



**No Child Left Behind (NCLB) Act
Improving Teacher Quality State Grants
Title II, Part A, Subpart 3
2015-2016 Participant Response Form**

Name _____ Date _____

Instructions: *Please mark only one answer for each question (except where indicated) for the response you feel best answers your question.*

1. Professional level upon entrance into program:
 - a. Teacher, in-service
 - b. Administrator
 - c. Paraprofessional (with 2 years classroom experience only)
 - d. Other (Explain) _____

2. Highest degree earned:
 - a. Baccalaureate
 - b. Masters
 - c. Doctorate
 - d. Other

3. Licensure status:
 - a. Certified
 - b. Not Certified
 - c. Provisional
 - d. Emergency

4. Years of experience: _____

5. Number of hours beyond Baccalaureate degree: _____

6. Where do you teach?
 - a. Public school division _____
(*Specify division code; please see Code List on Pages 3 & 4)
 - b. Private school (Specify name) _____
 - c. Not currently teaching
 - d. Preparing to teach

7. If you are an in-service teacher, what level do you teach?
__ Elementary
__ Middle School
__ High School

This questionnaire will be used in compiling a statewide report to the federal government. It will not be used in evaluating the program in which you participated.

8. If you are a paraprofessional, what level are you?
 ___ Elementary
 ___ Middle School
 ___ High School
9. If you are an administrator, what level are you?
 ___ Elementary
 ___ Middle School
 ___ High School
10. Endorsement area:
 a. English
 b. Mathematics
 c. Reading or Language Arts
 d. Science
 e. Foreign Languages
 f. Civics and Government
 g. Economics
 h. Arts
 i. History
 j. Geography
 k. Other
11. This Improving Teacher Quality (ITQ) project core academic area(s) is/are:
 a. English
 b. Mathematics
 c. Reading or Language Arts
 d. Science
 e. Foreign Languages
 f. Civics and Government
 g. Economics
 h. Arts
 i. History
 j. Geography
 k. Other
12. Please list the subjects you teach: _____
13. What is the number of K-12 students you serve? _____
14. Indicate the purpose for participating in this ITQ project activity:
 a. Professional development
 b. Retraining for a teacher not currently endorsed in this subject. If retraining, did this activity allow you to complete necessary certification?
 Yes ___ No ___
 c. Other (Explain) _____
15. Please indicate your race/ethnicity:
 a. Black, non-Hispanic
 b. White, non-Hispanic
 d. Hispanic
 e. Asian/Pacific Islander
 f. American Indian/Alaskan Native
 g. Other (indicate)

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16. Please indicate your gender:
 - a. Male
 - b. Female

17. Did this activity take into account the needs of historically underrepresented and underserved students/groups?
 - c. Yes
 - d. No
 - e. Not Sure

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