

DRAFT

OMB No. 1850-0598: Approval Expires xx/xx/201x

U.S. DEPARTMENT OF EDUCATION  
National Center for Education Statistics

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

**PRIVATE SCHOOL TEACHER QUESTIONNAIRE  
SCHOOLS AND STAFFING SURVEY  
2011-12 SCHOOL YEAR**

**THIS SURVEY HAS BEEN ENDORSED BY:**

TO BE DETERMINED

NOTICE> This survey is authorized by the Education Sciences Reform Act of 2002, 20 U.S.C. Sections 9541(b) and 9543(a).

# DRAFT

**DEAR TEACHER:**

The Schools and Staffing Survey is the largest sample survey of America's elementary and secondary schools. Your participation is important. Below are answers to some general questions.

**WHAT IS THE PURPOSE OF THIS SURVEY?**

The purpose of this survey is to obtain information about teachers, such as professional background, teaching field, workload, and opinions about working conditions.

**WHO IS CONDUCTING THIS SURVEY?**

The U.S. Census Bureau is conducting this survey for the National Center for Education Statistics (NCES) of the U.S. Department of Education.

**WHY SHOULD YOU PARTICIPATE IN THIS SURVEY?**

Policymakers and educational leaders rely on data from this survey to inform their decisions concerning K-12 schools. Because it is a sample survey, your responses represent the responses of many. Higher response rates give us confidence that the findings are accurate.

**WILL YOUR RESPONSES BE KEPT CONFIDENTIAL?**

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.

**HOW WILL YOUR INFORMATION BE REPORTED?**

The information you provide will be combined with the information provided by others in statistical reports. No individually-identifiable data will be included in the statistical reports.

**WHERE SHOULD YOU MAIL YOUR COMPLETED QUESTIONNAIRE?**

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

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

**WE HOPE YOU WILL PARTICIPATE IN THIS VOLUNTARY SURVEY.**

**SINCERELY,**

**JACK BUCKLEY  
Commissioner for Education Statistics  
National Center for Education Statistics**

**Paperwork Burden Statement**

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 1850-0598. The time required to complete this information collection is estimated to average 60 minutes per response, including the time spent 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(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4537. If you have comments or concerns about the contents of this questionnaire, e-mail: [dsl.sass@census.gov](mailto:dsl.sass@census.gov), or write directly to: Schools and Staffing Survey, National Center for Education Statistics, 1990 K Street, N.W., #9018, Washington, DC 20006.

# DRAFT

## 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 black ballpoint pen.

<b>Correct</b> marking example – <i>(Use care to keep characters in their designated spaces.)</i>	<b>Incorrect</b> marking example –
--	---------------------------------------

- 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 1-800-221-1204. Someone will be available to take your call Monday through Friday, between 8:30 a.m. and 5:00 p.m. (Eastern Time). The U.S. Census Bureau is also available to answer your questions via e-mail at: [dsd.sass@census.gov](mailto:dsd.sass@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 ungraded levels at the elementary 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, 1<sup>st</sup> grade, 2<sup>nd</sup> grade, etc.).

# DRAFT

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

Teacher name

-----

School name

-----

Address

-----

City

-----

State

---

ZIP Code

-----

DRAFT

# DRAFT

## I. GENERAL INFORMATION

### 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.

- Regular full-time teacher (in any of grades Kindergarten–12 or comparable ungraded levels)
- Regular part-time teacher (in any of grades Kindergarten–12 or comparable ungraded levels)
- Itinerant teacher (i.e., your assignment requires you to provide instruction at more than one school)
- 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)
- Short-term substitute
- Student teacher
- Teacher aide
- Administrator (e.g., principal, assistant principal, director, school head)
- Library media specialist or Librarian
- Other professional staff (e.g., counselor, curriculum coordinator, social worker)
- Support staff (e.g., secretary)

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

- Box 1 → GO TO item 5 on page 6.
- Box 2, 3, or 4 → GO TO item 4 on page 6.
- 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 → GO TO item 3 below.

### 3. Do you TEACH any regularly scheduled class(es) at this school 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
- No → Please STOP now and return this questionnaire to the U.S. Census Bureau. Thank you for your time.

# DRAFT

## 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.

## 5. 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

## 6. In what year did you begin teaching at THIS school?

Do not include time spent as a student teacher.

\_\_\_ \_\_\_ \_\_\_ Year

## 7. What was your MAIN activity LAST school year (2010-11)?

Considering all of the options below, please mark (X) the 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.

Mark (X) only one box.

- Teaching in this school
- Teaching in another private elementary or secondary school IN THIS STATE
- Teaching in a private elementary or secondary school IN ANOTHER STATE
- Teaching in a PUBLIC elementary or secondary school
- Student at a college or university
- Teaching in a preschool
- Teaching at a college or university
- Working in a position in the field of education, but not as a teacher
- Working in an occupation outside the field of education
- 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 → \_\_\_\_\_ (Write In) \_\_\_\_\_

# DRAFT

**8a. Did you mark box 8 (Working in a position in the field of education, but not as a teacher) OR box 9 (Working in an occupation outside the field of education) in item 7?**

Yes

No → GO TO item 9 below.

**b. What kind of work did you do, that is, what was your occupation?**

*Please record your job title; for example, plumber, typist, or farmer.*

\_\_\_\_\_ (Write In) \_\_\_\_\_

**c. What were your usual activities or duties at the job?**

*For example, typing, keeping account books, filing, selling cars, operating printing press, laying brick.*

**d. In addition to these usual activities, were you also teaching in one or more of grades K–12 last school year?**

Yes → GO TO item 8e below.

No → GO TO item 9 below.

**e. How would you classify that teaching position?**

*Mark (X) only one box*

Regular full-time teacher

Regular part-time teacher

Substitute teacher

Itinerant teacher

Other – please specify → \_\_\_\_\_ (Write In) \_\_\_\_\_

**9. In what year did you FIRST begin teaching, either full-time or part-time, at the elementary or secondary level?**

*Do not include time spent as a student teacher.*

\_\_\_ \_\_\_ \_\_\_ Year

**10. In how many schools have you taught at the elementary or secondary level?**

*Do not include time spent as a student teacher.*

\_\_\_ \_\_\_ Schools

**11. Excluding time spent on maternity/paternity leave or sabbatical, how many school years have you worked as an elementary- or secondary-level teacher in public, public charter or private schools?**

*Include the current school year.*

*Do not include time spent as a student teacher.*

*Record whole years, not fractions or months.*

\_\_\_ \_\_\_ School Years

# DRAFT

**12. Of the school years you have worked as an elementary- or secondary-level teacher in public, public charter or private schools, how many were --**

*Include the current school year.*

*Do not include time spent as a student teacher.*

*Record whole years, not fractions or months.*

*If none, please mark (X) the box.*

**a. In public and private schools during the SAME school year?**

| None **or** \_\_\_ \_\_\_ School Years

↓

**b. In public schools only?**

None **or** \_\_\_ \_\_\_ School Years

↓

→ (1) How many years were FULL-TIME?

None **or** \_\_\_ \_\_\_ Years → GO TO item 12b(2) below.

(2) How many years were PART-TIME?

None **or** \_\_\_ \_\_\_ Years → GO TO item 12c.

**c. In private schools only?**

| None **or** \_\_\_ \_\_\_ School Years

↓

→ (1) How many years were FULL-TIME?

None **or** \_\_\_ \_\_\_ Years → GO TO item 12c(2) below.

(2) How many years were PART-TIME?

None **or** \_\_\_ \_\_\_ Years → GO TO item 13 on page 10.

# DRAFT

**Table 1. Teaching Assignment and Subject-matter Codes  
For Questions 17 and 25**

<u>General Education</u>	
<b>Elementary Education</b>	<b>Special Education</b>
101 Early childhood or pre-K, general	110 Special education, any
102 Elementary grades, general	
<b>Arts and Music</b>	<b>Subject-matter Specific</b>
141 Art or arts and crafts	210 Science, general
143 Dance	211 Biology or life sciences
144 Drama or theater	212 Chemistry
145 Music	213 Earth sciences
<b>English and Language Arts</b>	214 Engineering
151 Communications	215 Integrated science
152 Composition	216 Physical sciences
153 English	217 Physics
154 Journalism	<b>Social Sciences</b>
155 Language arts	220 Social studies, general
158 Reading	221 Anthropology
159 Speech	225 Economics
<b>English as a Second Language (ESL)</b>	226 Geography
160 ESL or bilingual education: General	227 Government or civics
161 ESL or bilingual education: Spanish	228 History
162 ESL or bilingual education: Other languages	231 Native American studies
	233 Psychology
	234 Sociology
<b>Foreign Languages</b>	<b>Career or Technical Education</b>
171 French	241 Agriculture and natural resources
172 German	242 Business management
173 Latin	243 Business support
174 Spanish	244 Marketing and distribution
175 Other foreign language	245 Healthcare occupations
<b>Health Education</b>	246 Construction trades, engineering, or science technologies (including CADD and drafting)
181 Health education	247 Mechanics and repair
182 Physical education	249 Manufacturing or precision production (electronics, metalwork, textiles, etc.)
<b>Mathematics and Computer Science</b>	250 Communications and related technologies (including design, graphics, or printing; not including computer science)
191 Algebra I	253 Personal and public services (including culinary arts, cosmetology, child care, social work, protective services, custodial services, and interior design)
192 Algebra II	254 Family and consumer sciences education
193 Algebra III	255 Industrial arts or technology education
194 Basic and general mathematics	256 Other career or technical education
195 Business and applied math	<b>Miscellaneous</b>
196 Calculus and pre-calculus	262 Driver education
197 Computer science	264 Library or information science
198 Geometry	265 Military science or ROTC
199 Pre-algebra	266 Philosophy
200 Statistics and probability	267 Religious studies, theology, or divinity
201 Trigonometry	<b>Other</b>
	268 Other
<b>Natural Sciences</b>	

# DRAFT

## II CLASS ORGANIZATION

**13. 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
1 <sup>st</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2 <sup>nd</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3 <sup>rd</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 <sup>th</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ungraded	<input type="checkbox"/> Yes <input type="checkbox"/> No

**14. 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?**

*If none, please mark (X) the box.*

None or    Students

## DRAFT

**15. Of all the students you teach at this school, how many are of limited-English proficiency?**

(Students of limited-English proficiency [LEP] 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

**16. This school year, what is your MAIN teaching assignment field at THIS school?**

(Your main assignment is the field in which you teach the most classes.)

*Record one of the teaching assignment and subject matter codes from Table 1 on page 9.*

Code  (Write In)  Main assignment

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

Yes

No

**18. Which statement best describes the way YOUR classes at THIS school are organized?**

*Mark (X) only one box.*

You instruct several classes of different students most or all of the day in one or more subjects (sometimes called Departmentalized Instruction).

You are an elementary school teacher who teaches only one subject to different classes of students (sometimes called an Elementary Subject Specialist).

You instruct the same group of students all or most of the day in multiple subjects (sometimes called a Self-Contained Class).

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).

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).

**19. Check the box you marked in item 18 above and follow the arrow for the next item.**

Box 1 or 2 → GO TO item 23 on page 12.

Box 3 or 4 → GO TO item 20 below.

Box 5 → GO TO item 21 below.

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

Students → GO TO item 22 on page 12.

**21. 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

# DRAFT

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

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

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

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

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

\_\_ None or \_\_ \_\_ Hours per week → **(1) Of these hours, how many were designated for reading instruction?**

*Record response, then GO TO item 22b below.*

\_\_ None or \_\_ \_\_ Hours per week

**b. Arithmetic or mathematics**

\_\_ None or \_\_ \_\_ Hours per week

**c. Social studies or history**

\_\_ None or \_\_ \_\_ Hours per week

**d. Science**

\_\_ None or \_\_ \_\_ Hours per week

*Note: Items 23 and 24 are for teachers who marked box 1 or 2 for item 18, on page 11. If you marked box 3, 4, or 5 for item 18 (and completed items 20 and 22, or 21 and 22), → **GO TO item 25a on page 15.***

**23. 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

# DRAFT

**24. For EACH class period or section that you reported in item 23, record the subject name, subject matter code, grade level code, and number of students.**

*MIXED GRADES: List the grade with the most number of students.*

*The number of lines filled out should equal the number of class periods or sections reported in item 23.*

*Record one of the teaching assignment and subject matter codes from Table 1 on page 9 and use the grade level codes below.*

A. Subject Name	B. Subject Matter Code	C. Grade Level Code	D. Number of Students
Example English	1 5 3	11	33
____(Write In)____	_ _ _ _	_ _ _	_ _ _ _
____(Write In)____	_ _ _ _	_ _ _	_ _ _ _
____(Write In)____	_ _ _ _	_ _ _	_ _ _ _
____(Write In)____	_ _ _ _	_ _ _	_ _ _ _
____(Write In)____	_ _ _ _	_ _ _	_ _ _ _
____(Write In)____	_ _ _ _	_ _ _	_ _ _ _
____(Write In)____	_ _ _ _	_ _ _	_ _ _ _
____(Write In)____	_ _ _ _	_ _ _	_ _ _ _
____(Write In)____	_ _ _ _	_ _ _	_ _ _ _

### Codes for grade levels of 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		

# DRAFT

**Table 2. Major Fields of Study Codes  
For Questions 26d, 26f, 28e, and 29b**

## General Education

### 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

### 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

### 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

DRAFT

DRAFT

DRAFT

III EDUCATION AND TRAINING

25a. 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 28.

- Yes
No -> GO TO item 28 on page 17.

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

Year

c. Was this degree awarded by a university's Department or College of Education, or a college's Department or School of Education?

- Yes
No

d. What was your major field of study?

Record the field of study code and the field name from Table 2 on page 14.

Code (Write In) Major

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

Do not report academic minors or concentrations.

- Yes
No -> GO TO item 27a below.

f. What was your second major field of study?

Record the field of study code and the field name from Table 2 on page 14.

Do not report academic minors or concentrations.

Code (Write In) Major

g. Did you have a minor field of study?

- Yes
No -> GO TO item 27a below.

h. What was your minor field of study?

Record the field of study code and the field name from Table 2 on page 14.

Code (Write In) Minor

26a. What is the name of the college or university where you earned this degree?

Name of college or university

-----

b. In what city and state is it located?

City

State

-----

DRAFT

Located outside the United States

**27a. 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 28.*

Yes

No → GO TO item 28 on page 17.

27. Continued –

**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. Was this degree awarded by a university's Department or College of Education, or a college's Department or School of Education?**

Yes

No

**e. What was your major field of study?**

*Record the field of study code and the field name from Table 2 on page 14.*

\_\_\_\_ Code

\_\_\_\_ (Write In) Major

**YOUR COMMENTS**

\_\_\_\_ (Write In) \_\_\_\_\_

# DRAFT

## 28. Have you earned any of the degrees or certificates listed below?

Yes

No → GO TO item 29 on page 18.

a. Degree	b. What was your major field of study for each degree? <i>Record the field of study code and the field name from Table 2 on page 14.</i>		c. Was this degree awarded by a Department, College, or School of Education?	d. In what year?
(1) Vocational certificate	Code _____	Major field of study title _____ (Write In)		Year _____
(2) Associate's degree	Code _____	Major field of study title _____ (Write In)		Year _____
(3) SECOND Bachelor's degree	Code _____ Code _____ _____ No minor field of study	Major field of study title _____ (Write In) Minor field of study title _____ (Write In)	<input type="checkbox"/> Yes, awarded by a Department, College, or School of Education.  <input type="checkbox"/> No	Year _____
(4) SECOND Master's degree	Code _____	Major field of study title _____ (Write In)	<input type="checkbox"/> Yes, awarded by a Department, College, or School of Education.  <input type="checkbox"/> No	Year _____
(5) Educational specialist or professional diploma (at least one year beyond a master's level)	Code _____	Major field of study title _____ (Write In)	<input type="checkbox"/> Yes, awarded by a Department, College, or School of Education.  <input type="checkbox"/> No	Year _____
(6) Certificate of Advanced Graduate Studies	Code _____	Major field of study title _____ (Write In)	<input type="checkbox"/> Yes, awarded by a Department, College, or School of Education.  <input type="checkbox"/> No	Year _____
(7) Doctorate or first professional degree (Ph.D., Ed.D., M.D., J.D., D.D.S.)	Code _____	Major field of study title _____ (Write In)	<input type="checkbox"/> Yes, awarded by a Department, College, or School of Education.  <input type="checkbox"/> No	Year _____

## YOUR COMMENTS

\_\_\_\_\_ (Write In)

**29. Did any of your coursework result in a concentration or specialization in READING?**

- Yes
- No

**30. Have you ever taken any graduate or undergraduate courses that focused solely on teaching methods or teaching strategies?**

*Include courses you have taken to earn a degree and courses taken outside a degree program. Do not include practice or student teaching.*

- Yes      →      **How many courses?**
- No                      *Mark (X) only one box, then GO TO item 31a below.*
  - 1 or 2 courses
  - 3 or 4 courses
  - 5 to 9 courses
  - 10 or more courses

**31a. Did you have any practice or student teaching?**

- Yes
- No → *GO TO item 32 below.*

**b. How long did your practice or student teaching last?**

*Mark (X) only one box.*

- 4 weeks or less
- 5-7 weeks
- 8-11 weeks
- 12 weeks or more

**32. Was your FIRST year of teaching before the 2007-08 school year?**

- Yes → *GO TO item 37 on page 22.*
- No

## DRAFT

**33. In your FIRST year of teaching, how well prepared were you to –**  
*If you are in your first year of teaching, please answer for THIS school year.*

	<i>Mark (X) one box on each line.</i>			
	Not at all prepared	Somewhat prepared	Well prepared	Very well prepared
<b>a. Handle a range of classroom management or discipline situations?</b>	—	—	—	—
<b>b. Use a variety of instructional methods?</b>	—	—	—	—
<b>c. Teach your subject matter?</b>	—	—	—	—
<b>d. Use computers in classroom instruction?</b>	—	—	—	—
<b>e. Assess students?</b>	—	—	—	—
<b>f. Differentiate instruction in the classroom?</b>	—	—	—	—
<b>g. Use data from student assessments to inform instruction?</b>	—	—	—	—
<b>h. Meet state content standards?</b>	—	—	—	—

**34. In your FIRST year of teaching, did you participate in a teacher induction program?**  
 (A teacher induction program is a program for beginning teachers that may include teacher orientation, mentoring, coaching, demonstrations, and/or assessments aimed at enhancing teachers' effectiveness.)

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

- Yes  
 No

**35. Did you receive the following kinds of support during your FIRST year of teaching?**  
*If you are in your first year of teaching, please answer for THIS school year.*

**a. Reduced teaching schedule or number of preparations**

- Yes  
 No

**b. Common planning time with teachers in your subject**

- Yes  
 No

## DRAFT

**35. Continued – Did you receive the following kinds of support during your FIRST year of teaching?**

**c. Seminars or classes for beginning teachers**

- Yes
- No

**d. Extra classroom assistance (e.g., teacher aides)**

- Yes
- No

**e. Regular supportive communication with your principal, other administrators, or department chair**

- Yes
- No

**36a. In your FIRST year of teaching, did you work closely with a master or mentor teacher who was assigned by your school or district?**

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

- Yes
- No → GO TO item 37 on page 22.

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

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

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

- Yes
- No

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

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

# DRAFT

**Table 3. Certification Content Area Codes  
For questions 41b, 42, and 43**

## General Education

### 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
117	Learning disabilities
118	Mentally retarded
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

## Subject-matter Specific

### Arts and Music

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

### English and Language Arts

151	Communications
152	Composition
153	English
154	Journalism
155	Language arts
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

### Natural Sciences

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

### Social Sciences

220	Social studies, general
221	Anthropology
225	Economics
226	Geography
227	Government or civics
228	History
231	Native American studies
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, services, and protective services, custodial design) interior
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
-----	-------

# DRAFT

## IV CERTIFICATION

### 37. Have you taken the following tests?

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

*Mark (X) only one box.*

Test	Taken and passed	Taken and have not yet passed	Have not taken
(1) The Praxis I Pre-Professional Skills Test (PPST): Reading	— 1	— 2	— 3
(2) The Praxis I Pre-Professional Skills Test (PPST): Mathematics	— 1	— 2	— 3
(3) The Praxis I Pre-Professional Skills Test (PPST): Writing	— 1	— 2	— 3
(4) The Praxis II: Subject Assessment in a specific content area	— 1	— 2	— 3
(5) The Praxis III: Teacher Performance Assessment in a specific content area	— 1	— 2	— 3
(6) Another test of basic skills or subject knowledge, other than those listed above, required by your state or district	— 1	— 2	— 3

### 38. Did you enter teaching through an alternative certification program?

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

Yes

No

### 39a. Are you certified by the National Board for Professional Teaching Standards in at least one content area?

(The National Board for Professional Teaching Standards is a nongovernment organization that administers National Board certification, a voluntary national assessment program that certifies teachers who meet high professional standards. In order to gain certification, the candidate must at least complete a portfolio of classroom practice and pass one or more tests of content knowledge.)

Yes, fully certified → GO TO item 39b below.

No → GO TO item 39c on page 23.

### b. Using Table 3 on page 21, in what content area(s) does the National Board for Professional Teaching Standards certification allow you to teach?

Subject Name	Code
_____ Write In _____	_____ Code
_____ Write In _____	_____ Code
_____ Write In _____	_____ Code

GO TO item 40a on page 23.

# DRAFT

39. Continued –

**c. Are you working toward National Board Certification?**

- 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.*

**40a. Do you currently hold a regular or full certification by an accrediting certifying body OTHER THAN THE STATE?**

*Information about state-granted certification will be asked in item 41.*

- Yes  
 No → GO TO item 41a on page 24

**b. Using Table 3 on page 21, in what content area(s) and grade range(s) does the teaching certificate marked above allow you to teach?**

(For some teachers, the content area may be the grade level, for example, elementary general, secondary general, etc.)

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

Content Area	Content Code	Grade Range		
		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
(Write-in)	____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**c. Does this certificate marked in item 40a allow you to teach in additional content areas?**

- Yes  
 No → GO TO item 41a on page 24.

# DRAFT

40. Continued –

**d. Using Table 3 on page 21, please record all ADDITIONAL content areas and grade ranges in which this certificate allows you to teach:**

Additional Content Area	Content Code	Grade Range		
		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
1.	— — —	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	— — —	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	— — —	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	— — —	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**41a. Do you have a current teaching certificate in THIS state?**

- Yes  
 No → GO TO Section V on page 27.

**41b. 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 42.*

- Regular or standard state certificate or advanced professional certificate  
 Certificate issued after satisfying all requirements except the completion of a probationary period  
 Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained  
 Certificate issued to persons who must complete a certification program in order to continue Teaching  
 I do not hold any of the above certifications in THIS state → GO TO Section V on page 27.

**c. Using Table 3 on page 21, in what content area(s) and grade range(s) does the teaching certificate marked above allow you to teach in THIS state?**

(For some teachers, the content area may be the grade level, for example, elementary general, secondary general, etc.)

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

Content Area	Content Code	Grade Range		
		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
(Write-in)	— — —	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# DRAFT

41. *Continued* –

**d. Does this certificate marked in item 41b allow you to teach in additional content areas?**

- Yes  
 No → *GO TO item 42a on below.*

**e. Using Table 3 on page 21, please record all ADDITIONAL content areas and grade ranges in which this certificate allows you to teach:**

Additional Content Area	Content Code	Grade Range \		
		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
1.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**42a. Do you have another current teaching certificate that certifies you to teach in THIS state?**

- Yes  
 No → *GO TO Section V on page 27.*

**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  
 Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained  
 Certificate issued to persons who must complete a certification program in order to continue teaching

# DRAFT

42. *Continued* –

**c. Using Table 3 on page 21, in what content area(s) and grade range does this other teaching certificate, marked in 42b above, allow you to teach in THIS state?**

(For some teachers, the content area may be the grade level, for example, elementary general, secondary general, etc.)

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

Content Area	Content Code	Grade Range		
		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
(Write-in)	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**d. Does this certificate marked in item 42b allow you to teach in additional content areas?**

Yes

No → GO TO Section V on page 27.

**e. Using Table 3 on page 21, please record all ADDITIONAL content areas and grade ranges in which this certificate allows you to teach:**

Additional Content Area	Content Code	Grade Range		
		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
1.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# DRAFT

## V PROFESSIONAL DEVELOPMENT

**43. In the past 12 months, did you participate in any of the following professional development activities?**

**a. University course(s) related to teaching?**

Yes      →      If "Yes", How many?

No

↓

**b. Observational visits to other schools?**

Yes      →      If "Yes", How many?

No

↓

**c. Workshops, conferences, or training sessions in which you were a presenter?**

Yes      →      If "Yes", How many?

No

↓

**d. Other workshops, conferences, or training sessions in which you were NOT a presenter?**

Yes      →      If "Yes", How many?

No

↓

**44a. In the past 12 months, have you participated in any professional development activities specific to and concentrating on the content of the subject(s) you teach?**

Yes

No → GO TO item 45a on page 28.

**b. In the past 12 months, how many hours did you spend on these activities?**

*Mark (X) only one box.*

8 hours or less

9-16 hours

17-32 hours

33 hours or more

**c. Overall, how useful were these activities to you?**

*Mark (X) only one box.*

Not useful

Somewhat useful

Useful

Very useful

## DRAFT

**45a. In the past 12 months, have you participated in any professional development activities that focused on the uses of computers for instruction?**

- Yes  
 No → GO TO item 46a below.

**b. In the past 12 months, how many hours did you spend on these activities?**

*Mark (X) only one box.*

- 8 hours or less  
 9-16 hours  
 17-32 hours  
 33 hours or more

**c. Overall, how useful were these activities to you?**

*Mark (X) only one box.*

- Not useful  
 Somewhat useful  
 Useful  
 Very useful

**46a. In the past 12 months, have you participated in any professional development activities that focused on reading instruction?**

- Yes  
 No → GO TO item 47a below.

**b. In the past 12 months, how many hours did you spend on these activities?**

*Mark (X) only one box.*

- 8 hours or less  
 9-16 hours  
 17-32 hours  
 33 hours or more

**c. Overall, how useful were these activities to you?**

*Mark (X) only one box.*

- Not useful  
 Somewhat useful  
 Useful  
 Very useful

**47a. In the past 12 months, have you participated in any professional development activities that focused on student discipline and management in the classroom?**

- Yes  
 No → GO TO item 48a on page 29.

47. Continued –

**b. In the past 12 months, how many hours did you spend on these activities?**

*Mark (X) only one box.*

- 8 hours or less
- 9-16 hours
- 17-32 hours
- 33 hours or more

**c. Overall, how useful were these activities to you?**

*Mark (X) only one box.*

- Not useful
- Somewhat useful
- Useful
- Very useful

**48a. In the past 12 months, have you participated in any professional development on how to teach students with disabilities?**

- Yes
- No → GO TO item 50 on page 30.

**b. In the past 12 months, how many hours did you spend on these activities?**

*Mark (X) only one box.*

- 8 hours or less
- 9-16 hours
- 17-32 hours
- 33 hours or more

**c. Overall, how useful were these activities to you?**

*Mark (X) only one box.*

- Not useful
- Somewhat useful
- Useful
- Very useful

**49a. In the past 12 months, have you participated in any professional development on how to teach limited-English proficient students?**

- Yes
- No → GO TO item 50 on page 30.

**b. In the past 12 months, how many hours did you spend on these activities?**

*Mark (X) only one box.*

- 8 hours or less
- 9-16 hours
- 17-32 hours
- 33 hours or more

## DRAFT

49. *Continued* –

**c. Overall, how useful were these activities to you?**

*Mark (X) only one box.*

- Not useful
- Somewhat useful
- Useful
- Very useful

**50. In the past 12 months, have you participated in any professional development activities that focused on other topics not included in items 46-50 above?**

Yes → Please specify \_\_\_\_\_ *(Write In)* \_\_\_\_\_

No

**51. As a result of completing these professional development activities, did you receive credits toward re-certification or advanced certification in your main teaching assignment or other teaching field(s)?**

Yes

No

**52. For the professional development in which you participated in the past 12 months, did you receive the following types of support?**

**a. Release time from teaching (i.e., your regular teaching responsibilities were temporarily assigned to someone else)**

Yes

No

**b. Scheduled time in the contract year for professional development**

Yes

No

**c. Stipend for professional development activities that took place outside regular work hours**

Yes

No

**d. Full or partial reimbursement of college tuition**

Yes

No

**e. Reimbursement for conference or workshop fees**

Yes

No

**f. Reimbursement for travel and/or daily expenses**

Yes

No

DRAFT

53. In the past 12 months, did you do any of the following?

a. Engage in individual or collaborative research on a topic of interest to you professionally

Yes

No

b. Participate in regularly scheduled collaboration with other teachers on issues of instruction

*Exclude administrative meetings.*

Yes

No

c. Observe, or be observed by, other teachers in your classroom (for at least 10 minutes)

Yes

No

# DRAFT

## VI WORKING CONDITIONS

**For questions 54-56 please report to the nearest whole hour; do not record fractions of an hour or minutes.**

**54. How many hours a week are you paid to deliver INSTRUCTION to a class of students in THIS school?**

(Example: If your base contract requires you to work 40 hours a week, with 30 of those hours for delivering instruction and 10 hours for planning, monitoring students outside of class time, etc., you would report 30 hours.)

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

\_\_\_ \_\_\_ \_\_\_ Total WEEKLY hours spent delivering instruction

**55. How many hours are you required to work to receive BASE PAY during a typical FULL WEEK at THIS school?**

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

\_\_\_ \_\_\_ \_\_\_ Total weekly hours required for BASE PAY

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

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

**57. During this school year, do you or will you –**

**a. Coach a sport?**

\_\_\_ Yes

\_\_\_ No

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

\_\_\_ Yes

\_\_\_ No

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

\_\_\_ Yes

\_\_\_ No

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

\_\_\_ Yes

\_\_\_ No

**e. Serve on a school-wide or district-wide committee or task force?**

\_\_\_ Yes

\_\_\_ No

# DRAFT

57. Continued –

**f. Serve as a formal mentor or mentor coordinator in your school or district?**

Yes

No

**58. In the LAST SCHOOL YEAR (2010-11), how much of your own money did you spend on classroom supplies, without reimbursement?**

*Please use your best estimate for costs incurred, in whole dollars.*

*If none, please mark (X) the box.*

None or \$ \_\_, \_\_ \_\_ \_\_.00

**59a. How often are you INFORMALLY evaluated?**

*Consider only INFORMAL evaluations in your answer to this question, not formal evaluations or observations.*

Twice or more times per year

Once a year

Once every 2 years

Once every 3-4 years

Once every 5 or more years

Never

**b. How often are you FORMALLY evaluated?**

*Consider only FORMAL evaluations in your answer to this question, not informal evaluations or observations.*

Twice or more times per year

Once a year

Once every 2 years

Once every 3-4 years

Once every 5 or more years

Never

# DRAFT

## VII SCHOOL CLIMATE AND TEACHER ATTITUDES

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

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

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

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

# DRAFT

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

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

## DRAFT

63. To what extent is each of the following a problem in this school?

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

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

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

## DRAFT

**65a. If you could go back to your college days and start over again, would you become a teacher or not?**

*Mark (X) only one box.*

- Certainly would become a teacher
- Probably would become a teacher
- Chances about even for and against
- Probably would not become a teacher
- Certainly would not become a teacher

**b. How long do you plan to remain in teaching?**

*Mark (X) only one box.*

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

**66a. Has a student FROM THIS SCHOOL ever threatened to injure you?**

- Yes
- No → GO TO item 67a below.

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

- Yes
- No → GO TO item 67a below.

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

- Times

**67a. Has a student FROM THIS SCHOOL ever physically attacked you?**

- Yes
- No → GO TO item 68a on page 38.

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

- Yes
- No → GO TO item 68a on page 38.

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

- Times

# DRAFT

## VIII GENERAL EMPLOYMENT AND BACKGROUND INFORMATION

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

**68. DURING THE SUMMER OF 2011, did you have any earnings from –**  
*Report amounts in whole dollars.*

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

Yes → **How much?**

No \$ \_\_ \_\_ , \_\_ \_\_ \_\_ .00

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

*Mark (X) Yes or No, then GO TO item 68b below.*

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

Yes → **How much?**

No \$ \_\_ \_\_ , \_\_ \_\_ \_\_ .00

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

*Mark (X) Yes or No, then GO TO item 68c below.*

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

Yes → **How much?**

No *Record amount, then GO TO item 69 below.*

\$ \_\_ \_\_ \_\_ , \_\_ \_\_ \_\_ .00

**69. 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

**70. 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?**

No *Record amount, then GO TO item 71 below.*

\$ \_\_ \_\_ , \_\_ \_\_ \_\_ .00

**71. 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)?**

Yes → **How much?**

No *Record amount, then GO TO item 72 on page 39.*

\$ \_\_ \_\_ , \_\_ \_\_ \_\_ .00

DRAFT

**72. 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?**

No

*Record amount, then GO TO item 73a below.*

\$ \_\_ \_\_ , \_\_ \_\_ \_\_ .00

**73a. 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?**

No → **GO TO item 75 below.**

*Record amount, then GO TO item 73b below.*

\$ \_\_ \_\_ , \_\_ \_\_ \_\_ .00

**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

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

*Report amount in whole dollars.*

Yes → **How much?**

No

*Record amount, then GO TO item 75 below.*

\$ \_\_ \_\_ , \_\_ \_\_ \_\_ .00

**75. Do you work in this school on a contributed service basis, that is, for less than full salary or for no salary, for example, as a member of a religious order?**

Yes

No

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

Yes

No

**77. Are you male or female?**

Male

Female

DRAFT

**78. What is your current marital status?**

*Mark (X) only one box.*

- Married
- Widowed
- Separated
- Divorced
- Never married
- Living with a partner in a marriage-like relationship

**79. Are you of Hispanic or Latino origin?**

- Yes
- No

**80. 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

**81. What is your year of birth?**

19 \_\_ \_\_

**YOUR COMMENTS**

\_\_\_\_\_(Write In)\_\_\_\_\_

# DRAFT

## IX CONTACT INFORMATION

**82. 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 (P.L. 107-279, Title I, Part C, Sec. 183). 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 telephone number, 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**

----- - -----

DRAFT

82. *Continued* –

g. Home telephone

AREA CODE TELEPHONE NUMBER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

h. In whose name is the telephone number listed?

My name

Other – please specify →

-----

**Please PRINT the most convenient time to reach you, your work e-mail address, and your home e-mail address.**

i. Best day(s) to reach you

*Enter Mon, Tue, etc., as appropriate.*

-----

j. Best time of the day to reach you

*Mark (X) only one box.*

a.m.

p.m.

k. Work e-mail address

-----

l. Home e-mail address

-----

**YOUR COMMENTS**

\_\_\_\_\_*(Write In)*\_\_\_\_\_

**83. 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, contact's home address, contact's telephone number, and contact's work and home e-mail addresses.**

**(1) First Contact Person**

**a. First Name**

-----

**Middle Name**

-----

**Last Name**

-----

**b. Relationship to you**

-----

**c. Street address**

-----

**d. City**

-----

**e. State**

---

**f. ZIP Code + 4**

-----

**g. Home telephone**

AREA CODE TELEPHONE NUMBER

-----

**h. In whose name is the telephone number listed?**

\_\_ Name entered in part a

\_\_ Other – please specify →

-----

**83. Continued –**

**i.** Work e-mail address

-----

**j.** Home e-mail address

-----

**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, contact's home address, contact's telephone number, and contact's work and home e-mail addresses.**

**(2) Second Contact Person**

**a.** First Name

-----

Middle Name

-----

Last Name

-----

**b.** Relationship to you

-----

**c.** Street address

-----

**d.** City

-----

**e.** State

---

**f.** ZIP Code + 4

-----

**g.** Home telephone

AREA CODE TELEPHONE NUMBER

-----

**83. Continued –**

**h.** In whose name is the telephone number listed?

Name entered in part a

Other – please specify →

-----

**i.** Work e-mail address

-----

**j.** Home e-mail address

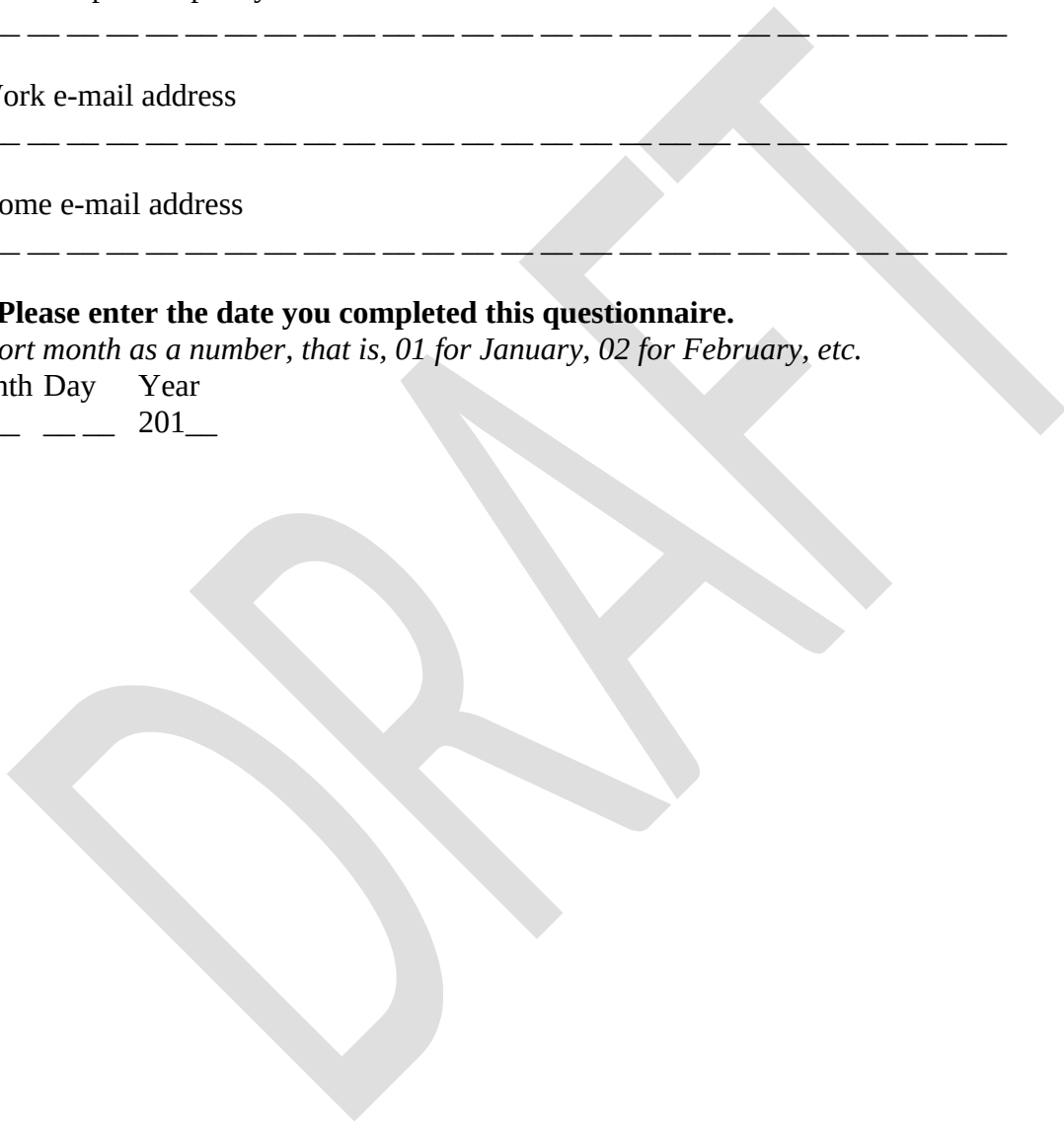
-----

**84. 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

\_\_\_ \_\_\_ 201\_\_



## DRAFT

Thank you very much for your participation in this survey. If you have any questions, please contact us, toll-free, at: 1-800-221-1204 or by e-mail at: [dsd.sass@census.gov](mailto:dsd.sass@census.gov).

To learn more about this survey and to access reports from earlier collections, see the Schools and Staffing Survey (SASS) website at: <http://nces.ed.gov/surveys/sass>

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.gov>