

UNIVERSITY OF THE VIRGIN ISLANDS
SCHOOL OF EDUCATION

TEACHER CERTIFICATION AND PROFESSIONAL EDUCATION SURVEY 2010

The University of the Virgin Islands has received funding to provide course offerings and other professional education opportunities for teachers within the V.I. public school system who do not meet certification requirements. In order for us to appropriately plan and deliver the courses and professional education opportunities that will lead to certification of current teachers, your assistance is needed in responding to this survey.

In order to protect your confidentiality and anonymity, please do not write your name.

PLEASE PLACE AN "X" IN THE BOX THAT BEST COMPLETES THAT STATEMENT OR ANSWERS THE QUESTION.

Part I: Certification Status

1. I am currently a certified teacher in the V.I. public school system. Yes No [Go to Part II]
2. Type of Certificate:
 Substitute Teacher Pool
 Professional Educator, Class I
 Professional Educator, Class II
3. Category of Certificate:
 Early Childhood Educator
 Elementary Educator
 Middle School or Secondary Educator
 Special Education
 Special Subjects
4. Expiration date of current certificate:
 2011
 2012
 2013
 2014
 2015
 Other (specify) _____
5. I am teaching in the area in which I am certified. Yes No

Special Instructions: If you currently hold a teaching certificate from the V.I. Board of Education, skip to Part III.

Part II: Professional Education Requirements of the V.I. Board of Education

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. I have fulfilled requirements relative to Foundations of Education. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have fulfilled requirements relative to Educational Psychology. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have fulfilled requirements relative to Special Education. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have fulfilled requirements relative to curriculum and methods. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I have fulfilled requirements relative to education technology. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I have fulfilled requirements relative to student teaching. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I am interested in taking courses to fulfill requirements. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I am willing to take courses in the afternoon/evening after school. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I am willing to take courses on weekends [Friday and Saturday]. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Number of credits needed to meet professional education requirements: (Specify) _____ | | |

Part III: Teaching Information

11. I currently teach at a/an Elementary School
 Junior High/Middle School
 Senior High School
 Other (specify) _____
12. I teach on St. Croix St. Thomas St. John
13. I am a first year teacher Yes No
14. Years employed as a teacher in the U.S. V.I. Public school system:
 Less than 1 year 10-14 years
 2-4 years 15 – 19 years
 5-9 years More than 20 years
15. My teaching assignment is in my major field of study: Yes No

Part IV: Demographic Information

16. My race/ethnic group is
- Hispanic/Latino
 - American Indian/Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Two or more races
17. My highest level of education is
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> Associate |
| <input type="checkbox"/> Master's | <input type="checkbox"/> High School /GED |
| <input type="checkbox"/> Bachelor's | <input type="checkbox"/> Some high school |
18. I earned my Bachelor's degree from UVI:
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
19. I earned my Master's degree from UVI:
- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|
20. My gender is
- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|

Thank you for taking the time to give us your honest opinion.