District Council 37 AFSCME AFL-CIO

DC37 Non-Profit and Private Sector Locals Education Survey ⅛

 Dear DC 37 Members,
This brief survey is designed to gather essential information about your current educational and teacher certification status. The DC 37 Non-Profit and Private Sector Locals along with the CUNY School of Labor and Urban Studies' LEAP to Teacher program, aims to use this information to better support members in advancing their education and careers in the teaching profession. All information provided in this survey will be kept strictly confidential. Your responses will not be shared with your employer or anyone outside the project team and will be used solely for the purposes of this survey.

* Required

Demographic Information

1. First Name

2. Last Name *

3. Personal Email Address *

4. Cell Phone Number *

5. Agency / Job Site Name *

6. Job Title *

Teaching Certification Status

7. Please choose what best describes your current teaching certification status:

    ◯ I am a teacher and holding a professional certification

    ◯ I am holding an initial teaching certification and need to complete my master's degree

    ◯ I am not certified

8. Do you want to earn certification as a teacher in New York State? *

    ◯ Yes

    ◯ No

9. What New York State teacher certification area are you/would you be pursuing? (Select all that apply) *

    ◯ Early Childhood (birth-grade 2)

    ◯ Early Childhood Special Ed (birth-grade 2)

    ◯ Childhood Special Ed (grades 1-6)

    ◯ Bilingual Extension

    ◯ Teaching English to Speakers of other Languages (TESOL)L K-12

    ◯ Other

10. Please check all the certification exams you still **need to take and pass.** (Select all that apply) *

    ◯ Content Specialty Test (CST)

    ◯ EAS

    ◯ I have not taken any of my teacher certification exams.

    ◯ I have taken some of my exams but have not passed any.

    ◯ Other

11. Please check any workshops or requirements you **need to complete.** (Select all that apply)

○ School Violence Intervention and Prevention workshop

○ Child Abuse Identification and Reporting workshop

○ Dgnity for All Students Act (DASA) workshop

○ Autism Spectrum.

○ Fingerprinting/background checks

○ Other

12. Are there any issues regarding the certification process that prevented you from becoming certified?

○ Yes

○ No

13. Please explain

[   ]

14. Would you like someone from DC37 or LEAP to Teacher Program to contact you about next steps including returning to school, attending workshops, test prep, and earing CTLE credits.

○ Yes

○ No

Educational Background and Career Interest

15. Please select the choice(s) that best describes your experience in college. (Select all that apply) *

○ I have a **master's degree in education**, which enables me to be certified

○ I have a **master's** degree, **but not in education.**

○ I have some **graduate credits but not a master's degree.**

○   I have a **bachelor's degree in educatio**n, which enables me to be certified.

○   I have a **bachelor's** degree, **but not in education**.

○ I have an **associate degree.**

○ I have some college credits **but not a degree.**

○   I have no college experience and I'm interested in going back to College

○ Other

16. Have you attended a CUNY College? *

○ Yes

○ No

17. Please enter your CUNY Student ID (EMPL ID)- If you Don't remember enter Not remember *

[   ]

18. Please list the name of any college where you have attended or earned a degree or credential *

[   ]

19. What was your major/ program in college or graduate program *

[   ]

20. Do you think you might need to take additional college courses to become eligible to be a certified Teacher? *

○ Yes

○ No

○ Not sure

21. Are there any issues regarding your college experience that prevented you from graduating or becoming a certified teacher? *

○ Yes

○ No

22. Please explain your obstacles *

[   ]

23. Would you like someone from DC37 or LEAP to Teacher Program to contact you about next steps including returning to school, attending workshops, test prep, and earning CTLE credits.

○ Yes

○ No