Unit.Ed Teacher Survey – EFI Version

##### Note: Each school will have its own survey link

*This survey has been commissioned by the Government of Israel’s Ministry of Diaspora Affairs and is being carried out by Rosov Consulting, a research firm that is evaluating the impact of EFI’s partnership with your school. We would like to hear from you about your experience with EFI so far, to get a sense of your educational practices, and to learn about the students in your school. We would appreciate if you can please complete the following survey – your open and honest perspective is crucial to understanding the value of EFI’s work. Please note that any information you share will be kept confidential and will only be reported in the aggregate.*

 *If you have any questions or concerns, including any difficulty in accessing or completing the survey, please contact Nettie at* *naharon@rosovconsulting.com**. Thank you for your participation.*

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**We first have a few questions about you and your professional practices.**

1. Which grade(s) do you teach? Please select all that apply.
	1. Kindergarten
	2. Primary School (grades 1 – 5)
	3. Upper Primary School (grades 6 – 9)
	4. Lower Gymnasium (prima – quarta)
	5. Upper Gymnasium (quinta – octava)
	6. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. Which subject(s) do you teach? Please select all that apply.
3. Judaic Studies
4. Hebrew language
5. General Studies
6. For how long have you been working as a teacher?
	1. Less than one year
	2. 1-2 years
	3. 3-5 years
	4. 6-10 years
	5. 11-20 years
	6. More than 20 years
7. For how long have you been working in this specific school?
8. Less than one year
9. 1-2 years
10. 3-5 years
11. 6-10 years
12. 11-20 years
13. More than 20 years
14. What is the highest academic degree you have completed?
15. High school diploma
16. B.A. in Education
17. B.A. in a field other than Education
18. M.A. in Education
19. M.A. in a field other than Education
20. Doctorate in Education
21. Doctorate in a field other than Education
22. S’micha (Rabbinic Ordination)
23. Please indicate your gender:
24. Male
25. Female
26. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
27. We know that Jewish day school teachers can either be Jewish or non-Jewish. We’d like to better understand what your school’s teacher body looks like. Are you Jewish?
	1. Yes
	2. No
	3. I prefer not to answer

[If Q7=b or c, skip to Q13]

1. Please rate how true each of the following statements is of you personally, on a scale from 1 to 5 where 1 means “not very true of me” and 5 means “very true of me”:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not very true of me (1) | (2) | (3) | (4) | Very true of me (5) |
| I feel a strong sense of belonging to the people of [Country] |  |  |  |  |  |
| I feel a sense of responsibility to Israel and Israelis |  |  |  |  |  |
| I can explain to others what being Jewish means to me |  |  |  |  |  |
| I feel a strong sense of belonging to the Jewish People |  |  |  |  |  |
| I feel proud of Israel |  |  |  |  |  |
| Taking part in Jewish rituals (Shabbat, holidays, etc.) is a very important part of who I am as a Jew |  |  |  |  |  |
| I feel a strong sense of responsibility to contribute to the development of the Jewish community in [Country] |  |  |  |  |  |

1. Please rate how true each of the following statements is of you personally, on a scale from 1 to 5 where 1 means “not very true of me” and 5 means “very true of me”:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not very true of me (1) | (2) | (3) | (4) | Very true of me (5) |
| I believe in the future of European Jewry |  |  |  |  |  |
| I feel a strong connection to Israel and Israelis |  |  |  |  |  |
| I strongly believe that Jews should marry other Jews |  |  |  |  |  |
| I can articulate to others what Israel means to me |  |  |  |  |  |
| I feel a special responsibility to take care of Jews in need in my community |  |  |  |  |  |
| Caring about Israel is a very important part of who I am as a Jew |  |  |  |  |  |

1. To what extent do you engage in each of the following behaviors?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | A lot | Very much |
| I try to understand what “being Jewish” means to my students |  |  |  |  |  |
| I articulate how my actions are guided by my Jewish knowledge and values |  |  |  |  |  |
| I exhibit a passion for contributing to the Jewish community above and beyond my job responsibilities |  |  |  |  |  |
| I speak with other educators in my school about the importance of infusing Jewish values into classroom culture |  |  |  |  |  |
| I understand how my teaching supports the school’s vision |  |  |  |  |  |
| I demonstrate a personal passion for Judaic knowledge |  |  |  |  |  |
| I invest time in my own Jewish learning |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often |
| Talk about Jewish things with your friends |  |  |  |  |
| Volunteer for the Jewish community |  |  |  |  |
| Follow news about Israel |  |  |  |  |
| Mark Shabbat in a way that’s different from the rest of the week |  |  |  |  |
| Talk about Jewish things with your family |  |  |  |  |
| Volunteer for the local community where you live |  |  |  |  |
| Pray in a synagogue |  |  |  |  |

1. How frequently do you…
2. Have you previously been to Israel?
	1. Yes
	2. No
3. To what extent do you have the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | A lot | Very much |
| A high level of knowledge of the subject matter you teach |  |  |  |  |  |
| Knowhow to teach your students remotely |  |  |  |  |  |
| Strong professional skills and capacities |  |  |  |  |  |
| Confidence to do your job well |  |  |  |  |  |
| A sense of commitment/dedication to your work |  |  |  |  |  |
| The ability to create positive change in your school’s Judaic/Hebrew studies departments |  |  |  |  |  |
| A strong sense of commitment to the school’s mission and vision |  |  |  |  |  |

1. Which of the following professional development topics would you benefit from most? Please select your top three choices.
2. Setting goals for students’ Jewish growth
3. Assessing students’ Jewish growth
4. Enhancing the *Tefilah* (prayer) experience
5. Teaching *Tanakh*
6. Teaching about Israel
7. Teaching Hebrew language
8. Teaching remotely
9. Integrating technology into Jewish/Hebrew studies
10. Integrating *midot* (character) education into the curriculum
11. Delivering experiential Jewish education
12. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
13. When you think about your primary goals for your students, which of the following are your top five goals? [Randomize list]
14. Students feel connected to the Jewish People
15. Students are knowledgeable about Jewish heritage, rituals, and traditions
16. Students act in ways that reflect Jewish values [For EFI, include: (e.g., giving Tzedaka, volunteering in communal activities)]
17. Students are involved in the local Jewish community
18. Students feel proud of being Jewish
19. Students are knowledgeable about Jewish texts (e.g., Torah, Oral Law)
20. Students feel connected to the local Jewish community
21. Students develop skills they can use throughout the rest of their lives
22. Students feel good about themselves
23. Students develop a relationship to the land, people, and state of Israel
24. Students are curious and interested to learn about Jewish life and Jewish heritage
25. Students take part in Shabbat and holiday rituals [For EFI, include: (e.g., lighting Shabbat candles, saying Kiddush, attending Passover seder)]
26. Students engage in volunteer work
27. Students develop Hebrew language skills
28. Students form strong Jewish friendships
29. Students feel a sense of responsibility to care for other Jews
30. Students understand the history of the local Jewish community

**The next set of questions ask about your experience thus far with EFI.**

1. EFI is partially funded by the Government of Israel, as well as local partners. Is this something that…

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| You personally are aware of |  |  |
| The students in your school are aware of |  |  |
| The parents of students in your school are aware of |  |  |

1. EFI has provided or supported a number of professional development, mentorship, and consultancy services to schools and teachers across Europe. Which of the following of EFI’s opportunities have you participated in? Please select all that apply. [EFI will provide a list for each school]
	1. None of the above
2. [Carry forward selections from Q17] Please rate your satisfaction with the following EFI offerings:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very dissatisfied | Dissatisfied | Neutral | Satisfied | Very satisfied |
| [Carry forward selections from Q17] |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. What type of impact has EFI’s partnership with your school, through providing various opportunities and support, had on **you** personally in the following areas:

*(If the opportunities being provided by EFI do not address the following dimensions, or if they intend to but there haven’t yet been opportunities to affect these dimensions, please select “Not applicable.”)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | None | Little | Some | Significant | Highly significant | Not applicable |
| Knowledge of the subject you teach |  |  |  |  |  |  |
| Knowledge of how to teach your students remotely / online |  |  |  |  |  |  |
| Knowledge of specific techniques or theories of teaching |  |  |  |  |  |  |
| Ability to work well with other teachers as a team |  |  |  |  |  |  |
| Ability to adapt curriculum to your classroom |  |  |  |  |  |  |
| Ability to plan effective lessons |  |  |  |  |  |  |
| Sense of professionalism (e.g., Responding in a timeline fashion to requests from students' parents, etc.) |  |  |  |  |  |  |
| Interest in your current work being a long-term career |  |  |  |  |  |  |
| [For EFI only] Ability to take on leadership roles inside or outside of the school, such as leading a new curricular or experiential program |  |  |  |  |  |  |

1. To what extent has EFI’s partnership with your school, including the opportunities and support provided by EFI, contributed to students’…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | A lot | Very much | I don’t know |
| Knowledge of Jewish heritage, rituals, and traditions |  |  |  |  |  |  |
| Involvement in the local Jewish community |  |  |  |  |  |  |
| Sense of responsibility to care for Jews in need |  |  |  |  |  |  |
| Curiosity and interest in learning about Jewish life and Jewish heritage |  |  |  |  |  |  |
| Plans to incorporate Jewish practices into their homes |  |  |  |  |  |  |
| Feeling proud of their Jewish identity |  |  |  |  |  |  |
| Hebrew language skills |  |  |  |  |  |  |
| Connection to the land, people, and state of Israel |  |  |  |  |  |  |

1. To what extent has EFI’s partnership with your school, including the opportunities and support provided by EFI, contributed to students’…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | A lot | Very much | I don’t know |
| Knowledge of Jewish texts (e.g., Torah, Oral Law) |  |  |  |  |  |  |
| Marking Shabbat in a way that is different from the rest of the week |  |  |  |  |  |  |
| Awareness of current events in Israel |  |  |  |  |  |  |
| Understanding the history of their local Jewish community |  |  |  |  |  |  |
| Development of leadership skills (for leadership inside or outside of the classroom) |  |  |  |  |  |  |
| Feeling a sense of belonging to their peers/community |  |  |  |  |  |  |

It is possible that we will want to send you another survey in a few years to see if and how your response may have changed over time. So that we can keep track of your response, please enter the following information:

Please enter the first two letters of your **first** name: \_\_\_\_\_\_\_\_\_\_

Please enter the first two letters of your **last** name: \_\_\_\_\_\_\_\_\_\_

Please enter your birthdate:

Day: [Dropdown of 1 to 31]

Month: [Dropdown of January, February, March, April, May, June, July, August, September, October, November, December]

Year: [Dropdown of 1950 to 2000]

\* \* \*

Thank you for taking the time to complete this survey. Your response has been recorded.