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Appendix C

U.S. DEPARTMENT OF EDUCATION

Impact Evaluation to Inform the Teacher and School Leader (TSL) Incentive Program

TEACHER SURVEY

Spring [2021/2022]

Mathematica is conducting this questionnaire, part of the Design of an Impact Evaluation to Inform the Teacher and School Leader (TSL) Incentive Program, for the U.S. Department of Education. This questionnaire asks about your background and the types and frequency of support, coaching, mentoring, and professional development teachers receive and provide. If you prefer to complete this survey by telephone or would like a paper copy of the questionnaire mailed to you, please call 1-xxx-xxx-xxxx. If you have any questions about the study or your school’s participation, email us at [STUDY EMAIL]@mathematica-mpr.com.

**We would like you to know the following:**

* The survey takes about 35 minutes to complete. When you finish, we will send you a $30 Visa gift card as a thank you.
* ***Your answers will be completely confidential; no information that identifies you, your school, or your district will be reported.*** Your responses are protected from disclosure per the policies and procedures required by the Education Sciences Reform Act of 2002, Title I, Part E, Section 183. Mathematica will present the information collected as part of this study in an aggregate form and will not associate responses to any of the people who participate. We will not provide information that identifies you, your school, or your district to anyone outside the study team except as required by law. Your responses will be used only for statistical purposes. Any willful disclosure of such information for nonstatistical purposes, without the informed consent of the respondent, is a class E felony.
* This survey is voluntary, but your response is critical for producing valid and reliable data. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can. Your answers to questions will not affect your job or any hiring decisions now or in the future and will only be shared with the Mathematica study team (they will not be shared with anyone from your school or district).
* Participation in the teacher survey does not pose any special risks to you as a respondent other than accidental disclosure of information. Mathematica has safeguards in place to ensure respondents’ confidentiality, including restricted access to survey data and separating identifying information such as teacher and school names from survey responses. All Mathematica staff sign a confidentiality pledge, and all staff with access to identifiable study data have received clearance from the U.S. Department of Education and are subject to severe legal consequences for any breach of confidentiality. Any data that identifies you will be destroyed at the end of the study. If you have any questions about your rights as a research volunteer, contact HML IRB toll free at 1-800-xxx-xxxx and reference IRB number xxxxxxxxxx.

|  |  |
| --- | --- |
|  | **Click here** to proceed if you have read and understand the above statements and agree to participate in the activity form. |

If you would like a copy of this disclosure statement, please contact Eric Zeidman at [ezeidman@mathematica-mpr.com](mailto:ezeidman@mathematica-mpr.com) or xxx-xxx-xxxxx.

This evaluation is authorized by Title II sections 2001-2002 and Title VIII section 8042 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6301 et. seq.) as amended by the Every Student Succeeds Act (ESSA).

|  |
| --- |
| According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0950. The time required to complete this information collection is estimated to average 35 minutes, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to U.S. Department of Education, Washington, DC 20202. If you have comments or concerns regarding the content or the status of your individual submission of this form, write directly to U.S. Department of Education, Institute of Education Sciences, 550 12th Street, SW, Washington, DC 20202. |

**A. PROFESSIONAL DEVELOPMENT**

PROGRAMMER: FOR ALL SCALES, RANDOMIZE SCALE DIRECTION BY RESPONDENT

Initial Screen

Throughout the survey, we have included definitions for frequently used terms. To view the definition for a specific question, click the blue hyperlinked text, and it will open in a new window.

Next Screen

These first questions relate to the support and coaching you might have received at your school during this school year.

|  |
| --- |
| ALL = teachers OF SCHOOLS WHO DO AND DO NOT HAVE TEACHER LEADERS PROVIDING INDIVIDUAL SUPPORT TO TEACHERS. |

A1. Did your school have teacher leaders during this school year?

By teacher leader, we mean regular classroom teachers responsible for their own classroom who take on additional administrative or support responsibilities in their school. They may or may not be compensated with a new job title, a reduction in their classroom teaching time, additional pay, or some combination of these items. They regularly engage in these administrative or support activities, in addition to their own classroom teaching.

🔾 Yes 1 Go to A2

🔾 No 0 Go to A3

🔾 Don’t know D Go to A3

NO RESPONSE M Go to A3

|  |
| --- |
| SOFT CHECK SOFT CHECK IF SCHOOL IN TREATMENT SAMPLE AND A1 = 0, D, OR M: **A teacher leader in your school may be called something else or have no official title. Please review and consider the definition of a teacher leader before finalizing your response.**  DISPLAY A1 |

|  |
| --- |
| A1=1 |

A2. Were you a teacher leader during this school year?

🔾 Yes 1

🔾 No 0

NO RESPONSE M

PROGRAMMER: TEACHER LEADER WILL HAVE A BLUE HYPERLINK THAT WILL OPEN THE FOLLOWING DEFINITION WHEN SELECTED

Teacher leaders are regular classroom teachers responsible for their own classroom who take on additional administrative or support responsibilities in their school. They may or may not be compensated with a new job title, a reduction in their classroom teaching time, additional pay, or some combination of these items. They regularly engage in these administrative or support activities in addition to their own classroom teaching.

|  |
| --- |
| SOFT CHECK IF TEACHER IS FLAGGED AS TEACHER LEADER IN SAMPLE AND A2 = 0 OR M: **A teacher leader in your school may be called something else or have no official title. Please review and consider the definition of a teacher leader before finalizing your response.**  DISPLAY A2 |

|  |
| --- |
| All |

**A3. Did you receive any *individualized (one-on-one) coaching* from anyone during this school year?**

* **Please include both organized and informal activities.**
* [IF A2=1 DISPLAY: Please only include coaching you *received*, not coaching that you provided to other teachers at your school. We will ask about those experiences in later questions.]
* Coaching includes observing a class, providing feedback, and other types of instructional support such as co-teaching, modeling a practice, and providing resources to support a teacher’s instruction.

🔾 Yes 1 GO TO PROGRAMMER

SKIP BOX A3

🔾 No 0 GO TO A4

NO RESPONSE M GO TO A4

|  |
| --- |
| PROGRAMMER SKIP BOX A3:  IF A1 NE 1 AND A3=1, SET FLAG “COACHING”=NONTL AND GO TO PROGRAMMER SKIP BOX A3b  IF A1=1 AND A3=1, GO TO A3a |

PROGRAMMER: DISPLAY A3a AND A3B ON ONE SCREEN

|  |
| --- |
| A1=1 and A3=1 |

**A3a. Did you receive any *individualized (one-on-one) coaching* from one or more teacher leaders during this school year?**

🔾 Yes 1

🔾 No 0

NO RESPONSE M

PROGRAMMER: “INDIVIDUALIZED (ONE-ON-ONE) COACHING” WILL HAVE A BLUE HYPERLINK THAT WILL OPEN THE FOLLOWING DEFINITION WHEN SELECTED:

Coaching includes observing a class, providing feedback, and other types of instructional support such as co-teaching, modeling a practice, and providing resources to support a teacher’s instruction.

|  |
| --- |
| PROGRAMMER SKIP BOX A3a  IF A3a=0, SET FLAG “COACHING”=NONTL AND GO TO PROGRAMMER SKIP BOX A3b, ELSE GO TO A3b |

|  |
| --- |
| A1=1 and A3=1 and (A3A=1 Or M) |

**A3b. Did you receive any *individualized (one-on-one) coaching* from anyone *OTHER THAN* a teacher leader during this school year?**

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| PROGRAMMER:  IF A3a=1 AND A3b=1, SET FLAG “COACHING”=TL\_NONTL  IF A3a=1 AND A3b NE 1, SET FLAG “COACHING”=TL  IF A3a=M AND A3b=1, SET FLAG “COACHING”= NONTL  IF A3a=M AND A3b NE 1, DISPLAY: **You indicated that you received individualized coaching, but did not indicate who you received it from. Please review your responses.** RESET TO A3. DO NOT CREATE LOOP. IF A3a=M AND A3b NE 1 AFTER REVIEW, SET FLAG “COACHING”= NONE |

|  |
| --- |
| PROGRAMMER SKIP BOX A3b:  IF FLAG “COACHING”=TL\_NONTL, DISPLAY A3c AND A3d ON ONE SCREEN  IF FLAG “COACHING”=TL, ASK A3c ONLY  IF FLAG “COACHING’= NONTL, ASK A3d ONLY  IF FLAG “COACHING’= NONE, GO TO A4 |

|  |
| --- |
| COACHING=TL\_NONTL OR COACHING=TL |

A3c. In a typical month during this school year, how much total time did you spend receiving *individualized (one-on-one) coaching* from your teacher leader(s)?

Please enter the total hours or minutes per month.

Hours per month/Minutes per month▼

NO RESPONSE M

|  |
| --- |
| COACHING=TL\_NONtl OR COACHING=NONTL |

A3d. In a typical month during this school year, how much total time did you spend receiving *individualized (one-on-one) coaching* from anyone *OTHER THAN* a teacher leader?

Please enter the total hours or minutes per month.

Hours per month/Minutes per month▼

NO RESPONSE M

|  |
| --- |
| ALL |

**A4. Did you receive any support in a small group or team setting with other teachers (for example, professional learning community or PLC) during this school year?**

* **Please include only organized small group activities.**
* **[****IF A2=1 DISPLAY: Please only include support you *received*, not support that you provided to other teachers at your school. We will ask about those experiences in later questions.]**

🔾 Yes 1 GO TO PROGRAMMER

SKIP BOX A4

🔾 No 0 GO TO A5

NO RESPONSE M GO TO A5

|  |
| --- |
| PROGRAMMER SKIP BOX A4:  IF A1 NE 1 AND A4=1, SET FLAG “SUPPORT”=NONTL AND GO TO PROGRAMMER SKIP BOX A4b  IF A1=1 AND A4=1, GO TO A4a |

PROGRAMMER: DISPLAY A4a AND A4B ON ONE SCREEN

|  |
| --- |
| A1=1 and A4=1 |

**A4a. Did you receive any support from one or more teacher leaders in a small group or team setting with other teachers (for example, professional learning community or PLC) during this school year?**

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| PROGRAMMER SKIP BOX A4a  IF A1=1 AND A4a=0, SET FLAG “SUPPORT”=NONTL AND GO TO PROGRAMMER SKIP BOX A4b, ELSE GO TO A4b |

|  |
| --- |
| A1=1 and A4=1 and (a4a=1 OR m) |

**A4b. Did you receive any support from** **anyone *OTHER THAN* a teacher leader in a small group or team setting with other teachers (for example, professional learning community or PLC) during this school year?**

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| PROGRAMMER:  IF A4a=1 AND A4b=1, SET FLAG “SUPPORT”=TL\_NONTL  IF A4a=1 AND A4b NE 1, SET FLAG “SUPPORT”=TL  IF A4a=M AND A4b=1, SET FLAG “SUPPORT’= NONTL |

|  |
| --- |
| IF A1=1 AND A4a=M AND A4b NE 1, DISPLAY: **You indicated that you received support in a small group or team setting, but did not indicate who you received it from. Please review your responses.** RESET TO A4. DO NOT CREATE LOOP. IF A4a=M AND A4b NE 1 AFTER REVIEW, SET FLAG “SUPPORT”= NONE |

|  |
| --- |
| PROGRAMMER SKIP BOX A4b:  IF FLAG “SUPPORT”=TL\_NONTL, DISPLAY A4c AND A4d ON ONE SCREEN  IF FLAG “SUPPORT”=TL, ASK A4c ONLY  IF FLAG “SUPPORT’= NONTL, ASK A4d ONLY  IF FLAG “SUPPORT’= NONE, GO TO A5 |

|  |
| --- |
| support=TL\_NONTL OR SUPPORT=TL |

A4c. In a typical month during this school year, how much total time did you spend receiving support from your teacher leader(s) in a small group or team setting with other teachers (for example, professional learning community or PLC)?

Please enter the total hours or minutes per month.

Hours per month/Minutes per month▼

NO RESPONSE M

|  |
| --- |
| SUPPORT=TL\_NONTL or SUPPORT=NONTL |

A4d. In a typical month during this school year, how much total time did you spend during that month in a setting where you received support from anyone *OTHER THAN* a teacher leader in a small group or team setting with other teachers (for example, professional learning community or PLC)?

Please enter the total hours or minutes per month.

Hours per month/Minutes per month▼

NO RESPONSE M

|  |
| --- |
| ALL |

**A5.** **Did you receive any** **other professional development during this school year?**

* **Please only include organized professional development activities.**
* **Please do *not* include support previously reported.**

🔾 Yes 1 GO TO A5a

🔾 No 0 GO TO PROGRAMMER

SKIP BOX A5a

NO RESPONSE M GO TO PROGRAMMER

SKIP BOX A5a

|  |
| --- |
| A5 = 1 |

A5a. How much time did you spend in all other professional development during this school year? Please think about this entire school year along with the summer before the school year.

Please enter the total hours or minutes for this entire school year along with the summer before the school year.

Hours /Minutes ▼

NO RESPONSE M

|  |
| --- |
| PROGRAMMER SKIP BOX A5a  IF A3a = 1 OR A3b = 1 OR A4a = 1 OR A4b = 1, GO TO SECTION B;  IF (A3a = 0 OR M) AND (A3b = 0 OR M) AND (A4a = 0 OR M) AND (A4b = 0 OR M), GO TO PROGRAMMER SKIP BOX B4 |

**B. INDIVIDUALIZED (ONE-ON-ONE) COACHING TO TEACHERS**

|  |
| --- |
| COACHING=TL\_NONTL OR COACHING=TL |

The next questions in this section relate to *individualized (one-on-one) coaching* you received from one or more teacher leaders at your school during this school year. If you received *individualized coaching* from more than one teacher leader, please answer the questions about your overall experience with all of your teacher leaders.

[IF A2=1 DISPLAY: Please only include coaching you *received*, not coaching that you provided to other teachers at your school. We will ask about those experiences in later questions.]

PROGRAMMER: DISPLAY COACHING AND TEACHER LEADER DEFINITIONS BEFORE FIRST B SECTION QUESTIONS CONTAINING EACH HYPERLINK ASKED TO RESPONDENT

* Coaching includes observing a class, providing feedback, and other types of instructional support such as co-teaching, modeling a practice, and providing resources to support a teacher’s instruction.
* By teacher leader, we mean regular classroom teachers responsible for their own classroom who take on additional administrative or support responsibilities in their school. They may or may not be compensated with a new job title, a reduction in their classroom teaching time, additional pay, or some combination of these items. They regularly engage in these administrative or support activities, in addition to their own classroom teaching.

B1. During this school year, how many total times (per week, month, or year) did your teacher leader(s) provide you with each of the following types of *individualized (one-on-one) coaching*?

If you did not receive the type of support, enter “0” in the first column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number of times per week, month or year | | | |
| Number of times | Select one per row | | |
| Per week | Per month | Per year |
| a. Observed my classroom instruction | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| b. Met with me to provide feedback based on a classroom observation | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| c. Provided written feedback to me based on a classroom observation | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| d. Helped plan an action step that I could use to improve my teaching | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| e. Co-taught a lesson with me | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| f. Modeled an instructional practice for me | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| g. Helped me with lesson planning | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| h. Supported me in practicing a lesson | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| i. Other types of *individualized (one-on-one) coaching* (specify)    (STRING (NUM)) | | | | | 1 🔾 | 2 🔾 | 3 🔾 |

|  |
| --- |
| COACHING=TL\_NONTL OR COACHING=TL |

B2. Thinking about the *individualized (one-on-one) coaching* you received from your teacher leader(s) during this school year, to what extent did the coaching focus on the following aspects of teaching?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | | |
|  | Not at all | To a small extent | To a moderate extent | To a great extent |
| a. Managing student behavior (for example, expectations for student behavior, applying consequences appropriately) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Managing instructional time (for example, transitioning from one activity to another) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Developing effective lessons (for example, aligning lesson plans with standards, practicing a lesson, reviewing resources on research-based practices) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Improving pedagogy (for example, setting appropriate learning goals, reteaching difficult concepts) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. Personalizing or differentiating instruction (for example, grouping students by readiness) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. Using student data to inform instruction (for example, reviewing student data, how to improve instruction based on data) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| g. Communicating student progress with students | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| h. Communicating student progress with students’ families | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| i. Improving collaboration with other teachers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| j. Other focus of *individualized (one-on-one) coaching* (specify) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| (STRING (NUM)) |  |  |  |  |

NO RESPONSE M

|  |
| --- |
| COACHING=TL\_NONTL OR COACHING=NONTL |

The next questions in this section relate to *individualized (one-on-one) coaching* you received from anyone *OTHER THAN* a teacher leader at your school during this school year. If you received *individualized coaching* from more than one person, please answer the questions about your overall experience with that coaching.

[IF A2=1 DISPLAY: Please only include coaching you *received*, not coaching that you provided to other teachers at your school. We will ask about those experiences in later questions.]

B3. During this school year, how many total times (per week, month, or year) did anyone *OTHER THAN* a teacher leader provide you with each of the following types of *individualized (one-on-one) coaching*?

If you did not receive the type of support, enter “0” in the first column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number of times per week, month or year | | | |
| Number of times | Select one per row | | |
| Per week | Per month | Per year |
| a. Observed my classroom instruction | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| b. Met with me to provide feedback based on a classroom observation | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| c. Provided written feedback to me based on a classroom observation | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| d. Helped plan an action step that I could use to improve my teaching | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| e. Co-taught a lesson with me | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| f. Modeled an instructional practice for me | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| g. Helped me with lesson planning | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| h. Supported me in practicing a lesson | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| i. Other types of *individualized (one-on-one) coaching* (specify)    (STRING (NUM)) | | | | | 1 🔾 | 2 🔾 | 3 🔾 |

|  |
| --- |
| A3b=1 |

B4. Thinking about the *individualized (one-on-one) coaching* you received from anyone *OTHER THAN* a teacher leader during this school year, to what extent did the coaching focus on the following aspects of teaching?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | | |
|  | Not at all | To a small extent | To a moderate extent | To a great extent |
| a. Managing student behavior (for example, expectations for student behavior, applying consequences appropriately) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Managing instructional time (for example, transitioning from one activity to another) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Developing effective lessons (for example, aligning lesson plans with standards, practicing a lesson, reviewing resources on research-based practices) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Improving pedagogy (for example, setting appropriate learning goals, reteaching difficult concepts) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. Personalizing or differentiating instruction (for example, grouping students by readiness) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. Using student data to inform instruction (for example, reviewing student data, how to improve instruction based on data) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| g. Communicating student progress with students | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| h. Communicating student progress with students’ families | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| i. Improving collaboration with other teachers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| j. Other focus of *individualized (one-on-one) coaching* (specify) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| (STRING (NUM)) |  |  |  |  |

|  |
| --- |
| PROGRAMMER SKIP BOX B4:  IF A2 = 1, GO TO C1, ELSE GO TO D1 |

**C. TEACHER LEADERS ACTIVITIES AND PERCEPTIONS**

|  |
| --- |
| A2 = 1 |

The next questions in this section are about any training you received as a teacher leader.

By teacher leader, we mean regular classroom teachers responsible for their own classroom who take on additional administrative or support responsibilities in their school. They may or may not be compensated with a new job title, a reduction in their classroom teaching time, additional pay, or some combination of these items. They regularly engage in these administrative or support activities, in addition to their own classroom teaching.

C1. In preparation for the teacher leader role at your school, did you receive any organized training?

* Include training that you received when your school first implemented this teacher leader role, regardless of when that training occurred.
* Include any ongoing training.
* If your school was already implementing the teacher leader role when you joined the school, include training you received after joining the school.
* Do not include training you received before joining the school.

🔾 Yes 1

🔾 No 0 GO TO C2

NO RESPONSE M GO TO C2

|  |
| --- |
| C1 =1 |

C1a. How many hours of organized training did you receive in preparation for the teacher leader role at your school?

HOURS

(RANGE 1–40)

NO RESPONSE M

|  |
| --- |
| A2 = 1 |

The next questions in this section relate to your experiences as a teacher leader at your school during this school year.

**C2. During an average week, how would you describe the number of hours of regular classroom instruction you provided compared to other classroom teachers at your school who teach the same grade and/or subject?**

🔾 I provided more or the same amount of classroom instruction as other classroom teachers 1 GO TO C3

🔾 I provided fewer hours of classroom instruction than other classroom teachers to allow me more time to perform my duties as a teacher leader 2 GO TO C2a

NO RESPONSE M GO TO C3

|  |
| --- |
| C2 = 2 |

**C2a. During an average week, how many *fewer* hours of regular classroom instruction to students did you provide in comparison to other classroom teachers at your school who teach the same grade and/or subject?**

LESS HOURS PER WEEK

NO RESPONSE M

|  |
| --- |
| A2 = 1 |

**C3. Did you spend time outside of school hours on your responsibilities as a** **teacher leader during this school year?**

🔾 Yes 1 GO TO C3a

🔾 No 0 GO TO C4

NO RESPONSE M GO TO C4

|  |
| --- |
| C3 = 1 |

**C3a. During the past month, how much time did you spend outside of school hours on your responsibilities as a** **teacher leader?**

Please enter the total hours or minutes.

Hours/Minutes▼

NO RESPONSE M

|  |
| --- |
| A2 = 1 |

**C4. Did you provide *individualized (one-on-one) coaching* to other teachers at your school during this school year?**

* **Please only include coaching that you *provided* to other teachers at your school, not coaching that you received.**
* Coaching includes observing a class, providing feedback, and other types of instructional support such as co-teaching, modeling a practice, and providing resources to support a teacher’s instruction.

🔾 Yes 1 GO TO C4a

🔾 No 0 GO TO C5

NO RESPONSE M GO TO C5

|  |
| --- |
| C4 = 1 |

C4a. On average, during this school year, how much time did you spend each *week* providing *individualized (one-on-one) coaching* to other teachers at your school?

Please enter the total hours or minutes per week.

Hours per week/Minutes per week▼

NO RESPONSE M

|  |
| --- |
| A2 = 1 |

**C5. Did you provide support to other teachers at your school in a small group or team setting (****for example, led professional learning community or PLC) during this school year?**

* Please only include support that you *provided* to other teachers at your school, not support that you received.

🔾 Yes 1 GO TO C5a

🔾 No 0 GO TO C6

NO RESPONSE M GO TO C6

|  |
| --- |
| C5 = 1 |

C5a. On average, during this school year, how much time did you spend each *month* providing support to other teachers at your school in a small group or team setting (for example, led professional learning community or PLC)?

Please enter the total hours or minutes per month.

Hours per month/Minutes per month▼

NO RESPONSE M

|  |
| --- |
| A2 = 1 |

**C6. Did you provide support for other professional development at your school during this school year?**

* Please do *not* include support previously reported.
* Please only include support that you *provided* to other teachers at your school, not support that you received.

🔾 Yes 1 GO TO C6a

🔾 No 0 GO TO C7

NO RESPONSE M GO TO C7

|  |
| --- |
| C6 = 1 |

C6a. On average, during this school year, how much time did you spend each *month* supporting all other professional development?

Please enter the total hours or minutes per month.

Hours per month/Minutes per month▼

NO RESPONSE M

|  |
| --- |
| A2 = 1 |

**C7. Did you meet with your principal to discuss issues related to your teacher leader role (for example, about a debrief with a teacher or the focus of support) during this school year?**

🔾 Yes 1 GO TO C7a

🔾 No 0 GO TO C8

NO RESPONSE M GO TO C8

|  |
| --- |
| C7 = 1 |

C7a. On average, during this school year, how much time did you spend each *month* meeting with your principal to discuss issues related to your teacher leader role?

Please enter the total hours or minutes per month.

Hours per month/Minutes per month▼

NO RESPONSE M

|  |
| --- |
| A2 = 1 |

C8. For each of the following aspects that can be part of a teacher leader role, would you say you received too little, too much, or about the right amount during this school year?

|  |  |  |  |
| --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | |
|  | TOO LITTLE | ABOUT RIGHT | TOO MUCH |
| a. The amount of designated time set aside from classroom instruction for your teacher leader role | 1 🔾 | 2 🔾 | 3 🔾 |
| b. The amount of compensation you received for your teacher leader role | 1 🔾 | 2 🔾 | 3 🔾 |
| c. The amount of training you received to perform your teacher leader role | 1 🔾 | 2 🔾 | 3 🔾 |
| d. The amount of support you received from school administrators for your teacher leader role | 1 🔾 | 2 🔾 | 3 🔾 |

|  |
| --- |
| PROGRAMMER SKIP BOX C8:  IF C4 = 1, GO TO C9, ELSE GO TO D1 |

|  |
| --- |
| C4 = 1 |

The next questions in this section relate to the *individualized (one-on-one) coaching* you provided to teachers during this school year. Please answer these questions about your overall efforts with all the teachers you coached, not about your efforts with each individual. (For example, if you typically met once each week with four different teachers or twice each week with 2 different teachers, both would count as having four weekly meetings.)

C9. During this school year, how many total times (per week, month, or year) did you provide each of the following types of *individualized (one-on-one) coaching*?

If you did not provide the type of support, enter “0” in the first column.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number of times per week, month or year | | | |
| Number of times | Select one per row | | |
| Per week | Per month | Per year |
| a. Observed a teacher’s classroom instruction | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| b. Met with a teacher to provide feedback based on a classroom observation | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| c. Provided written feedback to a teacher based on a classroom observation | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| d. Helped plan an action step that a teacher could use to improve his or her teaching | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| e. Co-taught a lesson with a teacher | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| f. Modeled an instructional practice for a teacher | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| g. Helped a teacher with lesson planning | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| h. Supported a teacher in practicing a lesson | | | | | 1 🔾 | 2 🔾 | 3 🔾 |
| i. Other types of *individualized (one-on-one) coaching* (specify)    (STRING (NUM)) | | | | | 1 🔾 | 2 🔾 | 3 🔾 |

|  |
| --- |
| C4 = 1 |

C10. Thinking about all the *individualized (one-on-one) coaching* you provided to teachers during this school year, to what extent did the coaching focus on the following aspects of teaching?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | | |
|  | Not at all | To a small extent | To a moderate extent | To a great extent |
| a. Managing student behavior (for example, expectations for student behavior, applying consequences appropriately) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Managing instructional time (for example, transitioning from one activity to another) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Developing effective lessons (for example, aligning lesson plans with standards, practicing a lesson, reviewing resources on research-based practices) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Improving pedagogy (for example, setting appropriate learning goals, reteaching difficult concepts) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. Personalizing or differentiating instruction (for example, grouping students by readiness) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. Using student data to inform instruction (for example, reviewing student data, how to improve instruction based on data) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| g. Communicating student progress with students | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| h. Communicating student progress with students’ families | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| i. Improving collaboration with other teachers | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| j. Other focus of *individualized (one-on-one) coaching* (specify) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| (STRING (NUM)) |  |  |  |  |

NO RESPONSE M

|  |
| --- |
| C4 = 1 |

C11. To how many teachers did you provide *individualized (one-on-one) coaching* to during this school year?

Please only include those teachers you supported on a consistent, regular basis during part or all of the year.

NUMBER OF TEACHERS

(1-50)

NO RESPONSE M

|  |
| --- |
| C4 = 1 |

C12. For each of the teachers you provided *individualized (one-on-one) coaching* to during this school year, to what extent would you say the teacher was receptive to your feedback overall? [IF C11 > 5, ADD: Please answer about the five teachers you provided the most coaching to during this school year.]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | | |
| DISPLAY FOR AS MANY TEACHERS AS RESPONDED TO C11; MAX OF 5 | Not at all | To a small extent | To a moderate extent | To a great extent |
| a. Teacher 1 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Teacher 2 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Teacher 3 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Teacher 4 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. Teacher 5 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| C4 = 1 |

C13. Were any of the teachers to whom you provided *individualized (one-on-one) coaching* during this school year identified as higher priority to receive more support from you than others?

🔾 Yes 1

🔾 No 0

NO RESPONSE M

**D. TEACHER ATTITUDES AND BEHAVIORS**

|  |
| --- |
| all |

The next questions in this section relate to your overall teaching experience during this school year.

D1. How would you describe your overall job satisfaction for this school year?

*Select one only*

🔾 Very dissatisfied 1

🔾 Dissatisfied 2

🔾 Neither dissatisfied nor satisfied 3

🔾 Satisfied 4

🔾 Very satisfied 5

NO RESPONSE M

|  |
| --- |
| ALL |

D2. How satisfied are you with each of the following aspects of your school this year?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | | | |
| [Randomize displayed order] | VERY DISSATISFIED | SOMEWHAT DISSATISFIED | NEITHER DISSATISFIED NOR SATISFIED | SOMEWHAT SATISFIED | VERY SATISFIED |
| a. Opportunities to receive *individualized (one-on-one) coaching* from a teacher leader | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. Opportunities to earn performance-based pay | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Opportunities for career advancement | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. The school culture (for example, the collegiality and relationships among school staff, expectations for teachers and student learning) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. The amount of time you were expected to spend receiving coaching or support for your teaching | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| ALL |

D3. Thinking about *the past month of school*, about how often did you do each of the following activities?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | |
| [Randomize displayed order] | Not in past month | At least once, But less than Weekly | At least weekly, but less than daily | One or more times per day |
| a. Watched a video of another teacher teaching | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Practiced a new or challenging lesson before using it with students | 1🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Reviewed information on research-based teaching practices | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| ALL |

D4. Thinking about *the past month of school*, about how often did you use student data (of any type) for each of the following purposes in helping guide your instruction?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | |
| [Randomize displayed order] | Not in past month | At least once, But less than Weekly | At least weekly, but less than daily | One or more times per day |
| a. To understand student learning needs and monitor progress toward learning goals | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. To plan whole-class instruction | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. To plan small-group instruction or change students’ small-group assignments | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. To plan individualized instruction for students | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| ALL |

D5. Thinking about *the past month of school*, about how often did you use each of the following teaching approaches?

| [Randomize displayed order] | Not in past month | At least once, But less than Weekly | At least weekly, but less than daily | One or more times per day |
| --- | --- | --- | --- | --- |
| a. Used a method to check on student understanding (for example, homework assignments, student exit slips, or quizzes) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Asked students to provide feedback on my teaching (such as with a survey) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Divided students into groups or teams by readiness or ability levels | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Used varied teaching methods or materials to meet students’ individual needs | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| ALL |

D6. Thinking about the *past week of school*, about how often did the following events take time away from instruction?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | | |
|  | Not in past week | Once or Twice | three or four times | Every Day |
| a. An individual student or students disrupts class for less than 5 minutes. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. An individual student or students disrupts class for 5 to 10 minutes. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. An individual student or students disrupt(s) class for more than 10 minutes. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Transitions from one activity to another take more than 5 minutes. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

**SN. SOCIAL NETWORKS**

|  |
| --- |
| all |

**The next questions ask about your interaction with any teachers in your school. As a reminder, your answers will be confidential; no information that identifies you or other teachers will be reported or shared with your school or district.**

**SN1. Thinking about the *past month of school*, have you received help or advice related to your teaching from any teachers at your school? This can include formal interactions such as coaching or informal interactions.**

🔾 Yes 1 GO TO SN2

🔾 No 0 GO TO E1

NO RESPONSE M GO TO E1

|  |
| --- |
| SN1=1 |

**SN2. Thinking about the *past month of school*, please indicate which teachers at your school you have received help or advice related to your teaching from.**

**If a teacher is not included on this list, we will collect their name on the next screen**

|  |  |  |
| --- | --- | --- |
|  | SELECT ONE PER ROW | |
|  | yes | No |
| a. [FILL TEACHERS FROM PRELOAD] | 1 🔾 | 0 🔾 |
| b. [FILL TEACHERS FROM PRELOAD] | 1 🔾 | 0 🔾 |
| c. [FILL TEACHERS FROM PRELOAD] | 1 🔾 | 0 🔾 |
| d. [FILL TEACHERS FROM PRELOAD] | 1 🔾 | 0 🔾 |
| e. [FILL TEACHERS FROM PRELOAD] | 1 🔾 | 0 🔾 |

|  |
| --- |
| SN1=1 |

**SN3. Thinking about the *past month of* school, have you received help or advice related to your teaching from any other teachers at your school?**

🔾 Yes 1 GO TO SN4

🔾 No 0 GO TO PROGRAMMER

LOOP BOX SN4

NO RESPONSE M GO TO PROGRAMMER

LOOP BOX SN4

|  |
| --- |
| SN3=1 |

**SN4. Please provide the name, grade(s) taught and subject(s) taught for any other teachers at your school you received help or advice related to your teaching from during the *past month of school*.**

|  |  | |
| --- | --- | --- |
| **Teacher name** | **Grade(s) taught** | **Subject(s) taught** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

|  |
| --- |
| PROGRAMMER LOOP BOX SN4: LOOP SN5-7 FOR ALL TEACHERS WHERE SN2=1 AND SN4 HAS A VALUE |

|  |
| --- |
| SN2=1 for any teacher, or sn4=value |
| FILL [TEACHER NAME] where sn2=1 and all names listed at sn4 |

**SN5. Thinking about the *past month of school*, about how often did you received help or advice related to your teaching from [TEACHER NAME]?**

*Select one only*

🔾 At least once, but less than weekly ..1

🔾 At least weekly, but less than daily ..2

🔾 One or more times a day ..3

|  |
| --- |
| SN2=1 for any teacher, or sn4=value |
| FILL [TEACHER NAME] where sn2=1 and all names listed at sn4 |

**SN6. Thinking about the *past month of school*, what is the most common topic you’ve received help or advice on from [TEACHER NAME]?**

*Select one only*

🔾 Managing student behavior (for example, expectations for student behavior, applying consequences appropriately)............................................................................................1

🔾 Managing instructional time (for example, transitioning from one activity to another)......2

🔾 Developing effective lessons (for example, aligning lesson plans with standards, practicing a lesson, reviewing resources on research-based practices)..........................3

🔾 Improving pedagogy (for example, setting appropriate learning goals, reteaching difficult concepts)..........................................................................................................................4

🔾 Personalizing or differentiating instruction (for example, grouping students by readiness).........................................................................................................................5

🔾 Using student data to inform instruction (for example, reviewing student data, how to improve instruction based on data)

🔾 Communicating student progress with students...............................................................6

🔾 Communicating student progress with students’ families.................................................7

🔾 Something else.................................................................................................................8

Specify

|  |
| --- |
| SN2=1 for any teacher, or sn4=value |
| FILL [TEACHER NAME] where sn2=1 and all names listed at sn4 |

**SN7. Thinking about the help or advice you received from [TEACHER NAME] in the *past month of school*, to what extent has the help or advice led to changes in your practice?**

*Select one only*

🔾 Not at all.................................................................................................................................................1

🔾 To a small extent....................................................................................................................................2

🔾 To a moderate extent.............................................................................................................................3

🔾 To a great extent....................................................................................................................................4

**E. TEACHER BACKGROUND CHARACTERISTICS**

|  |
| --- |
| ALL |

The next questions are about you.

E1. Including this school year, how many years of teaching experience do you have in each of the following settings? Please include any full-time teaching assignments but exclude student and part-time teaching. Please round your responses up to the nearest whole number.

| **Teaching experience** | ENTER ONE NUMBER FOR EACH CATEGORY |
| --- | --- |
| a. Total number of years teaching | | | | |
| b. Total number of years teaching at the elementary school level | | | | |
| c. Total number of years teaching at this school | | | | |

|  |
| --- |
| ALL |

E2. Which grades did you teach this school year?

[IF A2=1 DISPLAY: Please only include grades you teach, not grades in which you support other teachers.]

|  | SELECT ONE PER ROW | |
| --- | --- | --- |
| **Grades taught** | YES | NO |
| a. 3rd grade | 1 🔾 | 0 🔾 |
| b. 4th grade | 1 🔾 | 0 🔾 |
| c. 5th grade | 1 🔾 | 0 🔾 |
| d. 6th grade | 1 🔾 | 0 🔾 |
| e. Other grade(s) (*specify)* | 1 🔾 | 0 🔾 |
| (STRING (NUM)) |  |  |

|  |
| --- |
| ALL |

E3. Which subjects did you teach this school year?

[IF A2=1 DISPLAY: Please only include subjects you teach, not subjects in which you support other teachers.]

|  | SELECT ONE PER ROW | |
| --- | --- | --- |
| **Subjects taught** | YES | NO |
| a. English language arts (including writing or reading) | 1 🔾 | 0 🔾 |
| b. Math | 1 🔾 | 0 🔾 |
| c. Sciences | 1 🔾 | 0 🔾 |
| d. Social studies/history | 1 🔾 | 0 🔾 |
| e. Other subject(s) *(specify)* | 1 🔾 | 0 🔾 |
| (STRING (NUM)) |  |  |

|  |
| --- |
| ALL |

E4. Are you male or female?

🔾 Male 1

🔾 Female 2

|  |
| --- |
| ALL |

E5. Are you Hispanic or Latino?

🔾 Yes, Hispanic or Latino 1

🔾 No, not Hispanic or Latino 0

|  |
| --- |
| ALL |

E6. Which best describes your race?

Select all that apply

□ White 1

□ Black or African American 2

□ Asian 3

□ Native Hawaiian or other Pacific Islander 4

□ American Indian or Alaska Native 5

**F. FEEDBACK AND CONTACT INFORMATION**

|  |
| --- |
| ALL |

F1. Please share any additional comments or feedback you have related to this survey here.

END. Thank you for completing this questionnaire. Please provide the mailing address where we should send your $30 Visa gift card. If you do not provide an address, we will send it to you at your school address.

First name:

Middle initial:

Last name:

Street address 1:

Street address 2:

City:

State:

Zip:

**Thank you for completing this questionnaire!**