

# **National Teacher and Principal Survey of 2023-2024 (NTPS 2023-24) Preliminary Field Activities**

**OMB# 1850-0598 v.41**

## **Appendix B Draft NTPS 2023-24 Questionnaires**

*to be included in special contact district research application and  
endorsement packages*

This document includes the 2021-22 NTPS Teacher Listing Form form materials and the 2017-18 NTPS Principal, School, and Teacher questionnaires, which provide the starting point for developing the analogous 2023-24 forms and questionnaires. It also includes the 2021-22 NTPS Follow-up Surveys Questionnaires, which provide the starting point for developing the analogous 2024-25 questionnaires. These materials are included in the special district research application packages and, as needed, in the packages for endorser recruitment.

The final versions of the 2023-24 NTPS questionnaires will be provided in the NTPS 2023-24 Main Study clearance request in winter 2022-23.

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

**July 2022**

## Table of Contents

The following questionnaire materials are contained in this document:

1. 2020-21 NTPS Teacher Listing Form (NTPS-1)  
Note: This is the traditional Teacher Listing Form (TLF).
2. 2020-21 NTPS Teacher Listing Form, prepopulated version (NTPS-1P)  
Note: This is the version of the TLF that will be prepopulated with vendor data.
3. 2020-21 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. 2021-22 TFS Teacher Status Form (TFS-1)
11. 2021-22 TFS Questionnaire for Former Teachers (TFS-2)
12. 2021-22 TFS Questionnaire for Current Teachers (TFS-3)
13. 2021-22 PFS Principal Status Form (PFS-1A)
14. 2021-22 PFS School Head/Principal Status Form (PFS-1B)  
Note: For private school principals.
15. 2021-22 PFS Principal Status Form (PFS-1C)
16. 2021-22 PFS School Head/Principal Status Form (PFS-1D)  
Note: For private school principals.  
Note: Status Forms 1C/D are designed for schools that didn't respond to the original delivery of Status Forms 1A/B.

# TEACHER LISTING FORM



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

## NATIONAL TEACHER AND PRINCIPAL SURVEY 2020-21 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: TLF, SPB/SMS, BUILDING 64E  
1201 E. 10TH STREET  
JEFFERSONVILLE, IN 47132-0001**

**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).**

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

Collected by:  
U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

FORM **NTPS-1**  
(07-18-2020)

OMB No. 1850-0598: Approval Expires 03/31/2023

### 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](mailto: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 4035, Washington, DC 20202.

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

**U.S. CENSUS BUREAU  
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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.
- 🍏 **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?**

- 🍏 This survey is a primary source of information about what is happening in K–12 schools across the United States from the perspective of administrators and teachers. Only a small percentage of schools are selected to participate; therefore, your school is important for the success of this survey.

► **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.**

## 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*
- 🍏 *Daycare 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.

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 4 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 page 4 of this booklet.)**

Line Number	Teacher's Name Please list all of the full-time and part-time teachers who TEACH at THIS SCHOOL.  List each teacher only once.  List in the following order: First name, Middle initial (MI), Last name, suffix (if applicable).  Please see the reference card for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.  *Line Ex. is an example of a full-time art teacher.	Teacher's E-mail Address Please list each teacher's e-mail address.	Subject Matter Taught Enter the numeric code that corresponds to the subject in which the teacher teaches the most classes. If the teacher teaches <b>two or more subjects</b> equally, enter <b>each numeric code that applies</b> .  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.  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.)
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<b>*Ex.</b>	<i>Andrew M. Shaffer</i>	<i>ams@place.com</i>	8
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227						
228						
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231						
232						
233						

PLEASE CONTINUE ON NEXT PAGE

**PLEASE READ THE REFERENCE CARD BEFORE CONTINUING.**  
**(A removable reference card is printed on page 4 of this booklet.)**

Line Number	Teacher's Name				Teacher's E-mail Address	Subject Matter Taught
	Please list all of the full-time and part-time teachers who TEACH at THIS SCHOOL.  List each teacher only once.  List in the following order: First name, Middle initial (MI), Last name, suffix (if applicable).  Please see the reference card for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.				Please list each teacher's e-mail address.	Enter the numeric code that corresponds to the subject in which the teacher teaches the most classes. If the teacher teaches <b>two or more subjects</b> equally, enter <b>each numeric code that applies</b> .  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.  <b>1 - Special education</b> <b>2 - General elementary</b> <b>3 - Math</b> <b>4 - Science</b> <b>5 - English/Language arts</b> <b>6 - Social studies</b> <b>7 - Vocational/Technical</b> <b>8 - Other (e.g., art, music, etc.)</b>
	FIRST	MI	LAST	SUFFIX		
234						
235						
236						
237						
238						
239						
240						
241						
242						
243						
244						
245						
246						
247						
248						
249						
250						
251						

**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](mailto: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: <https://www.usa.gov/statistics>**

# TEACHER LISTING VERIFICATION FORM



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

## NATIONAL TEACHER AND PRINCIPAL SURVEY 2020-21 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: TLF, SPB/SMS, BUILDING 64E  
1201 E. 10TH STREET  
JEFFERSONVILLE, IN 47132-0001**

**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).**

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

Collected by:  
U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

FORM **NTPS-1P**  
(06-13-2020) Draft 4

OMB No. 1850-0598: Approval Expires 03/31/2023

### 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](mailto: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 4035, 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, SPB/SMS, BUILDING 64E  
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?**

- 🍏 This survey is a primary source of information about what is happening in K–12 schools across the United States from the perspective of administrators and teachers. Only a small percentage of schools are selected to participate; therefore, your school is important for the success of this survey.

► **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.**

## 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*
- 🍏 *Daycare 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 e-mail 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](mailto: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

<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"/>
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2. **How much time did it take to complete this form, not counting interruptions?**

Minutes

**PLEASE READ THE REFERENCE CARD BEFORE CONTINUING.**  
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Line Number	Teacher's Name Please review the list of the full-time and part-time teachers who TEACH at THIS SCHOOL. Make any corrections to the teacher's name in pen. If teacher(s) are missing, add their information to this form. Each teacher should be listed only once. Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.	Teacher's E-mail Address Please review each teacher's e-mail address. Make any corrections to the teacher's e-mail address in pen. If the e-mail address is missing, write it in this column.	Subject Matter Taught Please review each teacher's subject matter. If the subject matter is <u>not</u> correct, enter the numeric code that corresponds to the subject in which the teacher teaches the most classes. If the teacher teaches two or more subjects equally, enter each numeric code that applies. 1 - Special education (SE) 2 - General elementary (GE) 3 - Math 4 - Science 5 - English/Language arts (ELA) 6 - Social studies (SS) 7 - Vocational/Technical (VT) 8 - Other (e.g., art, music, foreign language, physical education, English as a second language, and any other remaining subjects)	Teacher's Status Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.  <b>Is this person currently a teacher at this school?</b>
	FIRST    MI    LAST    SUFFIX			
*Ex. 1	Andrew M. Schaffer <sup>Schafer</sup>	ams@place.com amshaffer@place.com	<del>5-ELA</del> 6	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Ex. 2	Elizabeth M. Smith	ems@place.com	2-GE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
*Ex. 3	Jessica L. Jones	jlj@place.com	6	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No
11				<input type="checkbox"/> Yes <input type="checkbox"/> No
12				<input type="checkbox"/> Yes <input type="checkbox"/> No
13				<input type="checkbox"/> Yes <input type="checkbox"/> No
14				<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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Line Number	Teacher's Name				Teacher's E-mail Address	Subject Matter Taught	Teacher's Status
	FIRST	MI	LAST	SUFFIX	<p>Please review each teacher's e-mail address.</p> <p>Make any corrections to the teacher's e-mail address in pen. If the e-mail 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. 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><b>Is this person currently a teacher at this school?</b></p>
	<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>						
15							<input type="checkbox"/> Yes <input type="checkbox"/> No
16							<input type="checkbox"/> Yes <input type="checkbox"/> No
17							<input type="checkbox"/> Yes <input type="checkbox"/> No
18							<input type="checkbox"/> Yes <input type="checkbox"/> No
19							<input type="checkbox"/> Yes <input type="checkbox"/> No
20							<input type="checkbox"/> Yes <input type="checkbox"/> No
21							<input type="checkbox"/> Yes <input type="checkbox"/> No
22							<input type="checkbox"/> Yes <input type="checkbox"/> No
23							<input type="checkbox"/> Yes <input type="checkbox"/> No
24							<input type="checkbox"/> Yes <input type="checkbox"/> No
25							<input type="checkbox"/> Yes <input type="checkbox"/> No
26							<input type="checkbox"/> Yes <input type="checkbox"/> No
27							<input type="checkbox"/> Yes <input type="checkbox"/> No
28							<input type="checkbox"/> Yes <input type="checkbox"/> No
29							<input type="checkbox"/> Yes <input type="checkbox"/> No
30							<input type="checkbox"/> Yes <input type="checkbox"/> No
31							<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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Line Number	Teacher's Name				Teacher's E-mail Address	Subject Matter Taught	Teacher's Status
	FIRST	MI	LAST	SUFFIX			Is this person currently a teacher at this school?
	Please review the list of the full-time and part-time teachers who TEACH at THIS SCHOOL.  Make any corrections to the teacher's name in pen.  If teacher(s) are missing, add their information to this form. Each teacher should be listed only once.  Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.				Please review each teacher's e-mail address.  Make any corrections to the teacher's e-mail address in pen. If the e-mail address is missing, write it in this column.	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. If the teacher teaches two or more subjects equally, enter each numeric code that applies.  1 - Special education (SE) 2 - General elementary (GE) 3 - Math 4 - Science 5 - English/Language arts (ELA) 6 - Social studies (SS) 7 - Vocational/Technical (VT) 8 - Other (e.g., art, music, foreign language, physical education, English as a second language, and any other remaining subjects)	Please see the reference card on page 4 for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.  Is this person currently a teacher at this school?
32							<input type="checkbox"/> Yes <input type="checkbox"/> No
33							<input type="checkbox"/> Yes <input type="checkbox"/> No
34							<input type="checkbox"/> Yes <input type="checkbox"/> No
35							<input type="checkbox"/> Yes <input type="checkbox"/> No
36							<input type="checkbox"/> Yes <input type="checkbox"/> No
37							<input type="checkbox"/> Yes <input type="checkbox"/> No
38							<input type="checkbox"/> Yes <input type="checkbox"/> No
39							<input type="checkbox"/> Yes <input type="checkbox"/> No
40							<input type="checkbox"/> Yes <input type="checkbox"/> No
41							<input type="checkbox"/> Yes <input type="checkbox"/> No
42							<input type="checkbox"/> Yes <input type="checkbox"/> No
43							<input type="checkbox"/> Yes <input type="checkbox"/> No
44							<input type="checkbox"/> Yes <input type="checkbox"/> No
45							<input type="checkbox"/> Yes <input type="checkbox"/> No
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

PLEASE CONTINUE ON NEXT PAGE

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Line Number	Teacher's Name				Teacher's E-mail Address	Subject Matter Taught	Teacher's Status
	FIRST	MI	LAST	SUFFIX			
	<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 e-mail address.</p> <p>Make any corrections to the teacher's e-mail address in pen. If the e-mail 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. 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><b>Is this person currently a teacher at this school?</b></p>
49							<input type="checkbox"/> Yes <input type="checkbox"/> No
50							<input type="checkbox"/> Yes <input type="checkbox"/> No
51							<input type="checkbox"/> Yes <input type="checkbox"/> No
52							<input type="checkbox"/> Yes <input type="checkbox"/> No
53							<input type="checkbox"/> Yes <input type="checkbox"/> No
54							<input type="checkbox"/> Yes <input type="checkbox"/> No
55							<input type="checkbox"/> Yes <input type="checkbox"/> No
56							<input type="checkbox"/> Yes <input type="checkbox"/> No
57							<input type="checkbox"/> Yes <input type="checkbox"/> No
58							<input type="checkbox"/> Yes <input type="checkbox"/> No
59							<input type="checkbox"/> Yes <input type="checkbox"/> No
60							<input type="checkbox"/> Yes <input type="checkbox"/> No
61							<input type="checkbox"/> Yes <input type="checkbox"/> No
62							<input type="checkbox"/> Yes <input type="checkbox"/> No
63							<input type="checkbox"/> Yes <input type="checkbox"/> No
64							<input type="checkbox"/> Yes <input type="checkbox"/> No
65							<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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Line Number	Teacher's Name				Teacher's E-mail Address	Subject Matter Taught	Teacher's Status
	FIRST	MI	LAST	SUFFIX			Is this person currently a teacher at this school?
	<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 e-mail address.</p> <p>Make any corrections to the teacher's e-mail address in pen. If the e-mail 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. 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>
66							<input type="checkbox"/> Yes <input type="checkbox"/> No
67							<input type="checkbox"/> Yes <input type="checkbox"/> No
68							<input type="checkbox"/> Yes <input type="checkbox"/> No
69							<input type="checkbox"/> Yes <input type="checkbox"/> No
70							<input type="checkbox"/> Yes <input type="checkbox"/> No
71							<input type="checkbox"/> Yes <input type="checkbox"/> No
72							<input type="checkbox"/> Yes <input type="checkbox"/> No
73							<input type="checkbox"/> Yes <input type="checkbox"/> No
74							<input type="checkbox"/> Yes <input type="checkbox"/> No
75							<input type="checkbox"/> Yes <input type="checkbox"/> No
76							<input type="checkbox"/> Yes <input type="checkbox"/> No
77							<input type="checkbox"/> Yes <input type="checkbox"/> No
78							<input type="checkbox"/> Yes <input type="checkbox"/> No
79							<input type="checkbox"/> Yes <input type="checkbox"/> No
80							<input type="checkbox"/> Yes <input type="checkbox"/> No
81							<input type="checkbox"/> Yes <input type="checkbox"/> No
82							<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE



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Line Number	Teacher's Name				Teacher's E-mail Address	Subject Matter Taught	Teacher's Status
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83							<input type="checkbox"/> Yes <input type="checkbox"/> No
84							<input type="checkbox"/> Yes <input type="checkbox"/> No
85							<input type="checkbox"/> Yes <input type="checkbox"/> No
86							<input type="checkbox"/> Yes <input type="checkbox"/> No
87							<input type="checkbox"/> Yes <input type="checkbox"/> No
88							<input type="checkbox"/> Yes <input type="checkbox"/> No
89							<input type="checkbox"/> Yes <input type="checkbox"/> No
90							<input type="checkbox"/> Yes <input type="checkbox"/> No
91							<input type="checkbox"/> Yes <input type="checkbox"/> No
92							<input type="checkbox"/> Yes <input type="checkbox"/> No
93							<input type="checkbox"/> Yes <input type="checkbox"/> No
94							<input type="checkbox"/> Yes <input type="checkbox"/> No
95							<input type="checkbox"/> Yes <input type="checkbox"/> No
96							<input type="checkbox"/> Yes <input type="checkbox"/> No
97							<input type="checkbox"/> Yes <input type="checkbox"/> No
98							<input type="checkbox"/> Yes <input type="checkbox"/> No
99							<input type="checkbox"/> Yes <input type="checkbox"/> No

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100							<input type="checkbox"/> Yes <input type="checkbox"/> No
101							<input type="checkbox"/> Yes <input type="checkbox"/> No
102							<input type="checkbox"/> Yes <input type="checkbox"/> No
103							<input type="checkbox"/> Yes <input type="checkbox"/> No
104							<input type="checkbox"/> Yes <input type="checkbox"/> No
105							<input type="checkbox"/> Yes <input type="checkbox"/> No
106							<input type="checkbox"/> Yes <input type="checkbox"/> No
107							<input type="checkbox"/> Yes <input type="checkbox"/> No
108							<input type="checkbox"/> Yes <input type="checkbox"/> No
109							<input type="checkbox"/> Yes <input type="checkbox"/> No
110							<input type="checkbox"/> Yes <input type="checkbox"/> No
111							<input type="checkbox"/> Yes <input type="checkbox"/> No
112							<input type="checkbox"/> Yes <input type="checkbox"/> No
113							<input type="checkbox"/> Yes <input type="checkbox"/> No
114							<input type="checkbox"/> Yes <input type="checkbox"/> No
115							<input type="checkbox"/> Yes <input type="checkbox"/> No
116							<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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Line Number	Teacher's Name				Teacher's E-mail Address	Subject Matter Taught	Teacher's Status
	FIRST	MI	LAST	SUFFIX	<p>Please review each teacher's e-mail address.</p> <p>Make any corrections to the teacher's e-mail address in pen. If the e-mail 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. 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><b>Is this person currently a teacher at this school?</b></p>
117							<input type="checkbox"/> Yes <input type="checkbox"/> No
118							<input type="checkbox"/> Yes <input type="checkbox"/> No
119							<input type="checkbox"/> Yes <input type="checkbox"/> No
120							<input type="checkbox"/> Yes <input type="checkbox"/> No
121							<input type="checkbox"/> Yes <input type="checkbox"/> No
122							<input type="checkbox"/> Yes <input type="checkbox"/> No
123							<input type="checkbox"/> Yes <input type="checkbox"/> No
124							<input type="checkbox"/> Yes <input type="checkbox"/> No
125							<input type="checkbox"/> Yes <input type="checkbox"/> No
126							<input type="checkbox"/> Yes <input type="checkbox"/> No
127							<input type="checkbox"/> Yes <input type="checkbox"/> No
128							<input type="checkbox"/> Yes <input type="checkbox"/> No
129							<input type="checkbox"/> Yes <input type="checkbox"/> No
130							<input type="checkbox"/> Yes <input type="checkbox"/> No
131							<input type="checkbox"/> Yes <input type="checkbox"/> No
132							<input type="checkbox"/> Yes <input type="checkbox"/> No
133							<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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	FIRST	MI	LAST	SUFFIX			
	<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 e-mail address.</p> <p>Make any corrections to the teacher's e-mail address in pen. If the e-mail 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. 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><b>Is this person currently a teacher at this school?</b></p>
134							<input type="checkbox"/> Yes <input type="checkbox"/> No
135							<input type="checkbox"/> Yes <input type="checkbox"/> No
136							<input type="checkbox"/> Yes <input type="checkbox"/> No
137							<input type="checkbox"/> Yes <input type="checkbox"/> No
138							<input type="checkbox"/> Yes <input type="checkbox"/> No
139							<input type="checkbox"/> Yes <input type="checkbox"/> No
140							<input type="checkbox"/> Yes <input type="checkbox"/> No
141							<input type="checkbox"/> Yes <input type="checkbox"/> No
142							<input type="checkbox"/> Yes <input type="checkbox"/> No
143							<input type="checkbox"/> Yes <input type="checkbox"/> No
144							<input type="checkbox"/> Yes <input type="checkbox"/> No
145							<input type="checkbox"/> Yes <input type="checkbox"/> No
146							<input type="checkbox"/> Yes <input type="checkbox"/> No
147							<input type="checkbox"/> Yes <input type="checkbox"/> No
148							<input type="checkbox"/> Yes <input type="checkbox"/> No
149							<input type="checkbox"/> Yes <input type="checkbox"/> No
150							<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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151							<input type="checkbox"/> Yes <input type="checkbox"/> No
152							<input type="checkbox"/> Yes <input type="checkbox"/> No
153							<input type="checkbox"/> Yes <input type="checkbox"/> No
154							<input type="checkbox"/> Yes <input type="checkbox"/> No
155							<input type="checkbox"/> Yes <input type="checkbox"/> No
156							<input type="checkbox"/> Yes <input type="checkbox"/> No
157							<input type="checkbox"/> Yes <input type="checkbox"/> No
158							<input type="checkbox"/> Yes <input type="checkbox"/> No
159							<input type="checkbox"/> Yes <input type="checkbox"/> No
160							<input type="checkbox"/> Yes <input type="checkbox"/> No
161							<input type="checkbox"/> Yes <input type="checkbox"/> No
162							<input type="checkbox"/> Yes <input type="checkbox"/> No
163							<input type="checkbox"/> Yes <input type="checkbox"/> No
164							<input type="checkbox"/> Yes <input type="checkbox"/> No
165							<input type="checkbox"/> Yes <input type="checkbox"/> No
166							<input type="checkbox"/> Yes <input type="checkbox"/> No
167							<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CONTINUE ON NEXT PAGE

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168							<input type="checkbox"/> Yes <input type="checkbox"/> No
169							<input type="checkbox"/> Yes <input type="checkbox"/> No
170							<input type="checkbox"/> Yes <input type="checkbox"/> No
171							<input type="checkbox"/> Yes <input type="checkbox"/> No
172							<input type="checkbox"/> Yes <input type="checkbox"/> No
173							<input type="checkbox"/> Yes <input type="checkbox"/> No
174							<input type="checkbox"/> Yes <input type="checkbox"/> No
175							<input type="checkbox"/> Yes <input type="checkbox"/> No
176							<input type="checkbox"/> Yes <input type="checkbox"/> No
177							<input type="checkbox"/> Yes <input type="checkbox"/> No
178							<input type="checkbox"/> Yes <input type="checkbox"/> No
179							<input type="checkbox"/> Yes <input type="checkbox"/> No
180							<input type="checkbox"/> Yes <input type="checkbox"/> No
181							<input type="checkbox"/> Yes <input type="checkbox"/> No
182							<input type="checkbox"/> Yes <input type="checkbox"/> No
183							<input type="checkbox"/> Yes <input type="checkbox"/> No
184							<input type="checkbox"/> Yes <input type="checkbox"/> No

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185							<input type="checkbox"/> Yes <input type="checkbox"/> No
186							<input type="checkbox"/> Yes <input type="checkbox"/> No
187							<input type="checkbox"/> Yes <input type="checkbox"/> No
188							<input type="checkbox"/> Yes <input type="checkbox"/> No
189							<input type="checkbox"/> Yes <input type="checkbox"/> No
190							<input type="checkbox"/> Yes <input type="checkbox"/> No
191							<input type="checkbox"/> Yes <input type="checkbox"/> No
192							<input type="checkbox"/> Yes <input type="checkbox"/> No
193							<input type="checkbox"/> Yes <input type="checkbox"/> No
194							<input type="checkbox"/> Yes <input type="checkbox"/> No
195							<input type="checkbox"/> Yes <input type="checkbox"/> No
196							<input type="checkbox"/> Yes <input type="checkbox"/> No
197							<input type="checkbox"/> Yes <input type="checkbox"/> No
198							<input type="checkbox"/> Yes <input type="checkbox"/> No
199							<input type="checkbox"/> Yes <input type="checkbox"/> No
200							<input type="checkbox"/> Yes <input type="checkbox"/> No
201							<input type="checkbox"/> Yes <input type="checkbox"/> No

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202							<input type="checkbox"/> Yes <input type="checkbox"/> No
203							<input type="checkbox"/> Yes <input type="checkbox"/> No
204							<input type="checkbox"/> Yes <input type="checkbox"/> No
205							<input type="checkbox"/> Yes <input type="checkbox"/> No
206							<input type="checkbox"/> Yes <input type="checkbox"/> No
207							<input type="checkbox"/> Yes <input type="checkbox"/> No
208							<input type="checkbox"/> Yes <input type="checkbox"/> No
209							<input type="checkbox"/> Yes <input type="checkbox"/> No
210							<input type="checkbox"/> Yes <input type="checkbox"/> No
211							<input type="checkbox"/> Yes <input type="checkbox"/> No
212							<input type="checkbox"/> Yes <input type="checkbox"/> No
213							<input type="checkbox"/> Yes <input type="checkbox"/> No
214							<input type="checkbox"/> Yes <input type="checkbox"/> No
215							<input type="checkbox"/> Yes <input type="checkbox"/> No
216							<input type="checkbox"/> Yes <input type="checkbox"/> No
217							<input type="checkbox"/> Yes <input type="checkbox"/> No
218							<input type="checkbox"/> Yes <input type="checkbox"/> No

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219							<input type="checkbox"/> Yes <input type="checkbox"/> No
220							<input type="checkbox"/> Yes <input type="checkbox"/> No
221							<input type="checkbox"/> Yes <input type="checkbox"/> No
222							<input type="checkbox"/> Yes <input type="checkbox"/> No
223							<input type="checkbox"/> Yes <input type="checkbox"/> No
224							<input type="checkbox"/> Yes <input type="checkbox"/> No
225							<input type="checkbox"/> Yes <input type="checkbox"/> No
226							<input type="checkbox"/> Yes <input type="checkbox"/> No
227							<input type="checkbox"/> Yes <input type="checkbox"/> No
228							<input type="checkbox"/> Yes <input type="checkbox"/> No
229							<input type="checkbox"/> Yes <input type="checkbox"/> No
230							<input type="checkbox"/> Yes <input type="checkbox"/> No
231							<input type="checkbox"/> Yes <input type="checkbox"/> No
232							<input type="checkbox"/> Yes <input type="checkbox"/> No
233							<input type="checkbox"/> Yes <input type="checkbox"/> No
234							<input type="checkbox"/> Yes <input type="checkbox"/> No
235							<input type="checkbox"/> Yes <input type="checkbox"/> No

**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](mailto: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: <https://www.usa.gov/statistics>**

# TEACHER LISTING FORM

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

## NATIONAL TEACHER AND PRINCIPAL SURVEY 2020-21 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: TLF, SPB/SMS, BUILDING 64E  
1201 E. 10TH STREET  
JEFFERSONVILLE, IN 47132-0001**

**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).**

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

Collected by:  
U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

FORM **NTPS-1S**  
(08-05-2020) Draft 1

OMB No. 1850-0598: Approval Expires 03/31/2023

### 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](mailto: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 4035, 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, SPB/SMS, BUILDING 64E  
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.
- 🍏 **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?**

- 🍏 This survey is a primary source of information about what is happening in K–12 schools across the United States from the perspective of administrators and teachers. Only a small percentage of schools are selected to participate; therefore, your school is important for the success of this survey.

► **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.**

## 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*
- 🍏 *Daycare 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.

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 4 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.**  
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Line Number	Teacher's Name Please list all of the full-time and part-time teachers who TEACH at THIS SCHOOL.  List each teacher only once.  List in the following order: First name, Middle initial (MI), Last name, suffix (if applicable).  Please see the reference card for important information about itinerant teachers, substitute teachers, librarians, principals and other staff that may teach at this school.  *Line Ex. is an example of a full-time art teacher.	Teacher's E-mail Address Please list each teacher's e-mail address.	Subject Matter Taught Enter the numeric code that corresponds to the subject in which the teacher teaches the most classes. If the teacher teaches <b>two or more subjects</b> equally, enter <b>each numeric code that applies</b> .  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.  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.)
	FIRST      MI      LAST      SUFFIX		
<b>*Ex.</b>	<i>Andrew M. Shaffer</i>	<i>ams@place.com</i>	8
1			
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	FIRST	MI	LAST	SUFFIX		
18						
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Conducted by:  
U.S. DEPARTMENT OF EDUCATION  
NATIONAL CENTER FOR EDUCATION STATISTICS

OMB No. 1850-0598 Approval Expires 06/30/2020

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:**

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

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

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

**NOTICE:**

**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

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 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](mailto: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**.

<b>CORRECT</b> marking example – (Use care to keep characters in their designated spaces.)	<b>INCORRECT</b> 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](mailto: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. <b>Setting performance standards for students of this school</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Establishing curriculum at this school</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Determining the content of in-service professional development programs for teachers of this school</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Evaluating teachers of this school</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Hiring new full-time teachers of this school</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Setting discipline policy at this school</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>Deciding how your school budget will be spent</b>	<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 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.)*

🍏 *If none, please mark (X) the box.*

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)?

🍏 *If none, please mark (X) the box.*

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.)

🍏 If none, please mark (X) the box.

- 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)?

🍏 If none, please mark (X) the box.

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, gradewide, teamwide, schoolwide, or districtwide?**

*(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

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**b. Prioritizing teachers for layoffs**

Yes

No

---

**c. Determining teacher reassignment**

Yes

No

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

Yes

No

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**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 (2016-17), 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.	<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.	<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

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**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

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**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?

	🍏 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 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"/>







## 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.

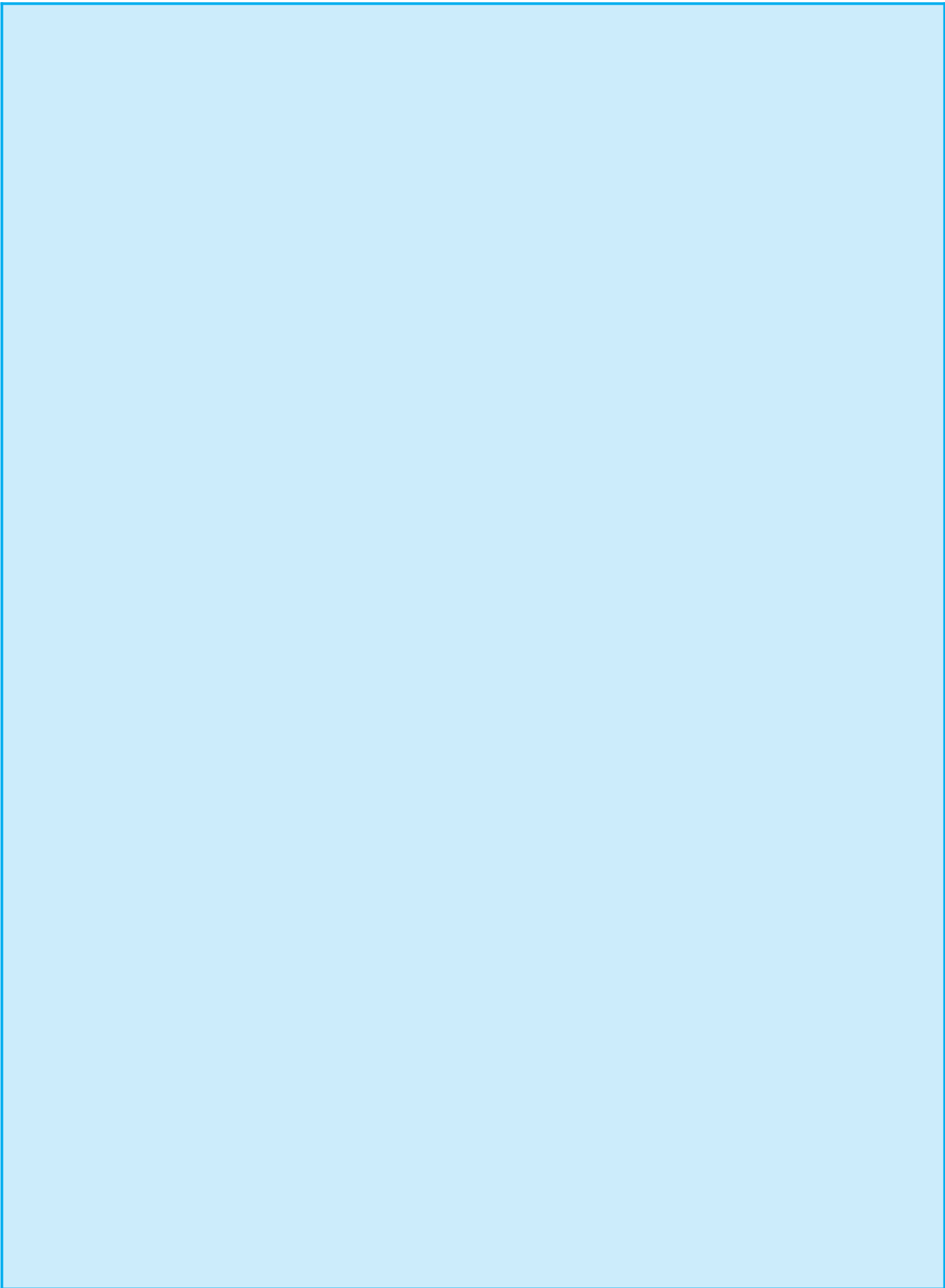
Minutes

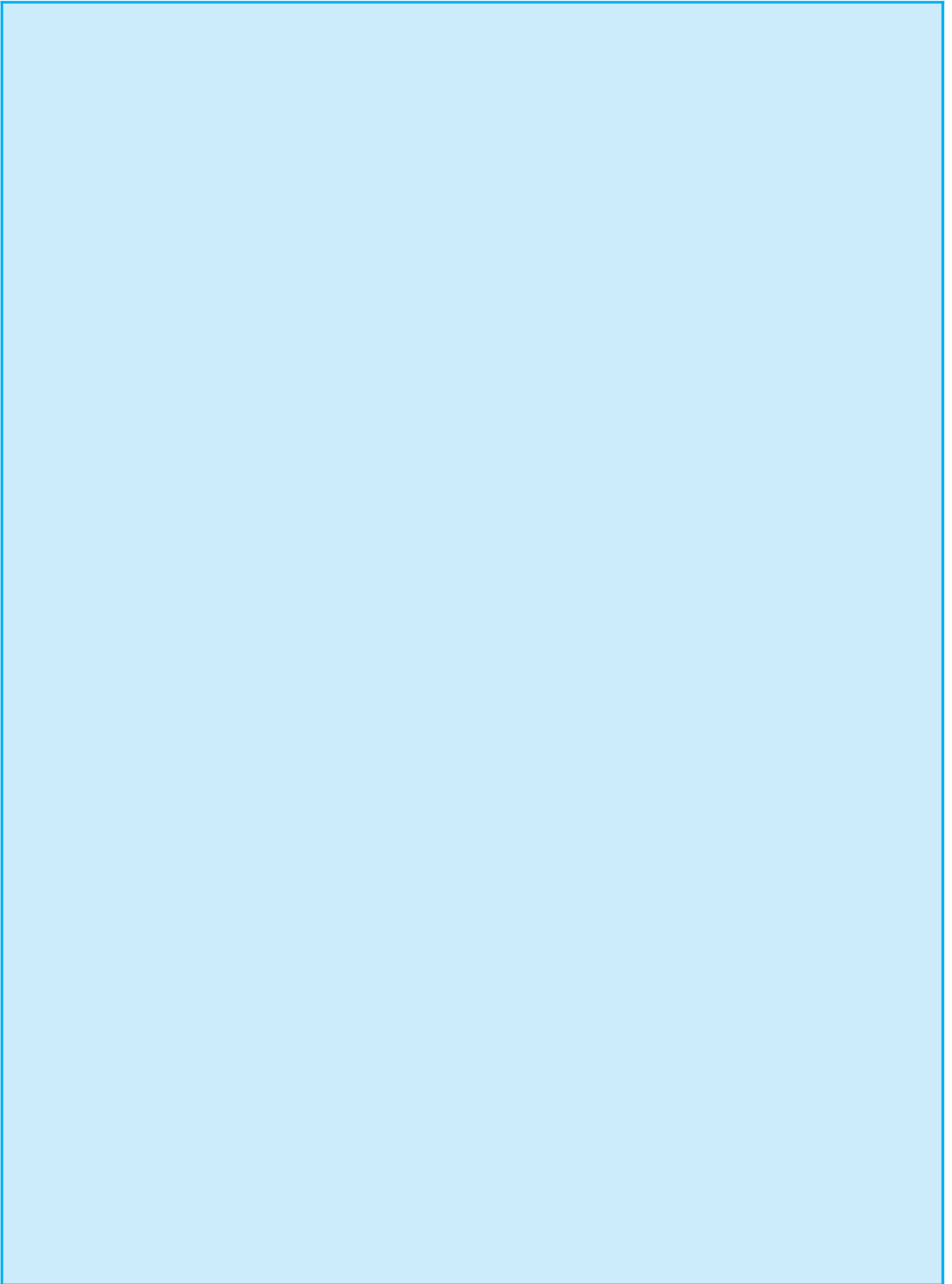
Thank you very much for your participation  
in this survey. If you have any questions,  
please contact us, toll-free, at: 1-888-595-1338  
or by e-mail at: [ntps@census.gov](mailto:ntps@census.gov).

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

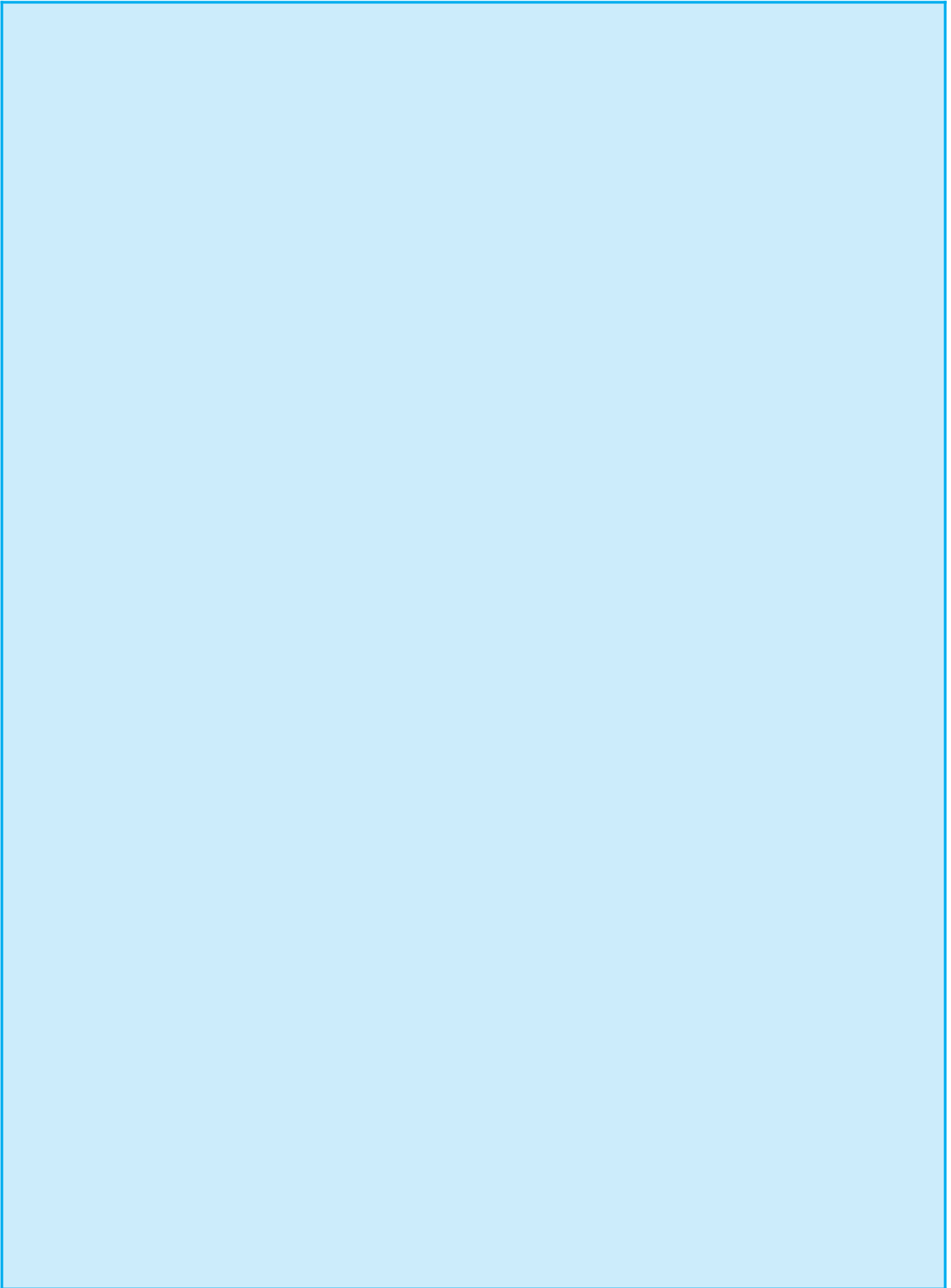
U.S. CENSUS BUREAU  
ATTN: DCB/PCSPU, BUILDING 60A  
1201 E. 10TH STREET  
JEFFERSONVILLE, IN 47132-0001











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 06/30/2020

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:

American Association of School Administrators  
Association of Christian Teachers and Schools  
Association of Military Colleges and Schools  
Christian Schools International  
Council for American Private Education  
Council of Islamic Schools of North America  
Evangelical Lutheran Church in America  
Islamic School League of America  
Jesuit Schools Network (formerly Jesuit Secondary Education Association)  
Lutheran Church-Missouri Synod  
National Association of Episcopal Schools  
National Association of Independent Schools  
National Association of Private Special Education Centers  
National Catholic Educational Association  
National Christian School Association  
National Council for Private School Accreditation  
Office of Education, General Conference of Seventh Day Adventists  
Oral Roberts University Educational Fellowship  
United States Conference of Catholic Bishops

**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](mailto: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**.

<b>CORRECT</b> marking example – (Use care to keep characters in their designated spaces.)	<b>INCORRECT</b> marking example –
<div data-bbox="521 422 649 491" style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="checkbox"/> 3 5         </div> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<div data-bbox="829 422 971 491" style="border: 1px solid black; padding: 2px; display: inline-block;"> <input type="checkbox"/> 35         </div> <div data-bbox="1078 422 1206 491" style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 100px;"> <input type="checkbox"/> 3 5         </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 or SCHOOL HEAD, 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](mailto: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 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.)*

🍏 *If none, please mark (X) the box.*

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)?

🍏 *If none, please mark (X) the box.*

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 or state in order to collect information for a performance evaluation.)

🍏 If none, please mark (X) the box.

- 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)?

🍏 If none, please mark (X) the box.

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, gradewide, teamwide, 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 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 (2016-17), 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.

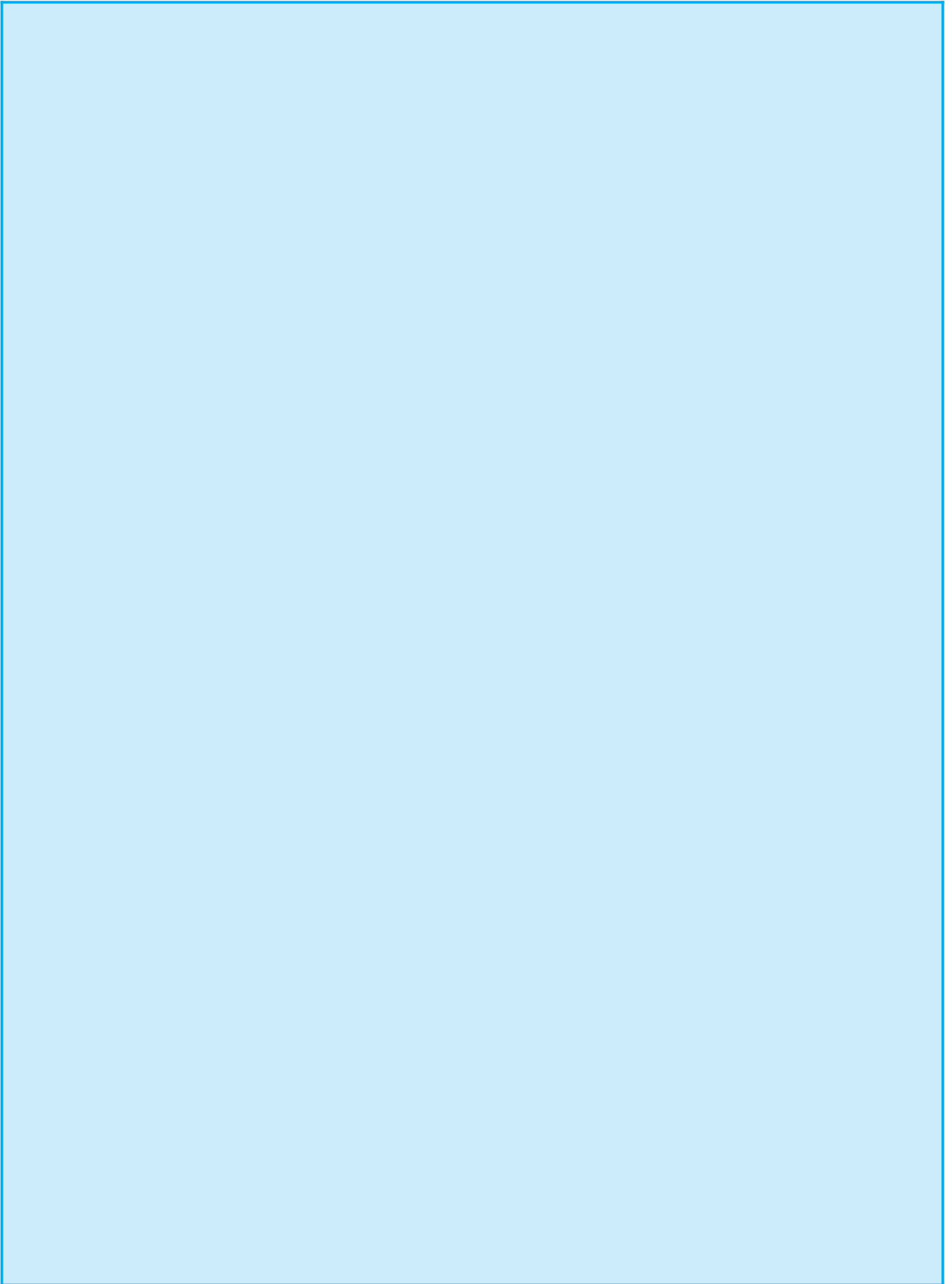
Minutes

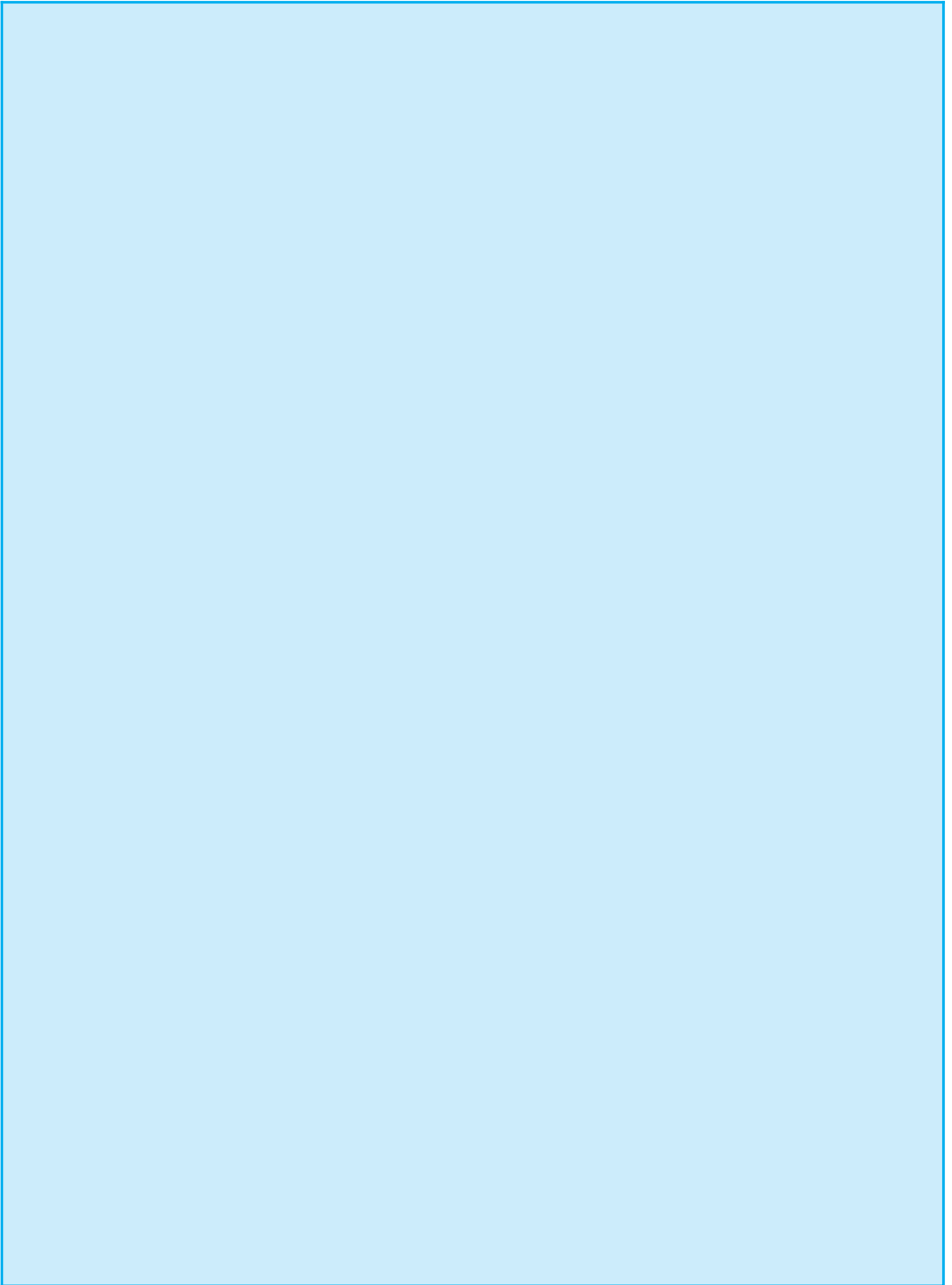
**Thank you very much for your participation  
in this survey. If you have any questions,  
please contact us, toll-free, at: 1-888-595-1338  
or by e-mail at: [ntps@census.gov](mailto:ntps@census.gov).**

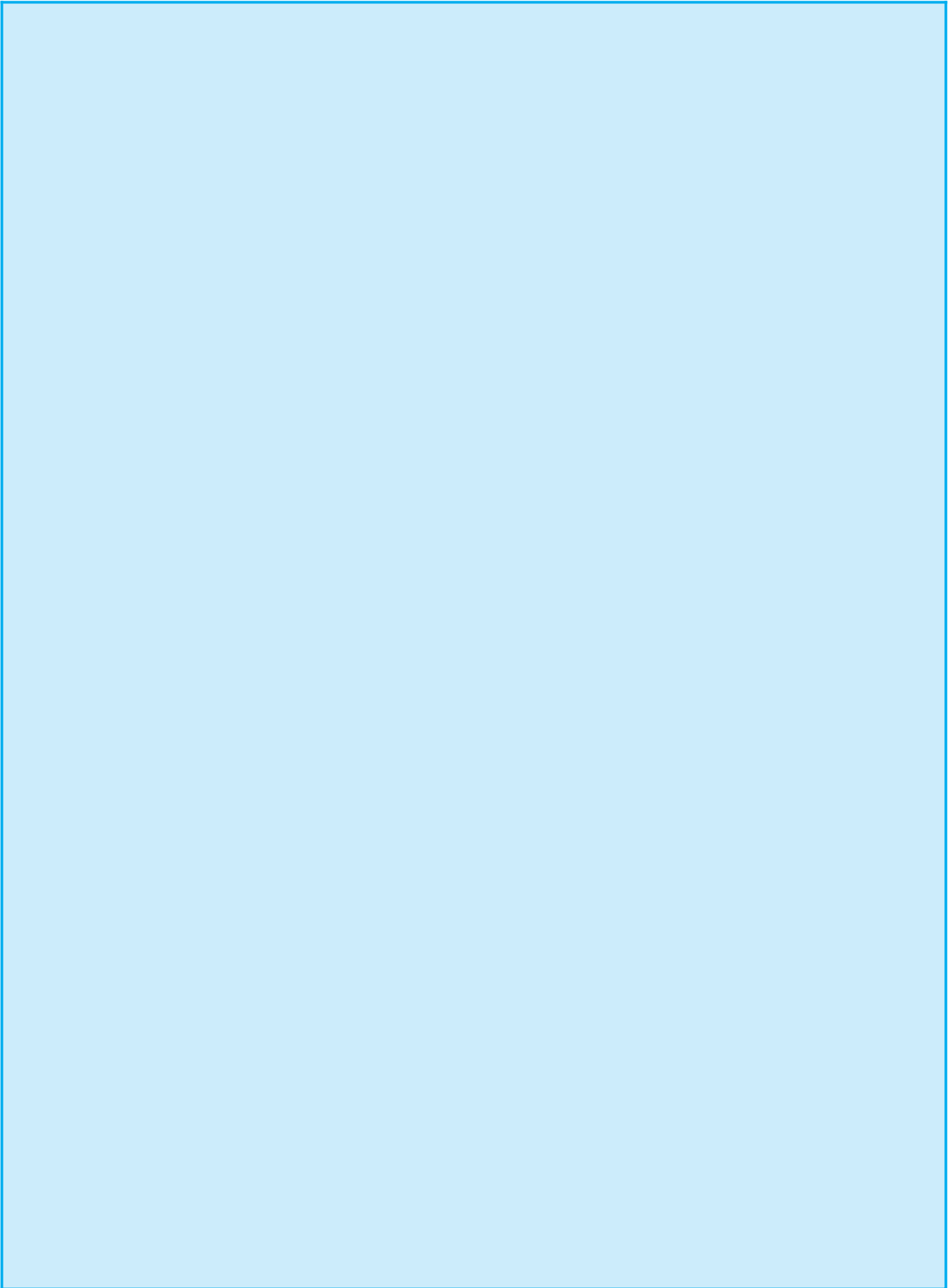
**Please return your completed questionnaire  
in the enclosed pre-addressed, postage-paid  
envelope or mail it to:**

**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 06/30/2020

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:**

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

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

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

**NOTICE:**

**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](mailto: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**.

<b>CORRECT</b> marking example – (Use care to keep characters in their designated spaces.)	<b>INCORRECT</b> 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. 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](mailto: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 2017, 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 2017, 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 **THIRD GRADE** students at this school?

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

Start time

 : 


a.m.

p.m.

—

End time

 : 


a.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)**

<input type="checkbox"/> None	or	Minutes per day <input type="text"/> <input type="text"/> <input type="text"/>	for	Days per week <input type="text"/>
-------------------------------	----	---	-----	---------------------------------------

b. **Arithmetic or mathematics**

<input type="checkbox"/> None	or	Minutes per day <input type="text"/> <input type="text"/> <input type="text"/>	for	Days per week <input type="text"/>
-------------------------------	----	---	-----	---------------------------------------

c. **Social studies or history**

<input type="checkbox"/> None	or	Minutes per day <input type="text"/> <input type="text"/> <input type="text"/>	for	Days per week <input type="text"/>
-------------------------------	----	---	-----	---------------------------------------

d. **Science**

<input type="checkbox"/> None	or	Minutes per day <input type="text"/> <input type="text"/> <input type="text"/>	for	Days per week <input type="text"/>
-------------------------------	----	---	-----	---------------------------------------





**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 1-7, please mark "Yes" for this item.

Yes → GO TO item 5-3a on page 17.

No



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

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

🍏 If none, please mark (X) the box.

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

None or  Students

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

None or  Students

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

None or  Students

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

None or  Students



- 5-3a. Of the students enrolled in this school as of the first of October 2017, 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 5-7 on page 19.

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

None or  Prekindergarten students

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

% of prekindergarten students approved

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

% of K-12 students approved

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

*(Direct certification deems students eligible for free meals under the 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 NSLP-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 2017, did any students enrolled in this school receive Title I services at this school or at any other location?**

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

Yes

No → GO TO 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 2017?**

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.

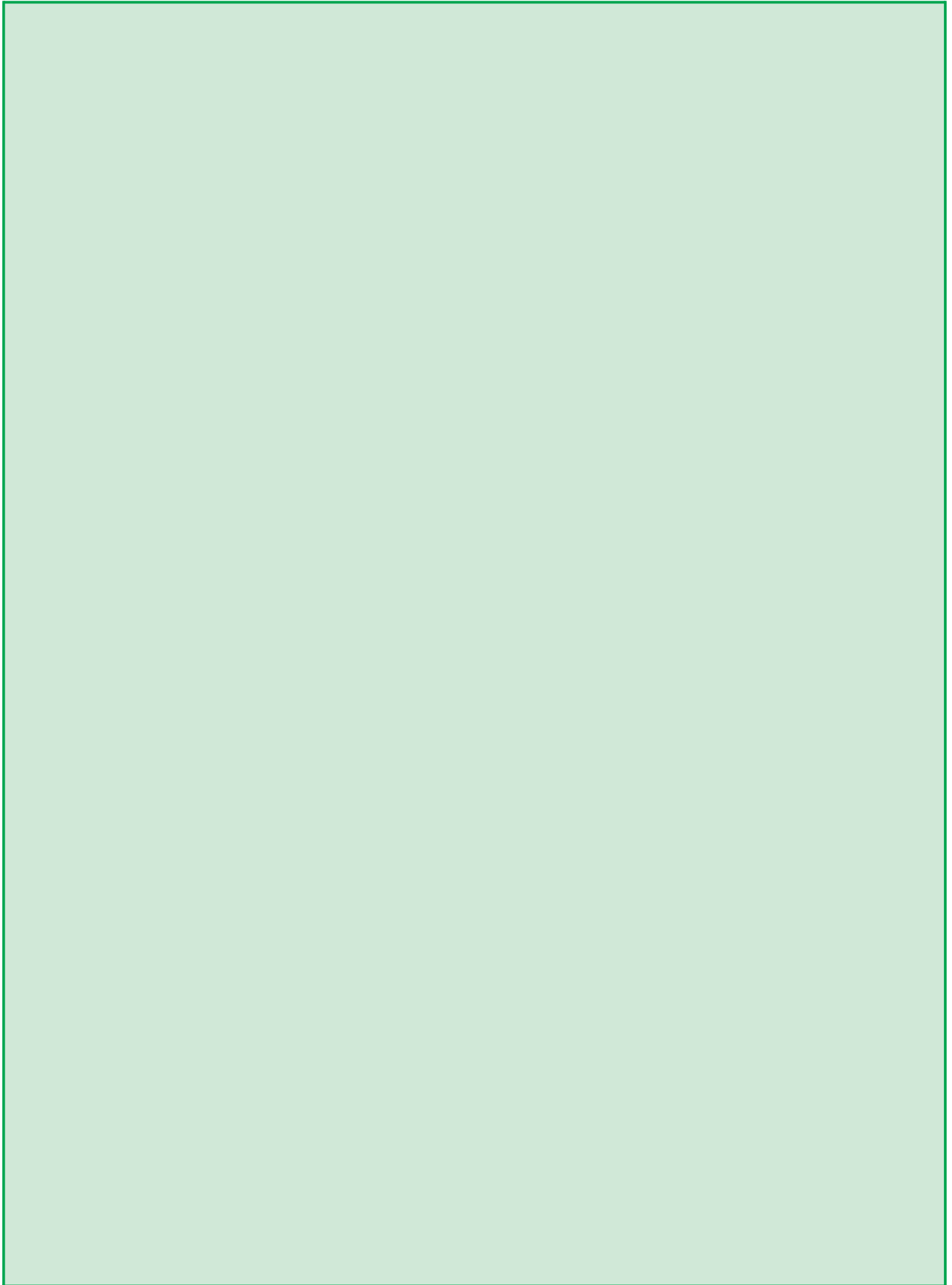
<input type="text"/> <input type="text"/> <input type="text"/>	Minutes
--	---------

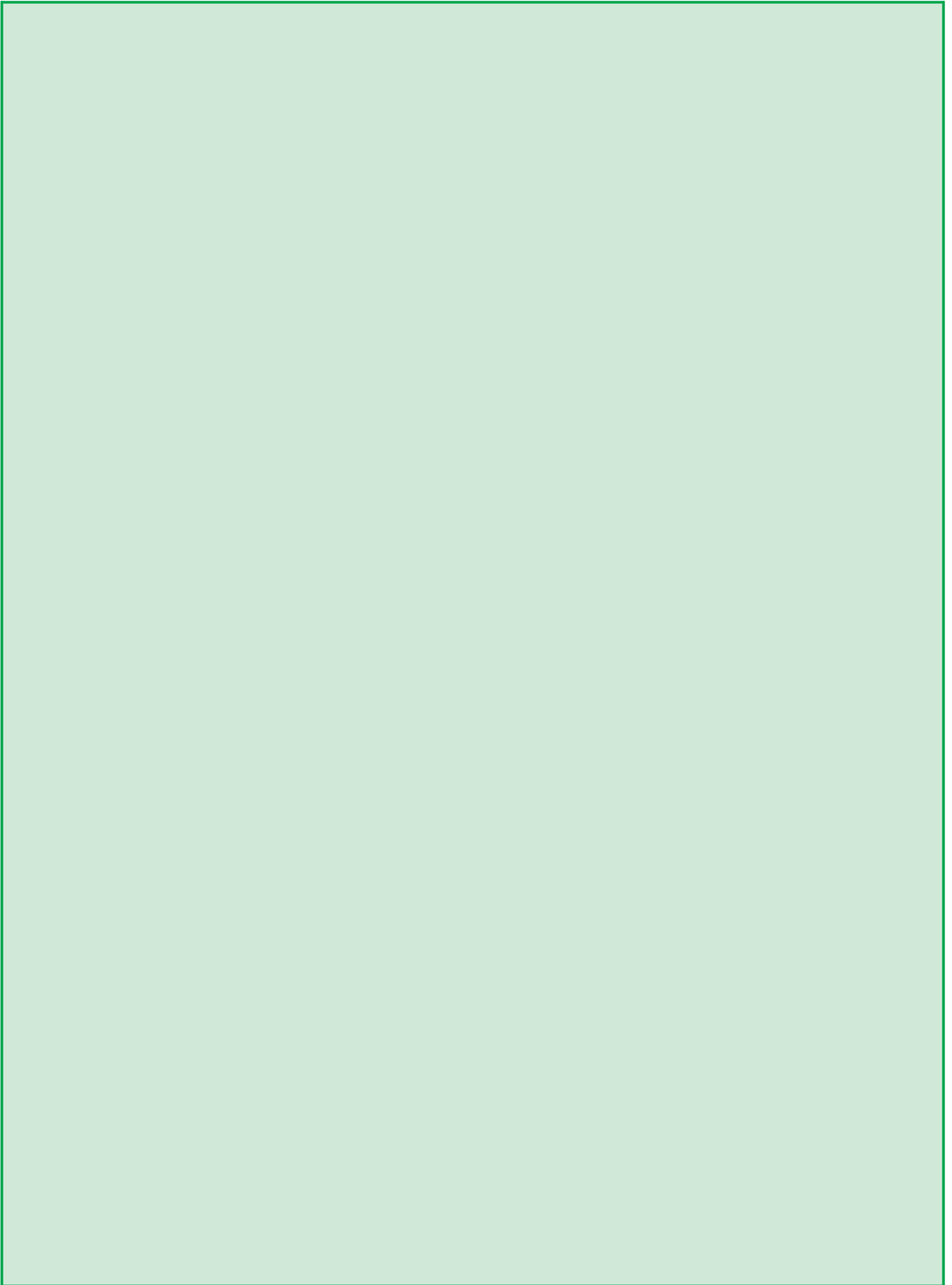
Thank you very much for your participation  
in this survey. If you have any questions,  
please contact us, toll-free, at: 1-888-595-1338  
or by e-mail at: [ntps@census.gov](mailto:ntps@ census.gov).

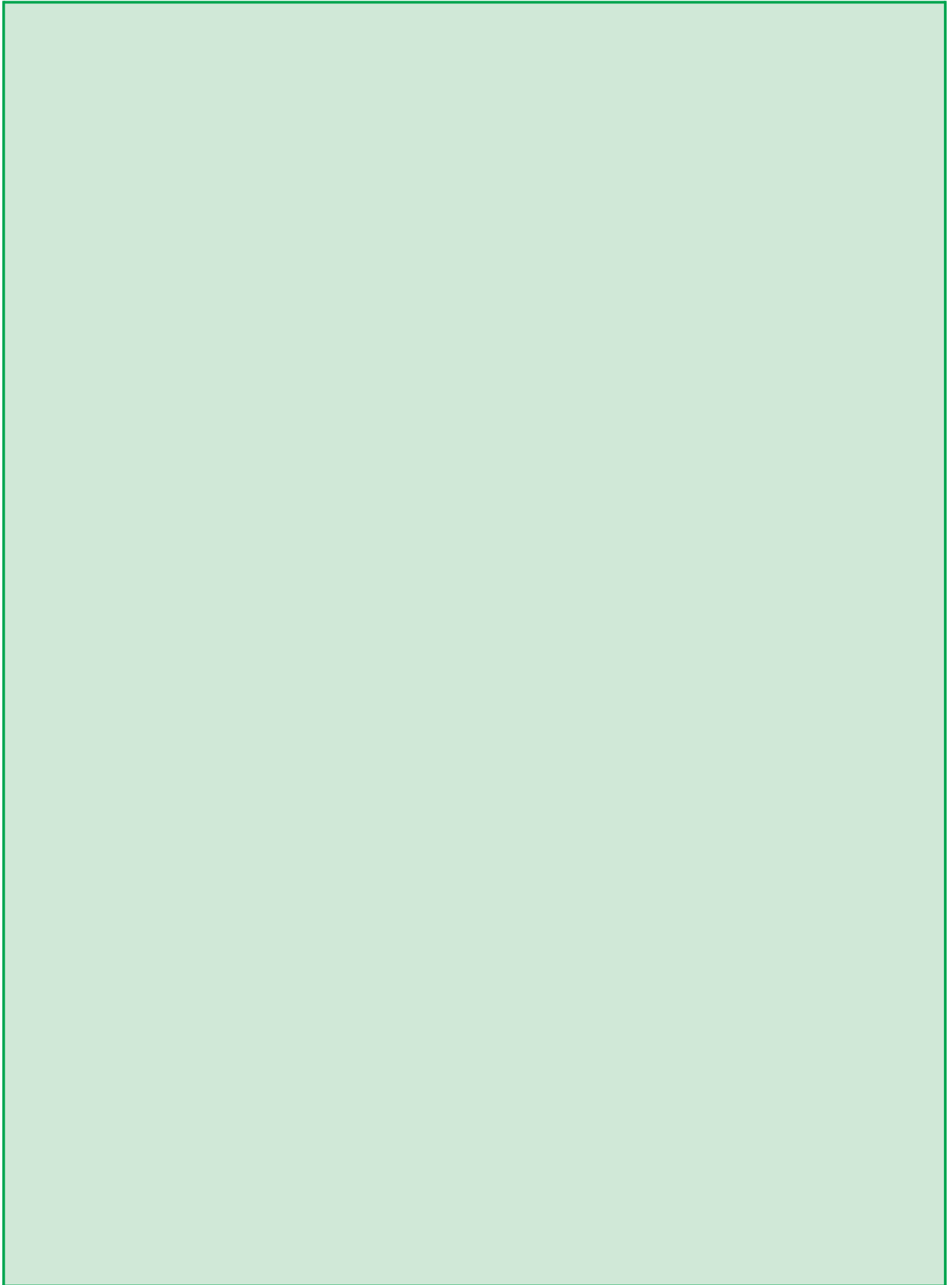
Please return your completed questionnaire  
in the enclosed pre-addressed, postage-paid  
envelope or mail it to:

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 06/30/2020

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:**

American Association of School Administrators  
Association of Christian Teachers and Schools  
Association of Military Colleges and Schools  
Christian Schools International  
Council for American Private Education  
Council of Islamic Schools of North America  
Evangelical Lutheran Church in America  
Islamic School League of America  
Jesuit Schools Network (formerly Jesuit Secondary Education Association)  
Lutheran Church-Missouri Synod  
National Association of Episcopal Schools  
National Association of Independent Schools  
National Association of Private Special Education Centers  
National Catholic Educational Association  
National Christian School Association  
National Council for Private School Accreditation  
Office of Education, General Conference of Seventh Day Adventists  
Oral Roberts University Educational Fellowship  
United States Conference of Catholic Bishops

**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](mailto: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**.

<p><b>CORRECT</b> marking example – (Use care to keep characters in their designated spaces.)</p>	<p><b>INCORRECT</b> marking example –</p>
<p><input type="checkbox"/> 3 <input type="checkbox"/> 5</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> 35 <input type="checkbox"/> 35</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No OR <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

- 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](mailto: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 2017?

🍏 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. <b>Ungraded</b> (including ungraded special education students)	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text" value=""/>
b. <b>Nursery and prekindergarten</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text" value=""/>
c. <b>Kindergarten</b> (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. <b>Transitional (or readiness) kindergarten</b> (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. <b>Transitional first (or pre-first) grade</b> (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. <b>1st</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text" value=""/>
g. <b>2nd</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text" value=""/>
h. <b>3rd</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text" value=""/>
i. <b>4th</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text" value=""/>
j. <b>5th</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text" value=""/>
k. <b>6th</b>	<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 2017?**

	(1) Does this school have students in this grade?	(2) Number of students in this grade
<b>l. 7th</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/>
<b>m. 8th</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/>
<b>n. 9th</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/>
<b>o. 10th</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/>
<b>p. 11th</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No	<input type="text"/>
<b>q. 12th</b>	<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 2017?**

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

**Students**



**1-3. Around the first of October 2017, 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 2017, 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
- MONTESSORI school
- 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
- EARLY CHILDHOOD PROGRAM OR DAY CARE CENTER – such as kindergarten only, prekindergarten and kindergarten and transitional first grade only, day care and transitional kindergarten only, etc.
- 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 or 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 1-10.*

*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 Umesorah)
- 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 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. INSTRUCTIONAL TIME

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

Yes

No → GO TO item 2-4 on page 19.

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

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

Start time                      End time

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





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

Yes  
 No → GO TO Section 3 on page 20.

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

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

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

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

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

If most eighth 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)**

Minutes per day		Days per week
<input type="checkbox"/> None or <input style="width: 50px;" type="text"/>	for	<input style="width: 30px;" type="text"/>

**b. Arithmetic or mathematics**

Minutes per day		Days per week
<input type="checkbox"/> None or <input style="width: 50px;" type="text"/>	for	<input style="width: 30px;" type="text"/>

**c. Social studies or history**

Minutes per day		Days per week
<input type="checkbox"/> None or <input style="width: 50px;" type="text"/>	for	<input style="width: 30px;" type="text"/>

**d. Science**

Minutes per day		Days per week
<input type="checkbox"/> None or <input style="width: 50px;" type="text"/>	for	<input style="width: 30px;" type="text"/>



### 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 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 2017, 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 2017, how many PREKINDERGARTEN students were enrolled in this school?**

None or  Prekindergarten students

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

% of prekindergarten students approved

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

% of K-12 students approved





**5-7. Around the first of October 2017, did any students enrolled in this school receive Title I services at this school or at any other location?**

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

Yes

No → GO TO 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"/> <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" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/>

**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.

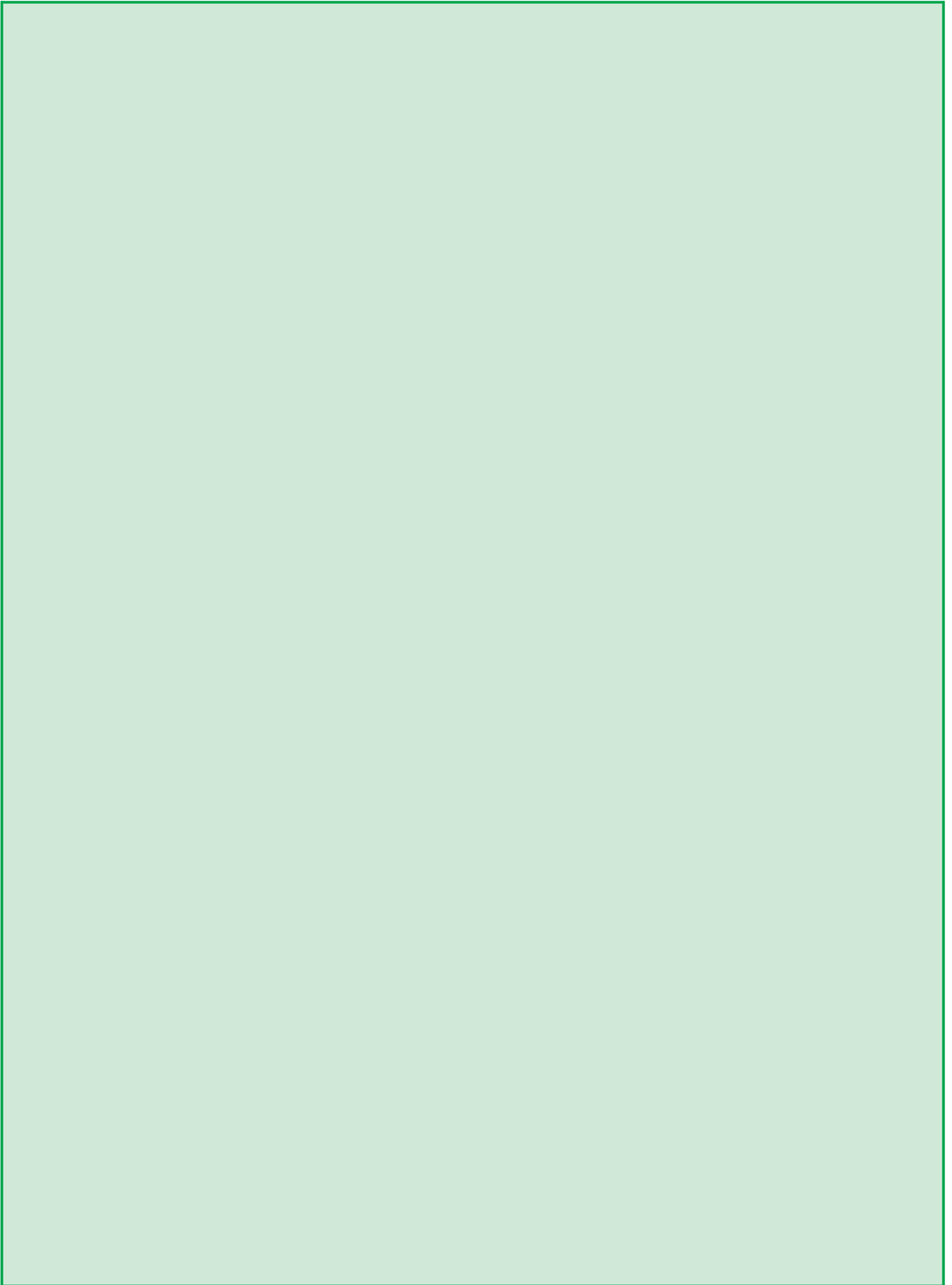
<input type="text"/>	Minutes
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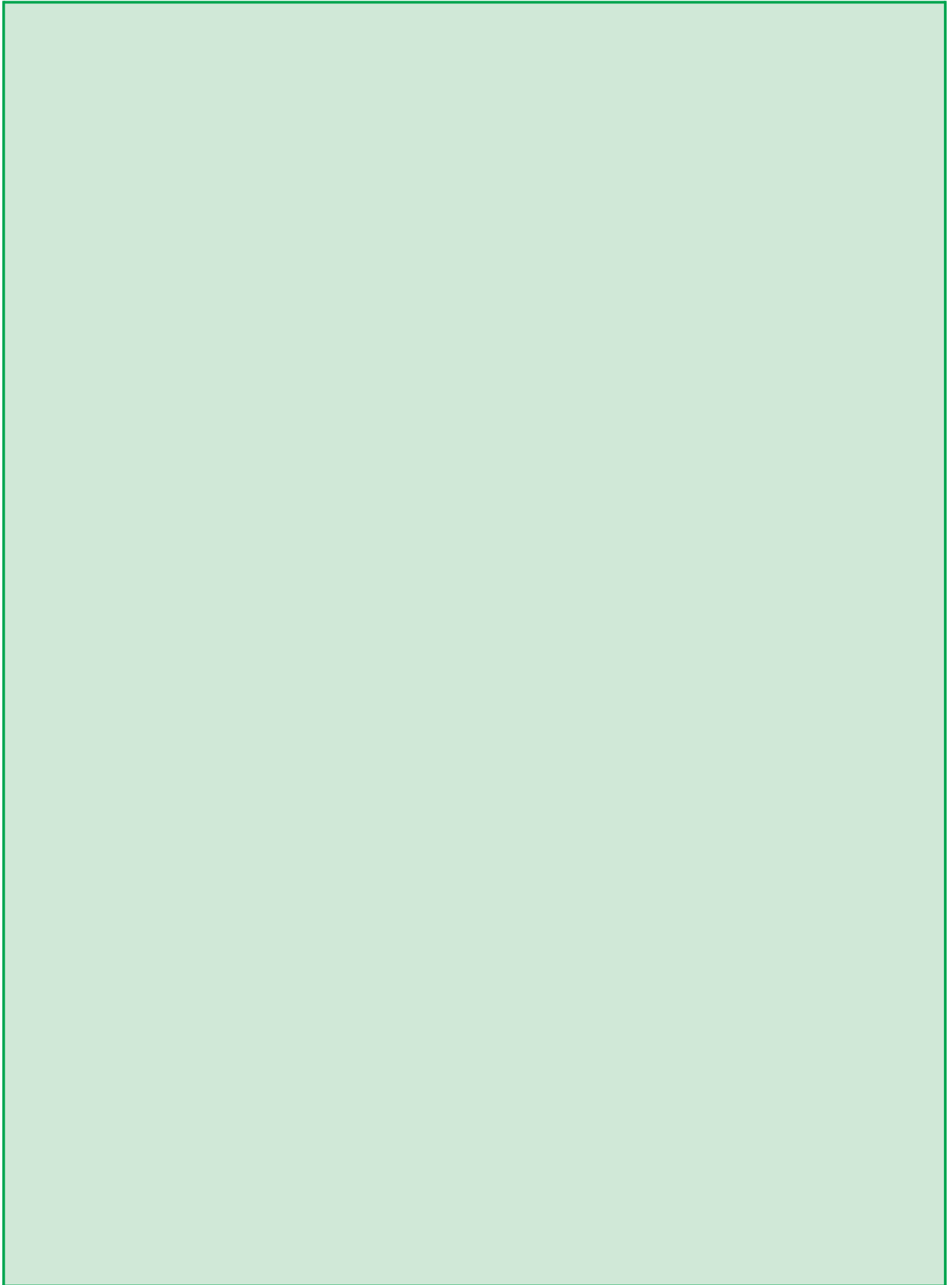
**Thank you very much for your participation  
in this survey. If you have any questions,  
please contact us, toll-free, at: 1-888-595-1338  
or by e-mail at: [ntps@census.gov](mailto:ntps@census.gov).**

**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 06/30/2020

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:

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

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

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



**NOTICE:**

**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**.

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

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

**Other**

- 268 Other



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

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

Additional Content Area	Grade Range of Certificate (Mark (X) all that apply)
<b>(1)</b> 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
<b>(2)</b> 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
<b>(3)</b> 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
<b>(4)</b> 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" 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 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" 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



## 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



**8-8. During the CURRENT SCHOOL YEAR do you, or will you, receive a retirement pension check paid from a teacher retirement system?**

● Report amounts in whole dollars.

Yes →

How much?

\$    ,    .00

No

GO TO item 8-9 below.

**8-9. Are you a member of a teachers' union or an employee association similar to a union?**

Yes

No

**8-10a. Does your school, district, or school system offer tenure?**

Yes

No → GO TO item 8-11 below.

**b. Are you tenured at your current school?**

Yes

No

**8-11. Are you male or female?**

Male

Female

**8-12a. What is your current marital status?**

● Mark (X) only one box.

Now married → GO TO item 8-13 on page 32.

Widowed

Separated

Divorced

Never married

**b. Are you currently living with a boyfriend/girlfriend or partner?**

Yes

No




**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.

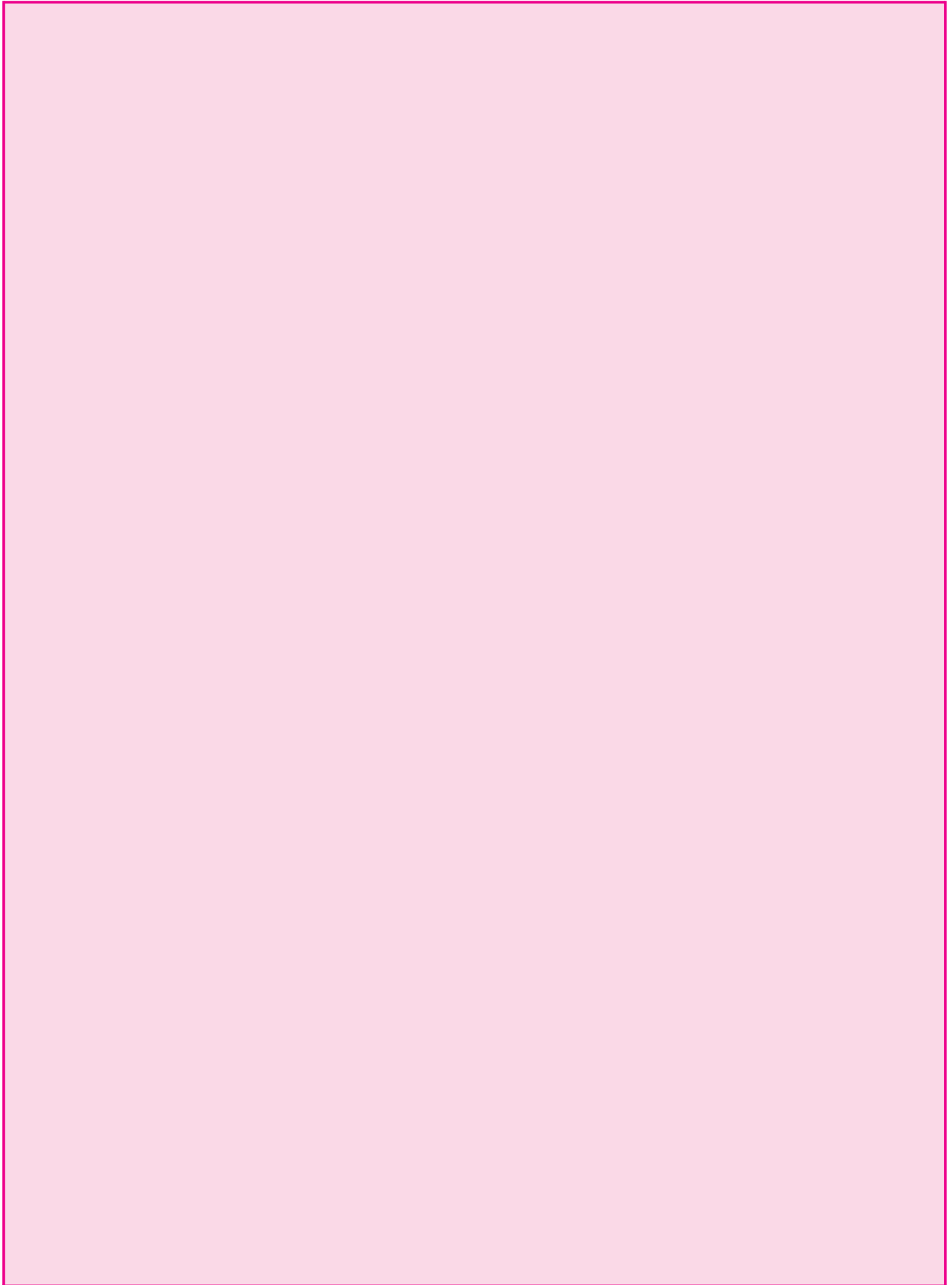
<input type="text"/>	Minutes
----------------------	---------

**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](mailto: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>

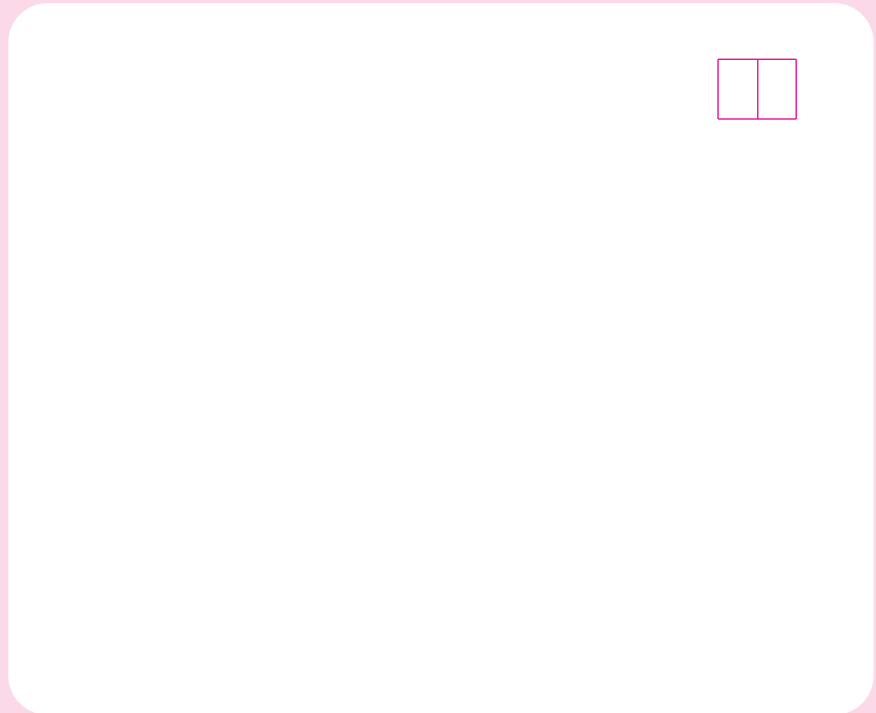
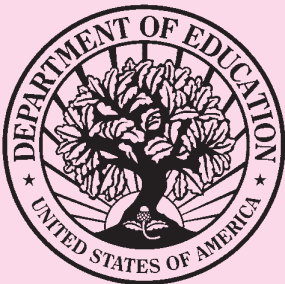


Conducted by:  
U.S. DEPARTMENT OF EDUCATION  
NATIONAL CENTER FOR EDUCATION STATISTICS

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

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:**

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




FORM NTPS-4B  
(XX-XX-2017)

FORM NTPS-4B



## 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**.

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

- If you are the teacher named on the cover page label, please complete the questionnaire.
- Please do not write any comments near the answer boxes.
- If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.
- 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](mailto: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.).

### Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0598. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire, please e-mail: [addp.education.surveys@census.gov](mailto:addp.education.surveys@census.gov), or write directly to: National Teacher and Principal Survey, National Center for Education Statistics, PCP, 550 12th Street, S.W., 4th Floor, Washington, DC 20202.





## 1. GENERAL INFORMATION

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

🍏 Mark (X) only one box.

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

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

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

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

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

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

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



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

🍏 *Mark (X) only one box.*

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

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

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

🍏 *Do NOT include time spent as a student teacher.*

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

Month

Year

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

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

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

- Teaching in this school
- Teaching in another 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)**

None or  Minutes per day for  Days per week

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

None or  Minutes per day for  Days per week

GO TO item 2-11b below.

**b. Arithmetic or mathematics**

None or  Minutes per day for  Days per week

**c. Social studies or history**

None or  Minutes per day for  Days per week

**d. Science**

None or  Minutes per day for  Days per week

GO TO Section 3 on page 12.



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

**General Education Codes and Labels**

**Elementary Education**

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

**Special Education**

- 110 Special education, any

**Subject-matter Specific Codes and Labels**

**Arts and Music**

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

**English and Language Arts**

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

**English as a Second Language (ESL)**

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

**Foreign Languages**

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

**Health Education**

- 181 Health education
- 182 Physical education

**Mathematics and Computer Science**

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

**Natural Sciences**

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

**Social Sciences**

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

**Career or Technical Education**

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

**Miscellaneous**

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

**Other**

- 268 Other





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

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

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

🍏 Do NOT include homeroom periods or study halls.

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

Number of classes or sections

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

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

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

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

**Grade Level Codes**

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

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



### 3. EDUCATION AND TRAINING

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

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

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

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

Name of college or university

**In what city and state is it located?**

City

State

Located outside the United States

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

Year

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

🍏 *Mark (X) only one box.*

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

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

Major Field  
of Study Code

Major Field  
of Study Label

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

🍏 *Do NOT report academic minors or concentrations.*

- Yes
- No → **GO TO item 3-1h on page 14.**

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

🍏 *Do NOT report academic minors or concentrations.*

Major Field  
of Study Code

Major Field  
of Study Label



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

**General Education Codes and Labels**

**Elementary Education**

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

**Secondary Education**

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

**Special Education**

- 110 Special education, any

**Other Education**

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

**Subject-matter Specific Codes and Labels**

**Arts and Music**

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

**English and Language Arts**

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

**English as a Second Language (ESL)**

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

**Foreign Languages**

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

**Health Education**

- 181 Health education
- 182 Physical education

**Mathematics and Computer Science**

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

**Natural Sciences**

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

**Social Sciences**

- 220 Social studies, general
- 221 Anthropology

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

**Career or Technical Education**

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

**Miscellaneous**

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

**Other**

- 268 Other



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

- Yes
- No → GO TO item 3-2a below.

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

<input type="text"/>	Minor Field of Study Code	<input type="text"/>	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?**

<input type="text"/>	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?**

<input type="text"/>	Major Field of Study Code	<input type="text"/>	Major Field of Study Label
----------------------	------------------------------	----------------------	-------------------------------



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

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

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



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

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

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

Yes 

No → GO TO item 3-6 below.

**How many courses?**

🍎 Mark (X) only one box.

1 or 2 courses

3 or 4 courses

5 to 9 courses

10 or more courses

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

Yes

No

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

**a. Classroom management techniques?**

Yes

No

**b. Lesson planning?**

Yes

No

**c. How to assess learning?**

Yes

No

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

Yes

No

**e. How to serve students from diverse economic backgrounds?**

Yes

No



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

**f.** How to serve students with special needs?

Yes

No

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

Yes

No

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

Yes

No → **GO TO Section 4 on page 18.**



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

🍏 *Mark (X) only one box.*

1

2

3 or more

**c.** How long did your student teaching last?

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

🍏 *Mark (X) only one box.*

4 weeks or less

5-7 weeks

8-11 weeks

12 weeks or more



## 4. CERTIFICATION

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

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

- Yes
- No

The next series of questions is about 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 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"/> 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

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

- Yes → GO TO item 4-2d on page 20.
- No → GO TO item 4-3a on page 20.





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

**General Education Codes and Labels**

**Elementary Education**

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

**Secondary Education**

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

**Special Education**

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

**Special Education – *Continued***

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

**General Administration**

- 131 Administration
- 132 Counseling and guidance

**Subject-matter Specific Codes and Labels**

**Arts and Music**

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

**English and Language Arts**

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

**English as a Second Language**

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

**Foreign Languages**

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

**Health Education**

- 181 Health education
- 182 Physical education

**Mathematics and Computer Science**

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

**Natural Sciences**

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

**Social Sciences**

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

**Career or Technical Education**

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

**Miscellaneous**

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

**Other**

- 268 Other



**4-2. Continued –**

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

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

Additional Content Area	Grade Range of Certificate (mark (X) all that apply)
<p><b>(1)</b> Content Area Code  <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Content Area Label  <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>	<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><b>(2)</b> Content Area Code  <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Content Area Label  <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>	<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><b>(3)</b> Content Area Code  <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Content Area Label  <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>	<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><b>(4)</b> Content Area Code  <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Content Area Label  <input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/></p>	<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>

**4-3a. Do you have a 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 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 <i>(mark (X) all that apply)</i>
Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12

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

Yes

No → **GO TO Section 5 on page 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 <i>(mark (X) all that apply)</i>
<b>(1)</b> Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
<b>(2)</b> Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
<b>(3)</b> Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12
<b>(4)</b> Content Area Code <input type="text"/> Content Area Label <input type="text"/>	<input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12



**4-4a. 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	(2) Grade Range of Certificate (mark (X) all that apply)
<p>Content Area Code</p> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <p>Content Area Label</p> <div style="border: 1px solid black; width: 280px; height: 25px;"></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>

**d. Does this certificate marked in item 4-4b 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  <input type="text" value=""/>            Content Area Label  <input type="text" value=""/></p>	<p><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</p>
<p>(2) Content Area Code  <input type="text" value=""/>            Content Area Label  <input type="text" value=""/></p>	<p><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</p>
<p>(3) Content Area Code  <input type="text" value=""/>            Content Area Label  <input type="text" value=""/></p>	<p><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</p>
<p>(4) Content Area Code  <input type="text" value=""/>            Content Area Label  <input type="text" value=""/></p>	<p><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</p>



## 5. TEACHER EVALUATIONS

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

Yes

No → LAST school year, why were you not evaluated at THIS school?

I was not a teacher at this school last year.

I was not evaluated because I am only evaluated every 2 or more years.

This school does not conduct teacher evaluations.

I was not evaluated for another reason.

GO TO item 6-1a 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.

**5-4. a. 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?**

🍏 Mark (X) one box on each line.

	Did not participate	8 hours or less	9-16 hours	17-32 hours	33 hours or more
a. Professional development that directly relates to your teaching assignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Professional development on using technology to support instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Professional development on teaching Science, Technology, Engineering or Mathematics (STEM), or incorporating STEM into other subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Professional development on classroom and behavior management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional development on instruction strategies to teach students with disabilities	<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?**

- 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?**

- 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. GENERAL EMPLOYMENT AND BACKGROUND INFORMATION

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

### 8-1. DURING THE SUMMER OF 2017, did you have any earnings from —

🍏 Report amounts in whole dollars.

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

Yes →

How much?

\$  ,  .00

No

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

Yes

No

GO TO item 8-1b below.

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

Yes →

How much?

\$  ,  .00

No

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

Yes

No

GO TO item 8-1c below.

#### c. Working in any NONSCHOOL job?

Yes →

How much?

\$  ,  .00

No

GO TO item 8-2 below.

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

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

Days per contract year

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

🍏 Report amounts in whole dollars.

\$  ,  .00 For the entire school year



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

- Yes →
- No

How much?

 ,  .00

GO TO item 8-5 below.

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

- Yes →
- No

How much?

 ,  .00

GO TO item 8-6 below.

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

- Yes →
- No

How much?

 ,  .00

GO TO item 8-7a below.

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

- Yes →

How much?

 ,  .00

GO TO item 8-7b below.

- No → GO TO item 8-8 on page 33.

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

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**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

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**8-15. What is your year of birth?**





## 9. CONTACT INFORMATION

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

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

- a. First name

Middle name

Last name

Suffix

- b. Spouse's First Name

Spouse's Middle Name

Spouse's Last Name

- c. Street Address

- d. City

- e. State

- f. ZIP Code + 4





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

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

**(1) First Contact Person**

**a. First name**

**Last name**

**b. Relationship to you**

**c. Cell phone number**

AREA CODE TELEPHONE NUMBER

**d. Home phone number**

AREA CODE TELEPHONE NUMBER

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

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

**(2) Second Contact Person**

**a. First name**

**Last name**

**b. Relationship to you**

**c. Cell phone number**

AREA CODE TELEPHONE NUMBER

**d. Home phone number**

AREA CODE TELEPHONE NUMBER



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

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

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

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

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

<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](mailto: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>**



# TEACHER STATUS FORM

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

## TEACHER FOLLOW-UP SURVEY 2021-22 SCHOOL YEAR

**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**

**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).**

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

Collected by:  
U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

FORM **TFS-1**

OMB No. 1850-0617: Approval Expires 07/31/2024



### 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 1850-0617. The time required to complete this information collection is estimated to average 10 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](mailto: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 4035, Washington, DC 20202.

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).



## INSTRUCTIONS

All of the teachers listed on the following page were selected for last year's National Teacher and Principal Survey (NTPS), sponsored by the National Center for Education Statistics.

- 🍏 To help us better understand the percentage of teachers who change schools or professions, or who remain at the same school, in ITEM 1, please indicate the current occupational status for each of the teachers listed. Use the OCCUPATIONAL STATUS CODES listed below.
- 🍏 For ITEM 2, indicate if the teacher is currently living outside of the United States. Also, please make corrections to any misspelled teacher names in the space provided beside each name. If you have any questions, call the U.S. Census Bureau toll free at 1-888-595-1338 or e-mail us at [ntps@census.gov](mailto:ntps@census.gov).

Please return your completed form, WITHIN 2 WEEKS, to the U.S. Census Bureau in the enclosed pre-addressed envelope. If you do not have the return envelope, please call 1-888-595-1338 or mail your form to:

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

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### OCCUPATIONAL STATUS CODES

*(Mark (X) ONE of these codes for each teacher listed on page 4.)*

- 1 Teaching in this school
- 2 Teaching, but not in this school
- 3 Not teaching, but working in this school
- 4 On leave, returning this school year to this school
- 5 On leave, not returning this school year (e.g., extended maternity/  
paternity leave, disability, sabbatical, or military leave)
- 6 Left this school, not currently teaching (e.g., retired, working in another  
occupation, homemaking, or child rearing)
- 7 Left this school, occupational status unknown
- 8 Deceased







# QUESTIONNAIRE FOR FORMER TEACHERS



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

## NATIONAL TEACHER AND PRINCIPAL SURVEY TEACHER FOLLOW-UP SURVEY 2021-22 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**

**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).**

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

Collected by:  
U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

FORM **TFS-2**  
(03-17-2022)

OMB No. 1850-0617: Approval Expires 07/31/2024



## 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><b>CORRECT</b> 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"/> 35         </div> <p> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No         </p>	<p><b>INCORRECT</b> 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"/> 35         </div> </div> <p> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No         </p> <p style="text-align: center;">OR</p> <p> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No         </p>
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- 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](mailto:ntps@census.gov)

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 1850-0617. The time required to complete this information collection is estimated to average 19 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](mailto: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 4035, Washington, DC 20202.



## 1. EMPLOYMENT STATUS

### 1a. Do you still teach any regularly scheduled classes in any grades pre-K–12?

(Regularly scheduled classes are those taught at least once per week for a full term.)

🍏 If you teach a particular specialty either within or outside of a regular classroom (e.g., you are a special education teacher, an English as a Second Language teacher, or a reading specialist teaching reading), please answer "yes."

🍏 If you work in some other capacity at the school (e.g., principal, library media specialist/librarian, or school counselor) and occasionally teach a single lesson or unit of instruction, please answer "no."

1010

1  Yes → **GO TO item 1c below.**

2  No



### b. Are you currently on: maternity or paternity leave, disability leave, or sabbatical from teaching?

1600

1  Yes

2  No

**GO TO item 3 on page 4.**

### c. How do you classify your position at your CURRENT school, that is, the activity at which you spend most of your time during this school year?

🍏 Mark (X) only one box.

1011

1  Regular teacher (full-time or part-time)

2  Itinerant teacher (i.e., your assignment requires you to provide instruction at more than one school)

3  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)

4  Administrator (e.g., principal, assistant principal, director, school head)

5  Library media specialist or librarian

6  Other professional staff (e.g., counselor, curriculum coordinator, social worker)

7  Support staff (e.g., secretary)

8  Short-term substitute

9  Student teacher

10  Teacher aide

### d. Which box did you mark in item 1c above?

1601

1  Box 1, 2, 3, 4, 5, 6, or 7 →

**Please STOP now and return this questionnaire to the U.S. Census Bureau. You will be sent another form for teachers who are still teaching.**

2  Box 8, 9, or 10 → **GO TO item 2 on page 4.**



**2. Last school year you reported teaching regularly scheduled classes. This school year you reported a transition to a teacher aide, student teacher, or short-term substitute teacher. In 20 words or less, please explain the reason for the change.**

**NOTE:** For this survey, teacher aides, student teachers, and short-term substitute teachers are not considered current regular classroom teachers. Please complete this Former Teacher Questionnaire as best as you can based on your experience of changing from a classroom teacher to a teacher aide, short-term substitute teacher, or student teacher.

5602

**3. What is your current MAIN occupational status?**

🍏 *Mark (X) only one box.*

1603

1  Working for a school or school district in a position in the field of K–12 education, but not as a regular K–12 classroom teacher → GO TO item 6 on page 5.

2  Working in the field of K–12 education but not in a school/district

3  Working in the field of pre-K or postsecondary education

4  Working outside the field of education, including military service

GO TO item 5a below.

5  Unemployed → GO TO item 11 on page 6.

6  Student at a college or university

7  Caring for family members

8  Retired

9  Disabled

10  Other – please specify →

5603

**4. Are you currently working in a job?**

1604

1  Yes

2  No → GO TO item 11 on page 6.

**5a. What kind of work do you do, that is, what is your occupation?**

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

5605

**b. What are your most important activities or duties at this job?**

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

5606







## 2. INFORMATION ON LEAVING THE TEACHING PROFESSION

**13. Did you leave your K–12 teaching position involuntarily (e.g., contract not renewed, laid off, school closed or merged)?**

- 1700
- 1  Yes
- 2  No → **GO TO item 15 below.**

**14. Which of the following best describes why you involuntarily left your K–12 teaching position?**  
 🍏 *Mark (X) only one box.*

- 1701
- 1  Budget cuts or budget shortfalls
- 2  Reduced pupil enrollment
- 3  School and/or district merger or school closed
- 4  I did not meet state/district certification or licensing requirements  
*(e.g., classroom experience hours, teaching evaluation or observation scores, professional and subject knowledge exams, additional coursework requirements, or other requirements to teach.)*
- 5  I have not taken or could not pass the test(s) required by my school or district
- 6  My contract was not renewed for other reason(s) – please specify ↴

5701

**GO TO item 20 on page 12.**

**15. Was the debt from your undergraduate or graduate education one of the reasons why you left your previous teaching job?**

- 1730
- 1  Yes
- 2  No





**16. Do you currently have any of the below types of debt from your undergraduate or graduate education?**

● Please mark (X) for all that apply.

- 1731 1  I do not currently have debt from my undergraduate or graduate education → GO TO item 18 on page 9.
- 1732 1  Federal student loans
- 1733 1  Private student loans
- 1734 1  State student loans
- 1735 1  Loans from family or friends for undergraduate or graduate education
- 1736 1  Credit card debt for undergraduate or graduate education
- 1737 1  Other debt for undergraduate or graduate education – please specify ↴

5737

**17. How do you feel about the amount of debt you have remaining from your undergraduate and graduate education?**

● Mark (X) only one box.

- 1738 1  Not at all worried
- 2  A little worried
- 3  Somewhat worried
- 4  Very worried
- 5  Extremely worried



**18. Indicate the level of importance EACH of the following played in your decision to leave the position of a K–12 teacher.**

☞ *Mark (X) one box on each line.*

**I left the position of a K–12 teacher –**

<u>Personal Life Factors</u>		Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1702	a. Because I wanted to take a job more conveniently located OR because I moved.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1703	b. Because of other personal life reasons (e.g., health, pregnancy/childcare, caring for family).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1704	c. Because I decided to retire or receive retirement benefits from last year's school system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1739	d. Because of changes in childcare arrangements caused by the coronavirus pandemic.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<u>Salary and Other Job Benefit</u>		Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1705	e. Because I wanted or needed a higher salary.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1706	f. Because I needed better benefits than I received at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1707	g. Because I was concerned about my job security at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1740	h. Because I wanted or needed a way to pay off debt from my undergraduate or graduate education (such as higher pay and/or debt forgiveness).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<u>Career Factors</u>		Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1708	i. Because I decided to pursue a position other than that of a K–12 teacher.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1709	j. Because I decided to take courses to improve career opportunities WITHIN the field of education.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1710	k. Because I decided to take courses to improve career opportunities OUTSIDE the field of education.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1711	l. Because I was dissatisfied with teaching as a career.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1712	m. Because there were not enough opportunities for leadership roles or professional advancement at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



**18.** *Continued* - Indicate the level of importance EACH of the following played in your decision to leave the position of a K–12 teacher.  
 🗒️ *Mark (X) one box on each line.*

**I left the position of a K–12 teacher –**

<u>Assignment and Classroom Factors</u>		Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1713	n. Because I was dissatisfied with my job description or assignment (e.g., responsibilities, grade level, or subject area).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1714	o. Because I did not have enough autonomy over my classroom at last year’s school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1715	p. Because I was dissatisfied with the large number of students I taught at last year’s school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1716	q. Because I felt that there were too many intrusions on my teaching time at last year’s school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

<u>School Factors</u>		Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1741	r. Because I was dissatisfied with the way my school or district supported me during the coronavirus pandemic.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1717	s. Because I was dissatisfied with workplace conditions (e.g., facilities, classroom resources, school safety) at last year’s school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1718	t. Because student discipline problems were an issue at last year’s school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1719	u. Because I was dissatisfied with the administration at last year’s school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1720	v. Because I was dissatisfied with the lack of influence I had over school policies and practices at last year’s school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



**18.** *Continued* - Indicate the level of importance **EACH** of the following played in your decision to leave the position of a K–12 teacher.  
 🍏 *Mark (X) one box on each line.*

**I left the position of a K–12 teacher –**

<u>Student Performance Factors</u>		Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1721	w. Because I was dissatisfied with how student assessments and school accountability measures impacted my teaching or curriculum at last year’s school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1722	x. Because I was dissatisfied with how some of my compensation, benefits, or rewards were tied to the performance of my students at last year’s school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1723	y. Because I was dissatisfied with the support I received for preparing my students for student assessments at last year’s school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

<u>Other Factors</u>		Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1724	z. Because of other factors not included in previous items a-y – please specify ↴	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5724	<input style="width: 300px; height: 20px;" type="text"/>					

**19.** From the reasons listed in item 18, which do you consider the one most important reason in your decision to leave the position of a K–12 teacher?  
 🍏 *Enter the letter from item 18 on pages 9-11.*

5725  Most important



### 3. YOUR IMPRESSIONS OF TEACHING AND OF YOUR CURRENT JOB

20. Indicate how effectively your principal or school head performed each of the following at LAST YEAR'S SCHOOL.

🍏 Mark (X) one box on each line.

		Not at all effectively	Slightly effectively	Somewhat effectively	Very effectively	Extremely effectively
1300	a. Communicated respect for and value of teachers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1301	b. Encouraged teachers to change teaching methods if students were not doing well.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1302	c. Worked with staff to meet curriculum standards.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1303	d. Encouraged professional collaboration among teachers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1304	e. Worked with teaching staff to solve school or department problems.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1305	f. Encouraged the teaching staff to use student assessment results in planning curriculum and instruction.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1306	g. Worked to develop broad agreement among the teaching staff about the school's mission.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1307	h. Facilitated and encouraged professional development activities of teachers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1330	i. Supported teachers during the coronavirus pandemic.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1331	j. Provided teachers with the tools and materials needed to teach effectively during the coronavirus pandemic.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

21. LAST SCHOOL YEAR, did any of your students participate in a REQUIRED state or district assessment in a subject that you taught?

- 1311
- 1  Yes → GO TO item 22 on page 13.
- 2  No → GO TO item 23 on page 13.



**22. To what extent do you agree or disagree with each of the following statements about the state or district assessment program at LAST YEAR'S SCHOOL?**

🍏 Mark (X) one box on each line.

		Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1312	a. I did not receive adequate support in preparing my students for the assessments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1313	b. I believe my students were capable of performing well on the assessments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1314	c. The assessment program influenced the curriculum I taught.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1315	d. My students' knowledge and abilities were reflected accurately through their performance on assessments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1316	e. Overall, I was satisfied with the assessment program.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**23. Were you formally evaluated for your work as a teacher last school year (2020–21)?**

1320

1  Yes

2  No → GO TO item 27 on page 14.

**24. To what extent do you agree or disagree with each of the following statements about the formal evaluation of your work as a teacher last school year (2020–21)?**

🍏 Mark (X) one box on each line.

		Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1321	a. My work as a teacher was assessed fairly in the formal evaluation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1322	b. I received feedback from the formal evaluation that was helpful in the development of my work as a teacher.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1323	c. I was satisfied with the formal evaluation process.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**25. Which of the following best describes the evaluation you received for your work as a teacher last school year (2020–21)?**

🍏 Mark (X) only one box.

1324

1  Excellent / Outstanding / Highly effective

2  Satisfactory / Effective

3  Unsatisfactory / Not that effective

**26. Last year, how effective do you think you were as a teacher?**

🍏 Mark (X) only one box.

1325

1  Excellent / Outstanding / Highly effective

2  Satisfactory / Effective

3  Unsatisfactory / Not that effective



**27. What are some ways the coronavirus pandemic affected your teaching experience?**

🍏 *This can include any challenges you faced or enhancements you made in areas such as new teaching methods, classroom management strategies, communications, and technology.*

5332

**28. What is your MAIN occupational status?**

🍏 *Your response should correspond to item 3 on page 4.*

🍏 *Mark (X) only one box.*

- 1800
- 1  Working for a school or school district in a position in the field of K–12 education, but not as a regular K–12 classroom teacher
  - 2  Working in the field of K–12 education but not in a school/district
  - 3  Working in the field of pre-K or postsecondary education
  - 4  Working outside the field of education, including military service
  - 5  Other than the above → GO TO item 31a on page 16.

→ GO TO item 29 on page 15.



**29. How would you rate your current position relative to teaching in terms of each of the following aspects?**

🍎 *Mark (X) one box on each line.*

		Better in teaching	Not better or worse	Better in current position
1801	a. Salary	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1802	b. Benefits (e.g., health insurance, retirement plan)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1803	c. Opportunities for professional advancement or promotion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1804	d. Opportunities for professional development	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1805	e. Opportunities for learning from colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1806	f. Social relationships with colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1807	g. Recognition and support from administrators/managers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1808	h. Safety of environment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1809	i. Influence over workplace policies and practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1810	j. Autonomy or control over your own work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1811	k. Professional prestige	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1812	l. Procedures for performance evaluation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1813	m. Manageability of workload	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1814	n. Ability to balance personal life and work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1815	o. Availability of resources and materials/equipment for doing your job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1816	p. General work conditions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1817	q. Job security	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1818	r. Intellectual challenge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1819	s. Sense of personal accomplishment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1820	t. Opportunities to make a difference in the lives of others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**30. Thinking about all the factors that influence your job satisfaction, overall, how satisfied are you with your current position compared to the position of a K–12 teacher?**

🍎 *Mark (X) only one box.*

- 1825 1  More satisfied in teaching
- 2  More satisfied in current position
- 3  No difference





## 4. EDUCATION ACTIVITIES AND FUTURE PLANS

**31a.** Have you enrolled in college or university courses since the end of last school year?

1400

1  Yes2  No → **GO TO item 32 below.**

**b.** Which of the following best describes your enrollment in these courses?

🍏 *Mark (X) only one box.*

1401

1  Individual courses (not part of a program leading to a degree or certificate)2  Vocational certificate program3  Associate's degree granting program4  Bachelor's degree granting program5  Master's degree granting program6  Education specialist or professional diploma program (at least one year beyond Master's level)7  Certificate of Advanced Graduate Studies program8  Doctorate or professional degree granting program (Ph.D., Ed.D., M.D., J.D., D.D.S.)

**c.** Which of the following best describes the reason you enrolled in these courses?

🍏 *Mark (X) only one box.*

1402

1  To obtain or for use in a K–12 TEACHING POSITION2  To obtain or for use in a position in the FIELD OF EDUCATION but NOT AS A K–12 TEACHER3  To obtain or for use in a position OUTSIDE THE FIELD OF EDUCATION4  For reasons unrelated to obtaining or using in a job (e.g., personal fulfillment)

**GO TO item 32 below.**

**d.** Were these courses needed to obtain, renew, or maintain teaching certification?

1403

1  Yes2  No

**32.** Would you consider returning to the position of a K–12 teacher?

1450

1  Yes2  No → **GO TO item 37 on page 18.**

**33.** How soon might you return to the position of a K–12 teacher?

🍏 *Mark (X) only one box.*

1451

1  Later this school year (2021-22)2  Next school year (2022-23)3  After the 2022-23 school year, but before the 2026–27 school year4  During the 2026–27 school year or later5  Undecided

**34. At what level would you most like to teach?**

🍏 *Mark (X) only one box.*

- 1452 1  Elementary (including kindergarten)
- 2  Junior high/Middle school
- 3  Senior high

**35. Indicate how important each factor would be in influencing your decision to return to the position of a K–12 teacher.**

🍏 *Mark (X) one box on each line.*

		Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1455	a. Ability to maintain your teacher retirement benefits.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1456	b. State certification reciprocity (a state's acceptance of teacher certifications from other states).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1457	c. An easier and less costly way to renew/earn certification.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1458	d. Smaller class sizes or smaller student load.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1459	e. Availability of full-time teaching positions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1460	f. Availability of part-time teaching positions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1461	g. Forgiveness of your student loans.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1462	h. Housing incentives (e.g., subsidies, rent assistance, low interest loans, relocation assistance).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1463	i. An increase in salary.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1464	j. Availability of suitable childcare options.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**36. Would any factors other than the ones listed above influence your decision to return to the position of a K–12 teacher?**

- 1465 1  Yes → **If "Yes," What factors?**

🍏 *Please list up to two factors.*

5466


5467


- 2  No




## 5. BACKGROUND INFORMATION

**37. Which category represents the total combined BEFORE-TAX income of ALL FAMILY MEMBERS in your household during 2021?**

 *Include your own income.*

 *Include money from jobs, net business or farm income, pensions, dividends, interest, rent, Social Security payments, and any other income received by family members in your household.*

 *Mark (X) only one box.*

1525

1  Less than \$35,000

2  \$35,000 – \$49,999


3  \$50,000 – \$74,999

4  \$75,000 – \$99,999

5  \$100,000 – \$149,999

6  \$150,000 or more


**38. Do you own or rent your primary residence?**

 *Mark (X) only one box.*

1526

1  Own

2  Rent

3  Other living arrangement – please specify 

5526



## 6. CONTACT INFORMATION

39. Please provide the following information in case we have questions about the responses you provided on this questionnaire.

a. First name

9025

Middle name

9026

Last name

9027

Suffix

9028

b. Home phone number

9029

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"/>

c. Work phone number

9030

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"/>

d. Cell phone number

9031

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"/>

e. Home e-mail address

9032

f. Work e-mail address

9033

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

🍏 Please record the time in minutes, e.g., 20 minutes, 65 minutes, etc.

0010

<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](mailto: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:  
<https://www.usa.gov/statistics>**



# QUESTIONNAIRE FOR CURRENT TEACHERS



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

## NATIONAL TEACHER AND PRINCIPAL SURVEY TEACHER FOLLOW-UP SURVEY 2021-22 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**

**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).**

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

Collected by:  
U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU




FORM **TFS-3**  
(03-18-2022)

OMB No. 1850-0617: Approval Expires 07/31/2024



## 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**.

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

- a. If you are the teacher named on the cover page label, please complete the questionnaire.
- b. Please do not write any comments near the answer boxes.
- c. If you are unsure about how to answer a question, please give the best answer you can rather than leaving it blank.
- d. If you have any questions, call the U.S. Census Bureau at 1-888-595-1338. Someone will be available to take your call Monday through Friday, between 8:00 a.m. and 8:00 p.m. (Eastern Time). The U.S. Census Bureau is also available to answer your questions via e-mail at: [ntps@census.gov](mailto: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 1850-0617. 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](mailto: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 4035, Washington, DC 20202.



# 1. CERTIFICATION AND ASSIGNMENTS AT YOUR CURRENT SCHOOL

## 1a. Do you still teach any regularly scheduled classes in any grades pre-K–12?

(Regularly scheduled classes are those taught at least once per week for a full term.)

🍎 If you teach a particular specialty either within or outside of a regular classroom (e.g., you are a special education teacher, an English as a Second Language teacher, or a reading specialist teaching reading), please answer "yes."

🍎 If you work in some other capacity at the school (e.g., principal, library media specialist/librarian, or school counselor) and occasionally teach a single lesson or unit of instruction, please answer "no."

1010

1  Yes2  No →

**Please STOP now and return this questionnaire to the U.S. Census Bureau. You will be sent a different form to complete.**

## b. How do you classify your position at your CURRENT school, that is, the activity at which you spend most of your time during this school year?

🍎 Mark (X) only one box.

1011

1  Regular teacher (full-time or part-time)2  Itinerant teacher (i.e., your assignment requires you to provide instruction at more than one school)3  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)4  Administrator (e.g., principal, assistant principal, director, school head)5  Library media specialist or librarian6  Other professional staff (e.g., counselor, curriculum coordinator, social worker)7  Support staff (e.g., secretary)8  Short-term substitute9  Student teacher10  Teacher aide

**Please STOP now and return this questionnaire to the U.S. Census Bureau. You will be sent a different form to complete.**

## 2. Are you teaching full-time or part-time?

🍎 Mark (X) only one box.

1012


1  Teaching full-time → GO TO item 4 on page 6.2  Teaching part-time → GO TO item 3a on page 4.



**3a. Do you have another school position, other than your main position indicated in question 1b?**

1013

- 1  Yes
- 2  No → GO TO item 4 on page 6.

**b. Which of the following best describes your OTHER assignment at your current school?** *Mark (X) only one box.*

1014

- 1  Regular teacher (full-time or part-time)
- 2  Itinerant teacher (i.e., your assignment requires you to provide instruction at more than one school)
- 3  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)
- 4  Administrator (e.g., principal, assistant principal, director, school head)
- 5  Library media specialist or librarian
- 6  Other professional staff (e.g., counselor, curriculum coordinator, social worker)
- 7  Support staff (e.g., secretary)
- 8  Other – please specify →

5014



**Table 1. Main Teaching Assignment and Subject-matter Codes and Labels  
For Question 4**

**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



**4. Using Table 1 on page 5, this school year, in what subject is your MAIN teaching assignment at THIS school?**

(Your main teaching assignment 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 5.

1015

Main Teaching  
Assignment Code

5015

Main Teaching  
Assignment Label

**5. Which of the following best describes the teaching certificate you currently hold that certifies you to teach in THIS state?**

🍏 Mark (X) only one box.

1020

- 1  Regular or standard state certificate or advanced professional certificate.
- 2  Certificate issued after satisfying all requirements except the completion of a probationary period (in some states this is called a probationary certificate).
- 3  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).
- 4  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).
- 5  I do not hold any of the above certifications in THIS state.

**6. Do you currently teach students in any of these grades at THIS school?**

🍏 Please mark (X) for all that apply.

1025 1

Prekindergarten

1026 1

Kindergarten

1027 1

1st

1028 1

2nd

1029 1

3rd

1030 1

4th

1031 1

5th

1032 1

6th

1033 1

7th

1034 1

8th

1035 1

9th

1036 1

10th

1037 1

11th

1038 1

12th

1039 1

Ungraded



**7. Which statement best describes the way YOUR classes at your current school are organized?**

🍏 *Mark (X) only one box.*

- 1045
- 1  You instruct several classes of different students most or all of the day in one or more subjects.
- 2  You are an elementary school teacher who teaches only one subject to different classes of students.
- 3  You instruct the same group of students all or most of the day in multiple subjects.
- 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.
- 5  You instruct a small number of selected students released from or in their regular classes in specific skills or to address specific needs.

**8. Of all the students you teach at THIS school, how many have an Individualized Education Plan (IEP) because they have disabilities or have special needs?**

🍏 *Do NOT include students who have only a 504 plan.*

🍏 *Write '0' if you do NOT teach any students with an IEP.*

1046  Students with IEPs

**9. Of all the students you teach at THIS school, how many have been identified as English-language learners (ELL), also known as limited-English proficiency (LEP)?**

(English-language learners [ELLs] or limited-English proficiency [LEP] 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.)

🍏 *Write '0' if you do NOT teach any students that are ELL or LEP.*

1047  ELL or LEP Students



## 2. YOUR CURRENT SCHOOL: CONDITIONS AND EXPERIENCES

### 10. To what extent do you agree or disagree with each of the following statements about your current school?

☛ Mark (X) one box on each line.

		Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1100	a. The school administration's behavior toward the staff is supportive and encouraging.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1101	b. I am satisfied with my teaching salary.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1102	c. The level of student misbehavior in this school (such as noise, horseplay or fighting in the halls, cafeteria, or student lounge) interferes with my teaching.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1103	d. I receive a great deal of support from parents for the work I do.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1104	e. Necessary materials such as textbooks, supplies, and copy machines are available as needed by the staff.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1105	f. Routine duties and paperwork interfere with my job of teaching.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1106	g. My principal or school head enforces school rules for student conduct and backs me up when I need it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1107	h. Rules for student behavior are consistently enforced by teachers in this school, even for students who are not in their classes.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1108	i. Most of my colleagues share my beliefs and values about what the central mission of the school should be.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1109	j. The principal or school head knows what kind of school he or she wants and has communicated it to the staff.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1110	k. There is a great deal of cooperative effort among the staff members.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1111	l. In this school, staff members are recognized for a job well done.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1112	m. I worry about the security of my job because of the performance of my students or my school on state and/or local tests.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1113	n. State or district content standards have had a positive influence on my satisfaction with teaching.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1114	o. I am given the support I need to teach students with special needs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1115	p. The amount of student tardiness and class cutting in this school interferes with my teaching.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1116	q. I am generally satisfied with being a teacher at this school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1117	r. I make a conscious effort to coordinate the content of my courses with that of other teachers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



**11. To what extent is each of the following a problem at your current school?**

🍏 *Mark (X) one box on each line.*

		Not a problem	Minor problem	Moderate problem	Serious problem
1120	a. Student tardiness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1121	b. Student absenteeism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1122	c. Student class cutting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1123	d. Teacher absenteeism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1124	e. Students dropping out	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1125	f. Student apathy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1126	g. Lack of parental involvement	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1127	h. Poverty	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1128	i. Students come to school unprepared to learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1129	j. Poor student health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

🍏 *Mark (X) one box on each line.*

		Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1130	a. The stress and disappointments involved in teaching at this school aren't really worth it.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1131	b. The teachers at this school like being here; I would describe us as a satisfied group.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1132	c. I like the way things are run at this school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1133	d. If I could get a higher paying job I'd leave teaching as soon as possible.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1134	e. I think about transferring to another school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1135	f. I don't seem to have as much enthusiasm now as I did when I began teaching.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1136	g. I think about staying home from school because I'm just too tired to go.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



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

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

🍏 *Report to the nearest whole hour.*

1176

Total WEEKLY hours required to work

**14. Of the hours you are CONTRACTED to work, excluding time spent on planning, lunch, break/recess, arrival/dismissal of students, and otherwise NOT delivering instruction, how many hours during a typical full week do you DELIVER INSTRUCTION to students in THIS school?**

🍏 *This number should be less than the reported number of hours in item 13.*

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

🍏 *Report to the nearest whole hour.*

1177

Total WEEKLY hours delivering instruction

**15. Including hours spent during the school day, before and after school, and on the weekends, how many hours do you spend on ALL teaching and other school-related activities during a typical full week at THIS school?**

🍏 *This number should be greater than or equal to the reported number of hours in item 13.*

🍏 *Report to the nearest whole hour.*

1178

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



**16. During this school year, do you or will you do the following for this school or district –**

**a. Coach a sport?**

1170 1  Yes

2  No

---

**b. Sponsor any student groups, clubs, or organizations?**

1171 1  Yes

2  No

---

**c. Serve as a department lead or chair?**

1172 1  Yes

2  No

---

**d. Serve as a lead curriculum specialist?**

1173 1  Yes

2  No

---

**e. Serve on a schoolwide or districtwide committee or task force?**

1174 1  Yes

2  No

---

**f. Serve as an assigned mentor or mentor coordinator for teachers?**

1175 1  Yes

2  No





### 3. INFORMATION ABOUT CHANGES FROM LAST SCHOOL YEAR TO THIS SCHOOL YEAR

**17a. Are you currently teaching in the SAME SCHOOL as you were last year (2020–21)?**

1200 1  Yes → *GO TO item 27 on page 17.*

2  No



**b. Are you currently teaching in the SAME STATE as you were last year (2020–21)?**

1201 1  Yes → *GO TO item 18 below.*

2  No



**c. Are you currently teaching in a school OUTSIDE the United States?**

1202 1  Yes – In what country? <sup>5202</sup>  → *GO TO item 19 on page 13.*

2  No



**18. Please provide the following information about your current school.**

Name of school

5203

Street Address

5204

City

5205

State

5206

ZIP Code

5207

Name of school district (if applicable)

5208

Name of county

5209



**19. Does your current school offer the following grades?**

🍎 Please mark (X) for all that apply.

- 1210 1  Prekindergarten
- 1211 1  Kindergarten
- 1212 1  1st
- 1213 1  2nd
- 1214 1  3rd
- 1215 1  4th
- 1216 1  5th
- 1217 1  6th
- 1218 1  7th
- 1219 1  8th
- 1220 1  9th
- 1221 1  10th
- 1222 1  11th
- 1223 1  12th
- 1224 1  Ungraded

**20. Which of the following best describes your move from last year's school to your current school?**

(For this question, all charter and BIE/tribal schools are considered public schools.)

🍎 Mark (X) only one box.

- 1225 1  Moved from one PUBLIC school to another PUBLIC school in the SAME SCHOOL DISTRICT
- 2  Moved from one PUBLIC school district to ANOTHER PUBLIC SCHOOL DISTRICT
- 3  Moved from a PRIVATE school to a PUBLIC school
- 4  Moved from one PRIVATE school to another PRIVATE school
- 5  Moved from a PUBLIC school to a PRIVATE school

GO TO item 22 on page 14.

**21. Is the private school in which you currently teach affiliated with the Roman Catholic Church, some other religious organization, or is it nonsectarian?**

🍎 Mark (X) only one box.

- 1226 1  Religious – Roman Catholic
- 2  Religious – other than Roman Catholic
- 3  Nonsectarian – not religiously affiliated



**22. Did you change schools involuntarily (e.g., contract not renewed, laid off, school closed or merged)?**

- 1227
- 1  Yes
- 2  No → GO TO item 24 on page 15.

**23. Which of the following best describes the reason why you changed schools involuntarily?**

🍏 *Mark (X) only one box.*


- 1228
- 1  Budget cuts or budget shortfalls
- 2  Reduced pupil enrollment
- 3  School and/or district merger or school closed
- 4  Transfer required by school or district
- 5  I did not meet state/district certification or licensing requirements  
(e.g., classroom experience hours, teaching evaluation or observation scores, professional and subject knowledge exams, additional coursework requirements, or other requirements to teach.)
- 6  I have not taken or could not pass the test(s) required by my school or district
- 7  My contract was not renewed for other reason(s) – please specify ↴

5228

GO TO item 27 on page 17.



**24. Indicate the level of importance EACH of the following played in your decision to leave LAST YEAR'S SCHOOL.**

 Mark (X) one box on each line.

**I left last year's school –**

<u>Personal Life Factors</u>		Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1229	a. Because I wanted to take a job more conveniently located OR because I moved.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1230	b. Because of other personal life reasons (e.g., health, pregnancy/childcare, caring for family).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1231	c. Because I wanted to receive retirement benefits from last year's school system.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1270	d. Because of changes in childcare arrangements caused by the coronavirus pandemic.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

<u>Salary and Other Job Benefits</u>		Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1232	e. Because I wanted or needed a higher salary.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1233	f. Because I needed better benefits than I received at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1234	g. Because I was concerned about my job security at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1271	h. Because I wanted or needed a way to pay off debt from my undergraduate or graduate education (such as higher pay and/or debt forgiveness).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

<u>Assignment and Classroom Factors</u>		Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1235	i. Because I was dissatisfied with my job description or assignment (e.g., responsibilities, grade level, or subject area).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1236	j. Because I did not have enough autonomy over my classroom at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1237	k. Because I was dissatisfied with the large number of students I taught at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1238	l. Because I felt that there were too many intrusions on my teaching time at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



**24. Continued - Indicate the level of importance EACH of the following played in your decision to leave LAST YEAR'S SCHOOL.**

🍏 *Mark (X) one box on each line.*

**I left last year's school –**

	<u>School Factors</u>	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1239	m. Because I wanted the opportunity to teach at my current school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1272	n. Because I was dissatisfied with the way my school or district supported me during the coronavirus pandemic.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1240	o. Because I was dissatisfied with workplace conditions (e.g., facilities, classroom resources, school safety) at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1241	p. Because student discipline problems were an issue at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1242	q. Because I was dissatisfied with the administration at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1243	r. Because I was dissatisfied with the lack of influence I had over school policies and practices at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1244	s. Because there were not enough opportunities for leadership roles or professional advancement at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

	<u>Student Performance Factors</u>	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1245	t. Because I was dissatisfied with how student assessments and school accountability measures impacted my teaching or curriculum at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1246	u. Because I was dissatisfied with how some of my compensation, benefits, or rewards were tied to the performance of my students at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1247	v. Because I was dissatisfied with the support I received for preparing my students for student assessments at last year's school.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

	<u>Other Factors</u>	Not at all important	Slightly important	Somewhat important	Very important	Extremely important
1248	w. Because of other factors not included in previous items a-v – please specify ↘	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5248	<input style="width: 300px; height: 20px;" type="text"/>					



**25. From the reasons listed in item 24, which do you consider the one most important reason in your decision to leave LAST YEAR'S SCHOOL?**

🍎 Enter the letter from item 24 on pages 15 and 16.

5249

Most important reason in my decision to leave

**26. Was the debt from your undergraduate or graduate education one of the reasons why you left your previous teaching job?**

1273

1  Yes

2  No

**27. Do you currently have any of the below types of debt from your undergraduate or graduate education?**

🍎 Please mark (X) for all that apply.

1274

1  I do not currently have debt from my undergraduate or graduate education → GO TO item 30 on page 18.

1275

1  Federal student loans

1276

1  Private student loans

1277

1  State student loans

1278

1  Loans from family or friends for undergraduate or graduate education

1279

1  Credit card debt for undergraduate or graduate education

1280

1  Other debt for undergraduate or graduate education – please specify ↴

5280

**28. How do you feel about the amount of debt you have remaining from your undergraduate and graduate education?**

🍎 Mark (X) only one box.

1281

1  Not at all worried

2  A little worried

3  Somewhat worried

4  Very worried

5  Extremely worried

**29. Have you ever seriously considered leaving your current job for a higher paying job to help pay off debt from your undergraduate or graduate education?**


1282


1  Yes

2  No



**30. Indicate how effectively your principal or school head performed each of the following at LAST YEAR'S SCHOOL.**

 If you are teaching in the same school as you were last year, then report on how effective your principal or school head was last year.

 Mark (X) one box on each line.

		Not at all effectively	Slightly effectively	Somewhat effectively	Very effectively	Extremely effectively
1300	a. Communicated respect for and value of teachers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1301	b. Encouraged teachers to change teaching methods if students were not doing well.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1302	c. Worked with staff to meet curriculum standards.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1303	d. Encouraged professional collaboration among teachers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1304	e. Worked with teaching staff to solve school or department problems.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1305	f. Encouraged the teaching staff to use student assessment results in planning curriculum and instruction.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1306	g. Worked to develop broad agreement among the teaching staff about the school's mission.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1307	h. Facilitated and encouraged professional development activities of teachers.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1330	i. Supported teachers during the coronavirus pandemic.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
1331	j. Provided teachers with the tools and materials needed to teach effectively during the coronavirus pandemic.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**31. LAST SCHOOL YEAR, did any of your students participate in a REQUIRED state or district assessment program in a subject that you taught?**

- 1311
- 1  Yes → GO TO item 32 on page 19.
- 2  No → GO TO item 33 on page 19.



**32. To what extent do you agree or disagree with each of the following statements about the state or district assessment program at LAST YEAR'S SCHOOL?**

🍏 Mark (X) one box on each line.

		Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1312	a. I did not receive adequate support in preparing my students for the assessments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1313	b. I believe my students were capable of performing well on the assessments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1314	c. The assessment program influenced the curriculum I taught.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1315	d. My students' knowledge and abilities were reflected accurately through their performance on assessments.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1316	e. Overall, I was satisfied with the assessment program.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**33. Were you formally evaluated for your work as a teacher last school year (2020–21)?**

1320

1  Yes

2  No → GO TO item 37 on page 20.

**34. To what extent do you agree or disagree with each of the following statements about the formal evaluation of your work as a teacher last school year (2020–21)?**

🍏 Mark (X) one box on each line.

		Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree
1321	a. My work as a teacher was assessed fairly in the formal evaluation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1322	b. I received feedback from the formal evaluation that was helpful in the development of my work as a teacher.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
1323	c. I was satisfied with the formal evaluation process.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**35. Which of the following best describes the evaluation you received for your work as a teacher last school year (2020–21)?**

🍏 Mark (X) only one box.

1324

1  Excellent / Outstanding / Highly effective

2  Satisfactory / Effective

3  Unsatisfactory / Not that effective

**36. Last year, how effective do you think you were as a teacher?**

🍏 Mark (X) only one box.

1325

1  Excellent / Outstanding / Highly effective

2  Satisfactory / Effective

3  Unsatisfactory / Not that effective

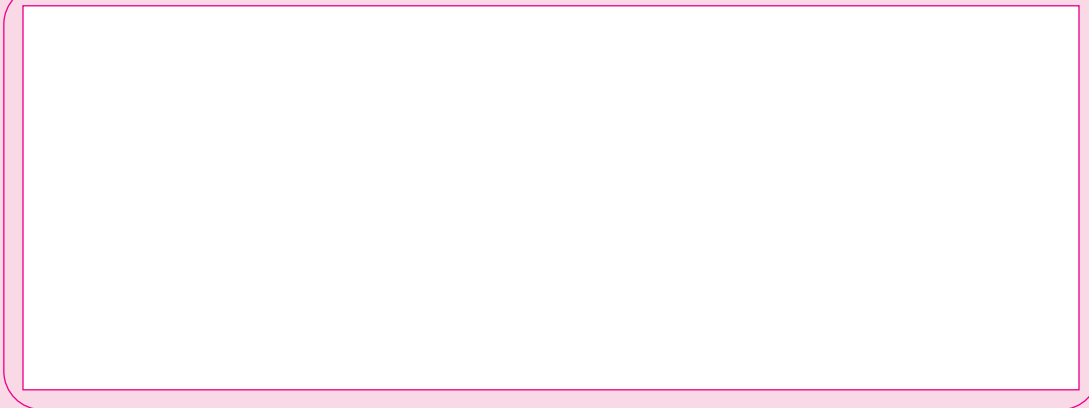




**37. What are some ways the coronavirus pandemic affected your teaching experience?**

🍏 *This can include any challenges you faced or enhancements you made in areas such as new teaching methods, classroom management strategies, communications, and technology.*

5332



**38. How would you rate your CURRENT teaching position relative to LAST YEAR'S teaching position in terms of each of the following aspects?**

🍎 *If you are teaching in the same school as you were last year, report on your current teaching conditions and assignment(s) relative to last year's teaching conditions and assignment(s).*

🍎 *Mark (X) one box on each line.*

		Better in previous/last year's position	Not better or worse	Better in current position
1250	a. Salary	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1251	b. Benefits (e.g., health insurance, retirement plan)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1252	c. Opportunities for professional advancement or promotion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1253	d. Opportunities for professional development	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1254	e. Opportunities for learning from colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1255	f. Social relationships with colleagues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1256	g. Recognition and support from administrators/managers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1257	h. Safety of environment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1258	i. Influence over workplace policies and practices	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1259	j. Autonomy or control over your own work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1260	k. Professional prestige	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1261	l. Procedures for performance evaluation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1262	m. Manageability of workload	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1263	n. Ability to balance personal life and work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1264	o. Availability of resources and materials/equipment for doing your job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1265	p. General work conditions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1266	q. Job security	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1267	r. Intellectual challenge	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1268	s. Sense of personal accomplishment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
1269	t. Opportunities to make a difference in the lives of others	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



## 4. EDUCATION ACTIVITIES AND FUTURE PLANS

**39a. Have you enrolled in college or university courses since the end of last school year?**

1400

- 1  Yes
- 2  No → *GO TO item 40 on page 23.*

**b. Which of the following best describes your enrollment in these courses?**

🍏 *Mark (X) only one box.*

1401

- 1  Individual courses (not part of a program leading to a degree or certificate)
- 2  Vocational certificate program
- 3  Associate's degree granting program
- 4  Bachelor's degree granting program
- 5  Master's degree granting program
- 6  Education specialist or professional diploma program (at least one year beyond Master's level)
- 7  Certificate of Advanced Graduate Studies program
- 8  Doctorate or professional degree granting program (Ph.D., Ed.D., M.D., J.D., D.D.S.)

**c. Which of the following best describes the reason you enrolled in these courses?**

🍏 *Mark (X) only one box.*

1402

- 1  To obtain or for use in a K–12 TEACHING POSITION
- 2  To obtain or for use in a position in the FIELD OF EDUCATION but NOT AS A K–12 TEACHER
- 3  To obtain or for use in a position OUTSIDE THE FIELD OF EDUCATION → *GO TO item 40 on page 23.*
- 4  For reasons unrelated to obtaining or using in a job (e.g., personal fulfillment)

**d. Were these courses needed to obtain, renew, or maintain teaching certification?**

1403

- 1  Yes
- 2  No



**40. How long do you plan to remain in the position of a pre-K–12 teacher?**

🍎 *Mark (X) only one box.*

1410

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

**41. In the last 12 months, have you applied for a job in an attempt to leave the position of a pre-K–12 teacher?**

🍎 *Answer “no” if you have only applied for summer jobs or other positions to supplement your income from teaching.*

🍎 *Answer “yes” if you have applied for non-teaching positions in the field of education (e.g., administrator) or a position outside the field of education.*

1411

- 1  Yes
- 2  No







**49. Which category represents the total combined BEFORE-TAX income of ALL FAMILY MEMBERS in your household during 2021?**

Include your own income.

Include money from jobs, net business or farm income, pensions, dividends, interest, rent, Social Security payments, and any other income received by family members in your household.

Mark (X) only one box.

1525

1  Less than \$35,000

2  \$35,000 – \$49,999

3  \$50,000 – \$74,999

4  \$75,000 – \$99,999

5  \$100,000 – \$149,999

6  \$150,000 or more


**50. Do you own or rent your primary residence?**

Mark (X) only one box.

1526

1  Own

2  Rent

3  Other living arrangement – please specify 

5526



## 6. CONTACT INFORMATION

**51. Please provide the following information in case we have questions about the responses you provided on this questionnaire.**

**a. First name**

9025

Middle name

9026

Last name

9027

Suffix

9028

**b. Home phone number**

Area code                  Number

9029  -  -

**c. Work phone number**

Area code                  Number

9030  -  -

**d. Cell phone number**

Area code                  Number

9031  -  -

**e. Home e-mail address**

9032

**f. Work e-mail address**

9033

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

**🍏 Please record the time in minutes, e.g., 20 minutes, 65 minutes, etc.**

0010

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](mailto: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:  
<https://www.usa.gov/statistics>**



# PRINCIPAL STATUS FORM



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

## NATIONAL TEACHER AND PRINCIPAL SURVEY PRINCIPAL FOLLOW-UP SURVEY (REGARDING YOUR SCHOOL'S 2020-21 PRINCIPAL)

**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**

**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).**

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

Collected by:  
U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

FORM **PFS-1A**  
(12-07-2021)

OMB No. 1850-0617: Approval Expires 07/31/2024



**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: <https://www.usa.gov/statistics>**

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 1850-0617. The time required to complete this information collection is estimated to average 5 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](mailto: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 4035, Washington, DC 20202.




The National Center for Education Statistics is interested in Principal attrition and mobility. Please answer the following two questions about this school's Principal last year.

**1. Which of the following best describes the current occupational status of last year's Principal?**

 Mark (X) only one box.

 If this school had more than one Principal last year, think of the one who was Principal on October 1, 2020.

 If this school did not have a Principal last year (2020-21 school year), mark (X) here <sup>50</sup>  and return the form.

**Still working as Principal of this school**

20  Still working as Principal of this school

**Still working as a Principal, but not at this school**

24  Working as a Principal, but in a different public school ↗

**Is the principal's new school in the same District as this school?**

21  Yes

22  No

23  Don't know

25  Working as a Principal, but in a private school

**Still working in a K–12 school, but not as a Principal**

26  Working in this school, but not as Principal

27  Working in a different public school, but not as Principal

28  Working in a private school, but not as Principal

**Still working in K–12 Education, but not in a K–12 school**

29  Working in a District or Administrative Office as a Superintendent, Assistant Superintendent, or other higher-level Administrator

30  Working in a District or Administrative Office, in a position other than that of Superintendent, Assistant Superintendent, or other higher-level Administrator

31  Working at a job associated with K–12 education, but not directly associated with any schools or school system

**Working at a job outside of K–12 Education**

32  Working at a job outside of K–12 education

**Other**

33  Retired – not working outside the home

34  On leave (e.g., maternity/paternity, military, disability, sabbatical)

35  Deceased

36  Other - please specify →



**2. For some schools, we have a record of the name of last year's Principal (who may also be the current Principal).**

Name we have:

Is this the name of the school's 2020-21 Principal, with first and last names in the right order and no nicknames?

1  Yes

2  No, this is not the name of the 2020-21 Principal OR there is no name above  
↓

What is the name of this school's 2020-21 Principal? *(Please print)*

Title

First name

Middle name

Last name

Suffix

**Thank you very much for your participation in this survey. If you have any questions, please contact us, toll-free, at: 1-866-325-4957 or by e-mail at: [ntps@census.gov](mailto:ntps@census.gov).**



# SCHOOL HEAD/PRINCIPAL STATUS FORM



[Large empty rounded rectangular box for school information]

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

## NATIONAL TEACHER AND PRINCIPAL SURVEY PRINCIPAL FOLLOW-UP SURVEY (REGARDING YOUR SCHOOL'S 2020-21 SCHOOL HEAD/PRINCIPAL)

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

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

**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).**

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

Collected by:  
U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

FORM **PFS-1B**  
(12-07-2021)

OMB No. 1850-0617: Approval Expires 07/31/2024



**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>**

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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 1850-0617. The time required to complete this information collection is estimated to average 5 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](mailto: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 4035, Washington, DC 20202.



The National Center for Education Statistics is interested in Principal attrition and mobility. Please answer the following two questions about this school's School Head/Principal last year.

**1. Which of the following best describes the current occupational status of last year's School Head/Principal?**

🍏 *Mark (X) only one box.*

🍏 *If this school had more than one School Head/Principal last year, think of the one who was School Head/Principal on October 1, 2020.*

🍏 *If this school did not have a School Head/Principal last year (2020-21 school year), mark (X) here  and return the form.*

**Still working as School Head/Principal of this school**

20  Still working as School Head/Principal of this school

**Still working as a School Head/Principal, but not at the same school**

24  Working as a School Head/Principal, but in a public school

25  Working as a School Head/Principal, but in a different private school

**Still working in a K–12 school, but not as a School Head/Principal**

26  Working in this school, but not as School Head/Principal

27  Working in a public school, but not as School Head/Principal

28  Working in a different private school, but not as School Head/Principal

**Still working in K–12 Education, but not in a K–12 school**

29  Working in a District or Administrative Office as a Superintendent, Assistant Superintendent, or other higher-level Administrator

30  Working in a District or Administrative Office, in a position other than that of Superintendent, Assistant Superintendent, or other higher-level Administrator

31  Working at a job associated with K–12 education, but not directly associated with any schools or school system

**Working at a job outside of K–12 Education**

32  Working at a job outside of K–12 education

**Other**

33  Retired – not working outside the home

34  On leave (e.g., maternity/paternity, military, disability, sabbatical)

35  Deceased

36  Other - please specify →





2. For some schools, we have a record of the name of last year's School Head/Principal (who may also be the current School Head/Principal).

Name we have:

Is this the name of the school's 2020-21 School Head/Principal, with first and last names in the right order and no nicknames?

1  Yes

2  No, this is not the name of the 2020-21 School Head/Principal OR there is no name above

What is the name of this school's 2020-21 School Head/Principal? *(Please print)*

Title

First name

Middle name

Last name

Suffix

**Thank you very much for your participation  
in this survey. If you have any questions,  
please contact us, toll-free, at: 1-866-325-4957  
or by e-mail at: [ntps@census.gov](mailto:ntps@census.gov).**



# PRINCIPAL STATUS FORM



[Large empty rounded rectangular box for providing name, address, and ZIP code.]

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

## NATIONAL TEACHER AND PRINCIPAL SURVEY PRINCIPAL FOLLOW-UP SURVEY

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

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

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U.S. DEPARTMENT OF EDUCATION  
NATIONAL CENTER FOR EDUCATION STATISTICS

Collected by:  
U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

FORM **PFS-1C**  
(12-07-2021)

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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).



The National Center for Education Statistics is interested in Principal attrition and mobility. According to our records, you were the principal of during the 2020-21 school year.

Please answer the following question about your current occupational status.

**1. Which of the following best describes your current occupational status?**

🍎 *Mark (X) only one box.*

🍎 *If you were not the Principal of last year (2020-21 school year), mark (X) here  and return the form.*

**Still working as Principal of the same school**

20  Still working as Principal of the same school

**Still working as a Principal, but not at the same school**

24  Working as a Principal, but in a different public school ➤

**Is your new school in the same District as last year's school?**

21  Yes

22  No

23  Don't know

25  Working as a Principal, but in a private school

**Still working in a K-12 school, but not as a Principal**

26  Working in the same school, but not as Principal

27  Working in a different public school, but not as Principal

28  Working in a private school, but not as Principal

**Still working in K-12 Education, but not in a K-12 school**

29  Working in a District or Administrative Office as a Superintendent, Assistant Superintendent, or other higher-level Administrator

30  Working in a District or Administrative Office, in a position other than that of Superintendent, Assistant Superintendent, or other higher-level Administrator

31  Working at a job associated with K-12 education, but not directly associated with any schools or school system

**Working at a job outside of K-12 Education**

32  Working at a job outside of K-12 education

**Other**

33  Retired – not working outside the home

34  On leave (e.g., maternity/paternity, military, disability, sabbatical)

35  Deceased

36  Other - please specify →



**Thank you very much for your participation in this survey. If you have any questions, please contact us, toll-free, at: 1-866-325-4957 or by e-mail at: [ntps@census.gov](mailto:ntps@census.gov).**

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# SCHOOL HEAD/PRINCIPAL STATUS FORM



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

## NATIONAL TEACHER AND PRINCIPAL SURVEY PRINCIPAL FOLLOW-UP SURVEY

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ATTN: DCB/PCSPU, BUILDING 60A  
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Conducted by:  
U.S. DEPARTMENT OF EDUCATION  
NATIONAL CENTER FOR EDUCATION STATISTICS

Collected by:  
U.S. DEPARTMENT OF COMMERCE  
U.S. CENSUS BUREAU

FORM **PFS-1D**  
(12-07-2021)

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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).



The National Center for Education Statistics is interested in Principal attrition and mobility. According to our records, you were the school head/principal of during the 2020-21 school year.

Please answer the following question about your current occupational status.

**1. Which of the following best describes your current occupational status?**

🍏 *Mark (X) only one box.*

🍏 *If you were not the School Head/Principal of last year (2020-21 school year), mark (X) here  and return the form.*

**Still working as School Head/Principal of the same school**

20  Still working as School Head/Principal of the same school

**Still working as a School Head/Principal, but not at the same school**

24  Working as a School Head/Principal, but in a public school

25  Working as a School Head/Principal, but in a different private school

**Still working in a K–12 school, but not as a School Head/Principal**

26  Working in the same school, but not as School Head/Principal

27  Working in a public school, but not as School Head/Principal

28  Working in a different private school, but not as School Head/Principal

**Still working in K–12 Education, but not in a K–12 school**

29  Working in a District or Administrative Office as a Superintendent, Assistant Superintendent, or other higher-level Administrator

30  Working in a District or Administrative Office, in a position other than that of Superintendent, Assistant Superintendent, or other higher-level Administrator

31  Working at a job associated with K–12 education, but not directly associated with any schools or school system

**Working at a job outside of K–12 Education**

32  Working at a job outside of K–12 education

**Other**

33  Retired – not working outside the home

34  On leave (e.g., maternity/paternity, military, disability, sabbatical)

35  Deceased

36  Other - please specify →





**Thank you very much for your participation in this survey. If you have any questions, please contact us, toll-free, at: 1-866-325-4957 or by e-mail at: [ntps@census.gov](mailto:ntps@census.gov).**

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