

e-Learning Center Survey of *Faculty Needs and Perceptions*

Items in this survey reflect e-Learning Center current training opportunities for faculty, staff, and teaching assistants. In addition, to needs indicated by our telephone helpline data, this survey will be used to determine faculty development needs in your department and college. The survey will assist in the development of a comprehensive Professional Development Plan and guide your group with meaningful professional growth experiences for all university educators.

First Name	MI	Last Name
Department		College
Email		

My primary instructional responsibility is:

- ☐ Kindergarten – 2 grade
- ☐ 3, 4, and 5th grades
- ☐ 6, 7, and 8th grades
- ☐ High School
- ☐ Other _____

Years of Service:

- ☐ 3 or fewer
- ☐ 4 – 10 years
- ☐ 11 – 15 years
- ☐ 16 – 20 years
- ☐ > 21 years

Primary Job Function: _____

I have earned the following points toward being rated as a Highly Qualified Teacher.

- ☐ 0 – 25 points
- ☐ 26 – 50 points
- ☐ 51 – 75 points
- ☐ 76 – 99 points
- ☐ >= 100 points

If your score is < 100 points, please check off the categories in the areas you are lacking.

- ☐ Years of Experience Teaching in Content Area
- ☐ College Coursework in Content Area
- ☐ Professional Development and Activities Related to Content Area
- ☐ Service related to Content Area
- ☐ Awards, Presentations, and Publications related to content area.

Type of Staff Development

Time

How would you like the staff development sessions to be offered? Please **check all** that apply. In addition, please **circle** your first choice.

- ☐ 1-2 hour(s)
- ☐ Half-day
- ☐ Full-day

Format

How would you like the staff development sessions to be offered? Please **check all** that apply. In addition, please **circle** your first choice.

- ☐ Weekly sessions
- ☐ Monthly sessions
- ☐ Quarterly sessions
- ☐ Study groups

Content

Please select all the general areas you will likely pursue your professional growth during the upcoming year.

- ☐ Standards
- ☐ Assessment
- ☐ Instructional Delivery
- ☐ Classroom Management
- ☐ Professional Practice
- ☐ Technology Integration

Staff Development Information

When

When would you like staff development sessions to be offered? Please **check all** that apply. In addition, please **circle** your first choice.

- ☐ During school
- ☐ After school (4-6 P.M.)
- ☐ Early evenings (6-8 P.M.)
- ☐ Weekends
- ☐ During the summer

Please indicate which weeks work best for you.

Where

Where would you like staff development sessions to be held? Please **check all** that apply. In addition, please **circle** your first choice.

- ☐ Elementary Building _____
- ☐ Middle School/Junior High Building _____
- ☐ High School Building _____
- ☐ Other, please explain _____