

PRIVATE SCHOOL TEACHER QUESTIONNAIRE



NATIONAL TEACHER AND PRINCIPAL SURVEY 2020-21 SCHOOL YEAR

The coronavirus pandemic has affected the way many schools provide instruction. To help us understand your responses to this survey, please select the option that best describes the current effect of the coronavirus pandemic on your teaching at THIS school:

- I am currently **only teaching with distance-learning instruction** because of the coronavirus pandemic.
- I am currently **teaching with a hybrid of in-person and distance-learning instruction** (some students or classes may be remote, while others are in person) because of the coronavirus pandemic.
- I am currently **teaching only in person with additional safety precautions** because of the coronavirus pandemic.
- There is currently **no effect on how I deliver instruction** because of the coronavirus pandemic.
- I am not currently teaching because of the coronavirus pandemic → *Please continue with the survey.*

Please turn to the next page to begin the survey.

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

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

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

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

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



INSTRUCTIONS AND DEFINITIONS

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

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

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

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

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

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

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary information collection is 1850-0598. The time required to complete this information collection is estimated to average 40 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this collection, or comments or concerns about the contents or the status of your individual submission of this questionnaire, please e-mail: ntps@census.gov, or write directly to: National Teacher and Principal Survey (NTPS), National Center for Education Statistics, Potomac Center Plaza, 550 12th Street, SW, Room 4035, Washington, DC 20202.



1. GENERAL INFORMATION

1-1. How do you classify your position at THIS school?

- 🍏 If you have more than one position, consider the one at which you spend most of your time.
- 🍏 Mark (X) only one box.

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

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

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



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

- 🍏 If you work as a library media specialist or librarian at this school, do not include classes in which you teach students how to use the library (e.g., library skills or library research).
- 🍏 If you teach a particular specialty either within or outside of a regular classroom (e.g., reading specialist, special education teacher, English as a Second Language teacher), include that time as a regularly scheduled class.

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



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

🍎 *Mark (X) only one box.*

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

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

1-5. During the LAST school year (2019-20), what was your MAIN activity?

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

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

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



1-6. When did you begin teaching, either full-time or part-time, at THIS school?

- 🍏 Do NOT include time spent as a student teacher or a substitute teacher.
- 🍏 Enter the month AND year.

MM

YYYY

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

- 🍏 Do NOT include time spent as a student teacher or a substitute teacher.
- 🍏 Enter the month AND year.

MM

YYYY

1-8. Excluding time spent on maternity/paternity leave or sabbatical, how many school years have you worked, either full-time or part-time, as a K-12 or comparable ungraded level teacher in public, public charter, or private schools?

- 🍏 Include the current school year.
- 🍏 Do NOT include time spent as a student teacher or a substitute teacher.
- 🍏 Report years to the nearest whole year, not fractions or months.

School years

1-9. In how many schools have you taught, either full-time or part-time, at the K-12 or comparable ungraded level?

- 🍏 Do NOT include time spent as a student teacher or a substitute teacher.

Schools



2. CLASS ORGANIZATION

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

🍏 Please mark (X) for all that apply.

- Prekindergarten
- Kindergarten
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Ungraded

2-2. Of all the students you teach at THIS school, how many have a formally-identified disability?

🍏 Write '0' if you do NOT teach any students with a formally-identified disability.

Students with a formally-identified disability



- 2-3. Of all the students you teach at THIS school, how many have been identified as English-language learners (ELL), also known as limited-English proficiency (LEP)?**
 (English-language learners [ELLs] or limited-English proficiency [LEP] refers to students whose native or dominant language is other than English and who have sufficient difficulty speaking, reading, writing, or understanding the English language as to deny them the opportunity to learn successfully in an English-speaking-only classroom.)

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

ELL or LEP Students

- 2-4. Using Table 1 on page 10, this school year, in what subject is your MAIN teaching assignment at THIS school?**

(Your main teaching assignment is the subject matter in which you teach the most classes)

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

Main Teaching
Assignment Code

Main Teaching
Assignment Label

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

Yes

No

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

Yes

No → GO TO item 2-7 on page 8.



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

Yes

No



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

🍏 *Mark (X) only one box.*

- 1 You instruct several classes of different students most or all of the day in one or more subjects.
- 2 You are an elementary school teacher who teaches only one subject to different classes of students.
- 3 You instruct the same group of students all or most of the day in multiple subjects.
- 4 You are one of two or more teachers, in the same class, at the same time, and are jointly responsible for teaching the same group of students all or most of the day.
- 5 You instruct a small number of selected students released from or in their regular classes in specific skills or to address specific needs.

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

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

Box 3 or 4

Box 5 → *GO TO item 2-10 below.*

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

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

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

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

Students



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

🍏 *If you taught two or more subjects at the same time, divide the time between each subject the best you can.*

🍏 *Write '0' in the "Minutes per day" box if you did not teach a particular subject during the week.*

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

Minutes per day		Days per week
<input type="text"/>	for	<input type="text"/>

b. Of these English, reading, or language arts (including reading and writing) minutes, how many were designated for reading instruction?

Minutes per day		Days per week
<input type="text"/>	for	<input type="text"/>

c. Arithmetic or mathematics

Minutes per day		Days per week
<input type="text"/>	for	<input type="text"/>

d. Social studies or history

Minutes per day		Days per week
<input type="text"/>	for	<input type="text"/>

e. Science

Minutes per day		Days per week
<input type="text"/>	for	<input type="text"/>

GO TO Section 3 on page 12.



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

General Education Codes and Labels

Elementary Education

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

Special Education

- 110 Special education, any

Subject-matter Specific Codes and Labels

Arts and Music

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

English and Language Arts

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

English as a Second Language (ESL)

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

Foreign Languages

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

Health Education

- 181 Health education
182 Physical education

Mathematics and Computer Science

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

Natural Sciences

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

Social Sciences

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

Career or Technical Education

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

Miscellaneous

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

Other

- 268 Other



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

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

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

🍏 Do NOT include homeroom periods or study halls.

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

00

Number of classes or sections

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

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

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

	A. Subject-Matter Code from Table 1	B. Subject-Matter Label from Table 1, one for EACH class period	C. Grade Level Code from list below	D. Number of Students
Example	192	Algebra II	11	33
(1)	 	<input style="width: 100%; height: 20px;" type="text"/>	 	
(2)	 	<input style="width: 100%; height: 20px;" type="text"/>	 	
(3)	 	<input style="width: 100%; height: 20px;" type="text"/>	 	
(4)	 	<input style="width: 100%; height: 20px;" type="text"/>	 	
(5)	 	<input style="width: 100%; height: 20px;" type="text"/>	 	
(6)	 	<input style="width: 100%; height: 20px;" type="text"/>	 	
(7)	 	<input style="width: 100%; height: 20px;" type="text"/>	 	
(8)	 	<input style="width: 100%; height: 20px;" type="text"/>	 	
(9)	 	<input style="width: 100%; height: 20px;" type="text"/>	 	
(10)	 	<input style="width: 100%; height: 20px;" type="text"/>	 	

Grade Level Codes

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

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



3. EDUCATION AND TRAINING

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

Yes

No → GO TO item 3-3 on page 15.



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

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

Name of college or university

In what city and state is it located?

City

State

Located outside the United States

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

Year

d. Was your bachelor's degree awarded by the College of Education, School of Education, or Department of Education at the college or university you attended?

Yes

No

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

Major Field
of Study Code

Major Field
of Study Label

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

Do NOT report academic minors or concentrations.

Yes

No → GO TO item 3-1h on page 14.



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

Do NOT report academic minors or concentrations.

Major Field
of Study Code

Major Field
of Study Label



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

General Education Codes and Labels

Elementary Education

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

Secondary Education

- 103 Middle grades, general
104 Secondary grades, general

Special Education

- 110 Special education, any

Other Education

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

Subject-matter Specific Codes and Labels

Arts and Music

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

English and Language Arts

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

English as a Second Language (ESL)

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

Foreign Languages

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

Health Education

- 181 Health education
182 Physical education

Mathematics and Computer Science

- 190 Mathematics
197 Computer science
200 Statistics and probability

Natural Sciences

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

Social Sciences

- 220 Social studies, general
221 Anthropology

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

Career or Technical Education

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

Miscellaneous

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

Other

- 268 Other



3-1h. Did you have a minor field of study? Yes No → *GO TO item 3-2a below.***i. Using Table 2 on page 13, what was your minor field of study?**Minor Field
of Study CodeMinor Field
of Study Label**3-2a. Do you have a master's degree?** Yes No → *GO TO item 3-3 on page 15.***b. Was at least a portion of the cost of your master's degree paid for by a STATE, SCHOOL DISTRICT, or SCHOOL in which you taught?**

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

 Yes No**c. In what year did you receive your master's degree?**

Year

d. Was your master's degree awarded by the College of Education, School of Education, or Department of Education at the college or university you attended? Yes No**e. Using Table 2 on page 13, what was your major field of study for your master's degree?**Major Field
of Study CodeMajor Field
of Study Label

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

Yes
 No → GO TO item 3-4 on page 16.

a. Degree or certificate	b. Using Table 2 on page 13, what was your major field of study for each degree or certificate?	c. Which of the following best describes each degree or certificate?	d. In what year?
(1) Vocational certificate	Major Field of Study Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Major Field of Study Label <input type="text" value=""/>		Year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(2) Associate's degree	Major Field of Study Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Major Field of Study Label <input type="text" value=""/>		Year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(3) SECOND Bachelor's degree	Major Field of Study Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Major Field of Study Label <input type="text" value=""/>	Was your degree awarded by the College of Education, School of Education, or Department of Education at the college or university you attended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(4) SECOND Master's degree	Major Field of Study Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Major Field of Study Label <input type="text" value=""/>	Was your degree awarded by the College of Education, School of Education, or Department of Education at the college or university you attended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(5) Educational specialist or professional diploma (at least one year beyond a master's level)	Major Field of Study Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Major Field of Study Label <input type="text" value=""/>	Was your degree awarded by the College of Education, School of Education, or Department of Education at the college or university you attended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(6) Certificate of Advanced Graduate Studies	Major Field of Study Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Major Field of Study Label <input type="text" value=""/>	Was your degree awarded by the College of Education, School of Education, or Department of Education at the college or university you attended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
(7) Doctorate or first professional degree (Ph.D., Ed.D., M.D., J.D., D.D.S.)	Major Field of Study Code <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Major Field of Study Label <input type="text" value=""/>	Was your degree awarded by the College of Education, School of Education, or Department of Education at the college or university you attended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>



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

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

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

Yes

No → GO TO item 3-5 below.

**b. How many undergraduate or graduate courses focused SOLELY on teaching methods?**

🍎 Mark (X) only one box.

1 or 2 courses

3 or 4 courses

5 to 9 courses

10 or more courses

c. Did you take any of these courses before your first year of teaching?

Yes

No

3-5. BEFORE your first year of teaching, did you take any graduate or undergraduate courses which taught you —**a. Classroom management techniques?**

Yes

No

b. Lesson planning?

Yes

No

c. How to assess learning?

Yes

No

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

Yes

No

e. How to serve students from diverse economic backgrounds?

Yes

No



3-5. *Continued* – **BEFORE** your first year of teaching, did you take any graduate or undergraduate courses which taught you —

f. How to serve students with special needs?

Yes

No

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

Yes

No

3-6a. Did you spend time student teaching (sometimes called practice teaching)?

Yes

No → GO TO Section 4 on page 18.

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

🍏 *Mark (X) only one box.*

1

2

3 or more

c. How long did your student teaching last?

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

🍏 *Mark (X) only one box.*

4 weeks or less

5-7 weeks

8-11 weeks

12 weeks or more



4. CERTIFICATION

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

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

- Yes
- No

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

4-2a. Do you currently hold regular or full certification by an accrediting or certifying body OTHER THAN THE STATE?

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

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

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

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

- 🍏 *If this certificate certifies you to teach in more than one content area, you may report additional content areas in later items.*
- 🍏 *If your certificate does not restrict you to a specific grade range(s), mark (X) all three grade ranges.*

(1) Content Area	(2) Grade Range of Certificate (Mark (X) all that apply)
<p>Content Area Code</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 60px; text-align: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div> <p>Content Area Label</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<ul style="list-style-type: none"> <input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12

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

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



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

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

Secondary Education

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

Special Education

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

Special Education – Continued

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

General Administration

- 131 Administration
- 132 Counseling and guidance

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

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

English and Language Arts

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

English as a Second Language (ESL)

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

Foreign Languages

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

Health Education

- 181 Health education
- 182 Physical education

Mathematics and Computer Science

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

Natural Sciences

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

Social Sciences

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

Career or Technical Education

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

Miscellaneous

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

Other

- 268 Other



NOTE: Item 4-2d is for teachers who marked Yes for item 4-2c on page 18.
If you marked No for item 4-2c → **GO TO item 4-3a on page 20.**

4-2. Continued –

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

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

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

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

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

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

🍏 Mark (X) only one box.

- Regular or standard state certificate or advanced professional certificate
- Certificate issued after satisfying all requirements except the completion of a probationary period (in some states this is called a probationary certificate)
- Certificate that requires some additional coursework, student teaching, or passage of a test before regular certification can be obtained (in some states this is called a temporary or provisional certificate)
- Certificate issued to persons who must complete a certification program in order to continue teaching (in some states this is called a waiver or emergency certificate)
- I do not hold any of the above certifications in THIS state → **GO TO Section 5 on page 24.**



4-3. *Continued –*

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

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

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

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

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

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

Yes

No → GO TO item 4-4a on page 22.

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

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

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



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

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

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

🍏 *Mark (X) only one box.*

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

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

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

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

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

(1) Content Area	(2) Grade Range of Certificate (Mark (X) all that apply)
<p>Content Area Code</p> <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-around; width: 80px;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <p>Content Area Label</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<ul style="list-style-type: none"> <input type="checkbox"/> Early childhood, preschool, or at least one of grades K-5 <input type="checkbox"/> At least one of grades 6-8 <input type="checkbox"/> At least one of grades 9-12

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

- Yes → GO TO item 4-4e on page 23.
- No → GO TO Section 5 on page 24.



4-4. *Continued –*

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

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

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



5. EARLY CAREER EXPERIENCES

5-1. Was your **FIRST** year of teaching before the 2016-2017 school year?

🍎 Do NOT include time spent as a student teacher or a substitute teacher.

Yes → GO TO Section 6 on page 28.

No

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

🍎 Mark (X) only one box.

Student at a college or university

Working as a substitute teacher

Teaching in a preschool

Teaching at a college or university

→ GO TO item 5-4 on page 25.

Working in a position in the field of education, but not as a teacher

Working in an occupation outside the field of education

Caring for family members

Military service

Unemployed and seeking work

Retired from another job

→ GO TO item 5-4 on page 25.

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

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

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

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

c. How would you classify yourself on that job?

🍎 Mark (X) only one box.

An employee of a PRIVATE company, business, or individual for wages, salary, or commission

A FEDERAL government employee

A STATE government employee

A LOCAL government employee

SELF-EMPLOYED in your own business, professional practice, or farm

Working WITHOUT PAY in a family business or farm

Working WITHOUT PAY in a volunteer job



5-4. In your FIRST year of teaching, how well prepared were you to –

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

🍏 *Mark (X) one box on each line.*

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

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

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

Yes

No



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

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

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

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

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

- Yes
- No → GO TO Section 6 on page 28.

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

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

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

- Yes
- No

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

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

a. Helped with paperwork or record keeping

- Yes
- No

b. Demonstrated lessons

- Yes
- No

c. Helped you prepare lessons that address learning standards

- Yes
- No

d. Helped you develop student assessment tools

- Yes
- No

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

🍎 *Mark (X) only one box.*

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



6. TEACHER WORKING CONDITIONS

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

- 🍏 *This would be base contract hours, or the equivalent, NOT including stipends or extra pay for extra duty.*
- 🍏 *Report to the nearest whole hour.*

Total WEEKLY hours required to work

6-2. Of the hours you are CONTRACTED to work, excluding time spent on planning, lunch, break/recess, arrival/dismissal of students, and otherwise NOT delivering instruction, how many hours during a typical full week do you DELIVER INSTRUCTION to students in THIS school?

- 🍏 *This number should be less than the reported number of hours in 6-1.*
- 🍏 *"PULL-OUT" or "PUSH-IN" TEACHERS: Please include the number of hours you instruct individual students or small groups of students.*
- 🍏 *Report to the nearest whole hour.*

Total WEEKLY hours delivering instruction

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

- 🍏 *This number should be greater than or equal to the reported number of hours in 6-1.*
- 🍏 *Report to the nearest whole hour.*

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



7. SCHOOL CLIMATE AND TEACHER ATTITUDES

7-1. During the 2019-20 school year, how did the coronavirus pandemic affect how you delivered instruction in this school?

🍏 *Mark (X) for all that apply.*

- I was not a teacher at this school during the 2019-20 school year → GO TO item 7-5 on page 31.
- There was no change in how my classes were taught because of the coronavirus pandemic
- All or some of my classes normally taught in person at the school were canceled
- All or some of my classes normally taught in person moved to a distance-learning format using online resources, either self-paced or real-time
- All or some of my classes normally taught in person moved to a distance-learning format using paper materials sent home with students
- All or some of my classes normally taught in person changed in some other way

Please specify →

7-2. To what extent do you agree or disagree with the following statement: I had the support and resources I needed to be effective as a teacher at this school during the coronavirus pandemic in the 2019-20 school year.

- Strongly disagree
- Somewhat disagree
- Somewhat agree
- Strongly agree

7-3. During the coronavirus pandemic in the 2019-20 school year, what kinds of real-time interactions, if any, did you have with your students at this school?

🍏 *Mark (X) for all that apply.*

- I had no real-time interactions with students during the coronavirus pandemic in the 2019-20 school year → GO TO item 7-5 on page 31.
- I taught scheduled real-time lessons to classes who could ask questions during the lesson through a video or audio call
- I held scheduled sessions with groups of students to provide support through a video or audio call
- I held scheduled one-on-one sessions with individual students to teach lessons or provide support through a video or audio call
- I held scheduled office hours where students could ask questions through a video or audio call
- I had unscheduled sessions with students as needed through a video or audio call

7-4. What percentage of your students at this school did you have any real-time interaction with during the coronavirus pandemic in the 2019-20 school year?

- 1-25%
- 26-50%
- 51-75%
- 76-100%



7-5. How much actual influence do you think teachers have over school policy AT THIS SCHOOL in each of the following areas?

🍏 *Mark (X) one box on each line.*

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

7-6. How much actual control do you have IN YOUR CLASSROOM at this school over the following areas of your planning and teaching?

🍏 *Mark (X) one box on each line.*

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



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

🍎 *Mark (X) one box on each line.*

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



7-8. To what extent is each of the following a problem in THIS school?

🍏 *Mark (X) one box on each line.*

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

7-9. To what extent do you agree or disagree with each of the following statements?

🍏 *Mark (X) one box on each line.*

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



7-10. Which statement best describes how long you plan to remain in teaching?

 Mark (X) only one box.

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

7-11. Has a student FROM THIS SCHOOL ever threatened to injure you?

- Yes
- No → *GO TO item 7-12a below.*

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

- Yes
- No → *GO TO item 7-12a below.*

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

Times

7-12a. Has a student FROM THIS SCHOOL ever physically attacked you?

- Yes
- No → *GO TO item 7-13 on page 35.*

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

- Yes
- No → *GO TO item 7-13 on page 35.*

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

Times



7-13. In general, would you say that your health is: Excellent, Very good, Good, Fair, or Poor?

- Excellent
- Very good
- Good
- Fair
- Poor

7-14. On average, how many hours of sleep do you get in a typical school night?

 *Report to the nearest whole hour.*

Total average hours sleeping



8-13. Please indicate whether your student loan debt has influenced your employment plans and decisions in any of the following ways. Did you —

a. Have to work at more than one job at the same time because of your student loan debt?

Yes

No

b. Take a less desirable job because of your student loan debt?

Yes

No

8-14. Are you a member of a teachers' union or an employee association similar to a union?

Yes

No

8-15a. Does your school, school system offer tenure?

Yes

No → GO TO Section 9 on page 40.

b. Are you tenured at your current school?

Yes

No



9. TEACHER DEMOGRAPHIC INFORMATION

9-1. Are you male or female?

Male

Female

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

Yes

No

9-3. What is your race?

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

White

Black or African-American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

9-4. What is your year of birth?



10. CONTACT INFORMATION

10-1. Please enter the date you completed this questionnaire.

MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text" value="20"/> <input type="text"/>

10-2. Please indicate how much time it took you to complete this form, not counting interruptions.

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

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

10-3. Please PRINT your name, your home address, your cell and home telephone numbers, the most convenient time to reach you, and your work and home e-mail addresses. This information would only be used in the event that we need to contact you for follow-up. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).

a. First name

Middle name

Last name

Suffix

b. Street Address

c. City

d. State

e. ZIP Code



f. Cell phone number

Area code

Number

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

I consent to receive text messages for follow-up purposes only.

g. Home phone number

Area code

Number

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

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

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

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

a.m.

p.m.

j. Work e-mail address**k. Home e-mail address**

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

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

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



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

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

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

