. Did you receive feedback from your evaluation LAST school year (2016-17)?

- Yes
- No → *GO TO item 5-5 below.*

5-4a. Did you receive feedback on your teaching methods from your evaluation LAST school year (2016-17)?

- Yes
- No

b. Did you receive feedback on how well you were meeting the school's performance goals from your evaluation LAST school year (2016-17)?

- Yes
- No

c. Have you used the feedback you received from your evaluation LAST school year (2016-17), to improve your teaching?

- Yes
- No

5-5. Was participation in professional development considered during your evaluation LAST school year (2016-17)?

- Yes
- No



6. TEACHER PROFESSIONAL DEVELOPMENT

6-1. 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"/> |



6-2. During the past 12 months, how many HOURS, if any, did you spend participating in any of the following types of professional development?

| | 🍏 <i>Mark (X) one box on each line.</i> | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | 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 differentiated instruction for all students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Professional development on preparing students to take annual assessments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Professional development on analyzing and interpreting student achievement data | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6-3. Considering all of the professional development you participated in during the past 12 months, how relevant was it to your teaching assignment?

🍏 *Mark (X) only one box.*

- Did not complete any professional development in the past 12 months → GO TO item 6-7 on page 29.
- Not relevant at all
- Somewhat relevant
- Very relevant



6-4a. During the past 12 months, how often did you incorporate what you learned in professional development into your teaching?

☛ *Mark (X) only one box.*

- Never → GO TO item 6-5 below.
- Rarely
- Often
- Always

b. During the past 12 months, did you receive feedback about how you incorporated what you learned from professional development into your teaching?

- Yes
- No

6-5. 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

6-6. 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



6-7. To what extent do you agree or disagree with the following statements about YOUR professional development as a teacher 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. | <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. | <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 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"/> |

6-8. Does THIS school provide teachers with time for INDIVIDUAL professional development during regular contract hours?

Yes

No

6-9. Does THIS school provide teachers with time for TEAM-BASED professional development during regular contract hours?

Yes

No



7. TEACHER ENGAGEMENT

7-1. 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. 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"/> |



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. Please PRINT your name, your home address, your cell and home telephone numbers, the most convenient time to reach you, and your work and home e-mail addresses. This information would 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).

- a. First name

Middle name

Last name

Suffix

- b. Street Address

- c. City

- d. State

- e. ZIP Code

- f. Cell phone number

Area code

Number

- g. Home phone number

Area code

Number



h. Best day(s) to reach you
🍏 *Mark (X) all that apply.*

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

i. Best time of the day to reach you
🍏 *Mark (X) only one box.*

- a.m.
- p.m.

j. Work e-mail address

k. Home e-mail address



- 9-2. **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

- 9-3. **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.*

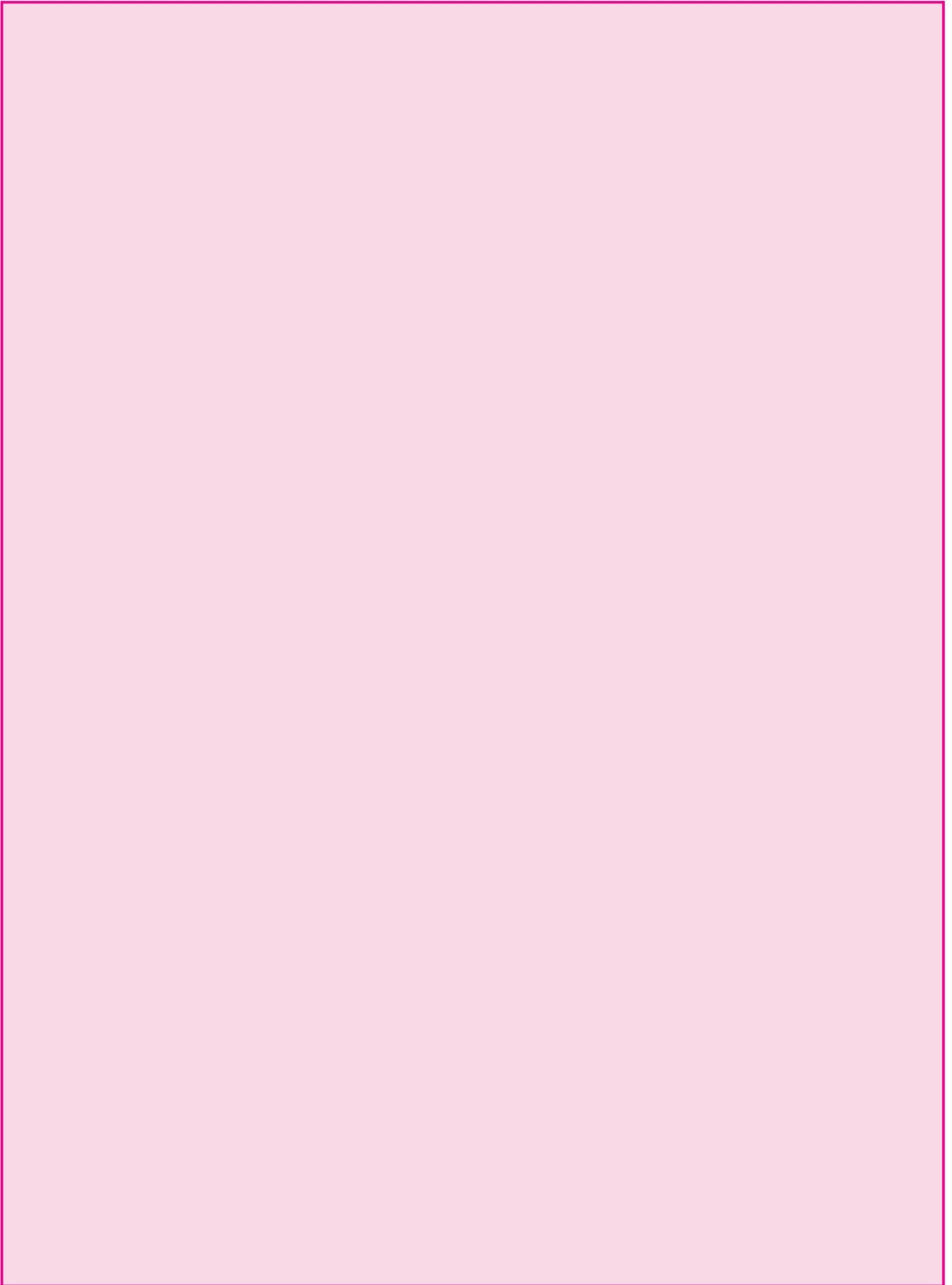
Minutes

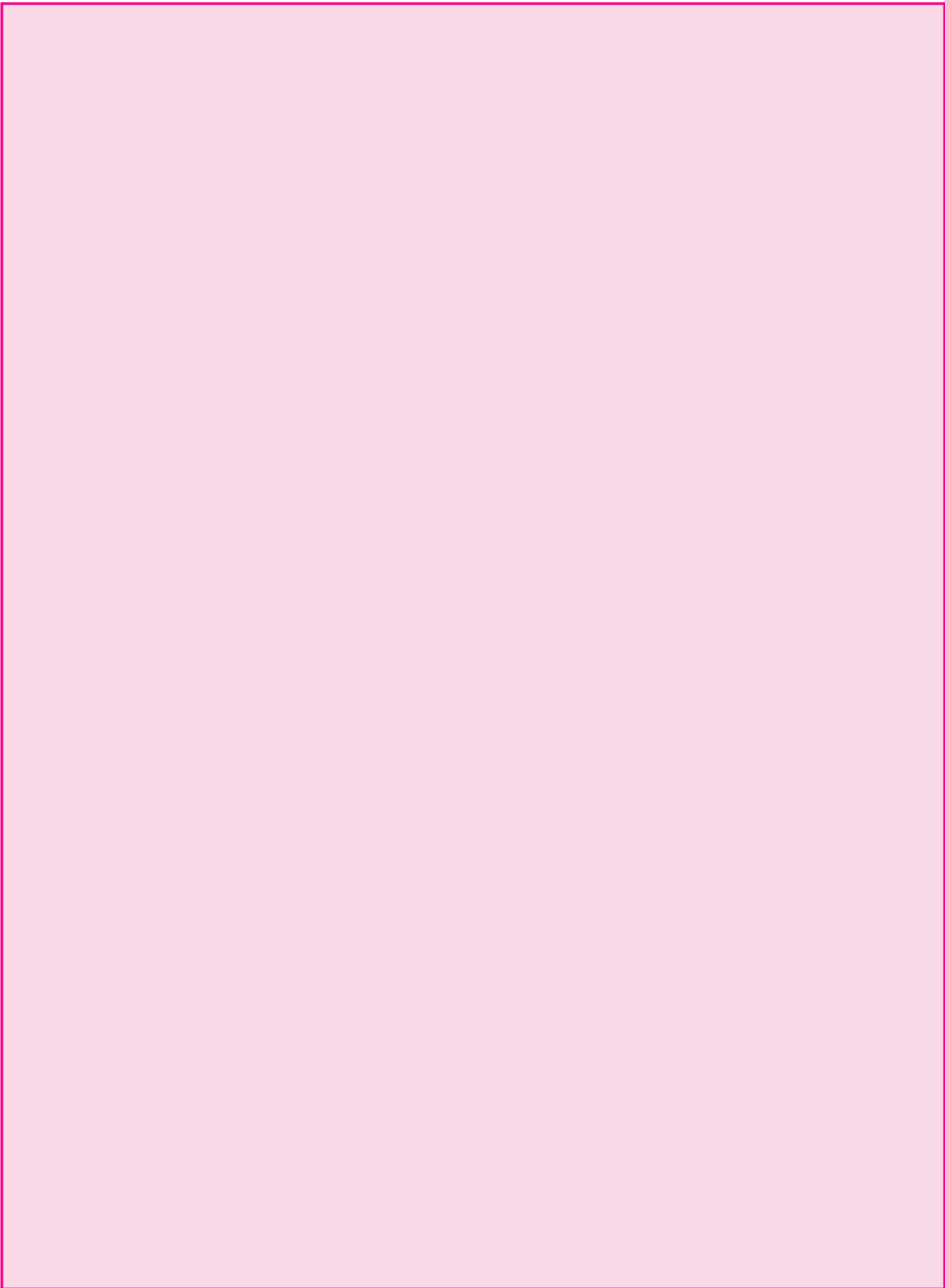
**Thank you very much for your participation
in this survey. If you have any questions,
please contact us, toll-free, at: 1-888-595-1338
or by e-mail at: ntps@census.gov.**

**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>



Login Pages for Online Versions of the Questionnaires

2017-18 NTPS Principal Questionnaire Instrument – Login Page



National Teacher and Principal Survey
NTPS Principal Questionnaire
2017-18 School Year



Welcome to the 2017-18 National Teacher and Principal Survey (NTPS) Principal Questionnaire

→ Enter the 8-digit User ID provided in the e-mail and letter that we sent you.

User ID:

Login

If you have questions

E-mail us: ntps@census.gov

Call us: 1-888-595-1338

The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). 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).

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 between 22 and 25 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 (NTPS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street SW, Room #4014, Washington, DC 20202.

**** WARNING ****

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2017-18 NTPS School Questionnaire Instrument – Login Page



National Teacher and Principal Survey
NTPS School Questionnaire
2017-18 School Year



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E-mail us: ntps@census.gov

Call us: 1-888-595-1338

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Because the confidentiality language varies for public and private schools, the appropriate language is displayed on its own instrument page to the user once he or she logs into the instrument. Each user's User ID is associated with a school type identifier (public versus private) from the sample file; therefore, once the user successfully logs in, the appropriate language will be displayed (as determined by the school type identifier).

2017-18 NTPS School Questionnaire Instrument – Confidentiality Page (Public Schools)



National Teacher and Principal Survey NTPS School Questionnaire 2017-18 School Year



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2017-18 NTPS School Questionnaire Instrument – Confidentiality Page (Private Schools)



National Teacher and Principal Survey NTPS School Questionnaire 2017-18 School Year



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Basic school information such as school name, contact information, school type or program emphasis, religious orientation or affiliation of the school, association membership, grades taught and the number of students by grade, number of students by race/ethnicity, and the number of full-time-equivalent teachers are published on <http://nces.ed.gov/surveys/pss/privateschoolsearch/>. The remaining information is 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).

OMB NO.: 1850-0598
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2017-18 NTPS Teacher Questionnaire Instrument – Login Page



National Teacher and Principal Survey NTPS Teacher Questionnaire 2017-18 School Year



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User ID:

Login

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E-mail us: ntps@census.gov

Call us: 1-888-595-1338

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