*Questions* ***A1-A4*** *relate to your classroom context.*

**A1. Do you teach in a self-contained, special education classroom? (i.e., a classroom in which all students have disabilities)?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | 🌕 | No | 🌕 |

**A2. How many total students are in your class?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A3. How many students in your class have emotional and behavioral disorders** (also known as emotional disturbance, emotional and behavioral disabilities, behavioral disorders, or serious emotional disturbance)? \_\_\_\_\_\_\_\_\_\_

**A4. Where is your classroom located?**

|  |  |
| --- | --- |
| *Mark only one:* | |
| On the campus of a general education school (also known as a neighborhood school), including public, private, or charter schools that serve students with and without disabilities | 🌕 |
| On the campus of a special education school (also known as a therapeutic, day treatment, clinical, or alternative school), including public, private, and charter schools that serve only or primarily students with disabilities. | 🌕 |
| In a residential facility (such as a hospital, boarding school, or juvenile detention) | 🌕 |

*Questions B1-B3 ask about your scheduled planning/preparation time at school.*

**B1. Please indicate how often you engage in the following behaviors related to planning/preparation time.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Never | Seldom | Sometimes | Often | Always | Not Applicable |
| I interact with other teachers during my planning time | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My scheduled planning time is productive | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I have adequate time scheduled for planning and preparation | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**B2. How many hours do you spend per week, on average, planning/preparing outside of your contractual work day (i.e. after school, on weekends, during school vacations)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B3. If you would like to make any additional comments about your scheduled planning/preparation time, please do so here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions C1-C2 relate to administrative support at your school.*

**C1. Please indicate to what extent you agree or disagree with the following statements related to school-based administrative support.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| My administrators actively support my classroom management | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My administrators actively support my students’ behavior plans | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My administrators include me in disciplinary decisions for my students | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My administrators understand my instructional responsibilities | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My administrators help me to improve my instruction | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My administrators protect the time I have for instruction | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My administrators support my students’ transition into more inclusive settings | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My administrators care about me as a person | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**C2. If you would like to make any additional comments about your administrative support, please do so here:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions D1-D2 relate to the instructional resources available in your school.*

**D1. Please indicate to what extent you agree or disagree with the following statements related to instructional resources.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| I have adequate curricular resources (e.g., instructional materials, scope and sequence, books, etc.) | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My curricular resources support my students’ individual learning needs | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My curricular resources support my students’ learning in the general education curriculum | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My curricular resources support what I learn in professional development | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I know how to effectively use my curricular resources | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I have to seek out my curricular resources | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**D2. If you would like to make any additional comments about your curricular resources, please do so here:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions E1-E4 relate to your interactions with colleagues in your school.*

**E1. How often do you collaborate with the following colleagues around instruction?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Never | Less than Once a Month | 1-3 Times Per Month | 1-2 Times Per Week | 3-4 Times Per Week | Every Day | N/A |
| General education teachers | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Special education teachers | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Related service provider(s) (e.g., occupational therapists, speech therapists, etc.) | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| School Psychologist | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Therapeutic school counselor | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Paraprofessionals | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Behavior specialist | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Guidance Counselor | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Social Worker | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Learning strategist/specialist/coach | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**E2. How often do you collaborate with the following colleagues around classroom and behavior management?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Never | Less than Once a Month | 1-3 Times Per Month | 1-2 Times Per Week | 3-4 Times Per Week | Every Day | N/A |
| General education teachers | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Special education teachers | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Related service provider(s) (e.g., occupational therapists, speech therapists, etc.) | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| School Psychologist | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Therapeutic school counselor | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Paraprofessionals | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Behavior specialist | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Guidance Counselor | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Social Worker | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Learning strategist/specialist/coach | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**E3. Please indicate the proportion of teachers in this school who you believe do the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | None | Few | About Half | Most | All |
| Value my input (e.g., take my thoughts into consideration) | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Value my students | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Are willing to collaborate with me about my students’ instruction | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Are willing to collaborate with me about my students’ behavior | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Understand the purpose of my classroom/program | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**E4. If you would like to make any additional comments about your interactions with colleagues, please do so here:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions F1-F2 relate to your school culture.*

**F1. Please indicate the proportion of teachers in this school who you believe do the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | None | Few | About Half | Most | All |
| Help maintain discipline in the entire school, not just their classrooms | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Take responsibility for helping one another do well | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Take responsibility for improving the overall quality of teaching in the school | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Understand what I do | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Back me up when I need it | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Make a commitment to helping every student (including students with disabilities) learn | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**E4. If you would like to make any additional comments about your school culture, please do so here:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions G1-G3 relate to your interaction with paraprofessionals (also known as teacher’s aides or teaching assistants)*

**G1. How many paraprofessionals support your classroom and your students, including full and part-time paraprofessionals?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G2. Please indicate to which extent you agree or disagree with the following statements.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| My paraprofessionals are adequately trained in behavior management | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My paraprofessionals are adequately trained in providing instructional support | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My paraprofessionals need a lot of support from me | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I can count on my paraprofessionals to make good decisions | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I can trust my paraprofessionals to interact positively with my students | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I have adequate time scheduled to develop my paraprofessionals’ knowledge and skill | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I can count on my paraprofessionals to behave professionally | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My paraprofessionals are actively involved in providing academic instruction | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My paraprofessionals are an essential part of my classroom | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**G3. If you would like to make any additional comments about your paraprofessional support, please do so here:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions H1-H3 ask about your* ***formal professional development opportunities*** *(e.g., learning opportunities designed to improve your skills as a teacher such as trainings, formal professional learning communities, staff trainings).*

**H1. Please indicate how often you participate in the following**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Every Day | 3-4 times per week | 1-2 times per week | 1-3 times per month | Less than once a month | Never |
| How often do you participate in required professional development opportunities within your school/district? | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| How often do you participate in voluntary professional development opportunities within your school/district? | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**H2. Please indicate the extent to which you agree or disagree with the following statements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| Professional development at my school/district provides opportunities for me to collaborate with colleagues | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Professional development at my school/district is relevant to my job | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Professional development at my school/district helps me improve my classroom/behavior management | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Professional development at my school/district helps me improve my academic instruction | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Professional development at my school/district is engaging | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| The people who provide professional development at my school/district are knowledgeable | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**H3. If you would like to make any additional comments about your professional development, please do so here:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions I1-I2 relate to instructional groupings in your classroom*

**I1. Please indicate to what extent you agree or disagree with the following statements related to instructional grouping.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| My class sizes are reasonable | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| The students in my class all have similar academic learning needs | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| It is manageable to deliver instruction that meets all of my students’ learning needs in one lesson | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| The students in my class all have similar social-emotional learning needs | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**I2. If you would like to make any additional comments about your instructional grouping, please do so here:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions J1-J2 relate to your* ***instructional setting and teaching responsibilities.*** *If you teach more than one class per day, please answer the questions for your* ***main*** *class.*

**J1. For each relevant grade level, please indicate how many students total you teach in each subject area (including students with and without EBD). (Note: you do not need to enter anything in grade levels you do not teach.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Enter in total number of students, where applicable* | Math | Language Arts | Science | Social Studies | Life Skills/ Social Skills | None |
| Preschool |  |  |  |  |  |  |
| Kindergarten |  |  |  |  |  |  |
| 1st Grade |  |  |  |  |  |  |
| 2nd Grade |  |  |  |  |  |  |
| 3rd Grade |  |  |  |  |  |  |
| 4th Grade |  |  |  |  |  |  |
| 5th Grade |  |  |  |  |  |  |
| 6th Grade |  |  |  |  |  |  |
| 7th Grade |  |  |  |  |  |  |
| 8th Grade |  |  |  |  |  |  |
| 9th Grade |  |  |  |  |  |  |
| 10th Grade |  |  |  |  |  |  |
| 11th Grade |  |  |  |  |  |  |
| 12th Grade |  |  |  |  |  |  |

**J2. If you would like to make additional comments about your instructional setting and teaching responsibilities, please do so here:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions K1-K8 ask about your* ***classroom management practices.***

**K1. How often do you engage in the following practices to maintain structure and predictability in your classroom?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Never | Seldom | Sometimes | Often | Always |
| I keep a predictable classroom routine | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I actively supervise my students | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**K2. How often do you engage in the following practices to communicate expectations to your students?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Never | Seldom | Sometimes | Often | Always |
| I define all routines in my classroom | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I prompt and/or pre-correct students to increase the likelihood that they will meet my expectations | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**K3. Please indicate how often you engage in the following practices to prevent student behavior challenges.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Never | Once per year | At least once per semester | At least once per week | Every day |
| I explicitly teach my students to follow routines | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I explicitly teach expectations | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I explicitly review expectations | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**K4. Please indicate whether you engage in the following practices to prevent student behavior challenges.**

|  |  |  |
| --- | --- | --- |
| *Darken one circle on each line* | Yes | No |
| I arrange my room to minimize crowding | 🌕 | 🌕 |
| I arrange my room to minimize distraction | 🌕 | 🌕 |
| I post a small number of expectations for all routines in my classroom | 🌕 | 🌕 |
| I post a small number of expectations for all areas in my classroom (e.g., computer area, small group area) | 🌕 | 🌕 |

**K5. How often do you use the following practices to engage students in instruction?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Never | Seldom | Some-times | Often | Always |
| I provide a high rate of opportunities to respond to during my instruction | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I engage my students in observable ways during teacher directed instruction (i.e., using response cards, choral responding, and other methods) | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I use evidence-based methods (i.e., methods shown through research to be effective) to deliver my instruction | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I have opportunities to provide the kind of instruction I want to provide | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**K6. How often do you use the following practices to acknowledge appropriate behavior?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Never | Seldom | Sometimes | Often | Always |
| I praise students for academic behaviors (e.g., on task behaviors) | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I praise students for social behaviors (e.g., working well with peers) | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I use other systems to acknowledge appropriate behavior (group contingencies, behavior contracts, or token economies) | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**K7. How often do you use the follow strategies to respond to inappropriate behavior?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Never | Seldom | Sometimes | Often | Always |
| I correct students’ academic errors | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I correct students’ social errors | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I correct students’ behavioral errors | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**K8. If you would like to make additional comments about your classroom management practices, please do so here:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions L1-L3 relate to what you feel you can* ***accomplish*** *as a teacher.*

**L1. Please indicate the extent to which you feel you are able to do the following.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Not at All | Very Little | Some-what | Quite a Bit | A Great Deal |
| Use a variety of assessment strategies | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Provide an alternative explanation or example when students are confused | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Craft good questions for your students | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Get students to believe they can do well in schoolwork | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Help your students value learning | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Motivate students who show low interest in schoolwork | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**L2. Please indicate the extent to which you feel you are able to do the following in your current position.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Not at All | Very Little | Some-what | Quite a Bit | A Great Deal |
| Assist families in helping their children do well in school | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Promote positive social interactions among students | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Promote students’ social-emotional skills | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Promote a positive classroom culture | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Develop effective behavior plans | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Implement effective behavior plans | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**L3. If you would like to make additional comments about what you feel you can accomplish, please do so here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions M1-M2 relate to your* ***autonomy*** *as a teacher.*

**M1. How much control do you have in your classroom over the following areas of your planning and teaching?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | No Control | Minimal Control | Some Control | A Lot of Control | Complete Control |
| Setting instructional materials | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Selecting content, topics, and other skills to be taught | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Selecting teaching techniques | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Evaluating and grading students | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Disciplining students | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Choosing student incentives/reinforcers | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**M2. If you would like to make additional comments about your autonomy as a teacher, please do so here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions N1-N4 relate to your* ***stress*** *as a teacher.*

**N1. Please indicate the extent to which you feel stressed about each of the following.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Not at all | A little | Somewhat | Very |
| Planning academic instruction | 🌕 | 🌕 | 🌕 | 🌕 |
| Providing academic instruction | 🌕 | 🌕 | 🌕 | 🌕 |
| Responding to inappropriate behavior | 🌕 | 🌕 | 🌕 | 🌕 |
| Students’ verbal aggression | 🌕 | 🌕 | 🌕 | 🌕 |
| Students’ physical aggression | 🌕 | 🌕 | 🌕 | 🌕 |
| Supporting paraprofessionals | 🌕 | 🌕 | 🌕 | 🌕 |

**N2. Please indicate the extent to which you feel stressed about each of the following.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Not at all | A little | Somewhat | Very |
| Interacting with my administrators | 🌕 | 🌕 | 🌕 | 🌕 |
| Interacting with my special education colleagues | 🌕 | 🌕 | 🌕 | 🌕 |
| Interacting with my general education colleagues | 🌕 | 🌕 | 🌕 | 🌕 |
| Interacting with my students’ parents/guardians | 🌕 | 🌕 | 🌕 | 🌕 |
| Completing disability related paperwork (including completing IEPs, behavior intervention plans, and functional behavioral assessments) | 🌕 | 🌕 | 🌕 | 🌕 |
| Supervising students during non-academic activities (e.g. lunch duty, bus duty) | 🌕 | 🌕 | 🌕 | 🌕 |
| Participating in professional development | 🌕 | 🌕 | 🌕 | 🌕 |

**N3. Please indicate the extent to which you feel stressed about each of the following.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Not at all | A little | Somewhat | Very |
| Participating in committees and other administrative responsibilities within my school | 🌕 | 🌕 | 🌕 | 🌕 |
| Completing school paperwork (e.g., submitting grades, lesson plans, purchase orders) | 🌕 | 🌕 | 🌕 | 🌕 |
| Identifying adequate instructional materials | 🌕 | 🌕 | 🌕 | 🌕 |
| State standardize testing | 🌕 | 🌕 | 🌕 | 🌕 |
| School and district assessments | 🌕 | 🌕 | 🌕 | 🌕 |

**N4. If you would like to make additional comments about your stress level, please do so here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions O1-O4 relate to how you* ***feel about your job*** *as a teacher.*

**O1. Please indicate to what extent you agree or disagree with the following statements.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| I feel emotionally drained from my work | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I feel used up at the end of the work day | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I feel fatigued when I have to get up in the morning and face another day on the job | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I feel burned out from my work | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| If I was offered another job outside of education, I would leave teaching | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I think about transferring to another school | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I think about transferring to work with students who do not have EBD | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**O2. Please indicate to what extent you agree or disagree with the following statements.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Darken one circle on each line* | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| I feel I’m working too hard on my job | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| There is too much work to do | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| I have enough time within designated school hours to do my job well | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| Administrative duties/paperwork interfere with my instructional responsibilities | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| My workload is manageable | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |
| If I could go back to my college days and start over again, I would still become a teacher | 🌕 | 🌕 | 🌕 | 🌕 | 🌕 |

**O3. How long do you plan to remain in education?**

|  |  |
| --- | --- |
| *Mark only one* |  |
| As long as I am able | 🌕 |
| Until I am eligible for retirement | 🌕 |
| Until a specific life event occurs (e.g., marriage, parenthood) | 🌕 |
| Until a more desirable job opportunity comes along | 🌕 |
| Definitely plan to leave as soon as I can | 🌕 |
| Undecided at this time | 🌕 |
| Other | 🌕 |

**O4. If you would like to make additional comments about how you feel about your job, please do so here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Questions P1-P7 ask about* ***you*** *and* ***your background***

**P1. Please indicate how you identify.**

|  |  |
| --- | --- |
| *Mark all that apply* |  |
| Male | 🌕 |
| Female | 🌕 |
| Other Gender | 🌕 |

**P2. Which of the following describes your race/ethnicity?**

|  |  |  |  |
| --- | --- | --- | --- |
| *Mark all that apply* | | | |
| White/Caucasian (Not Hispanic or Latino) | 🌕 | Native American or American Indian | 🌕 |
| Black or African American | 🌕 | Asian or Pacific Islander | 🌕 |
| Hispanic or Latino | 🌕 | Multi-racial | 🌕 |
| Other | 🌕 |  | |

**P3. Including this year, how many years having you been teaching full time?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**P4. Including this year, how many years have you been teaching at this school?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**P5. For the following list of credentials and degrees, please check all that apply.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Mark all that apply* | Teaching Certificate | Bachelor’s Degree | Master’s Degree | Doctorate (PhD or EdD) |
| Special Education | 🌕 | 🌕 | 🌕 | 🌕 |
| Early Childhood Education | 🌕 | 🌕 | 🌕 | 🌕 |
| Elementary Education | 🌕 | 🌕 | 🌕 | 🌕 |
| Middle Grades Education | 🌕 | 🌕 | 🌕 | 🌕 |
| Secondary Education | 🌕 | 🌕 | 🌕 | 🌕 |
| Mathematics | 🌕 | 🌕 | 🌕 | 🌕 |
| Reading or English Language Arts | 🌕 | 🌕 | 🌕 | 🌕 |
| Other | 🌕 | 🌕 | 🌕 | 🌕 |

**P6. If you checked ‘other’, please explain.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**P7. If you would like to make any additional comments about yourself and your background, please do so here.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Thank you for taking the time to complete this survey! Your responses will be used to learn about how schools and districts can better support special educators who serve students with emotional and behavioral disorders. If you have any questions, comments or concerns, or if you would like more information about this study, please feel free to contact [REDACTED]*

Please return the completed survey in

the enclosed envelope to:

[REDACTED]