

## 2023 Tennessee Educator Survey Mental Health Professional Core

MC\_01. How many years have you served in your current role at any school? \_\_\_\_\_

MC\_02. How many schools have you worked in during this school year (2022-23)? Please count any school at which you have worked with at least one student.

- Drop-Down, 1 to 15 and "More than 15" is (99)

MC\_03. [Skip if at more than 1 school.] Please indicate the extent to which you agree or disagree with the following statements regarding your school.

|    |   | Strongly<br>Disagree | Disagree | Agree | Strongly<br>Agree |
|----|---|----------------------|----------|-------|-------------------|
| a. | There is an atmosphere of trust and mutual respect within this school. (Select one option)                                  | 1                    | 2        | 3     | 4                 |
| b. | Staff are encouraged to participate in school leadership roles. (Select one option)   | 1                    | 2        | 3     | 4                 |
| C. | I am generally satisfied with being a professional in this school. (Select one option)                                      | 1                    | 2        | 3     | 4                 |
| d. | I would recommend this school to parents seeking a place for their child. (Select one option)                               | 1                    | 2        | 3     | 4                 |
| e. | Our school staff is a learning community in which ideas and suggestions for improvement are encouraged. (Select one option) | 1                    | 2        | 3     | 4                 |

MC\_04. [Skip if at more than 1 school.] Please indicate the extent to which you agree or disagree with the following statements about your school.

|    |   | Strongly<br>Disagree | Disagree | Agree | Strongly<br>Agree |
|----|---|----------------------|----------|-------|-------------------|
| a. | My roles and responsibilities are clearly defined at my school. (Select one option)   | 1                    | 2        | 3     | 4                 |
| b. | My administrator supports me in my role. (Select one option)  | 1                    | 2        | 3     | 4                 |
| C. | My administrator(s) protect my time from duties that are not related to my role. (Select one option)  | 1                    | 2        | 3     | 4                 |
| d. | My administrator(s) make it possible for me to attend local, regional, and/or state professional development opportunities. (Select one option) | 1                    | 2        | 3     | 4                 |

MC\_05. Please indicate the extent to which you agree or disagree with the following statements regarding the evaluation process used to rate you during this school year.

|    |  | Strongly<br>Disagree | Disagree | Agree | Strongly Agree |
|----|--|----------------------|----------|-------|----------------|
| a. | The processes used to conduct my evaluation are fair to me. (Select one option)          | 1                    | 2        | 3     | 4              |
| b. | The rubric used for my evaluation is aligned to my responsibilities. (Select one option) | 1                    | 2        | 3     | 4              |

| c. | In general, the evaluation process has led to |   |   |   |   |
|----|---|---|---|---|---|
|    | improvements in the mental health support I   | 1 | 2 | 3 | 4 |
|    | provide. (Select one option)                  |   |   |   |   |

MC\_06. Please select the response that best describes your current perspective of your professional development (PD) experience within each of the following areas during the current school year.

|  | I need both<br>more PD<br>experiences and<br>higher quality<br>PD in this area. | I need more PD experiences that emphasize this area. | I need<br>higher<br>quality PD<br>in this area. | I am satisfied with<br>both the quality<br>and amount of PD<br>received in this<br>area. |
|--|---|--|---|--|
| a. Addressing students' socio-emotional development needs (Select one option)  | 1   | 2  | 3   | 4  |
| b. Working with students from diverse racial, ethnic, or cultural backgrounds (Select one option)                      | 1   | 2  | 3   | 4  |
| c. Meeting the needs of all learners (e.g.,<br>English learners and students with<br>disabilities) (Select one option) | 1   | 2  | 3   | 4  |
| d. Addressing student behavioral issues (Select one option)  | 1   | 2  | 3   | 4  |
| e. College and career readiness (Select one option)  | 1   | 2  | 3   | 4  |
| f. Supporting student academic achievement (Select one option)   | 1   | 2  | 3   | 4  |
| g. Training related to supporting parents and students (Select one option)   | 1   | 2  | 3   | 4  |
| h. Implementing positive behavior support-based tiered intervention model (Select one option)                          | 1   | 2  | 3   | 4  |

MC\_07. [School Psych Only] Please indicate the extent to which you agree or disagree with each of the following statements regarding special education at this school.

|    |   | Unsure | Strongly<br>Disagree | Disagree | Agree | Strongly<br>Agree |
|----|---|--------|----------------------|----------|-------|-------------------|
| a. | More training on disability eligibility is needed for IEP school team members.  | 1      | 2                    | 3        | 4     | 5                 |
| b. | Understanding how to develop instructionally appropriate IEPs (IAIEPs) is a barrier to strong IEPs within this school.            | 1      | 2                    | 3        | 4     | 5                 |
| C. | The lack of available professional development is a barrier to implementation of best practices.                                  | 1      | 2                    | 3        | 4     | 5                 |
| d. | Availability of current special education assessment instruments at this school is a barrier to implementation of best practices. | 1      | 2                    | 3        | 4     | 5                 |



| e. | Understanding how to conduct Functional     |   |   |   |   |   |
|----|---|---|---|---|---|---|
|    | Behavior Assessments (FBA) is a barrier to  | 1 | 2 | 3 | 4 | 5 |
|    | addressing student behavior at this school. |   |   |   |   |   |
| f. | Understanding how to develop Behavior       |   |   |   |   |   |
|    | Intervention Plans (BIP) is a barrier to    | 1 | 2 | 3 | 4 | 5 |
|    | addressing student behavior at this school. |   |   |   |   |   |

MC\_08. How familiar are you with the supports and/or resources available through your district's Coordinated School Health (CSH) office? (Select one option)

- a. Not at all familiar
- b. Somewhat familiar
- c. Familiar
- d. Very familiar

MC\_09. What percentage of your families have you referred to your district's Coordinated School Health (CSH) Office throughout this school year?

MC\_10. Have you ever visited your district's Coordinated School Health Office?

- a. No
- b. Yes
- c. I'm not sure

MC\_11. [If MC\_08 = b, c, or d] What are the most useful supports and/or resources your CSH office provides to your students? (Mark up to THREE)

- a. Physical Education and activity
- b. Health Education
- c. Nutrition
- d. Health services
- e. Physical environment and safety
- f. Counseling, psychological and social services
- g. Social and personal skills and school climate
- h. Employee wellness
- i. Family engagement
- j. Community Involvement

MC\_12. From your perspective, which of the following is the most urgent need for additional support/resources at your school? (Mark up to THREE)

- a. Physical Education and activity
- b. Health Education
- c. Nutrition
- d. Health services
- e. Physical environment and safety
- f. Counseling, psychological and social services
- g. Social and personal skills and school climate
- h. Employee wellness



- i. Family engagement
- j. Community Involvement

## The following questions will only go to mental health professionals in districts with Family Resource Centers.

MC\_13. How familiar are you with the supports and/or resources available through your district's Family Resource Center(s)? (Select one option)

- a. Not at all familiar
- b. Somewhat familiar
- c. Familiar
- d. Very familiar

| MC_14.   | What percentage | of your families h | iave you referred | l to your Family | Resource Cent | er throughout th | İS |
|----------|-----------------|--------------------|-------------------|------------------|---------------|------------------|----|
| school y | ear?            |                    |                   |                  |               |                  |    |

|  | % |
|--|---|
|  |   |

MC\_15. Have you ever visited your Family Resource Center Office?

- a. No
- b. Yes
- c. I'm not sure

## All Mental Health Professionals take the following.

MC\_16. To what extent do you agree or disagree with each of the following statements about student physical health needs?

|    |  | Strongly | Disagree | Agree | Strongly |
|----|--|----------|----------|-------|----------|
|    |  | Disagree |          |       | Agree    |
| a. | Students at my school have ample opportunities       |          |          |       |          |
|    | for physical activity during the school day. (Select | 1        | 2        | 3     | 4        |
|    | one option)  |          |          |       |          |
| b. | Students at my school generally have access to       |          |          |       |          |
|    | nutritious food outside of school. (Select one       | 1        | 2        | 3     | 4        |
|    | option)  |          |          |       |          |
| c. | Staff at my school have access to resources and      |          |          |       |          |
|    | training needed to manage students' chronic          | 1        | 2        | 3     | 4        |
|    | health conditions (e.g., seizures, etc.).            |          |          |       |          |
| d. | I have access to the data I need to address the      |          |          |       |          |
|    | physical health needs of my students. (Select one    | 1        | 2        | 3     | 4        |
|    | option)  |          |          |       |          |
| e. | Physical health data informs school planning and     |          |          |       |          |
|    | leadership decisions at this school. (Select one     | 1        | 2        | 3     | 4        |
|    | option)  |          |          |       |          |



MC\_17. To what extent do you agree or disagree with each of the following statements about student mental health related needs?

|    |   | Strongly | Disagree | Agree | Strongly |
|----|---|----------|----------|-------|----------|
|    |   | Disagree |          |       | Agree    |
| a. | My school has specific staff members who are trained      |          |          |       |          |
|    | to address student mental health needs. (Select one       | 1        | 2        | 3     | 4        |
|    | option)   |          |          |       |          |
| b. | I understand how to refer students with mental health     |          |          |       |          |
|    | needs to trained professional(s) in the building. (Select | 1        | 2        | 3     | 4        |
|    | one option)   |          |          |       |          |
| C. | The mental health referral process at my school gets      | 1        | 2        | 3     | 4        |
|    | students the help they need quickly. (Select one option)  | 1        |          | 3     | 4        |
| d. | I have access to the resources I need to address the      | 1        | 2        | 3     | 4        |
|    | mental health needs of my students. (Select one option)   | 1        | 2        | 3     | 4        |

MC\_18. How familiar are you with trauma-informed practices/the Resilient Schools program in schools? (Select one option)

- a. Not at all familiar
- b. Somewhat familiar
- c. Familiar
- d. Very familiar

MC\_19. Does your school have a trauma-informed practices/Resilient Schools program? (Select one option)

- a. No
- b. Yes
- c. I don't know

MC\_20. [If previous = Yes] To what extent do you agree or disagree with each of the following statements about trauma-informed practices?

|    |   | Strongly<br>Disagree | Disagree | Agree | Strongly<br>Agree |
|----|---|----------------------|----------|-------|-------------------|
| a. | I understand how to use trauma-informed practices to support students' needs. (Select one option)                               | 1                    | 2        | 3     | 4                 |
| b. | I receive support from my school's leadership in using trauma-informed practices. (Select one option)                           | 1                    | 2        | 3     | 4                 |
| C. | I am interested in receiving more training about incorporating trauma-informed practices into my classroom. (Select one option) | 1                    | 2        | 3     | 4                 |

MC\_21. To what extent do you agree or disagree with each of the following statements about family and community engagement?



|    |   | Strongly<br>Disagree | Disagree | Agree | Strongly<br>Agree |
|----|---|----------------------|----------|-------|-------------------|
| a. | I know the community partners who can assist with non-academic supports at my school. (Select one option)             | 1                    | 2        | 3     | 4                 |
| b. | I know how to assist parents in regard to non-academic supports for students at my school. (Select one option)        | 1                    | 2        | 3     | 4                 |
| c. | There are opportunities for students to build enriching relationships with adults in this school. (Select one option) | 1                    | 2        | 3     | 4                 |
| d. | I am part of the community in which most of my students live. (Select one option)                                     | 1                    | 2        | 3     | 4                 |

MC\_22. Please indicate the extent to which you agree or disagree with the following statements regarding your own personal wellness.

|    |  | Strongly<br>Disagree | Disagree | Agree | Strongly<br>Agree |
|----|--|----------------------|----------|-------|-------------------|
| a. | My school or district leadership has clearly communicated physical health resources available to me as a staff member. (Select one option) | 1                    | 2        | 3     | 4                 |
| b. | My school or district leadership has clearly communicated mental health resources available to me as a staff member. (Select one option)   | 1                    | 2        | 3     | 4                 |
| c. | I am able to prioritize my personal wellness.  | 1                    | 2        | 3     | 4                 |
| d. | My school's climate values my personal wellness.   | 1                    | 2        | 3     | 4                 |

MC\_23. Which of the following best describes your plans for next school year? (Select one option)

- a. Continue working in this school
- b. Serve in an administrative position in this school instead of my current role
- c. Continue my current role in the same district but in a different school
- d. Leave this district next year to work in a different district
- e. Leave next year to pursue a job not in education
- f. Retire



MC\_24. [If previous question = b, d, or e] To what extent will your salary change with this move? (Select one option)

- a. I expect to make significantly less than my current salary.
- b. I expect to make somewhat less than my current salary.
- c. I expect to make about the same as my current salary.
- d. I expect to make somewhat more than my current salary.
- e. I expect to make significantly more than my current salary.
- f. I prefer not to say.

