

# Nevada School Staff Working Conditions Survey

BELOW IS A COPY OF ALL SURVEY QUESTIONS IN THE NEVADA WORKING CONDITIONS SURVEY. NOT ALL QUESTIONS WILL GO TO ALL SCHOOL STAFF BASED ON WHAT THE QUESTION IS ASKING AND SKIP LOGIC.

[Page 1]

## Welcome to the Nevada School Staff Working Conditions Survey

Thank you for taking the time to complete this statewide survey. Your feedback is valuable to support efforts to improve working conditions and school staff retention.

The Nevada Department of Education (NDE) hired the American Institutes for Research® (AIR®) to collect your feedback so that you can share your voice honestly and with confidence as AIR is legally bound to securely store your data and not share any identifying information with NDE, your district/charter, or your school in any survey data, publications, or presentations.

- Your participation in this survey is completely **voluntary**. You may decline to take the survey at any time without consequence.
- The survey should take no more than **15 minutes** to complete.
- This survey is **confidential**. An anonymous survey would not allow AIR to correlate data across staff surveys and make connections between working conditions over time and the reasons staff are leaving Nevada public schools.

If you are a licensed personnel, please note that the survey will ask for your [publicly available educator license number](#) so that AIR can correlate data in the state's licensure system with this survey and the Nevada Exit/Transfer Survey.

## [Page 2]

### **What is this survey about?**

This survey will ask you questions about the working conditions at your school(s). This is not a test. There are no wrong answers.

### **Do I have to take the survey?**

This survey is voluntary. You do not have to answer any questions you do not want to answer, and you can stop at any time with no penalty. We hope you will do your best to answer as many questions as you can. Please be honest when answering each question.

### **Who will see my answers?**

Only researchers from the American Institutes for Research® (AIR®) and its research partners will see your responses. AIR will not share any identifying information with your school, district/charter, or the state. AIR will not identify you in any report.

### **What are the benefits of participating in this survey?**

The data from this survey can help school and district/charter administrators identify areas for school improvement to better support staff and nurture positive, healthy, and welcoming work environments. It can also equip district/charter and state policymakers to better advocate for resources and policy changes.

### **What are the risks of participating in this survey?**

There are no risks associated with participating in this survey.

### **Who should I ask if I have any questions?**

If you have questions about this research study you can contact the study's Project Director, Kyosin Kang, at [nveducatorsurvey@air.org](mailto:nveducatorsurvey@air.org) or 866-261-2295 (option 6). If you have questions about your rights as a research participant, you may contact the Institutional Review Board at AIR at 1-800-634-0797 or [IRB@air.org](mailto:IRB@air.org).

If you understand the above information and agree to take this survey, please click "Next." Otherwise, you may stop here.

## [Page 3]

**Please select your primary role. *\*Required***

We understand that some staff have multiple roles. For the purposes of this survey, please select your **primary role** at Nevada public school(s).

- School Administrator
- Teacher (general, special education, itinerant)
- Teacher's Assistant/Aide or Paraprofessional
- Specialized Instructional Support Personnel (counselor, psychologist, social worker, nurse, library media specialist, instructional coach, speech language pathologist)
- Other Support Staff (activities coach, bus driver, custodian, food service, school aide, secretary, IT, etc.)

## [Page 4]

**Please select your primary Specialized Instructional Support Personnel (SISP) role. *\*Required***

- School Counselor
- Psychologist
- Social Worker
- Nurse
- Librarian/Media Specialist
- Instructional Coach
- Speech Language Pathologist
- Other, please specify:

**[Page 5]**

**Please select your primary Support Staff role. *\*Required***

- Activities Coach
- Bus Driver
- Custodial Services
- Food Service Staff
- Groundskeeper
- Maintenance Staff
- Mechanics
- School Aide
- School Resource/Safety Officers
- School Secretary/Clerical
- Computer Technician/IT
- Other, please specify:

**[Page 6]**

**Do you primarily serve as a substitute? *\*Required***

- No
- Yes

**Are you a full-time employee (i.e., you receive benefits)? *\*Required***

- Yes, I am a full-time employee.
- No, I am a part-time employee.

## [Page 7]

**What other school-level roles/responsibilities would you like us to know about?**  
(Optional)

## [Page 8]

### **Select Your School Campus(es) *\*Required***

Please select the school campus(es) that you currently serve and for which you would like to answer questions about your working conditions.

If you work in more than one school, you can select up to five schools, but please know that you will answer the same series of questions for each selected school, which will extend your time in the survey.

**Important: You will not be able to change your school selection(s) after this page.**

**[Page 9]**

**Which grade(s) of students do you serve at this school? Select all that apply.**

**\*Required**

For example, if you are a teacher, please select the grade(s) you teach. If you are an administrator, please select all grade(s) that your school serves.

- Prekindergarten
- Kindergarten
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Other (e.g., 12+, PACE/POST; please specify) [open response]
- Adult Education

**[Page 10]**

**This section asks about your school’s facilities.**

**Please select how much you agree with the statements below.**

		Do not agree	Slightly agree	Agree	Strongly agree
<b>School Facilities and Resources</b>	This school has clean and well-maintained facilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Repairs are made in a timely fashion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The temperature in my classroom or office is comfortable year-round.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The outdoor lighting system is adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[Page 11]**

**This section asks about instructional resources and support. Please select how much you agree with the statements below.**

*I have adequate access to...*

		Do not agree	Slightly agree	Agree	Strongly agree
<b>Instructional Resources and Support</b>	Appropriate instructional materials to meet my students' needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Appropriate Professional Development opportunities provided by this school that help me be more successful in my role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Appropriate Professional Development opportunities provided by my district (or charter district) that help me be more successful in my role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Instructional technology, including computers, printers, software, and internet access.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Office equipment and supplies such as copy machines, paper, pens, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Reliable and fast internet connection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Substitutes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**[Page 12]**

**This section asks about instructional resources and support. Please select how much you agree with the statements below.**

***When my students need additional support, I have sufficient access to...***

		Do not agree	Slightly agree	Agree	Strongly agree	I don't know
<b>Instructional Resources and Support Cont.</b>	Tutors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	SPED personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Interventionists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Paraprofessionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	School counselors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Social workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Mental health professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[Page 13]**

**This next section asks about how much opportunity you have to participate in school-level activities.**

**Having the opportunity is separate from doing or acting on the opportunity.**

***How much opportunity do you have to...***

		Do not have any opportunity	Have little opportunity	Have a moderate amount of opportunity	Have a lot of opportunity	I don't know
<b>Staff Autonomy</b>	Provide input on instructional materials and/or resources this school purchases.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Do not have any opportunity	Have little opportunity	Have a moderate amount of opportunity	Have a lot of opportunity	I don't know
Choose instructional strategies for my students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide input on what Professional Development programming this school offers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Select which formative assessments I use with my students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Select behavioral management strategies used with my students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide input on our schoolwide behavior management plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide input on how the school budget will be spent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide input on the School Improvement Plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide input on hiring new educators at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[Page 14]**

The next set of questions asks about your participation in leadership activities at your school and about your perceptions of school leadership and climate.

Please select how much you agree with the statements below.

		Do not agree	Slightly agree	Agree	Strongly agree	I don't know
<b>Staff Leadership</b>	I am trusted to fulfill my job responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I am encouraged to participate in school leadership roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I have meaningful involvement in the decision making at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Page 15]

Please select how much you agree with the statements below.

		Do not agree	Slightly agree	Agree	Strongly agree	I don't know
<b>School Leadership/ Climate Supports</b>	School administrator(s) consistently support(s) me as needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I feel comfortable raising concerns that are important to me to school administrator(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	There is a schoolwide shared vision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Expectations for student conduct are fairly addressed at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I trust my colleagues at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	There are sufficient mental health supports for staff at this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[Page 16]**

How strongly do you agree or disagree with the following statements about this school?

		Strongly disagree	Disagree	Agree	Strongly agree
<b>Nevada School Climate/SEL Staff Survey (Emotional Safety)</b>	I feel like I belong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I feel satisfied with the recognition I get for doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I feel comfortable discussing feelings, worries, and frustrations with my supervisor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	This school inspires me to do the very best at my job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	People at this school care about me as a person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I can manage almost any student behavior problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I feel safe in this school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[Page 17]**

How strongly do you agree or disagree with the following statements about this school?

*The following types of problems occur at this school often:*

		Strongly disagree	Disagree	Agree	Strongly agree
<b>Nevada School Climate/SEL Staff</b>	Physical conflicts among students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Robbery or theft	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Survey (Physical Safety)</b>	Vandalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Student possession of weapons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sexual assault or dating violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Physical abuse of teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Student verbal abuse of teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[Page 18]**

This section asks about your school’s family/caregiver support and involvement.

Please select how much you agree with the statements below.

		Do not agree	Slightly agree	Agree	Strongly agree	I don't know
<b>Family Support and Involvement</b>	This school maintains clear, two-way communication with families/caregivers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	This school does a good job of encouraging family/caregiver involvement in their child’s education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	At this school, families/caregivers have meaningful involvement in the decision-making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I feel supported by the families/caregivers of my students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[Page 19]**

Please select how much you agree with the statements below.

		Do not agree	Slightly agree	Agree	Strongly agree	I don't know
<b>Bias</b>	Leadership at this school (e.g., school administrators, grade/department leads, etc.) displays preferential treatment amongst staff members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Adults at this school treat all students equitably.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I've experienced bias from adults at this school based on my identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I've experienced bias from students, families, or caregivers based on my identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[Page 20]**

Which aspect(s) of your identity do you feel was/were not fully accepted by **adults at your school**? Select all that apply.

- Age
- Country of origin/culture
- Dialect
- Disability/ability
- Gender/gender identity
- Language of origin
- Race/ethnicity
- Religion
- Sexual orientation
- Size
- Other (please specify):
- Prefer not to answer

**[Page 21]**

Which aspect(s) of your identity do you feel was/were not fully accepted by **students, families, or caregivers**? Select all that apply.

- Age
- Country of origin/culture
- Dialect
- Disability/ability
- Gender/gender identity
- Language of origin
- Race/ethnicity
- Religion
- Sexual orientation
- Size
- Other (please specify):
- Prefer not to answer

**[Page 22]**

**This section asks about your workload.**

**Please select how much you agree with the statements below.**

		Do not agree	Slightly agree	Agree	Strongly agree
<b>Work Load</b>	Class sizes are reasonable such that educators have the time available to meet the needs of all students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I can focus on educating/serving my students with minimal interruptions from adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I feel protected from other duties that interfere with my essential role of educating/serving students (e.g., subbing, translating, attending meetings/events).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	The prep time provided for educators at this school is adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I have time for meaningful collaboration with colleagues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**[Page 23]**

***During the school year, how often do you feel...***

		Not at all / A little of the time	Some of the time	Good part of the time	Most of the time
<b>Burnout</b>	Burnt out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Tense, restless, or anxious at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Unable to make it until you retire?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[Page 24]**

**This section asks about your perceptions of the district/charter leadership and district/charter supports.**

**Please select how much you agree with the statements below.**

		Do not agree	Slightly agree	Agree	Strongly agree	I don't know
<b>District/ Charter Leadership Supports</b>	The district/charter leadership supports me as needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I am trusted to make sound professional decisions relevant to my role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I feel comfortable raising issues that are important to me to my district/charter leadership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	In my district (or charter district), there are sufficient mental health supports for staff in my district (or charter district).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	District/charter offices provide valuable information that supports my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I know how to find information from my district (or charter district) when I need it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	My district (or charter district) adequately supports school staff when implementing new initiatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	In my district (or charter district), staff views are adequately considered in major districtwide decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**[Page 25]**

These next two questions ask about your paid and non-paid work hours in a *typical week*.

**Paid Hours:** How many hours are you contracted (including additional pay for clubs/activities) to work during a *typical week*?

Enter HOURS to the nearest whole number.

\_\_\_\_ paid hours

**Non-Paid Hours:** How many hours do you spend on non-paid school-related activities during the school week and weekend in a *typical week*?

Enter HOURS to the nearest whole number.

\_\_\_\_ non-paid hours

**[Page 26]**

This section asks about your salary and benefits. Please select how satisfied you are with the following statements.

*Given your role and responsibilities, how satisfied are you with your...*

		Not at all satisfied	Somewhat satisfied	Mostly satisfied	Very satisfied	Not applicable
<b>Salary and Benefits</b>	Total hours you work per week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Employer-provided retirement benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Employer-provided health benefits?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Hourly pay/salary?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## [Page 27]

**What is your base salary for the entire school year? (Optional)**

Enter AMOUNT to the nearest whole number.

\$ \_\_\_\_\_ (Base Salary)

**Assuming your role and responsibilities remain the same, how much would your base salary have to be for you to be satisfied with it? (Optional)**

Enter AMOUNT to the nearest whole number.

\$ \_\_\_\_\_ (Satisfactory Salary)

## [Page 28]

**What is your Nevada Educator License Number? *\*Required***

To look up your license number, please visit <https://online.nvdoe.org/#/VerifyLicense>.

The Working Conditions Survey asks educators to provide their Nevada educator license number so that third-party researchers like AIR can correlate the data from the Nevada School Working Conditions Survey with the Nevada Staff Exit/Transfer Survey data. The license number and personal information will remain confidential. **No names, license numbers, or other personally identifying information will be included in any survey data, publications, or presentations shared with districts or charter districts, schools, and the state.**

## [Page 29]

**How many years have you been in your *current position*?**

**Total Years in Current Position:** Excluding time spent on long-term leave or sabbatical, how many school years, either full-time or part-time, have you been in your current position?

School years include the current school year. Report years to the nearest whole year, not fractions or months.

\_\_\_\_\_ year(s) in current position

**How many total years have you been employed in the *school district or charter district*?**

**Total Years at School District:** Excluding time spent on long-term leave or sabbatical, how many school years have you worked, either full-time or part-time, in the school district or charter district you are working in?

School years include the current school year. Report years to the nearest whole year, not fractions or months.

\_\_\_\_\_ year(s) in district or charter district

**Overall, how many total years of experience do you have in *education*? *\*Required***

**Total Years of Experience:** Excluding time spent on long-term leave or sabbatical, how many school years have you worked, either full-time or part-time, within a preK–12+ public or private school system?

School years include the current school year. Report years to the nearest whole year, not fractions or months.

\_\_\_\_\_ year(s) in education

**[Page 30]**

**How would you classify your position?**

If you have more than one role in your position, please describe your primary role.

- General education
- Special education, self-contained setting
- Special education, push-in/pull-out or collaborative team-teaching model
- Itinerant teacher (teach in more than one school)
- Other (please specify):

**[Page 31]**

**What is your area(s) of assignment? Select all that apply.**

- Elementary; all subjects
- English/language arts/reading
- English as a second language
- Career and technical education
- Gifted education
- Health, physical education, and/or driver education
- History and/or social studies
- Library/media
- Mathematics
- Science
- Special education
- Visual and/or performing arts
- World languages
- Other (please specify):

## [Page 32]

### What was your route to *initial* teacher licensure in Nevada?

An alternative route to a licensure program is a program offered by an approved provider that was designed to expedite the transition of nonteachers to a teaching career.

- Nevada college or university traditional teacher preparation program
- Nevada alternative route, accelerated/provisional license
- Out-of-state college or university traditional teacher preparation program
- Reciprocity from another state or country (i.e., entered with a current, valid license from another state or country)
- Business and Industry
- Other (please specify) [open response]

## [Page 33]

### During your teacher preparation program, how long did your clinical experience/practicum last?

- 4 weeks or less
- 5–7 weeks
- 8–11 weeks
- 12–17 weeks
- 18 weeks or more

## [Page 34]

### Did you complete your clinical experience/practicum while employed as school support staff?

- Yes
- No

### [Page 35]

**How well prepared did you feel when you began your first year as a teacher?**

- Not well
- Somewhat well
- Well
- Very well

### [Page 36]

**In your FIRST year as a teacher, did you participate in a FORMAL schoolwide or districtwide induction program?**

- Yes
- No

### [Page 37]

**Overall, to what extent did the induction programming improve your job performance in your first year as a teacher?**

- Not at all
- To a small extent
- To a moderate extent
- To a large extent



**[Page 38]**

**In my FIRST year as a teacher, I received the following kinds of supports:**

	Yes	No
Formally assigned a mentor	<input type="radio"/>	<input type="radio"/>
Seminars specifically designed for people new to my position	<input type="radio"/>	<input type="radio"/>
Reduced workload	<input type="radio"/>	<input type="radio"/>
Release time to observe other educators in my position	<input type="radio"/>	<input type="radio"/>
Orientation for people new to my position	<input type="radio"/>	<input type="radio"/>
Access to professional learning communities	<input type="radio"/>	<input type="radio"/>
Regular communication with my supervisor	<input type="radio"/>	<input type="radio"/>
Other supports you received (if yes, please specify):	<input type="radio"/>	<input type="radio"/>

**[Page 39]**

**Overall, to what extent did your assigned mentor improve your job performance in your first year as a teacher?**

- Not at all
- To a small extent
- To a moderate extent
- To a large extent

**[Page 40]**

**On average, how often did you engage in each of the following activities with your mentor?**

	Never	Rarely	Sometimes	Often	Not applicable
Developing lesson plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being observed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analyzing student work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reviewing results of students' assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addressing student behavioral issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reflecting on my job performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other activities you engaged in with a mentor (if applicable, please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## [Page 41]

The Nevada Department of Education requests demographic information to inform our ongoing commitment to promote diversity, equity, inclusion, and representation across all our work. This information supports our capacity to equitably implement policies and programs, interpret data in meaningful ways, create an inclusive and culturally responsive educational ecosystem, and serve the diverse needs of our communities.

Your responses to the demographic questions are optional; if you decline to respond, you may choose “prefer not to answer.” Responses will remain confidential; AIR and NDE will release only aggregated information with at least 10 respondents per group.

### What is your gender identity?

- Female
- Male
- Nonbinary or nonconforming
- Prefer to self-identify: \_\_\_\_\_
- Prefer not to answer

## [Page 42]

### What is your age?

Please round to the nearest whole year.

\_\_\_\_\_ years

## [Page 43]

### Are you a veteran or a military dependent?

- Yes
- No
- Prefer not to answer

**[Page 44]**

**Please select all race/ethnicity options that reflect the way you identify:**

- African American/Black
- Alaska Native
- Asian
- Caucasian/White
- Hispanic/Latino/a
- Middle Eastern/Northern African
- Native American/American Indian
- Native Hawaiian or Pacific Islander
- Prefer to self-identify: \_\_\_\_\_
- Prefer not to answer

**[Page 45]**

**If you identify as a Native American or American Indian, you also may select your heritage tribe. Select all that apply.**

- Washoe
- Northern Paiute
- Southern Paiute
- Western Shoshone
- Prefer to self-identify: \_\_\_\_\_
- None of the above

## [Page 46]

**Please select your highest degree attained.**

- High school diploma/GED
- Associate's or 2-year college degree
- Bachelor's or 4-year college degree
- Master's degree
- Master's degree +16
- Master's degree +32
- Doctoral degree
- Other (please specify)
- Prefer not to answer

## [Page 47]

**Is there anything else this survey should've asked you about?**

## [Page 48]

### **Focus Group Sign-Up**

AIR is conducting focus group interviews to receive feedback on the Nevada School Working Conditions Survey. AIR will select from a representative group of educators and classified staff who provide their contact information below and will invite them to participate in a focus group.

By providing your contact information below, you are giving AIR permission to contact you. You will not be identified in any reports, and your individual responses will never be shared with anyone outside of the AIR research team.

First Name: (staff\_firstname)

Last Name: (staff\_lastname)

Email: (staff\_email)

Phone Number: (staff\_phone)

Phone Extension: (staff\_phone\_ext)

## [Page 49]

### **Stay Informed**

If you would like to receive updates about the Working Condition Survey from the AIR research team, please provide an email address below.

Email: \_\_\_\_\_

## [Page 50]

Thank you for your time in providing this valuable information. If you have any questions or feedback on the survey, please contact the AIR research team at [neducatorsurvey@air.org](mailto:neducatorsurvey@air.org) or 866-261-2295, option 6.