

Oregon Mentoring Program: Beginning Teacher Mentor Survey 2019

You have received this survey because you are a beginning teacher mentor participating in the 2018-2019 ODE Mentoring Program. You are required by the grant to complete local and state evaluations and surveys for the program. The information you provide regarding the services you have received through the mentoring program will help us make meaningful program improvements. Participation in the survey will serve as your consent. All information provided will be anonymous and is not tied to specific schools, beginning teachers or beginning teacher mentors.

Please allow approximately 20 minutes to complete the survey. The survey can be completed using a computer, tablet, or cell phone. If you are unable to complete the survey in one session, you can return at a later time to complete the survey using the same device and weblink. ***Your response will not be counted unless the survey is complete.***

Thank you for your time!

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\* 1. In which district (s) do you mentor? (Select all that apply)

- Ashland
- Astoria
- Beaverton
- Bend-LaPine
- Brookings-Harbor
- Butte Falls
- Cascade
- Central
- Columbia Gorge ESD
- Crook County (Prineville)
- Dallas
- David Douglas
- Days Creek (Douglas County)
- Dufur
- Falls City
- Gervais
- Glide
- Grants Pass
- Gresham-Barlow
- High Desert ESD
- Jefferson
- Jefferson County (Madras)
- Jewell
- Klamath County
- Klamath Falls City Schools

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- Knappa
  - Lincoln County
  - Medford
  - Mt. Angel
  - Neah-Kah-Nie
  - North Marion
  - North Santiam
  - North Wasco
  - Oakland
  - Phoenix-Talent
  - Pinehurst
  - Portland Public
  - Prospect
  - Riddle
  - Roseburg Public Schools (Douglas County)
  - Salem-Keizer
  - Scappoose
  - Seaside
  - Silver Falls
  - Sisters
  - South Umpqua
  - St. Helens
  - St. Paul
  - Sutherlin
  - Three Rivers
  - Tillamook
  - WESD
  - Woodburn
  - Vernonia
  - Yamhill-Carlton
  - Yoncalla

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Other (please specify)

\* 2. What is your gender?

Male

Female

Prefer not to Answer/Decline

Open Response:

\* 3. What is the race/ethnic group with which you most identify? (Select all the apply.)

Asian

Black/African American

Hispanic/Latino

American Indian/Alaska Native

Multi-racial

Native Hawaiian/Pacific Islander

White

Prefer not to Answer/Decline

Other (please specify)

\* 4. What was the first language spoken in your home when you were a child?

English

Spanish

Russian

Vietnamese

Chinese

Other (please specify)

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\* 5. What educational degree(s)/certification(s) do you hold? (Select all that apply.)

- BA/BS
- MA/MS
- EdM
- EdD/PhD
- National Board Certified Teacher (NBCT)
- Other (please specify)

\* 6. Number of years in education:

- 0-4 years
- 5-8 years
- 9-12 years
- 13-16 years
- 17-20+ years

\* 7. Do you receive an annual mentor stipend?

- Yes
- No

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8. What is the amount of your annual mentor stipend?

Stipend amount:

\* 9. How were you trained to be a mentor? (Select all that apply.)

- New Teacher Center/ODE Professional Learning
- Additional New Teacher Center Training
- District Developed Mentor Training
- Ongoing Training for Beginning Teacher Mentors (PLC, Forums, Online ODE monthly forum sessions)
- Other Mentor Training (please specify)

\* 10. Grade/Specialty area you have taught or currently teach. (Select all that apply.)

- Primary
- Intermediate
- Middle/Junior High
- High School
- Special Education
- English Learner/Bilingual
- Charter School
- Alternative School
- Other (please specify)

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\* 11. What content area(s) have you taught or are currently teaching? (Select all that apply.)

- Elementary Multiple Subjects (Note: If selected, do not mark other subjects.)
- English/ Language Arts
- Mathematics
- Content Specialist (e.g., Reading, Math, Science)
- Science
- Social Studies
- Arts
- Music
- Foreign Language
- Health
- Physical Education
- Career Teaching Education
- Advancement Via Individual Determination (AVID)
- English Language Learner/Bilingual/Emerging Bilingual
- Special Education
- Counseling
- Other (Please do not use acronyms.)

\* 12. How many years of experience do you have as a trained mentor in a formal mentoring program?

- One
- Two
- Three
- Four
- Five
- 6-10
- 11 or more

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\* 13. How many years has it been since you were a full time classroom teacher?

- One
- Two
- Three
- Four
- Five
- 6-10
- 11 or more
- N/A



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\* 14. What is your current position?

- Full time mentor
- Part time mentor
- Full time teacher serving as mentor
- Retired teacher
- Other (please specify)

\* 15. How important have the following been in shaping your mentoring practice?

|                                  | Not at All            | Somewhat Important    | Important             | Most Important        | Does Not Apply        |
|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Previous experience as a teacher | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| University training/program      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| NTC/ODE Professional Learning    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support from colleagues          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| District support                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other professional learning      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\* 16. Do you participate in ongoing mentor professional learning?

- Yes
- No

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\* 17. Please describe what your ongoing mentor professional learning involves.

\* 18. Please rate your agreement with the following statements:

|  | Strongly Disagree     | Disagree              | Agree                 | Strongly Agree        | Does Not Apply        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Overall, the mentoring program has assisted me in developing my mentoring skills.                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am clear about the expectations for my role.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| My initial training was sufficient to get me started.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| On-going training through mentor professional development (forums) has helped me be effective in my job as a mentor. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Networking with other mentors has been instrumental in helping be a more effective mentor.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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\* 19. How many beginning teacher(s) in each category do you currently support? (Note: Insert zeros in categories in which you do not have mentees.)

|                            |                      |
|----------------------------|----------------------|
| Primary (K-2)              | <input type="text"/> |
| Intermediate (3-5)         | <input type="text"/> |
| Middle/Junior High (6-8)   | <input type="text"/> |
| High School                | <input type="text"/> |
| Special Education          | <input type="text"/> |
| English Learner/ Bilingual | <input type="text"/> |
| Alternative School         | <input type="text"/> |
| Charter School             | <input type="text"/> |
| Other (please specify)     | <input type="text"/> |
| <b>TOTAL # BT</b>          | <input type="text"/> |

\* 20. Indicate the number of schools and districts where you are currently mentoring.

|           |                      |
|-----------|----------------------|
| Schools   | <input type="text"/> |
| Districts | <input type="text"/> |

\* 21. Where are your beginning teachers located? (Select all that apply.)

- Your home school
- One school (not your home school)
- Other schools in your district
- Schools in another district

\* 22. Typically, how often do you meet with a beginning teacher?

- Once a month or less often
- Every two weeks
- Weekly
- More than once a week

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\* 23. Throughout the year, on average how long are your meetings with a beginning teacher?

- 30 minutes or less
- 1 hour
- 1 hour and 30 minutes
- 2 hours or more

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\* 24. Typically, how often do you and the site administrator(s) set aside time to discuss your work with beginning teachers?

- Never
- Once Yearly
- Twice Yearly
- Every 6 Weeks
- Monthly
- Every Two Weeks
- Weekly

\* 25. In the current school year, indicate how often you communicated with your beginning teacher(s) in the following ways:

|  | Daily                 | Weekly                | Every 2 weeks         | Monthly               | Never                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Face-to-Face                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Phone                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Email                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Virtual (e.g., Skype, Zoom, Go to Meeting) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Texting                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| On-line Chat                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

26. Are there any other ways that you communicated with your mentee that weren't listed above? If yes, please list them.

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\* 27. In the current year, how effective were these forms of communication with your beginning teacher(s)?

|   | Not at all            | Somewhat effective    | Effective             | Very Effective        | Does Not Apply        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Face-to-Face                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Phone   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Email   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Virtual (e.g., Skype,<br>Zoom, Go to Meeting) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Texting                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| On-line chat                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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28. How effective was the time you spent with your beginning teacher(s) enhancing their skills in the following areas?

|  | Not at All            | Somewhat Effective    | Effective             | Very Effective        | Does Not Apply        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Classroom observations utilizing observational feedback                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Locating resources and materials   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Lesson/Unit planning   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Classroom Observations   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Co-teaching  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Developing meaningful professional goals and student learning growth goals       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Collection and analysis of student data  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Planning for differentiated instruction  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Working through challenging situations   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Aligning lessons with the Common Core/Content Standards                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Implementing activities to help students form relationships and manage behaviors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\* 29. While working with your beginning teacher(s), to what degree did you provide support in the following areas?

|  | Not at All            | A Little              | Some                  | Quite a Bit           | A Great Deal          | Does Not Apply        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Support with strategies to better manage the classroom | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

|   | Not at All            | A Little              | Some                  | Quite a Bit           | A Great Deal          | Does Not Apply        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Support with resources and materials to improve teaching  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Assistance in developing a repertoire of instructional strategies   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support knowledge of the content area(s) and curriculum   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support knowledge of formative assessment strategies/resources  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support work in differentiating instruction for special populations (EL, students with Special Needs, Talented and Gifted students, At-Risk students) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support regarding strategies to create an equitable classroom   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support in effective parent communication   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support with strategies/resources to help with job related stress   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide emotional support   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support with strategies/resources to help meet district goals and requirements  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide information for accessing district resources  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide support in understanding district procedures specific to role   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support in completing required teacher documentation (e.g. IEP, TAG, EL forms)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



|   | Not at All            | A Little              | Some                  | Quite a Bit           | A Great Deal          | Does Not Apply        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Support in preparing for meetings and/or conferences  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support in working with other staff members   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support in lesson development and long-term planning  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support in providing strategies and resources to help students form relationships and manage behaviors                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support in providing strategies and resources to understand the impacts of trauma and create safe, supportive learning environments | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provide resources to reduce Chronic Absenteeism   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Support in providing strategies and resources to build, nurture, and repair relationships between/with students                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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\* 30. Describe your impact as a mentor on student growth in the beginning teachers' classroom(s). Please provide specific evidence.

\* 31. How often have you worked with your beginning teacher(s) on each of the following in the current school year?

|   | Never                 | Once                  | Twice                 | 3 or More Times       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Professional practice goals               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Student learning and growth goals (SLGGs) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

\* 32. Indicate which of the following supports you provided to your beginning teacher(s) regarding the district's teacher evaluation system. (Select all that apply.)

- Understanding the district's teacher rubric
- Understanding what proficient looks like in your classroom based on your district rubric
- Professional learning on the evaluation system
- Support in writing student learning and growth goals (SLGGs)
- Selecting/writing formative assessments for SLGGs
- None of the above
- Other (please specify)

\* 33. To what extent has your relationship with your mentee(s) helped them feel more successful as teachers?

- Not at All
  A Little
  Somewhat
  Quite a Bit
  A Great Deal

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\* 34. Did you attend professional learning sessions with your mentee(s)?

Yes

No

\* 35. Overall, to what degree do you think your mentorship had an impact on your beginning teachers' professional learning?

None at All  Hardly Any  Some  Quite a Bit  A Great Deal

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\* 36. Provide an example of the impact mentoring had on your beginning teacher's professional learning. (If none, enter "none.")

\* 37. How effective were the district-led professional learning workshops your beginning teacher(s) attended this school year?

- Not at All  Somewhat Effective  Effective  Very Effective  Does Not Apply

\* 38. Did the observational tools you used provide an appropriate level of feedback to your beginning teacher(s)?

- Yes  
 No  
 Unsure

39. Having completed your first year as a mentor, what professional learning would be most helpful?

\* 40. To what degree did you grow professionally due to your mentoring practice this year?

- Not at All  A Little  Somewhat  Quite a Bit  A Great Deal

\* 41. How long do you plan to continue to work as a mentor?

- This is my last year  
 One more year  
 At least 5 more years  
 More than 10 more years  
 I am not sure

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\* 42. As a mentor this year, what value did this position have for you?

\* 43. Prior to becoming a mentor, did you see yourself as a leader in your profession?

- Yes
- No
- Not Sure

\* 44. As a result of being a mentor, do you see yourself as a leader in your profession?

- Yes
- No
- Not Sure

\* 45. Do you plan to seek out other leadership roles in your school district?

- No
- Not Sure
- Yes, (Which leadership roles?)

\* 46. Do you have beginning teacher(s) who have decided not to stay in the field of education?

- Yes
- No
- Unsure

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\* 47. Please explain how your mentorship had an impact on their decision to leave.

\* 48. What mentor training or support structure has been the most valuable to you?

\* 49. What mentor training or support structure has been least valuable to you?

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\* 50. How can the Oregon Mentoring Program continue to support beginning teachers?

\* 51. How can the Oregon Mentoring Program continue to support your development as a mentor?

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52. Is there anything else you wish to share about your experience with the Oregon Mentoring Program?



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\* 53. Insert the date and time below and then PRINT or take a SCREEN SHOT of this page to provide as documentation to your Project Director. Thank you for completing the survey!

Date / Time

MM/DD/YYYY