

# ACT

## Item-Writer Questionnaire

Please note: This questionnaire is not an application for ACT employment. The information requested is gathered in order to help ensure appropriate expertise and demographic composition among freelance item writers, soundness consultants, and fairness reviewers as required in ACT's work on resident and contract programs.

Please print legibly:

- ☐ Check if also interested in fairness consulting work.  
☐ Check if also interested in content consulting work.

1.                      **Last Name**                      **First Name**                      **Initial**                      **Title**  
\_\_\_\_\_  
(Dr., Ms., Mr., Mrs.)

2.    **Gender** (Check one.)    ☐ Female    ☐ Male

3.    **Date of Birth** (day/month/year: e.g., 3/Mar/1951) \_\_\_\_\_

4.    **Racial/Ethnic Background** (Check one.)

- |  |  |
|--|--|
| <input type="checkbox"/> Asian-American/Pacific Islander         | <input type="checkbox"/> American Indian/Alaskan Native    |
| <input type="checkbox"/> African-American/Black (non-Hispanic)   | <input type="checkbox"/> Mexican-American/Chicano/Latino   |
| <input type="checkbox"/> Caucasian-American/White (non-Hispanic) | <input type="checkbox"/> Puerto Rican/Cuban/Other Hispanic |
| <input type="checkbox"/> Other _____<br>(Please specify.)        |  |

5.    **How would you characterize your major employment?**

- |   |  |
|---|--|
| <input type="checkbox"/> Research Organization  | <input type="checkbox"/> Consulting                            |
| <input type="checkbox"/> Business/Industry      | <input type="checkbox"/> Teacher                               |
| <input type="checkbox"/> Freelance Writing      | <input type="checkbox"/> Retired Teacher    Year Retired _____ |
| <input type="checkbox"/> Curriculum Coordinator | <input type="checkbox"/> Other _____<br>(Please specify.)      |

6. Please answer Question 6 only if you are a present or former teacher or curriculum coordinator. If not, please skip to Item 7 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

**7. 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:**

\_\_\_\_\_  
\_\_\_\_\_

**8. Do you write for other testing programs?** ☐ Yes ☐ No

**If so, please list them here:** \_\_\_\_\_

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

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

**10. Date Questionnaire Completed** (day/month/year: e.g., 20/OCT/2000) \_\_\_\_\_

**11. Home Address** ☐ Check if preferred mailing address.

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

12. **Work Address** ☐ Check if preferred mailing address.

Institution \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ EXT \_\_\_\_\_

E-mail \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

13. **Availability**

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

☐ English Test ☐ Reading Test ☐ Writing Test ☐ Mathematics Test ☐ Science Test

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

☐ Spring ☐ Summer ☐ Winter ☐ Fall

14. **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.**

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