

# ACI Alumni New Teacher Support and Mentoring Program Pre-

## 1. About yourself:

Dear new teacher support program participant,

You are being asked to participate in a study about the effectiveness of new teacher induction and support services provided by the Associated Colleges of Illinois' Center for Success in High-Need Schools. We will be gathering data about your experiences in the alumni support services and induction academies and the degree to which you find the services helpful and useful to your professional development.

You will be asked to complete a simple survey at the beginning and end of the academic year. The two brief surveys should take no more than 10 minutes to complete. Your survey responses are confidential and your anonymity will be maintained throughout the project. Data will be reported in the aggregate only. You may refuse to answer any questions you wish at any time without explanation, and failure to participate will not jeopardize your relationship with the program, the Associated Colleges of Illinois, or your school.

**IMPORTANT:** As an added incentive to complete this brief survey, we will mail you a \$10 Office Max GIFT CARD. To receive your gift card, please be sure to give us your preferred mailing address at the end of the survey.

If you have any questions about this project, please contact Dr. Jan Fitzsimmons, Director of ACI's Center for Success in High-Needs Schools at 312.263.2391 ext. 534 or via email at [jfitzsimmons@acifund.org](mailto:jfitzsimmons@acifund.org).

1. I have read the above information and I voluntarily agree to participate in the ACI Alumni New Teacher Support project.

Yes, I agree to participate.

No, I decline to participate.

2. Your name:

## 2. Demographics

### 3. Your gender

Male

Female

### 4. Your ethnicity:

American Indian/Alaskan Native

Native Hawaiian or other Pacific Islander

Asian

White

Black or African American

Other

Multi-racial

### 5. Are you Hispanic?

Yes

No

### 6. What, if any, languages do you speak other than English?

None

Spanish

Polish

Chinese

Other (please specify)

# ACI Alumni New Teacher Support and Mentoring Program Pre-

## 7. From what College or University did you receive your degree?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Augustana College    | <input type="checkbox"/> Illinois Wesleyan University | <input type="checkbox"/> North Park University      |
| <input type="checkbox"/> Aurora University    | <input type="checkbox"/> Knox College                 | <input type="checkbox"/> Olivet Nazarene University |
| <input type="checkbox"/> Concordia University | <input type="checkbox"/> Lake Forest College          | <input type="checkbox"/> Principia College          |
| <input type="checkbox"/> Dominican University | <input type="checkbox"/> Lewis University             | <input type="checkbox"/> Quincy University          |
| <input type="checkbox"/> Elmhurst College     | <input type="checkbox"/> McKendree University         | <input type="checkbox"/> Rockford College           |
| <input type="checkbox"/> Eureka College       | <input type="checkbox"/> Millikin University          | <input type="checkbox"/> Trinity Christian College  |
| <input type="checkbox"/> Greenville College   | <input type="checkbox"/> Monmouth College             | <input type="checkbox"/> University of St. Francis  |
| <input type="checkbox"/> Illinois College     | <input type="checkbox"/> North Central College        |   |

Other (please specify)

## 8. What degree do you have?

Bachelor's Degree

Master's Degree

Other (please specify)

## 9. Which path did you take to receive your teaching certification?

Traditional, 4 or 5 year teacher education bachelor's degree program

Certification only program

Alternative or Accelerated Certification program

Other (please specify)

## 10. Do you have a:

Subject matter major? If so, please list:

Subject matter minor? If so, please list:

Subject matter concentration? If so, please list:

# ACI Alumni New Teacher Support and Mentoring Program Pre-

11. Please list your certifications and endorsements:

Certification(s):

Endorsement(s):

## 3. Teaching Placement

12. How long have you been teaching? (Not including your student teaching year)

This is my first year

This is my second year

This is my third year

Other (please specify)

13. At what school do you currently teach? Please list School name and District name or number.

14. When were you hired for this position?

Before the beginning of the school year

In the middle of the school year after school had already started

15. What grade do you teach?

Pre-K

Kindergarten

First

Second

Third

Fourth

Other (please specify)

Fifth

Sixth

Seventh

Eighth

High School

16. Please rate the following

Not ideal  
at all

Very  
ideal

Too  
soon to  
tell

How close is your current teaching position to being your *ideal* position?

# ACI Alumni New Teacher Support and Mentoring Program Pre-

17. What would make your current position *more* ideal?

- A location closer to my home
- Access to more technology
- More in-house instructional support
- A different grade level
- Access to more materials and supplies
- Better parking
- More professional development
- Other (please specify)
- A location closer to my home
- More support from my building principal
- A different content area
- More supportive colleagues in the building
- A safer environment
- A building that is clean
- A different location
- Mentoring from a veteran teacher

18. Have you taught at other schools prior to this current position?

No

Yes, please list which school(s)

## 4. Thoughts about mentoring

19. Have you been mentored by a veteran teacher in this building?

- Yes, and it is going well.
- Yes, but it has been of little value to me.
- Yes, but only occasionally and I wish there was more.
- No, not at all
- I've been assigned a mentor, but we haven't met yet

20. How much do you believe you could benefit from being mentored by a veteran teacher?

- To a very great extent
- To a great extent
- To a moderate extent
- To a small extent
- To no extent

Why? please explain:

21. Which best describes your professional development needs and/or interests?

- I want to enroll in a masters program.
- I am interested in stand-alone credit-bearing courses.
- I am interested in workshops that yield CPDUs.
- Other (please specify)

22. What professional development topics are of most interest to you at this time? (check all that apply)

- Classroom management
- English Language Learners
- Content area: Science
- Assessment
- Teacher Leadership
- Content area: Social Studies
- Differentiated instruction
- Technology
- Content area: Reading
- National Board Certification
- Mentoring
- Content area: Writing
- Special Education
- Content area: Math

# ACI Alumni New Teacher Support and Mentoring Program Pre-

## 5. Needs

Please tell us the level of concern you *CURRENTLY* feel for the following topics:

### 23. Domain 1: Planning and Preparation

	No Concern		Some Concern		Very Concerned
Knowledge of content	jn	jn	jn	jn	jn
Knowledge of pedagogy (how we teach)	jn	jn	jn	jn	jn
Knowledge of students	jn	jn	jn	jn	jn
Selecting instructional goals	jn	jn	jn	jn	jn
Knowledge of resources	jn	jn	jn	jn	jn
Designing coherent instruction	jn	jn	jn	jn	jn
Assessing student learning	jn	jn	jn	jn	jn

### 24. Domain 2: The Classroom Environment

	No Concern		Some Concern		Very Concerned
Creating a classroom of respect and rapport	jn	jn	jn	jn	jn
Establishing a culture for learning	jn	jn	jn	jn	jn
Managing classroom procedures	jn	jn	jn	jn	jn
Managing student behavior	jn	jn	jn	jn	jn
Organizing physical space	jn	jn	jn	jn	jn

### 25. Domain 3: Instruction

	No Concern		Some Concern		Very Concerned
Communicating clearly and accurately	jn	jn	jn	jn	jn
Using questioning and discussion techniques	jn	jn	jn	jn	jn
Engaging students in learning	jn	jn	jn	jn	jn
Providing feedback to students	jn	jn	jn	jn	jn
Demonstrating flexibility and responsiveness	jn	jn	jn	jn	jn
Developing your own teaching style	jn	jn	jn	jn	jn



# ACI Alumni New Teacher Support and Mentoring Program Pre-

## 26. Domain 4: Professional Responsibilities

	No Concern		Some Concern		Very Concerned
Reflecting on teaching	jñ	jñ	jñ	jñ	jñ
Maintaining accurate records	jñ	jñ	jñ	jñ	jñ
Communicating with families	jñ	jñ	jñ	jñ	jñ
Contributing to the school and the community	jñ	jñ	jñ	jñ	jñ
Growing and developing professionally	jñ	jñ	jñ	jñ	jñ
Showing professionalism	jñ	jñ	jñ	jñ	jñ

## 27. Other concerns?

	No Concern		Some Concern		Very Concerned
Please describe your other concerns or support needs below:	jñ	jñ	jñ	jñ	jñ

Other concerns:

## 6. Conclusion

Thank you for your participation.

DON'T FORGET TO GIVE US YOUR ADDRESS BELOW SO WE CAN SEND YOUR \$10 OFFICEMAX GIFT CARD!

28. Please enter your address where you would like us to mail your gift card:

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address: (we will

send an email  
confirming that the  
card has been sent)