

7. Please answer Question 7 only if you are a present or former teacher or curriculum coordinator. If not, please skip to Item 8 on page 3.

- A. Are you currently teaching? Yes No
- B. What is the total number of years you have taught? _____
- C. Are you currently a curriculum coordinator? Yes No
- D. Please complete the following table and Sections E–H.

Current or Most Recent Responsibilities

Subject Area(s)	Grade Level(s)	Number of Years
1.		
2.		
3.		
4.		
5.		

- E. What is the approximate total number of students at the institution at which you currently work or most recently worked? (Check one.)
- Under 500 5,001 – 10,000 over 20,000
 500 – 1,000 10,001 – 15,000
 1,001 – 5,000 15,001 – 20,000
- F. What is the primary source of school funding at the institution at which you currently work or most recently worked? (Check one.)
- Public Private
- G. What is the racial/ethnic background of the *majority* of the students at the institution at which you currently work or most recently worked? (Check one.)
- Asian American/Pacific Islander American Indian/Alaskan Native
 African American/Black (non-Hispanic) Mexican American/Chicano/Latino
 Caucasian American/White (non-Hispanic) Puerto Rican/Cuban/Other Hispanic
 Other _____
 (Please specify.)

H. What is the location of the school at which you currently work or most recently worked? (Check one.)

Rural Urban Suburban

8. Test Preparation Experience

A. Are you currently involved in school-sponsored test preparation activities? Yes No

B. Are you currently a paid instructor in a commercial test preparation course? Yes No

If "Yes" to Question B, please indicate the name of the course and course sponsor:

9. Do you write for other testing programs? Yes No

If so, please list them here: _____

10. Please complete the following table for *all* your postsecondary degrees.

Degree	Subject Area(s)	Year Awarded	Institution	City & State

11. Date Questionnaire Completed (day/month/year; e.g., 20/Oct/2003) _____

12. Home Address Check if preferred mailing address.

Street address _____

City _____ State _____ Zip _____

Country _____ Phone (____) _____

Email _____ Fax (____) _____

13. **Work Address** Check if preferred mailing address.

Institution _____

Department _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone (____) _____ Ext _____

Email _____ Fax (____) _____

14. Availability

A. I would be interested in developing materials for the following test(s):

English Test Reading Test Mathematics Test Science Test

B. The best time(s) of year to contact me to develop materials is/are:

Spring Summer Fall Winter

15. **Please attach your resume to indicate any other professional qualifications (e.g., publications, memberships in professional organizations) that you feel enhance your ability to provide ACT with current expertise in your field.**

<p><u>For ACT use only.</u></p> <p>_____ Source</p> <p>UN: _____</p> <p>IWN: _____</p> <p>IW Name: _____</p>
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