

**NEEDS SURVEY FOR ADULT BASIC EDUCATION
TEACHER CERTIFICATION**

(For the purposes of the proposed Massachusetts ABE teacher's certificate,
ABE is defined as including ESOL, ASE, GED, etc.)

I. General Information:

1. Please indicate what region in Massachusetts you are from by checking one of the regions below.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> A. Central | <input type="checkbox"/> D. Southeast |
| <input type="checkbox"/> B. Metropolitan Boston | <input type="checkbox"/> E. Western |
| <input type="checkbox"/> C. Northeast | |

2. Optional information:

Your name: _____	Work phone: _____
ABE affiliation: _____	Home phone: _____
Email address: _____	Fax number: _____
Preferred mailing address: _____	

3. If you would like to receive a copy of the survey results, please check here.

II. Certification information:

4. Before you read the attached statement, were you aware that a voluntary ABE teachers' certificate is being developed? YES NO

5. Do you hold a current Massachusetts teaching certificate? YES NO

6. If so, in which of the following categories do you hold a teaching certificate(s)?

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> A. Early childhood | <input type="checkbox"/> D. High school |
| <input type="checkbox"/> B. Elementary | <input type="checkbox"/> E. Other: _____ |
| <input type="checkbox"/> C. Middle School | |

7. What stage of Massachusetts certification do you hold? Please check one.

- A. Provisional B. Provisional with Advanced Standing C. Standard

8. If you hold a Standard certificate, how many year(s) will it be before you recertify?

Please check one.

- | | | |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> A. 1 | <input type="checkbox"/> C. 3 | <input type="checkbox"/> E. 5 |
| <input type="checkbox"/> B. 2 | <input type="checkbox"/> D. 4 | |

9. Do you hold an expired Massachusetts teaching certificate? YES NO

10. Does your current ABE employer require that you be a certified teacher? YES NO

11. Does your current ABE employer prefer that you be a certified teacher? YES NO

12. Are you currently teaching within preK-12? YES NO

13. If you are currently a Mass. certified teacher, would you prefer to:

A. Replace your primary certificate with the ABE certificate,
MAYBE YES NO DOESN'T APPLY

B. or, add the ABE certificate to your existing certificate(s)?
MAYBE YES NO DOESN'T APPLY

Please explain your answers.

14. If you are not currently a Mass. certified, will you pursue the ABE teacher's certificate? MAYBE YES NO
Please explain your answer.

15. Are there factors that might prevent your pursuing an ABE certificate, either elements of the process or external barriers? YES NO
Please explain your answer.

III. Educational History:

16. What is your highest level of education completed? Please check one.

- | | |
|---|--|
| <input type="checkbox"/> A. High School Diploma | <input type="checkbox"/> E. Doctorate |
| <input type="checkbox"/> B. Associate's Degree | <input type="checkbox"/> F. Other: _____ |
| <input type="checkbox"/> C. Bachelor's Degree | |
| <input type="checkbox"/> D. Master's Degree | |

17. If you do not possess either a Bachelor's or a Master's degree (the minimum educational requirements for the ABE certificate), how many credits do you have toward a college degree? Please check the range of credit you have accumulated.

- | | | |
|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> A. None | <input type="checkbox"/> D. 31-45 | <input type="checkbox"/> F. 61-75 |
| <input type="checkbox"/> B. 1-15 | <input type="checkbox"/> E. 46-60 | <input type="checkbox"/> G. 76-90+ |
| <input type="checkbox"/> C. 16-30 | | |

18. If you possess an Associate's degree from a Massachusetts community college, are you under the Commonwealth Transfer Compact? YES NO
DON'T KNOW

19. If you do not possess either a Bachelor's or a Master's degree, what would be of most concern to you in pursuing a degree?
Please number from 1-5 your top concerns, 1 being the most important concern to you.
- | | |
|--|---|
| <input type="checkbox"/> A. Cost | <input type="checkbox"/> E. Uncertain of ability |
| <input type="checkbox"/> B. Time | <input type="checkbox"/> F. Need more information on available programs |
| <input type="checkbox"/> C. Transportation | <input type="checkbox"/> G. Other: _____ |
| <input type="checkbox"/> D. Childcare | |
20. If you do not possess either a Bachelor's or a Master's degree, would you be interested in help in locating a college/university or professional development program suitable to your needs (e.g., program of study, location, cost)? YES NO

IV. ABE Teaching History: To the best of your recollection, please complete the following information.

21. How many years of ABE teaching experience do you have? (For the purposes of the proposed Massachusetts ABE teacher's certificate, ABE is defined as including ESOL, ASE, GED, etc.) Please check one.
- A. Less than 1 year B. 1-2 years C. 3-4 years D. 5 or more years
22. What kinds of ABE teaching have you done? Please number from 1-5, 1 being the ABE teaching area in which you have had the most experience.
- | | |
|---|--|
| <input type="checkbox"/> A. ASE/GED | <input type="checkbox"/> E. Native Language Literacy |
| <input type="checkbox"/> B. Basic literacy and numeracy
(traditionally known as ABE) | <input type="checkbox"/> F. Workplace education |
| <input type="checkbox"/> C. Citizenship | <input type="checkbox"/> G. Other: _____ |
| <input type="checkbox"/> D. ESOL | |

PLEASE CONTINUE TO THE TABLE ON THE FOLLOWING PAGE.

During the school year:	A Approximately how many hours per week did you teach in ABE?	B Approximately how many weeks did you teach in ABE?	C If teaching in more than one ABE agency, please circle the number of agencies.	D What percentage of your teaching time was as a volunteer?	E If you held a non-ABE position during this school year, in which profession was it? Please check one.	F If you were teaching only in ABE, did you have benefits during this school year?	
23. 1995-96			1 2 3 4 5		<input type="checkbox"/> A. preK-12 <input type="checkbox"/> B. higher education <input type="checkbox"/> C. professions <input type="checkbox"/> D. other	YES	NO
24. 1996-97			1 2 3 4 5		<input type="checkbox"/> A. preK-12 <input type="checkbox"/> B. higher education <input type="checkbox"/> C. professions <input type="checkbox"/> D. other	YES	NO
25. 1997-98			1 2 3 4 5		<input type="checkbox"/> A. preK-12 <input type="checkbox"/> B. higher education <input type="checkbox"/> C. professions <input type="checkbox"/> D. other	YES	NO
26. 1998-99			1 2 3 4 5		<input type="checkbox"/> A. preK-12 <input type="checkbox"/> B. higher education <input type="checkbox"/> C. professions <input type="checkbox"/> D. other	YES	NO
27. 1999-2000			1 2 3 4 5		<input type="checkbox"/> A. preK-12 <input type="checkbox"/> B. higher education <input type="checkbox"/> C. professions <input type="checkbox"/> D. other	YES	NO
28. Projected for 2000-2001			1 2 3 4 5		<input type="checkbox"/> A. preK-12 <input type="checkbox"/> B. higher education <input type="checkbox"/> C. professions <input type="checkbox"/> D. other	YES	NO

Thank you for participating in this survey. Please mail completed survey to:

Mary Jayne Fay, ACLS Certification Specialist, Massachusetts Department of Education, 350 Main Street, Malden, MA 02148-5023