



# THE JACOB RADER MARCUS CENTER OF THE AMERICAN JEWISH ARCHIVES

**MS-831: Jack, Joseph and Morton Mandel Foundation Records, 1980–2008.**

Series D: Adam Gamoran Papers. 1991–2008.

Subseries 3: Commission on Jewish Continuity (COJC), Cleveland, Ohio, 1992–1998.

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Study of Professional Lives of Educators in Cleveland and  
Evaluation of COJC programs. Educator Survey and  
Administrator Survey, Fall 1995.

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CLEVELAND JEWISH EDUCATIONAL ADMINISTRATORS SURVEY  
FALL 1995

Conducted under the auspices of the Jewish Education Center of Cleveland [JECC]

I. POSITIONS AND WORK SETTINGS

The questions in this section refer to the Jewish schools in which you work.

1. In how many Jewish **schools** do you work?

2. If you work in more than one Jewish school, do you do so to earn a **suitable wage**?

☐ no☐ yes☐ n/a

3. For each school in which you work, indicate your **title**, e.g., "educational director", the number of **hours per week** you are contracted to work, and the number of **weeks per year** your school is in session. If you do not know exactly, please estimate. List as "**main**" the position in which you work the most hours as a Jewish educational administrator.

Your Title	Hours/Week	Weeks/Year
Main	<input type="text"/>	<input type="text"/>
Second	<input type="text"/>	<input type="text"/>
Third	<input type="text"/>	<input type="text"/>
Fourth	<input type="text"/>	<input type="text"/>

4. Please indicate how many **years**, including this year, you have been working in **each** school:

Main Second Third Fourth 

5. How many **years** have you worked in Jewish educational settings, including this year?

6. How many **TOTAL years** have you worked in Jewish educational settings, **both within and outside Cleveland**, including this year?

7. What is the **orientation** of each **school** in which you work? [Check **one** response for **each** school.]

Orientation	Main	Second	Third	Fourth
a. Reform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Conservative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Orthodox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Communal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. In what **type** of **school[s]** do you work? [Check **one** response for **each** school in which you work.]

Type of School	Main	Second	Third	Fourth
a. Preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. One day/week supplementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Two or more days/week supplementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Day school or yeshiva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Adult education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In **addition** to your work in **Jewish schools**, do you **currently**: [Check **all** that apply.]

☐ a. tutor students privately in Hebrew or for Bar/Bat Mitzvah?

☐ b. lead a junior congregation?

☐ c. lead or supervise a youth group?

☐ d. work in any other informal Jewish educational setting [specify]? \_\_\_\_\_

☐ e. I do not currently work in an informal Jewish educational setting.



10. What **subjects** do you **teach** this year? [Please indicate subjects for **each** position.]

Subject	Main	Second	Third	Fourth
a. Hebrew language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Jewish studies [Bible, history, holidays, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bar/Bat Mitzvah preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tefillah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Integrated preschool or kindergarten curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Secular subjects [math, reading, science, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other [specify]: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am not teaching this year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please check the statement that **best** describes the **curriculum** used in your school.  
[Check **one** response.]

- a. Teachers are completely free to develop their own curriculum ☐
- b. Teachers are given general topics or textbooks to cover ☐
- b. Teachers are given written goals for their class[es] ☐
- c. Teachers work from a curriculum plan for their grade level ☐
- d. Teachers work from a comprehensive curriculum plan for the whole school ☐

12. Check the statement that best describes the curriculum in the **main Jewish school** in which you work.  
[Please check **one** response.]

- a. There is a written school philosophy ☐
- b. The school philosophy and how the curriculum fits into it has been explained to faculty ☐
- c. Teachers participate in the planning and development of the school's curriculum ☐
- d. You meet with teachers to plan lessons or units on a regular basis ☐
- e. I have not discussed curriculum planning and development with teachers ☐

13. How did you find your **current main** position as a Jewish **educational administrator**?

[Please check **one**.]

- a. I was promoted from a teaching position in my school ☐
- b. I was recruited from *within* the Cleveland educational community ☐
- c. I responded to a *local* advertisement for the position ☐
- d. I was recruited from *outside* Cleveland ☐
- e. I responded to a *regional* or *national* advertisement for the position ☐
- f. Other: \_\_\_\_\_ ☐

14. Please check the statement below that **best** describes your work as a Jewish educator:  
[Please check **one**.]

- a. I work **full time** as a Jewish educator under a **single** contract. ☐
- b. I work **full time** as a Jewish educator under **two or more** contracts. ☐
- c. I work **part time** as a Jewish educator under a **single** contract. ☐
- d. I work **part time** as a Jewish educator under **two or more** contracts. ☐

15. Would you consider working **more hours** in Jewish education if the opportunity were available to you?

☐ yes

☐ no

IF YOU ANSWERED "NO" TO ITEM 15, PLEASE SKIP TO ITEM 17 BELOW.

16. From the following list, choose the **three** factors that would encourage you to **increase** your teaching hours.

[Please check only **three** items.]

- a. Higher salary ☐
- b. More benefits ☐
- c. Greater job security or tenure ☐
- d. An opportunity to advance your career ☐
- e. A greater knowledge of Judaism, teaching, or Hebrew ☐
- f. Need for increased income ☐
- g. Availability of a position in your specialty ☐
- h. More time available to you to work ☐
- i. Other [specify]: \_\_\_\_\_ ☐

17. What is your **annual salary** as a **Jewish educator**? [Please check **one** response.]

- |   |   |
|---|---|
| a. Less than \$1,000 <input type="checkbox"/>   | j. \$40,000 - \$44,999 <input type="checkbox"/> |
| b. \$1,000 - \$4,999 <input type="checkbox"/>   | k. \$45,000 - \$49,999 <input type="checkbox"/> |
| c. \$5,000 - \$9,999 <input type="checkbox"/>   | l. \$50,000 - \$54,999 <input type="checkbox"/> |
| d. \$10,000 - \$14,999 <input type="checkbox"/> | m. \$55,000 - \$59,999 <input type="checkbox"/> |
| e. \$15,000 - \$19,999 <input type="checkbox"/> | n. \$60,000 - \$64,999 <input type="checkbox"/> |
| f. \$20,000 - \$24,999 <input type="checkbox"/> | o. \$65,000 - \$69,999 <input type="checkbox"/> |
| g. \$25,000 - \$29,999 <input type="checkbox"/> | p. \$70,000 - \$74,999 <input type="checkbox"/> |
| h. \$30,000 - \$34,999 <input type="checkbox"/> | q. \$75,000 - \$79,999 <input type="checkbox"/> |
| i. \$35,000 - \$39,999 <input type="checkbox"/> | r. Over \$80,000 <input type="checkbox"/>       |



**18.** Which of the following **benefits** do **you receive** as an administrator in a Jewish setting?  
 [Please check **one** response for **each** item.]

	Receive	Do Not Receive
a. Free or reduced tuition for your child at your school	<input type="checkbox"/>	<input type="checkbox"/>
b. Free or reduced tuition for yourself at a college	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced membership in a synagogue or JCC	<input type="checkbox"/>	<input type="checkbox"/>
d. Synagogue privileges, such as High Holy Day tickets	<input type="checkbox"/>	<input type="checkbox"/>
e. Personal or sick leave time	<input type="checkbox"/>	<input type="checkbox"/>
f. Subsidy for continuing education or conferences	<input type="checkbox"/>	<input type="checkbox"/>
g. Sabbatical leave, partially or fully compensated	<input type="checkbox"/>	<input type="checkbox"/>
h. Employer contribution to a health plan	<input type="checkbox"/>	<input type="checkbox"/>
i. Employer contribution to a pension	<input type="checkbox"/>	<input type="checkbox"/>
j. Employer contribution to a dental plan	<input type="checkbox"/>	<input type="checkbox"/>
k. Employer contribution to a life insurance policy	<input type="checkbox"/>	<input type="checkbox"/>
l. Disability benefits	<input type="checkbox"/>	<input type="checkbox"/>
m. Maternity or paternity leave	<input type="checkbox"/>	<input type="checkbox"/>
n. Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE TURN PAGE TO CONTINUE

**19. Which of the following benefits are available to the teachers in your main school?**

[Check **one** response for **each** item.]

	Available	Not Available	I Do Not Know
a. Free or reduced tuition for your child at your school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Free or reduced tuition for yourself at a college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced membership in a synagogue or JCC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Synagogue privileges, such as High Holy Day tickets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Personal or sick leave time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Subsidy for continuing education or conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sabbatical leave, partially or fully compensated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Employer contribution to a health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Employer contribution to a pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Employer contribution to a dental plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Employer contribution to a life insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Disability benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Maternity or paternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**20.** What affected your **decision** to work as an **educational administrator** in your current main setting?  
[Check yes or no for **each** item.]

a. Hours and days available for work	<input type="checkbox"/> yes	<input type="checkbox"/> no
b. Salary	<input type="checkbox"/> yes	<input type="checkbox"/> no
c. Benefits	<input type="checkbox"/> yes	<input type="checkbox"/> no
d. Career advancement	<input type="checkbox"/> yes	<input type="checkbox"/> no
e. Location of the school	<input type="checkbox"/> yes	<input type="checkbox"/> no
f. Friends who work there	<input type="checkbox"/> yes	<input type="checkbox"/> no
g. Rabbi or professional staff	<input type="checkbox"/> yes	<input type="checkbox"/> no
h. Reputation of the school and students	<input type="checkbox"/> yes	<input type="checkbox"/> no
i. Religious orientation of school	<input type="checkbox"/> yes	<input type="checkbox"/> no
j. Quality of lay leadership	<input type="checkbox"/> yes	<input type="checkbox"/> no
k. School is in your synagogue	<input type="checkbox"/> yes	<input type="checkbox"/> no
l. Other [specify] _____	<input type="checkbox"/> yes	<input type="checkbox"/> no

**21.** To what extent did you receive **professional assistance** from the following persons during the past **12 months**?

[Check **one** response for **each** item.]

	Frequently	Occasionally	Seldom	Never
a. Your supervisor in your main school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Colleagues in your main school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Colleagues outside your school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rabbi[s]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cleveland College of Jewish Studies faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cleveland Fellows graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Retreat Institute staff [JCC]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Project Curriculum Renewal staff [JECC]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. JESP staff [JECC]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other JECC staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. How satisfied are you with each of the following in your work as a Jewish educator in Cleveland?**

[Check **one** response for **each** item.]

	Very Satisfied			Very Dissatisfied	Not Applicable
a. The salary you receive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
b. The benefits available to you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
c. Opportunity for professional advancement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
d. Opportunity for professional development	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
e. Opportunity to network through Preschool Directors' Network	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
f. Opportunity to network through Jewish Educators' Council	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
g. Opportunity to network through the Day School Directors' Network	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
h. Quality of lay leadership in your school or congregation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0

**23. How satisfied are you with each of the following programs or services available to you in Cleveland?**

[Check **one** response for **each** item.]

	Very Satisfied			Very Dissatisfied	Not Applicable
a. Quality of JECC inservice offerings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
b. Scope of JECC inservice offerings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
c. Quality of Retreat Institute experiences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
d. Quality of Retreat Institute support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
e. Quality of Project Curriculum Renewal experiences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
f. Quality of Project Curriculum Renewal support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
g. Quality of Cleveland College courses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
h. Variety of Cleveland College offerings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
i. Schedule of Cleveland College offerings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
j. Quality of JECC resource centers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0



24. People choose to become educators in Jewish settings for many reasons. From the following, please check the **three** most important reasons you **chose** to become a **Jewish educator**. [Check **three** of the following responses.]

- a. I was good at teaching others ☐
- b. I felt comfortable in Jewish settings ☐
- c. I felt it important to serve the Jewish community ☐
- d. Opportunity to teach Torah ☐
- e. The money I could make ☐
- f. The professional benefits I could receive ☐
- g. Opportunity to observe Jewish holidays ☐
- h. The hours I could work ☐
- i. Intellectual or spiritual growth I could experience ☐

25. Please indicate which **three** of the following resources would **most** enhance your **overall effectiveness** as an educational leader in a Jewish setting. [Please check **three** items.]

- a. Additional staff or clerical assistance ☐
- b. Additional professional staff ☐
- c. A change in rabbinical leadership ☐
- d. A change in lay leadership ☐
- e. Greater consulting assistance ☐
- f. Additional funding for personnel salaries or benefits ☐
- g. Additional funding for material resources ☐
- h. Different or more professional development opportunities ☐
- i. Other [specify]: \_\_\_\_\_ ☐

26. Would you describe yourself as having a career in Jewish education?

☐ yes

☐ no



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## II. EXPERIENCE

The questions in this section refer to your current and past work experience.

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27. For each of the following **Jewish** educational settings, check the positions you **have held** and those you **currently hold** and indicate the number of **years** in each, **including this year**.

PRESCHOOL	a. Aide or Assistant	_____	years
	b. Teacher	_____	years
	c. Director	_____	years
	d. Family Educator	_____	years
	e. Department head	_____	years
	f. Other _____	_____	years

SUPPLEMENTARY SCHOOL	a. Teacher	_____	years
	b. Educational Director	_____	years
	c. Family Educator	_____	years
	d. Retreat Staff Member	_____	years
	e. Department head	_____	years
	f. Other _____	_____	years

DAY SCHOOL	a. Teacher	_____	years
	b. Family Educator	_____	years
	c. Principal	_____	years
	d. Specialist	_____	years
	e. Department head	_____	years
	f. Other _____	_____	years

DAY/RESIDENTIAL CAMP	a. Counselor	_____	years
	b. Unit Head	_____	years
	c. Director	_____	years
	d. Other _____	_____	years

JEWISH COMMUNITY CENTER	a. Group Leader or Teacher	_____	years
	b. Program Director	_____	years
	c. Family Educator	_____	years
	d. Department Director	_____	years
	e. Other _____	_____	years

YOUTH ACTIVITIES	a. Youth Group Advisor	_____	years
	b. Youth Group Director	_____	years
	c. Tefillah Leader	_____	years
	d. Other _____	_____	years

ADULT EDUCATION	a. Instructor	_____	years
	b. Program Director	_____	years
	c. Other _____	_____	years

**28.** Have you ever worked in **public** or **non-Jewish private** schools? If so, for how many years **including this year**?

TYPE OF SCHOOL		YEARS AS TEACHER	YEARS AS ADMINISTRATOR
a. Public School	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____
b. Non-Jewish Private School	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____

**29.** In **addition** to your work in **Jewish education**, are you currently: [Check **one** response for **each** item.]

a. a full-time teacher in a non-Jewish school?	<input type="checkbox"/> yes	<input type="checkbox"/> no
b. a part-time teacher in a non-Jewish school?	<input type="checkbox"/> yes	<input type="checkbox"/> no
c. engaged full time in other employment outside the home?	<input type="checkbox"/> yes	<input type="checkbox"/> no
d. engaged part-time in other employment outside the home?	<input type="checkbox"/> yes	<input type="checkbox"/> no
e. a full- or part-time student?	<input type="checkbox"/> yes	<input type="checkbox"/> no

**30.** In total, how many **hours per week** are you employed *outside* Jewish education?

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### III. PROFESSIONAL DEVELOPMENT

The questions in this section refer to your professional development experiences as a Jewish educator.

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**31.** When you enroll in a workshop or course, what are the **three** most important things to you? [Please check only **three** items.]

- a. Opportunity to network with other Jewish educators ☐
- b. Content is relevant to my type of school ☐
- c. Opportunity to learn new ways to think about my class or school ☐
- d. Opportunity to learn things I can immediately use in my class ☐
- e. Length of sessions ☐
- f. Time of day or day of week of sessions ☐
- g. Who is teaching the session ☐
- h. Recommendation of principal or supervisor ☐
- i. Other [specify]: \_\_\_\_\_ ☐

**32.** During the past **two years**, have you **required your faculty** to attend inservice **workshops** or **mini-courses** or **courses** at the Cleveland College of Jewish Studies [CCJS]? [Check **one** response for **each** item.]

- a. JESP-sponsored workshops or mini-courses ☐ yes ☐ no
- b. Other workshops or mini-courses ☐ yes ☐ no
- c. Education courses at CCJS ☐ yes ☐ no
- d. Other courses at CCJS ☐ yes ☐ no



33. In general, do you find **expectations** regarding your involvement in **professional development** activities:

[Check **one** response.]

- ☐ a. About right    ☐ b. Too much    ☐ c. Too little    ☐ d. I do not know

34. Overall, how **helpful** to **your work** as a Jewish educator do you find the **JECC-sponsored workshops** or **mini-courses** and **CCJS courses**? [Answer **each** item with **one** rating.]

	Very Helpful			Not Helpful	Not Applicable
a. JECC workshops or mini-courses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
b. Education courses at CCJS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
c. Other courses at CCJS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0

35. Overall, how helpful to **your teachers** do you find the workshops or mini-courses and college courses? [Answer **each** item with **one** rating.]

	Very Helpful			Not Helpful	Not Applicable
a. JECC workshops or mini-courses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
b. Education courses at CCJS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
c. Other courses at CCJS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0

**36a.** In the space below, list the **workshops, mini-courses, or conferences [local and national]** you have attended in the past **two years**. Indicate the *general topic*, number of contact **hours** for each, whether each contained **Jewish** or **teaching content**, and whether it was sponsored by the **JECC**. If you have **not** attended any, check **box** in **36b**.

TOPIC	CONTACT HOURS?	JEWISH CONTENT?		TEACHING CONTENT?		JECC SPONSORED?	
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no

**36b.** I have not attended an educational **workshop, mini-course** or **conference** in the past two years.

☐

**37.** Overall, what has been the **impact** of the **JESP coaching** process on participating **faculty** in your school?

[Please check **one**.]

☐ a. Very helpful    ☐ b. Somewhat helpful    ☐ c. Unhelpful    ☐ d. My school did not participate

**38.** To what extent has **Project Curriculum Renewal [PCR]** or the **JECC Curriculum Department** been helpful in the following areas?

[Check <b>one</b> response for <b>each</b> item.]	Very Helpful			Not Helpful	Not Applicable
a. Developing a school-wide curriculum	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
b. Developing grade-specific curricula	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
c. Your ability to work with teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
d. Increasing communication among faculty	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
e. Increasing knowledge of curricular issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
f. Broadening teachers' teaching skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
g. Facilitating suitable curricular process	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
h. Identifying curricular goals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
i. Harmonizing curriculum and school goals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
j. Increasing pupils' enthusiasm for school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
k. Increasing parents' enthusiasm for school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
l. Other [specify] _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0

**39.** How **adequately** do the following contribute to your **curriculum** planning and development efforts?

[Check <b>one</b> for each item.]	Very Adequate	Somewhat Adequate	Inadequate	I do not know
a. JECC Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Materials provided by your school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Materials provided at the JECC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Faculty meeting time to discuss curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your school's overall curriculum plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If a Cleveland Fellow served your school, please answer questions 40 through 42; otherwise, go on to question 43 on the next page.

40. While the Cleveland Fellow intern or graduate worked at your school, were you his or her direct supervisor?

yes

no

41. To what extent do you agree with the following statements regarding the impact of the **Cleveland Fellows Program**?

[Check **one** response for **each** item]

	Agree	Somewhat Agree	Disagree	Not Applicable
a. It enhanced my school's family programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It enhanced other aspects of my school's programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Program faculty are a resource to my staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The placement process for interns was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The placement process for graduates was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The assessment process was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. To what extent do you agree with each of the following statements regarding the **Cleveland Fellows**?

[Check **one** response for **each** item]

	Agree	Somewhat Agree	Disagree	Did not Participate
a. Fellows show growth in Judaic knowledge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fellows show growth in professional skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fellows work well with faculty and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fellows work well with parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Fellows work well with families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fellows work well with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**43. To what extent do you agree with each of the following statements regarding the Cleveland Fellows Program?**

[Check **one** response for **each** item]

	Agree	Somewhat Agree	Disagree	Do Not Know
a. Program faculty and graduates positively affect educational standards in Cleveland.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Program faculty and graduates positively affect family programming in Cleveland.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Program faculty enhance professional development in Cleveland.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Program faculty are a resource to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**44. Overall, how **qualified** are you to **administer** the **school** or **department** for which you are responsible?**  
[Check **one** response.]

☐ a. Very qualified    ☐ b. Somewhat qualified    ☐ c. Somewhat unqualified    ☐ d. Very unqualified

**45. In the past **year**, did you:** [Check **yes** or **no** for **each** item.]

a. Take a course at the Cleveland College of Jewish Studies?	yes	no
b. Participate in a course sponsored by a congregation, JCC, kollel, Aish HaTorah, or Ohr Sameach?	yes	no
c. Take a course in general education at a college or university?	yes	no
d. Study Hebrew on your own?	yes	no
e. Read one or more books on Judaism?	yes	no
f. Regularly read journals about Judaism or Jewish education?	yes	no
g. Meet regularly to learn Torah or discuss educational issues?	yes	no
h. Visit Israel?	yes	no
i. Attend three or more lectures with a Jewish and/or educational focus?	yes	no

**46.** In which **three** of the following **areas** would you **most** like to develop your **skills** further? [Check only **three** items.]

- |  |  |
|--|--|
| <input type="checkbox"/> a. School administration              | <input type="checkbox"/> f. Working with lay leaders         |
| <input type="checkbox"/> b. Programming for families           | <input type="checkbox"/> g. Time management                  |
| <input type="checkbox"/> c. Faculty evaluation or supervision  | <input type="checkbox"/> h. Faculty professional development |
| <input type="checkbox"/> d. Curriculum planning or development | <input type="checkbox"/> i. Motivating faculty to teach well |
| <input type="checkbox"/> e. Public relations                   | <input type="checkbox"/> j. Other [specify]: _____           |

**47.** In which of the following would you **most** like to **increase** your **knowledge**? [Check only **three** items.]

- |   |   |
|---|---|
| <input type="checkbox"/> a. Hebrew language             | <input type="checkbox"/> e. Synagogue skills and tefillah     |
| <input type="checkbox"/> b. Jewish holidays and rituals | <input type="checkbox"/> f. Bible and Midrash                 |
| <input type="checkbox"/> c. Israel and Zionism          | <input type="checkbox"/> g. Halachah, Talmud, Codes, Responsa |
| <input type="checkbox"/> d. Jewish history              | <input type="checkbox"/> h. Other [specify] _____             |

**48.** How **proficient** are you in **Hebrew**? [Check **one** response for each category.]

- |                               | Very<br>Proficient       | Somewhat<br>Proficient   | Not at all<br>Proficient |
|-------------------------------|--------------------------|--------------------------|--------------------------|
| a. Reading for pronunciation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Reading with understanding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Writing                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Speaking                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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#### IV. BACKGROUND

This set of questions asks about you.

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49. Check the statement that **best** describes you: [Please check **one**.]

- ☐ a. I was raised Jewish
- ☐ b. I am an adult convert to Judaism
- ☐ c. I am not Jewish

50. At the present time, which of the following **best** describes you? [Please check **one**.]

- ☐ a. Reform
- ☐ b. Conservative
- ☐ c. Traditional
- ☐ d. Orthodox
- ☐ e. Reconstructionist
- ☐ f. Secular
- ☐ g. Other: \_\_\_\_\_

51. Are you a member of a synagogue in the **Cleveland** area?

☐ yes ☐ no

52. Are you an educator in the synagogue where you are a member?

☐ yes ☐ no ☐ n/a

53. Have you ever been to Israel?

☐ yes ☐ no

54. Have you ever resided in Israel for three months or more?

☐ yes ☐ no ☐ n/a

**55.** What kind of **Jewish education** did you receive **before** age **thirteen**? [Please check **all** that apply.]

- ☐ a. Preschool
- ☐ b. One day/week supplementary school
- ☐ c. Two or more day/week supplementary school
- ☐ d. Day school
- ☐ e. School in Israel
- ☐ f. Retreats or Shabbatonim
- ☐ g. Camping with Jewish content
- ☐ h. Membership in a youth group
- ☐ i. Israel experience
- ☐ j. None
- ☐ k. Other [specify]: \_\_\_\_\_

**56.** Did you have a **Bar** or **Bat Mitzvah** ceremony?

☐ yes

☐ no

**57.** What kind of **Jewish education** did you receive between **age 13** and **high school graduation**? [Please check **all** that apply.]

- ☐ a. One day/ week supplementary school or confirmation class
- ☐ b. Two or more day/week supplementary high school
- ☐ c. Day school
- ☐ d. Yeshiva
- ☐ e. School in Israel
- ☐ f. Retreats or Shabbatonim
- ☐ g. Camping with Jewish content
- ☐ h. Membership in a youth group
- ☐ i. Israel experience
- ☐ j. None
- ☐ k. Other: \_\_\_\_\_

**58.** In which **Jewish educational activities** did you participate as a young adult [18 - 25]?  
[Check **all** that apply.]

- ☐ a. Hillel or Chabad
- ☐ b. Courses in Jewish Studies or Hebrew
- ☐ c. Trip to Israel
- ☐ d. Enrollment in a yeshiva or seminary
- ☐ e. School or ulpan in Israel
- ☐ f. Retreats or Shabbatonim
- ☐ g. None
- ☐ h. Other: \_\_\_\_\_

**59.** What is your **age**? [Check **one** response.]

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> a. less than 18 | <input type="checkbox"/> g. 46 - 50 |
| <input type="checkbox"/> b. 18 -25       | <input type="checkbox"/> h. 51 - 55 |
| <input type="checkbox"/> c. 26 - 30      | <input type="checkbox"/> i. 56 - 60 |
| <input type="checkbox"/> d. 31 - 35      | <input type="checkbox"/> j. 61 - 65 |
| <input type="checkbox"/> e. 36 - 40      | <input type="checkbox"/> k. 66 - 70 |
| <input type="checkbox"/> f. 41 - 45      | <input type="checkbox"/> l. over 70 |

**60.** I am

☐ female

☐ male

**61.** Where were you **born**? [Check **one** response.]

- ☐ a. USA
- ☐ b. Canada
- ☐ c. Israel
- ☐ d. Other [specify country]: \_\_\_\_\_



62. What is your **marital status**? [Check **one** response.]

- ☐ a. Single, never married
- ☐ b. Married
- ☐ c. Separated
- ☐ d. Divorced
- ☐ e. Widowed

63. Is your **spouse** Jewish?

☐ yes ☐ no ☐ n/a

64. What is your **total family income**? [Check **one** response.]

- |   |   |
|---|---|
| <input type="checkbox"/> a. Below \$15,000      | <input type="checkbox"/> f. \$55,000 - \$64,999 |
| <input type="checkbox"/> b. \$15,000 - \$24,999 | <input type="checkbox"/> g. \$65,000 - \$74,999 |
| <input type="checkbox"/> c. \$25,000 - \$34,999 | <input type="checkbox"/> h. \$75,000 - \$84,999 |
| <input type="checkbox"/> d. \$35,000 - \$44,999 | <input type="checkbox"/> i. \$85,000 - \$94,999 |
| <input type="checkbox"/> e. \$45,000 - \$54,999 | <input type="checkbox"/> j. \$95,000 or more    |

65. How **important** to your household is the **income** you receive from **Jewish education**?  
[Please check **one**.]

- ☐ a. It is the **main** source of income
- ☐ b. It is an **important** source of additional income
- ☐ c. It is an **insignificant** source of income

66. Have you earned any type of **degree** since high school?

☐ yes ☐ no

If you answered "no" above, skip to item 68 on next page.

**67.** Please list all the **degrees** you have earned since high school and the **major[s]** and **minor[s]** for **each**.

	TYPE OF DEGREE	MAJOR[S]	MINOR[S]
Two-year degrees [AA, ACD, etc.]	_____	_____	_____
	_____	_____	_____
Degrees from teacher seminary [non-university]	_____	_____	_____
	_____	_____	_____
Bachelors degrees [BA, BS, BHL, etc.]	_____	_____	_____
	_____	_____	_____
Masters degrees [MA, MS, MSW, MEd, etc.]	_____	_____	_____
	_____	_____	_____
Doctorates [PhD, EdD, MD, DHL, etc.]	_____	_____	_____
	_____	_____	_____
Cantorial degree	_____	_____	_____
Rabbinic ordination/smicha	_____	_____	_____
Other [specify] _____	_____	_____	_____

**68.** Are you **currently** enrolled in a **degree** program?

If yes, for what degree? \_\_\_\_\_ in what major[s]? \_\_\_\_\_

**69.** Have you ever **held** a **professional license** or **certification** in: [Check *yes* or *no* for **each** item]:

- a. Jewish education: teaching ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- b. Jewish education: principal ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- c. Jewish family education ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- d. Public education: teaching ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- e. Public education: principal ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- f. Public education: specialist ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- g. Other [specify] \_\_\_\_\_ ☐ yes ☐ no If yes, from where? \_\_\_\_\_

**70.** Do you hold a **current** certificate or license in the following areas? [Check *yes* or *no* for **each** item.]

- a. Jewish education: teaching ☐ yes ☐ no
- b. Jewish education: principal ☐ yes ☐ no
- c. Jewish family education ☐ yes ☐ no
- d. Public education: teaching ☐ yes ☐ no
- e. Public education: principal ☐ yes ☐ no
- f. Public education: specialist ☐ yes ☐ no
- g. Other [specify] \_\_\_\_\_ ☐ yes ☐ no

**71.** Are you **working toward** a professional **license** or **certification** in: [Check *yes* or *no* for **each** item]:

- a. Jewish education: teaching ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- b. Jewish education: principal ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- c. Jewish family education ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- d. Public education: teaching ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- e. Public education: principal ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- f. Public education: specialist ☐ yes ☐ no If yes, from where? \_\_\_\_\_
- g. Other [specify] \_\_\_\_\_ ☐ yes ☐ no If yes, from where? \_\_\_\_\_



72. Which of the following **best** describes your **career plans** for the next two years? [Please check **one** response.]

- ☐ a. I plan to continue what I am doing in my current school.
- ☐ b. I plan to teach in an additional school or program.
- ☐ c. I plan to leave my current school and work in a different school
- ☐ d. I plan to secure a position in Jewish education, but not in a school.
- ☐ e. I plan to seek a position outside Jewish education.
- ☐ f. I plan not to work.
- ☐ g. I plan to retire.
- ☐ h. Other, please specify: \_\_\_\_\_.

73. Which of the following statements **best** describes your **current commitment** to Jewish education? [Please check one response.]

- ☐ a. I consider it a **long-term** full- or part-time commitment.
- ☐ b. I consider it a **short-term** full- or part-time commitment that **may become long-term**.
- ☐ c. I consider it a **short-term** commitment.
- ☐ d. Other [specify]: \_\_\_\_\_

If you work in a Jewish day school or yeshiva, please complete the next two pages.

**THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY!**

## DAY SCHOOL SURVEY

If you work in a Jewish day school or yeshiva, please answer the questions on the following two pages.

1. How important are each of the following factors in your **choice** to work in a **Jewish** day school or yeshiva?

[Check **one** response for **each** item.]

	Very Important		Very Unimportant	
a. Quality of private school students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Commitment to Jewish continuity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Opportunity to work in Jewish setting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Opportunity to develop spiritually	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Personal safety while at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Your qualifications are appropriate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Opportunity to observe Jewish holidays	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Tuition support for children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Opportunity to teach Torah	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Other [specify] _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

2. For what reasons did you **choose** to work at **your** day school or yeshiva? [Check **three** responses.]

a. Academic reputation of school and students	<input type="checkbox"/>
b. Quality of school leadership [Headmaster or Director]	<input type="checkbox"/>
c. Salary and benefits	<input type="checkbox"/>
d. Friends who work there	<input type="checkbox"/>
e. Religious orientation of school	<input type="checkbox"/>
f. Recruited by school administrator	<input type="checkbox"/>
g. Professionalism of faculty	<input type="checkbox"/>
h. Location of school	<input type="checkbox"/>
i. Suitable position became available	<input type="checkbox"/>
j. Other [specify] _____	<input type="checkbox"/>

3. What **circumstances** would persuade you to **leave** work in a Jewish day school?

[Answer *yes* or *no* to **each** item]

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Suitable position becomes available in public school             | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b. Suitable position becomes available in non-Jewish private school | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c. Need for increased income  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| d. Change in school leadership                                      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| e. Change in your qualifications for work outside Jewish schools    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| f. Other [specify] _____  | <input type="checkbox"/> yes | <input type="checkbox"/> no |



**THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY!**



**CLEVELAND JEWISH TEACHERS SURVEY**  
**FALL 1995**

Conducted under the auspices of the Jewish Education Center of Cleveland [JECC]

**I. POSITIONS AND WORK SETTINGS**

The questions in this section refer to your work in Jewish schools.

1. In how many **Jewish schools** do you teach?

2. If you teach in more than one Jewish school, do you do so to earn a **suitable wage**?

no

yes

n/a

3. For each school in which you teach, indicate the number of **hours per week** you are contracted to work and the number of **weeks per year** you work. If you do not remember exact numbers, please estimate. **List as "main" the Jewish school in which you work the most hours.**

School	Hours/Week	Weeks/Year
Main	<input type="text"/>	<input type="text"/>
Second	<input type="text"/>	<input type="text"/>
Third	<input type="text"/>	<input type="text"/>
Fourth	<input type="text"/>	<input type="text"/>

4. Please indicate how many **years, including this year**, you have been teaching in **each** school:

Main

Second

Third

Fourth

5. How many **years** have you taught in Jewish settings in **Cleveland, including this year**?

6. How many **TOTAL years** have you taught in Jewish settings both **within and outside** Cleveland, *including this year*?

7. What is the **orientation** of each **school** in which you teach? [Check **one** response for **each** school.]

Orientation	Main	Second	Third	Fourth
a. Reform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Conservative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Orthodox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Communal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. In what type of Jewish **schools** do you work? [Check **one** response for **each** school in which you work.]

Type of School	Main	Second	Third	Fourth
a. Preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. One day/week supplementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Two or more days/week supplementary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Day school or yeshiva	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Adult education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In **addition** to your classroom **teaching**, do you **currently**: [Check **all** that apply]

- ☐ a. tutor students privately in Hebrew or for Bar/Bat Mitzvah?
- ☐ b. lead a junior congregation?
- ☐ c. lead a youth group?
- ☐ d. work in any other informal Jewish educational setting [specify]? \_\_\_\_\_
- ☐ e. I do not currently work in an informal Jewish educational setting.

10. What **subjects** do you **teach** this year? Please indicate subjects for **each** school in which you teach.

Subject	Main	Second	Third	Fourth
a. Hebrew language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Jewish studies [Bible, history, holidays, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bar/Bat Mitzvah preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tefillah	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Integrated preschool or kindergarten curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Secular subjects [math, reading, science, etc.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other [specify]: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Check the statement that best describes the curriculum you use in your **main** Jewish educational position.  
[Check **one** response.]

- a. I am given complete freedom to develop my class curriculum. ☐
- b. I am given general topics or textbooks to cover. ☐
- c. I am given written goals for my class[es]. ☐
- d. I work from a curriculum plan for my grade level. ☐
- e. I work from a comprehensive curriculum plan for the entire school. ☐

12. Do you know what is **expected** of the **pupils** in the grade before and/or following yours? ☐ yes ☐ no

13. How did you first become aware of the **position** you hold in your **main** school? [Please check **one**.]

- a. Through the school director or congregational rabbi ☐
- b. Through a friend or mentor ☐
- c. Local newspaper or journal advertisement ☐
- d. Regional or national advertisement ☐
- e. I personally contacted the school ☐
- f. Through the Jewish Education Center of Cleveland, formerly the BJE ☐
- g. Other: \_\_\_\_\_ ☐



14. Please check the statement below that **best** describes your work as a **Jewish educator**:

- a. I work **full time** as a **Jewish educator** under a **single** contract. ☐
- b. I work **full time** as a **Jewish educator** under **two or more** contracts. ☐
- c. I work **part time** as a **Jewish educator** under a **single** contract. ☐
- d. I work **part time** as a **Jewish educator** under **two or more** contracts. ☐

15. Would you consider **working more hours** in Jewish education if the opportunity were available to you?

☐ yes ☐ no

IF YOU ANSWERED "NO" TO ITEM 15, PLEASE SKIP TO ITEM 17

16. From the following list, choose the **three** factors that would encourage you to **increase** your teaching hours.  
[Please check only **three** items.]

- a. Higher salary ☐
- b. More benefits ☐
- c. Greater job security or tenure ☐
- d. An opportunity to advance your career ☐
- e. A greater knowledge of Judaism, teaching, or Hebrew ☐
- f. Need for increased income ☐
- g. Availability of a position in your specialty ☐
- h. More time available to you to work ☐
- i. Other [specify]: \_\_\_\_\_ ☐

**17. What is your TOTAL annual salary as a Jewish educator?**

- |                        |                          |                        |                          |
|------------------------|--------------------------|------------------------|--------------------------|
| a. Less than \$1,000   | <input type="checkbox"/> | g. \$25,000 - \$29,999 | <input type="checkbox"/> |
| b. \$1,000 - \$4,999   | <input type="checkbox"/> | h. \$30,000 - \$34,999 | <input type="checkbox"/> |
| c. \$5,000 - \$9,999   | <input type="checkbox"/> | i. \$35,000 - \$39,999 | <input type="checkbox"/> |
| d. \$10,000 - \$14,999 | <input type="checkbox"/> | j. \$40,000 - \$44,999 | <input type="checkbox"/> |
| e. \$15,000 - \$19,999 | <input type="checkbox"/> | k. \$45,000 - \$49,999 | <input type="checkbox"/> |
| f. \$20,000 - \$24,999 | <input type="checkbox"/> | l. \$50,000 or more    | <input type="checkbox"/> |

The following two questions ask you about benefits in Jewish educational settings. Question 18 asks about benefits you **RECEIVE**; question 19 asks about benefits that are **AVAILABLE** to you. Please answer **BOTH** questions.

**18. Which of the following benefits do you receive as an educator in a Jewish setting?**  
[Please check **one** response for **each** item.]

- |  | Receive                  | Do Not Receive           |
|--|--------------------------|--------------------------|
| a. Free or reduced tuition for your child at your school | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Free or reduced tuition for yourself at a college     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Free or reduced membership in a synagogue or JCC      | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Synagogue privileges, such as High Holy Day tickets   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Personal or sick leave time                           | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Subsidy for continuing education or conferences       | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Sabbatical leave, partially or fully compensated      | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Employer contribution to a health plan                | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Employer contribution to a pension                    | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Employer contribution to a dental plan                | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Employer contribution to a life insurance policy      | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Disability benefits                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Maternity or paternity leave                          | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Other [specify] _____                                 | <input type="checkbox"/> | <input type="checkbox"/> |

19. Which of the following benefits are **available** to you in your main Jewish educational setting? If you do not know, check "Do not know." [Please answer **each** item.]

	Available	Not Available	Do Not Know
a. Free or reduced tuition for your child at your school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Free or reduced tuition for yourself at a college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced membership in a synagogue or JCC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Synagogue privileges, such as High Holy Day tickets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Personal or sick leave time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Subsidy for continuing education or conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sabbatical leave, partially or fully compensated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Employer contribution to a health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Employer contribution to a pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Employer contribution to a dental plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Employer contribution to a life insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Disability benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Maternity or paternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. What affected your **decision to work** in your **main** Jewish school? [Check yes or no for **each** item.]

a. Hours and days available for work	<input type="checkbox"/> yes	<input type="checkbox"/> no
b. Salary	<input type="checkbox"/> yes	<input type="checkbox"/> no
c. Benefits	<input type="checkbox"/> yes	<input type="checkbox"/> no
d. Career advancement	<input type="checkbox"/> yes	<input type="checkbox"/> no
e. Location of the school	<input type="checkbox"/> yes	<input type="checkbox"/> no
f. Friends who teach there	<input type="checkbox"/> yes	<input type="checkbox"/> no
g. Principal, rabbi, or administrative staff	<input type="checkbox"/> yes	<input type="checkbox"/> no
h. Reputation of the school and students	<input type="checkbox"/> yes	<input type="checkbox"/> no
i. Religious orientation of school	<input type="checkbox"/> yes	<input type="checkbox"/> no
j. School is in your synagogue	<input type="checkbox"/> yes	<input type="checkbox"/> no
k. Other [specify] _____	<input type="checkbox"/> yes	<input type="checkbox"/> no



21. To what extent have you received **professional assistance** from the following persons during the past twelve months?

[Check **one** response for **each** item.]

	Frequently	Occasionally	Seldom	Never
a. Principal or supervisor in main school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Teachers in your main school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Teachers outside your school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Rabbi[s]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cleveland College of Jewish Studies faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cleveland Fellows graduates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Retreat Institute staff [JCC]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Curriculum Department at the JECC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. JESP staff [JECC]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other JECC staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. People choose to become Jewish educators for many reasons. From the following, please check the **three** most important reasons you **chose** to become a **Jewish educator**. [Check only **three** items.]

a. I was good at teaching others	<input type="checkbox"/>
b. I felt comfortable in Jewish settings	<input type="checkbox"/>
c. I felt it important to serve the Jewish community	<input type="checkbox"/>
d. Opportunity to teach Torah	<input type="checkbox"/>
e. The money I could make	<input type="checkbox"/>
f. The professional benefits I could receive	<input type="checkbox"/>
g. Opportunity to observe Jewish holidays	<input type="checkbox"/>
h. The hours I could work	<input type="checkbox"/>
i. Intellectual or spiritual growth I could experience	<input type="checkbox"/>

**23. How satisfied are you with each of the following in your work as an educator in a Jewish setting in Cleveland?**

[Check **one** response for **each** item.]

	Very Satisfied		Very Dissatisfied		Not Applicable
a. The salary you receive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
b. The benefits available to you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
c. Opportunity for professional advancement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
d. Opportunity for professional development	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
e. Standards for becoming a Jewish educator	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
f. Quality of JECC-sponsored in-service offerings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
g. Variety of JECC-sponsored in-service offerings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
h. Quality of Retreat Institute experiences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
i. Quality of Project Curriculum Renewal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
j. Quality of school or cong. lay leadership	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
k. Quality of JECC resource centers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
l. Quality of Cleveland College courses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
m. Variety of Cleveland College courses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
n. Times Cleveland College courses are offered	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0
o. Other [specify]: _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 0

**24. Would you describe yourself as having a career in Jewish education?**

☐ yes

☐ no

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## II. EXPERIENCE

The questions in this section refer to your current and past work experience.

---

25. For each of the following **Jewish** educational settings, check the positions you **have held** and those you **currently hold** and indicate the number of **years** in each, **including this year**.

PRESCHOOL	a. Aide or Assistant	_____	years
	b. Teacher	_____	years
	c. Director	_____	years
	d. Family Educator	_____	years
	e. Department head	_____	years
	f. Other _____	_____	years

SUPPLEMENTARY SCHOOL	a. Teacher	_____	years
	b. Educational Director	_____	years
	c. Family Educator	_____	years
	d. Retreat Staff Member	_____	years
	e. Department head	_____	years
	f. Other _____	_____	years

DAY SCHOOL	a. Teacher	_____	years
	b. Family Educator	_____	years
	c. Principal	_____	years
	d. Specialist	_____	years
	e. Department head	_____	years
	f. Other _____	_____	years

DAY/RESIDENTIAL CAMP	a. Counselor	_____	years
	b. Unit Head	_____	years
	c. Director	_____	years
	d. Other _____	_____	years



JEWISH COMMUNITY CENTER	a. Group Leader or Teacher	_____	years
	b. Program Director	_____	years
	c. Family Educator	_____	years
	d. Department Director	_____	years
	e. Other _____	_____	years

YOUTH ACTIVITIES	a. Youth Group Advisor	_____	years
	b. Youth Group Director	_____	years
	c. Tefillah Leader	_____	years
	d. Other _____	_____	years

ADULT EDUCATION	a. Instructor	_____	years
	b. Program Director	_____	years
	c. Other _____	_____	years

26. Have you ever taught in **public** or **non-Jewish private** schools? If so, for how many years **including this year**?

TYPE OF SCHOOL			YEARS AS TEACHER
a. Public School	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____
b. Non-Jewish Private School	<input type="checkbox"/> yes	<input type="checkbox"/> no	_____

27. In **addition** to your work in **Jewish education**, are you currently: [Check **one** response for **each** item.]

a. a full-time teacher in a non-Jewish school?	<input type="checkbox"/> yes	<input type="checkbox"/> no
b. a part-time teacher in a non-Jewish school?	<input type="checkbox"/> yes	<input type="checkbox"/> no
c. engaged full time in other employment outside the home?	<input type="checkbox"/> yes	<input type="checkbox"/> no
d. engaged part-time in other employment outside the home?	<input type="checkbox"/> yes	<input type="checkbox"/> no
e. a full- or part-time student?	<input type="checkbox"/> yes	<input type="checkbox"/> no

28. In total, how many **hours per week** are you employed *outside* Jewish education?

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### III. PROFESSIONAL DEVELOPMENT

The questions in this section refer to your professional development experiences as a Jewish educator.

---

29. When you enroll in a workshop or course, what are the **three** most important things to you? [Please check only **three** items.]

- |  |                          |
|--|--------------------------|
| a. Opportunity to network with other Jewish educators              | <input type="checkbox"/> |
| b. Content is relevant to my type of school                        | <input type="checkbox"/> |
| c. Opportunity to learn new ways to think about my class or school | <input type="checkbox"/> |
| d. Opportunity to learn things I can immediately use in my class   | <input type="checkbox"/> |
| e. Length of sessions  | <input type="checkbox"/> |
| f. Time of day or day of week of sessions                          | <input type="checkbox"/> |
| g. Who is teaching the session                                     | <input type="checkbox"/> |
| h. Recommendation of principal or supervisor                       | <input type="checkbox"/> |
| i. Other [specify]: _____  | <input type="checkbox"/> |

30. In general, do you find your school director's **expectations** regarding your involvement in **professional development** activities: [Check **one** response.]

- ☐ a. About right    ☐ b. Too much    ☐ c. Too little    ☐ d. I do not know

31. Overall, how **helpful** to your work as an educator in a Jewish setting do you find the **following experiences**?

[Check **one** response for **each** item.]

	Very Helpful				Not Helpful	Not Applicable
a. JECC workshops or mini-courses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 0
b. Education courses at CCJS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 0
c. Other courses at CCJS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 0
d. Coaching experiences	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/>	<input type="checkbox"/> 0

**32a.** In the space below, list the **workshops, mini-courses, and conferences** [local and national] you have attended in the past **two years**. Indicate the *general topic*, number of contact **hours** for each, whether each contained **Jewish** or **teaching content**, and whether it was sponsored by the **JECC**. If you attended **none**, check box in **32b**.

TOPIC	CONTACT HOURS?	JEWISH CONTENT?		TEACHING CONTENT?		JECC SPONSORED?	
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="text"/>	_____	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no

**32b.** I have **not attended** an educational **workshop, mini-course** or **conference** in the past two years. ☐

**33.** Overall, how **qualified** are you to **teach** the **subjects** for which you are responsible? [Check **one** response]

☐ a. Very qualified    ☐ b. Somewhat qualified    ☐ c. Somewhat unqualified    ☐ d. Very unqualified



34. In the past **year**, did you: [Check **yes** or **no** for **each** item.]

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Take a course at the Cleveland College of Jewish Studies?                                       | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b. Participate in a course sponsored by a congregation, JCC, kollel, Aish HaTorah, or Ohr Sameach? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c. Take a course in general education at a college or university?                                  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| d. Study Hebrew on your own?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| e. Read one or more books on Judaism?  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| f. Regularly read journals about Judaism or Jewish education?                                      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| g. Meet regularly to learn Torah or discuss educational issues?                                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| h. Visit Israel?   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| i. Attend three or more lectures with a Jewish and/or educational focus?                           | <input type="checkbox"/> yes | <input type="checkbox"/> no |

35. In which **three** of the following **areas** would you most like to develop your **skills** further?

[Check only **three** items.]

- |  |  |
|--|--|
| <input type="checkbox"/> a. Working with families of pupils    | <input type="checkbox"/> f. Teaching strategies            |
| <input type="checkbox"/> b. Lesson planning or curriculum dev. | <input type="checkbox"/> g. Motivating pupils to learn     |
| <input type="checkbox"/> c. Child development                  | <input type="checkbox"/> h. Helping special needs students |
| <input type="checkbox"/> d. Assessing student learning         | <input type="checkbox"/> i. Classroom management           |
| <input type="checkbox"/> e. Assessing your own teaching        | <input type="checkbox"/> j. Other [specify] _____          |

36. In which **three** of the following areas would you most like to **increase** your **knowledge**? [Check only **three** items.]

- |   |   |
|---|---|
| <input type="checkbox"/> a. Hebrew language             | <input type="checkbox"/> e. Synagogue skills and tefillah     |
| <input type="checkbox"/> b. Jewish holidays and rituals | <input type="checkbox"/> f. Bible and Midrash                 |
| <input type="checkbox"/> c. Israel and Zionism          | <input type="checkbox"/> g. Halachah, Talmud, Codes, Responsa |
| <input type="checkbox"/> d. Jewish history              | <input type="checkbox"/> h. Other [specify] _____             |

**37. How proficient are you in Hebrew?**

[Check **one** for each category.]

	Very Proficient	Somewhat Proficient	Not at all Proficient
a. Reading for pronunciation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading with understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**38. How adequately do the following contribute to your curriculum planning and development efforts?**

[Check **one** for each item.]

	Very Adequate	Somewhat Adequate	Inadequate	I do not know
a. JECC Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Materials provided by your school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Materials provided at the JECC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Faculty meeting time to discuss curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your school's overall curriculum plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your grade level's curriculum plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other [specify] _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

#### IV. BACKGROUND

This set of questions asks about you.

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39. Check the statement that **best** describes you: [Please check **one**.]

- ☐ a. I was raised Jewish
- ☐ b. I am an adult convert to Judaism
- ☐ c. I am not Jewish

40. At the present time, which of the following **best** describes you? [Please check **one**.]

- ☐ a. Reform
- ☐ b. Conservative
- ☐ c. Traditional
- ☐ d. Orthodox
- ☐ e. Reconstructionist
- ☐ f. Secular
- ☐ g. Other [specify]: \_\_\_\_\_

41. Are you a member of a synagogue in the **Cleveland** area?

yes

no

42. Are you an educator in the synagogue where you are a member?

yes

no

n/a

43. Have you ever been to Israel?

yes

no

44. Have you ever resided in Israel for three months or more?

yes

no

n/a



45. What kind of **Jewish education** did you receive **before** age **thirteen**? [Please check **all** that apply.]

- ☐ a. Preschool
- ☐ b. One day/week supplementary school
- ☐ c. Two or more day/week supplementary school
- ☐ d. Day school
- ☐ e. School in Israel
- ☐ f. Retreats or Shabbatonim
- ☐ g. Camping with Jewish content
- ☐ h. Membership in a youth group
- ☐ i. Israel experience
- ☐ j. None
- ☐ k. Other [specify]: \_\_\_\_\_

46. Did you have a **Bar** or **Bat Mitzvah** ceremony?

☐ yes

☐ no

47. What kind of **Jewish education** did you receive between **age 13** and **high school graduation**? [Please check **all** that apply.]

- ☐ a. One day/ week supplementary school or confirmation class
- ☐ b. Two or more day/week supplementary high school
- ☐ c. Day school
- ☐ d. Yeshiva
- ☐ e. School in Israel
- ☐ f. Retreats or Shabbatonim
- ☐ g. Camping with Jewish content
- ☐ h. Membership in a youth group
- ☐ i. Israel experience
- ☐ j. None
- ☐ k. Other: \_\_\_\_\_

48. In which **Jewish activities** did you participate as a young adult [18 - 25 years]? [Check **all** that apply.]

- ☐ a. Hillel or Chabad
- ☐ b. Courses in Jewish Studies or Hebrew
- ☐ c. Trip to Israel
- ☐ d. Enrollment in a yeshiva or seminary
- ☐ e. School in Israel
- ☐ f. Ulpan
- ☐ g. Retreats or Shabbatonim
- ☐ h. None
- ☐ i. Other: \_\_\_\_\_

49. What is your **age**? Check **one** response.

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> a. less than 18 | <input type="checkbox"/> g. 46 - 50 |
| <input type="checkbox"/> b. 18 - 25      | <input type="checkbox"/> h. 51 - 55 |
| <input type="checkbox"/> c. 26 - 30      | <input type="checkbox"/> i. 56 - 60 |
| <input type="checkbox"/> d. 31 - 35      | <input type="checkbox"/> j. 61 - 65 |
| <input type="checkbox"/> e. 36 - 40      | <input type="checkbox"/> k. 66 - 70 |
| <input type="checkbox"/> f. 41 - 45      | <input type="checkbox"/> l. over 70 |

50. I am

☐ female

☐ male

51. Where were you **born**? [Check **one** response.]

- ☐ a. USA
- ☐ b. Canada
- ☐ c. Israel
- ☐ d. Other [specify country]: \_\_\_\_\_

52. What is your **marital status**? [Check **one** response.]

- ☐ a. Single, never married
- ☐ b. Married
- ☐ c. Separated
- ☐ d. Divorced
- ☐ e. Widowed

53. Is your **spouse** Jewish?

☐ yes ☐ no ☐ n/a

54. What is your **total family income**? [Check **one** response.]

- |   |   |
|---|---|
| <input type="checkbox"/> a. Below \$15,000      | <input type="checkbox"/> f. \$55,000 - \$64,999 |
| <input type="checkbox"/> b. \$15,000 - \$24,999 | <input type="checkbox"/> g. \$65,000 - \$74,999 |
| <input type="checkbox"/> c. \$25,000 - \$34,999 | <input type="checkbox"/> h. \$75,000 - \$84,999 |
| <input type="checkbox"/> d. \$35,000 - \$44,999 | <input type="checkbox"/> i. \$85,000 - \$94,999 |
| <input type="checkbox"/> e. \$45,000 - \$54,999 | <input type="checkbox"/> j. \$95,000 or more    |

55. How **important** to your household is the **income** you receive from **Jewish education**?  
[Please check **one**.]

- ☐ a. It is the **main** source of income.
- ☐ b. It is an **important** source of additional income.
- ☐ c. It is an **insignificant** source of income.

56. Have you earned any type of **degree** since high school?

☐ yes ☐ no

IF YOU ANSWERED "NO" TO 56, SKIP TO ITEM 58.



57. Please list all the **degrees** you have earned since high school and the **major[s]** and **minor[s]** for **each**.

	TYPE OF DEGREE	MAJOR[S]	MINOR[S]
Two-year degrees [AA, ACD, etc.]	_____	_____	_____
	_____	_____	_____
Degrees from teacher seminary [non-university]	_____	_____	_____
	_____	_____	_____
Bachelors degrees [BA, BS, BHL, etc.]	_____	_____	_____
	_____	_____	_____
Masters degrees [MA, MS, MSW, MEd, etc.]	_____	_____	_____
	_____	_____	_____
Doctorates [PhD, EdD, MD, DHL, etc.]	_____	_____	_____
	_____	_____	_____
Cantorial degree	_____	_____	_____
Rabbinic ordination/smicha	_____	_____	_____
Other [specify] _____	_____	_____	_____

58. Are you **currently** enrolled in a **degree** program? ☐ yes ☐ no

If yes, for what degree? \_\_\_\_\_ in what major[s]? \_\_\_\_\_

59. Have you ever **held a professional license or certification** in: [Check "yes" or "no" for **each** item]:

- |                                 |  |                     |       |
|---------------------------------|--|---------------------|-------|
| a. Jewish education: teaching   | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, from where? | _____ |
| b. Jewish education: principal  | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, from where? | _____ |
| c. Jewish family education      | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, from where? | _____ |
| d. Public education: teaching   | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, from where? | _____ |
| e. Public education: principal  | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, from where? | _____ |
| f. Public education: specialist | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, from where? | _____ |
| g. Other [specify] _____        | <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, from where? | _____ |

60. Do you hold a **current** certificate or license in the following areas? [Check **yes** or **no** for **each** item.]

- |                                 |                              |                             |
|---------------------------------|------------------------------|-----------------------------|
| a. Jewish education: teaching   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b. Jewish education: principal  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c. Jewish family education      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| d. Public education: teaching   | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| e. Public education: principal  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| f. Public education: specialist | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| g. Other [specify] _____        | <input type="checkbox"/> yes | <input type="checkbox"/> no |

61. Are you **currently working** toward a **professional license** or **certification** in:  
[Check **yes** or **no** for **each** item]:

- |                                 |                              |                             |                     |       |
|---------------------------------|------------------------------|-----------------------------|---------------------|-------|
| a. Jewish education: teaching   | <input type="checkbox"/> yes | <input type="checkbox"/> no | If yes, from where? | _____ |
| b. Jewish education: principal  | <input type="checkbox"/> yes | <input type="checkbox"/> no | If yes, from where? | _____ |
| c. Jewish family education      | <input type="checkbox"/> yes | <input type="checkbox"/> no | If yes, from where? | _____ |
| d. Public education: teaching   | <input type="checkbox"/> yes | <input type="checkbox"/> no | If yes, from where? | _____ |
| e. Public education: principal  | <input type="checkbox"/> yes | <input type="checkbox"/> no | If yes, from where? | _____ |
| f. Public education: specialist | <input type="checkbox"/> yes | <input type="checkbox"/> no | If yes, from where? | _____ |
| g. Other [specify] _____        | <input type="checkbox"/> yes | <input type="checkbox"/> no | If yes, from where? | _____ |

PLEASE TURN PAGE TO CONTINUE.

62. Which of the following **best** describes your **career plans** for the next two years? [Please check **one** response.]

- ☐ a. I plan to continue what I am doing in my current school.
- ☐ b. I plan to teach in an additional school or program.
- ☐ c. I plan to leave my current school and teach in a different school
- ☐ d. I plan to secure a position as an administrator in a Jewish school.
- ☐ e. I plan to secure a position in Jewish education, but not in a school.
- ☐ f. I plan to seek a position outside Jewish education.
- ☐ g. I plan not to work.
- ☐ h. I plan to retire.
- ☐ i. Other, please specify: \_\_\_\_\_

63. Which of the following statements **best** describes your **current commitment** to Jewish education? [Please check **one**.]

- ☐ a. I consider it a **long-term** full- or part-time commitment.
- ☐ b. I consider it a **short-term** full- or part-time commitment that **may become long-term**.
- ☐ c. I consider it a **short-term** commitment.
- ☐ d. Other [specify]: \_\_\_\_\_

If you work in a Jewish day school or yeshiva, please complete the next two pages.

**THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY!**



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## DAY SCHOOL SURVEY

If you work in a Jewish day school or yeshiva, please answer the questions on the following two pages.

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**1. How important are each of the following factors in your choice to work in a Jewish day school or yeshiva?**

[Check **one** response for **each** item.]

	Very Important			Very Unimportant
a. Quality of private school students	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Commitment to Jewish continuity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Opportunity to work in Jewish setting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Opportunity to develop spiritually	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Personal safety while at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Your qualifications are appropriate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Opportunity to observe Jewish holidays	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Tuition support for children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Opportunity to teach Torah	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Other [specify] _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**2. For what reasons did you choose to work at your day school or yeshiva? [Check **three** responses.]**

a. Academic reputation of school and students	<input type="checkbox"/>
b. Quality of school leadership [Headmaster or Director]	<input type="checkbox"/>
c. Salary and benefits	<input type="checkbox"/>
d. Friends who work there	<input type="checkbox"/>
e. Religious orientation of school	<input type="checkbox"/>
f. Recruited by school administrator	<input type="checkbox"/>
g. Professionalism of faculty	<input type="checkbox"/>
h. Location of school	<input type="checkbox"/>
i. Suitable position became available	<input type="checkbox"/>
j. Other [specify] _____	<input type="checkbox"/>

3. What **circumstances** would persuade you to **leave** Jewish day school teaching?

[Answer yes or no to **each** item]

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Suitable position becomes available in public school             | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| b. Suitable position becomes available in non-Jewish private school | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| c. Need for increased income  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| d. Change in school leadership                                      | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| e. Change in your qualifications for work outside Jewish schools    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| f. Other [specify] _____  | <input type="checkbox"/> yes | <input type="checkbox"/> no |



**THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY!**