

Teacher Followup Survey

Questionnaire for Former Teachers

OMB NO.1850-0621
Approval Expires December 31,1989

This report is authorized by the General Education Provisions Act(20 USC 12210-1). Your answers will be kept strictly confidential. The release of information contained on this form is restricted in conformance with Public Law 100-297.

Are you currently teaching -- full-time, part-time, or as a long-term substitute— in grades K through 12

002

1 **YES** *Stop now and return this form to the Census Bureau in the enclosed envelope. You will be sent another form for teachers who are still teaching.*

2 **NO** *Please continue with this survey*

INSTRUCTIONS

Unless otherwise indicated, all questions refer to the 1988-89 school year.

If you are unsure about how to answer a question, please give the best answer you can and make a comment in the "Remarks" section.

If you have any questions, call the Bureau of the Census collect at (301)763-2220.

RETURN TO

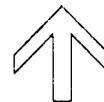
Bureau of the Census
Current Projects Branch
1201 East Tenth Street
Jeffersonville, IN 47132



Thank You
for taking part in
this survey.

U.S. Department of Commerce
BUREAU OF THE CENSUS
Acting as collecting Agent for
U.S. Department of Education
NATIONAL CENTER FOR EDUCATION
STATISTICS

003 1 OFFICE USE ONLY
FORM TFS-2 (2-14-89)



Please correct any error in name and address including ZIP Code

SECTION I – EMPLOYMENT STATUS

1. What is your PRIMARY OCCUPATIONAL status?

Mark (X) only one box.

- 004**
- 1 Working in an elementary or secondary school with an assignment OTHER THAN teaching – **Continue with question 2**
 - 2 Working in an occupation outside of elementary or secondary education – **SKIP to question 3**
 - 3 Attending a college or university
 - 4 Homemaking and/or child rearing
 - 5 Retired
 - 6 Disabled
 - 7 Other – **Specify 3**
- _____

SKIP to question 8

2. What is your main school assignment?

Mark (X) only one box.

- 005**
- 1 Administrator (e.g., principal, assistant principal, director, head)
 - 2 Nonteaching specialist (e.g., counselor, librarian)
 - 3 Resource person for other teachers (e.g., department head, resource teacher, curriculum coordinator, mentor teacher)
 - 4 Support staff (e.g., secretary, aide)
 - 5 Coach
 - 6 Other – **Specify 7**
- _____

SKIP to question 4

Answer questions 3a–e ONLY if you marked box 2 in answer to question 1 above.

3a. For whom do you work? (Record the name of the company, business, or organization.)

b. What kind of business or industry is this ?
(For example, retail shoe store, State Labor Department, bicycle manufacturer, farm.)

006

c. What kind of work do you do? (Please record your job title; for example, electrical engineer, cashier, typist, farmer, loan officer.)

007

d. What are your most important activities or duties at this job? (For example, typing, selling cars, driving delivery truck, caring for livestock.)

e. How would you classify yourself on this job?

Mark (X) only one box.

- 008**
- 1 An employee of a PRIVATE company, business, or individual for wages, salary, or commission
 - 2 A FEDERAL government employee
 - 3 A STATE government employee
 - 4 A LOCAL government employee
 - 5 SELF-EMPLOYED in your own business, professional practice, or farm
 - 6 Working WITHOUT PAY in a family business or farm
 - 7 Working WITHOUT PAY in a volunteer job

SECTION I - EMPLOYMENT STATUS - Continued

4. Which of the following categories best describes your position as an EMPLOYEE?
Mark (X) only one box.

- 009**
- 1 Full-time employee
 - 2 ¾ time or more, but less than full-time employee
 - 3 ½ time or more, but less than ¾ time employee
 - 4 ¼ time or more, but less than ½ time employee
 - 5 Less than ¼ time employee

5. Altogether, how much do you usually earn at this job before deductions?

010 \$ _____ (Dollars) . _____ (Cents) per →

- 011**
- 1 Hour
 - 2 Day
 - 3 Week
 - 4 Biweekly
 - 5 Month
 - 6 Year
 - 7 Other - **Specify** _____

6. How long do you plan to remain in this job?
Mark (X) only one box.

- 012**
- 1 As long as able
 - 2 Until eligible for retirement
 - 3 Plan to leave as soon as possible
 - 4 Undecided
- } **Continue with question 7**
} **SKIP to question 8**

7. In how many years do you plan to retire?

013 _____ Years

8. What do you expect your main activity will be during the next school year (1989-90)?
Mark (X) only one box.

- 014**
- 14 Teaching any of grades K- 12
 - 16 Teaching at the pre-kindergarten or post-secondary level
 - 06 Attending a college OR university
 - 07 Working in a nonteaching occupation in the field of education
 - 08 Working in an occupation outside the field of education
 - 09 Homemaking and/or child rearing
 - 10 Unemployed and seeking work
 - 11 Military service
 - 12 Retired
 - 13 Other - **Specify** ↗

SECTION II — EDUCATIONAL ACTIVITIES AND FUTURE PLANS — Continued

15. What type of degree are you pursuing?

Mark (X) only one box.

- 022**
- 1 Bachelor's
 - 2 Master's
 - 3 Education specialist or professional diploma
 - 4 Doctorate (e.g., Ph.D., Ed.D.)
 - 5 Professional (e.g., M.D., D.D.S., J.D., LL.B.)

16. What is the major field of study for the degree you are pursuing?
(Please use the field codes on page 4 in filling out this question.)

023 Major field

17. For what purpose are you pursuing their degree?

Mark (X) only one box,

- 024**
- 1 To increase current salary
 - 2 For professional development in current field
 - 3 To teach in a different field than the one taught last year
 - 4 For a nonteaching position in elementary or secondary education
 - 5 For an occupation outside elementary or secondary education other than current job
 - 6 Other — *Specify* _____

18. Do you plan to return to teaching?

Mark (X) only one box.

- 025**
- 1 Yes — *Continue with question 18*
 - 2 No — *SKIP to question 21a*
 - 3 Undecided — *Continue with question 19*

19. How soon might you return to teaching?

Mark (X) only one box,

- 026**
- 1 Later this school year
 - 2 Next year
 - 3 Within five years
 - 4 More than five years from now
 - 5 Undecided

20. At which level would you teach?

Mark (X) all that apply.

- 027**
- 1 Pre-kindergarten
 - 2 Elementary (including kindergarten)
 - 3 Junior high/middle school
 - 4 High school
 - 5 Post-secondary

21a. Do you have a "lifetime" teaching certificate?

- 028**
- 1 Yes — *SKIP to question 23a*
 - 2 No — *Continue with question 21b*

b. Has there been a change in your teacher certification status since last year?

Mark (X) all that apply.

- 029**
- 1 No change
 - 2 Yes — Certification has lapsed
 - 3 Yes — Certification has been upgraded from temporary or emergency to a regular certificate
 - 4 Yes — Certified in a different field
 - 5 Other change — *Specify* **3** _____

22. DO you plan to maintain or reinstate your teaching certificate?

- 030**
- 1 Yes
 - 2 No
 - 3 Undecided

SECTION III – YOUR OPINIONS

POSSIBLE REASONS FOR LEAVING THE TEACHING PROFESSION
(Use codes in questions 23a, b, and c)

- | | |
|---|---|
| <p>01 Family or personal move</p> <p>02 Pregnancy/child rearing</p> <p>03 Health</p> <p>04 To retire</p> <p>05 To pursue another career</p> <p>06 For better salary or benefits</p> <p>07 To take courses to improve career opportunities in the field of education</p> | <p>08 To take courses to improve career opportunities outside the field of education</p> <p>09 School staffing action (e.g., reduction-in-force, lay-off, school closing, school reorganization, reassignment)</p> <p>10 To take a sabbatical or other break from teaching</p> <p>11 Dissatisfied with teaching as a career</p> <p>12 Other family or personal reason</p> |
|---|---|

23a. What was your main reason for leaving the teaching profession?

031 Main reason – *Enter code from above*

b. Did you have a second reason for leaving?

1 Yes – What was your second reason? (*Enter code, then continue with 23c*) → **033**

2 No – *SKIP to question 23d*

c. Did you have a third reason for leaving?

1 Yes – What was your third reason? (*Enter code*) → **035**

2 No

23d. Did you enter code 11 for one of your reasons in question 23a, b, or c?

036 1 Yes – *Continue with question 23e*

2 No – *SKIP to question 24a*

POSSIBLE AREAS OF DISSATISFACTION
(Use codes in questions 23e, f, and g)

- | | |
|---|--|
| <p>01 Poor opportunity for professional advancement</p> <p>02 Inadequate support from administration</p> <p>03 Unsafe working environment</p> <p>04 Lack of influence over school policies and practices</p> <p>05 Lack of control over own classroom</p> | <p>06 Lack of professional competence of colleagues</p> <p>07 Poor student motivation to learn</p> <p>08 Generally poor working conditions</p> <p>09 Class sizes too large</p> <p>10 Student discipline problems</p> <p>11 Poor salary</p> |
|---|--|

23e. What was your main area of dissatisfaction with the teaching profession?

Main dissatisfaction – *Enter code from above*

f. Did you have a second area of dissatisfaction?

038 1 Yes – What was your second area? (*Enter code, then continue with 23g*) → **039**

2 No – *SKIP to question 24a*

g. Did you have a third area of dissatisfaction?

040 1 Yes – What was your third area? (*Enter code*) → **041**

2 No

POSSIBLE STEPS SCHOOLS MIGHT TAKE TO ENCOURAGE TEACHERS

(Use codes in questions 24a, b, and c)

- | | |
|--|--|
| 01 Providing higher salaries or better fringe benefits | 08 Reducing the paperwork burden on teachers |
| 02 Improving opportunities for professional advancement | 09 Providing more support for new teachers (e.g., mentor teacher programs) |
| 03 Dealing more effectively with student discipline and making schools safer | 10 Increasing parent involvement in the schools |
| 04 Giving teachers more authority in the school and in their own classrooms | 11 Reducing teacher workload |
| 05 Increasing standards for students' academic performance | 12 Providing merit pay or other pay incentives to teachers |
| 06 Providing better resources and materials for classroom use | 13 Providing teacher training in content areas and instructional methods |
| 07 Decreasing class size | |

24a. What would be the most effective step that schools might take to encourage teachers to remain in teaching?

042

Most effective step – Enter code from above

b. What would be the second most effective step?

043

Second step – Enter code from above

c. What would be the third most effective step?

044

Third step – Enter code from above

Remarks

25. Is your **primary occupational status "working"** (i.e., box 1 or 2 marked in question 1)?

046

- 1 Yes - Continue with 26
2 No - SKIP to question 28

26. How would you rate teaching relative to your current PRIMARY occupation in terms of EACH of the following aspects? Please indicate (a) Better in teaching, (b) Better in current position, or (c) No difference.

(1) Salary

046

1

2

3

(2) Opportunities for professional advancement

047

1

2

3

(3) Recognition and support from administrators/managers

048

1

2

3

(4) Safety of environment

049

1

2

3

(5) Influence over workplace policies and practices

050

1

2

3

(6) Autonomy or control over your own work

051

1

2

3

(7) Professional prestige

052

1

2

3

(8) Benefits

053

1

2

3

(9) Procedures for performance evaluation

054

1

2

3

(10) Manageability of workload

055

1

2

3

(11) Availability of resources and materials for doing job

056

1

2

3

(12) General work conditions

057

1

2

3

(13) Job security

058

1

2

3

(14) Professional caliber of colleagues

059

1

2

3

(15) Intellectual challenge

060

1

2

3

(16) Overall job satisfaction

061

1

2

3

SECTION III – YOUR OPINIONS – Continued

27. How satisfied are you with EACH of the following aspects of your CURRENT job? Are you (a) Very satisfied, (b) Somewhat satisfied, (c) Somewhat dissatisfied, or (d) Very dissatisfied with --

	Very satisfied (a)	Somewhat satisfied (b)	Somewhat dissatisfied (c)	Very dissatisfied (d)
(1) Salary	062 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(2) Benefits	063 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(3) Opportunity for professional advancement	064 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(4) Support/recognition of administrators/managers	065 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(5) Safety of environment	066 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(6) Your influence over work policies and practices	067 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(7) Autonomy or control over your own work	068 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(8) Professional caliber of colleagues	069 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(9) The esteem of society for your profession	070 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(10) Procedures for evaluating your performance	071 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(11) Workload	072 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(12) Availability of resources and materials/equipment for doing job	073 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(13) General working conditions	074 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(14) Job security	075 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
(15) Intellectual challenge	076 1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Remarks

SECTION IV - PERSONAL INFORMATION

<p>28. What is your current marital status?</p>	<p>077 1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed, divorced, or separated 3 <input type="checkbox"/> Never married</p>
<p>29. How many children do you have who are dependent on you (and your spouse) for more than half of their financial support?</p>	<p>078 <input type="text"/> Number of children supported - <i>Continue with question 30</i> 0 <input type="checkbox"/> None - <i>SKIP to question 31</i></p>
<p>30. What was the age of your youngest child on his/her last birthday? (If child is less than one year, please enter "0.")</p>	<p>079 <input type="text"/> Age of youngest child</p>
<p>31. Do you have persons other than your spouse or children who are dependent on you for more than half of their financial support?</p>	<p>080 1 <input type="checkbox"/> Yes - How many persons? 081 <input type="text"/> 2 <input type="checkbox"/> No</p>
<p>32. Which category represents the total combined income of ALL FAMILY MEMBERS in your household during 1988? This includes money from jobs, net business or farm income, pensions, dividends, interest, rent, social security payments, and any other income received by family members in your household who are 14 years of age or older. Mark (X) only one box.</p>	<p>082 01 <input type="checkbox"/> Less than \$10,000 02 <input type="checkbox"/> \$10,000 - \$14,999 03 <input type="checkbox"/> 15,000 - 19,999 04 <input type="checkbox"/> 20,000 - 24,999 05 <input type="checkbox"/> 25,000 - 29,999 06 <input type="checkbox"/> 30,000 - 34,999 07 <input type="checkbox"/> 35,000 - 39,999 08 <input type="checkbox"/> 40,000 - 49,999 09 <input type="checkbox"/> 50,000 - 59,999 10 <input type="checkbox"/> 60,000 - 74,999 11 <input type="checkbox"/> 75,000 - 99,999 12 <input type="checkbox"/> 100,000 or more</p>

Remarks

SECTION V - RESPONDENT INFORMATION

Your name **084**

Spouse's full name

Telephone number (Include area code)
()

In whose name is the telephone number listed? (Mark (X) only one)

1 No phone

2 My name

3 Other - Specify _____

Days/times convenient to reach you

34. What are the names and addresses of two other people who will know where to get in touch with you during the coming years? List no more than one person who now lives with you. Remember to record the relationship of these persons to you (for example, parent, friend, sister, cousin, etc.)

Name **085**

Relationship to you

Street address

City

State | ZIP Code

State

Telephone number (Include area code)
()

In whose name is the telephone number listed? (Mark (X) only one)

1 No phone

2 Name entered above

3 Other - Specify _____

Name **086**

Relationship to you

City

State

ZIP Code

()

1 No phone

2 Name entered above

3 Other - Specify _____

**THIS COMPLETES THE QUESTIONNAIRE.
THANK YOU FOR ASSISTING US IN THIS IMPORTANT RESEARCH.
YOUR TIME AND EFFORT ARE MUCH APPRECIATED.**