

**U.S. Department of Education
Office of Educational Research and Improvement**

National Center for Education Statistics

1993 NATIONAL STUDY OF POSTSECONDARY FACULTY

***INSTITUTION
QUESTIONNAIRE***

All information on this form will be kept confidential and will be used only in statistical summaries. All information that would permit identification of individuals will be removed from survey files.

**Co-sponsored by: National Science Foundation
National Endowment for the Humanities**

**Contractor: National Opinion Research Center (NORC)
University of Chicago
Mailing Address:
1525 East 55th Street
Chicago, Illinois 60615
Toll-Free Number: 1-800-733-NORC**

**1993 NATIONAL STUDY OF POSTSECONDARY FACULTY (NSOPF)
INSTITUTION QUESTIONNAIRE**

General Instructions

Obtaining counts of different kinds of faculty/staff is an important part of NSOPF-93. The institution questionnaire seeks information about full- and part-time instructional faculty and other instructional personnel, as well as non-instructional faculty in 2- and 4-year (and above) higher education institutions of all types and sizes. Section I pertains to **full-time**

instructional faculty/staff, Section II pertains to **full-time non-instructional faculty**, and Section III pertains to **part-time instructional faculty/staff**. For more information on who to include or exclude in each of the sections of this questionnaire, please refer to the glossary below and/or the introduction at each section. Since we are asking about full- and part-time, and permanent and temporary faculty/staff as defined by your institution, please write in those definitions in the space provided in the glossary.

Most questions ask you to fill in information; write in the number in the space provided. Other questions ask you to circle a number to indicate your response; circle the number in front of the response, and not the response itself. Please read each question carefully and follow all instructions. Some of the questions may not appear to fit your institution precisely; if you have a response other than those listed for a particular question, write in that response.

Many questions ask about the 1992 Fall Term. By this, we mean whatever academic term was in progress on **October 15, 1992**. If your institution has multiple campuses, answer only for the campus named in the label on the back of the questionnaire.

Please keep track of who fills out this questionnaire and fill in this information on page 20. Mailing instructions for the completed questionnaire are also on page 20.

If you have any questions on how to proceed if your institution has both lay faculty and those assigned by a religious order, or if you have other questions, please call NORC toll-free at 1-800-733-NORC.

Glossary

Instructional faculty/staff--All institutional staff (faculty and non-faculty) whose major regular assignment at this institution (more than 50%) is instruction. This corresponds to the IPEDS definition. Individuals do not need to have a dedicated instructional assignment to be included in this category. Be sure to include (1) administrators whose major responsibility is instruction; (2) individuals with major instructional assignments who have temporary, adjunct, acting or visiting status; (3) individuals whose major regular assignment is instruction but who have been granted release time for other institutional activities; and (4) individuals whose major regular assignment is instruction but who are on sabbatical from your institution.

Please do not include: Graduate or undergraduate teaching assistants, postdoctoral appointees, temporary replacements for personnel on sabbatical leave, instructional personnel on leave without pay or teaching outside the U.S., military personnel who teach only ROTC courses, and instructional personnel supplied by independent contractors.

Non-instructional faculty--All institutional staff who have faculty status but would not be included as instructional faculty since their specific and major regular assignment is not instruction but may be for the purpose of conducting research, performing public service, or carrying out administrative functions of the institution.

<p>ON THE NEXT PAGE, PLEASE PROVIDE YOUR INSTITUTION'S DEFINITIONS OF FULL- AND PART-TIME AND PERMANENT AND TEMPORARY FACULTY/STAFF.</p>

Full-time instructional faculty/staff (*WRITE IN YOUR INSTITUTION'S DEFINITION*)

Full-time non-instructional faculty (*WRITE IN YOUR INSTITUTION'S DEFINITION*)

Part-time instructional faculty/staff (*WRITE IN YOUR INSTITUTION'S DEFINITION*)

Part-time non-instructional faculty (*WRITE IN YOUR INSTITUTION'S DEFINITION*)

Permanent faculty/instructional staff (*WRITE IN YOUR INSTITUTION'S DEFINITION*)

Temporary faculty/instructional staff (*WRITE IN YOUR INSTITUTION'S DEFINITION*)

PLEASE FILL OUT THE REST OF THE QUESTIONNAIRE USING YOUR INSTITUTION'S DEFINITIONS OF FULL- AND PART-TIME AND PERMANENT AND TEMPORARY FACULTY/STAFF. PLEASE REMEMBER THAT THE 1992 FALL TERM IS THE PRIMARY REFERENCE PERIOD.

1. During the 1992 Fall Term, how many of each of the following types of staff were employed by your institution? Include both permanent and temporary faculty/staff. (WRITE IN A NUMBER ON EACH LINE; IF NONE, WRITE IN "0")
- ___ a. Full-time instructional faculty/staff
 - ___ b. Part-time instructional faculty/staff
 - ___ c. Full-time non-instructional faculty
 - ___ d. Part-time non-instructional faculty

GUIDE TO COMPLETING THE REST OF THE QUESTIONNAIRE

IF YOUR INSTITUTION HAD ANY FULL-TIME INSTRUCTIONAL FACULTY/STAFF, BEGIN WITH SECTION I ON THE NEXT PAGE. IF YOUR INSTITUTION DID NOT HAVE ANY FULL-TIME INSTRUCTIONAL FACULTY/STAFF, SKIP TO SECTION II ON PAGE 10.

SECTION I: FULL-TIME INSTRUCTIONAL FACULTY/STAFF

QUESTIONS 2-14 APPLY TO PERMANENT FULL-TIME INSTRUCTIONAL FACULTY/STAFF (REFER TO THE GLOSSARY ON PAGE 1)

QUESTIONS 15-16 APPLY TO TEMPORARY FULL-TIME INSTRUCTIONAL FACULTY/STAFF

QUESTIONS 17-19 APPLY TO ALL FULL-TIME INSTRUCTIONAL FACULTY/STAFF

2. **Please provide the following information about changes in the number of permanent full-time instructional faculty/staff between the 1991 and 1992 Fall Terms.**
(WRITE IN A NUMBER ON EACH LINE; IF NONE, WRITE IN "0")
- _____ a. Total permanent full-time instructional faculty/staff during 1992 Fall Term
(IF ALL FULL-TIME INSTRUCTIONAL FACULTY AT YOUR INSTITUTION ARE PERMANENT, THIS NUMBER SHOULD EQUAL THE NUMBER REPORTED IN QUESTION 1a, ON PAGE 3)
- _____ b. Number of permanent full-time instructional faculty/staff at the beginning of the 1992 Fall Term who were hired since the beginning of the 1991 Fall Term
- _____ c. Number of permanent full-time instructional faculty/staff who retired between the beginning of the 1991 Fall Term and the beginning of the 1992 Fall Term
- _____ d. Number of permanent full-time instructional faculty/staff who left because of downsizing between the beginning of the 1991 Fall Term and the beginning of the 1992 Fall Term
- _____ e. Number of permanent full-time instructional faculty/staff who left for other reasons between the beginning of the 1991 Fall Term and the beginning of the 1992 Fall Term
- _____ f. Total permanent full-time instructional faculty/staff during 1991 Fall Term
3. **How many permanent full-time instructional faculty/staff was your institution seeking to hire for the 1992 Fall Term?** *(WRITE IN A NUMBER; IF NONE, WRITE IN "0")*
_____ Number of permanent full-time instructional faculty/staff
4. **Were any permanent full-time instructional faculty/staff positions not filled for the 1992 Fall Term due to fiscal constraints?** *(CIRCLE ONE NUMBER)*
1. Yes **ÄÄÄ** (A.) _____ Number of unfilled positions *(WRITE IN A NUMBER)*
2. No
5. **Does your institution have a tenure system for full-time instructional faculty/staff?**
(CIRCLE ONE NUMBER)
1. Yes **(CONTINUE WITH QUESTION 6 ON THE NEXT PAGE)**
2. No **(SKIP TO QUESTION 11 ON PAGE 6)**

6. **During the 1992 and 1991 Fall Terms, how many tenured and tenure-track full-time instructional faculty/staff did your institution have?** (WRITE IN A NUMBER ON EACH LINE; IF NONE, WRITE IN "0")

- _____ a. Tenured, 1992 Fall Term
- _____ b. Tenure-track, 1992 Fall Term
- _____ c. Tenured, 1991 Fall Term
- _____ d. Tenure-track, 1991 Fall Term

7. **Of those tenured full-time instructional faculty/staff who left your institution between the beginning of the 1991 Fall Term and the beginning of the 1992 Fall Term, how many left for each of the following reasons?** (WRITE IN A NUMBER ON EACH LINE; IF NONE, WRITE IN "0")

- _____ a. Retirement
- _____ b. Downsizing
- _____ c. For other reasons

8. **During the 1992-93 academic year (i.e., Fall 1992 through Spring 1993), how many full-time instructional faculty/staff at your institution were considered for tenure, and how many were granted tenure?** (WRITE IN A NUMBER ON EACH LINE; IF NONE, WRITE IN "0")

- _____ a. Number of full-time instructional faculty/staff considered for tenure
- _____ b. Number of full-time instructional faculty/staff granted tenure

9. **Fill in the following information about the maximum number of years full-time instructional faculty/staff can be on a tenure track.** (WRITE IN A NUMBER ON EACH LINE)

- _____ a. Maximum number of years full-time instructional faculty/staff can be on a tenure track and not
Yrs receive tenure (IF NO MAXIMUM, WRITE IN "0")
- _____ b. If maximum number of years has changed during past 5 years, write in previous maximum
Yrs (IF NO CHANGE, WRITE IN "0")

10. **During the past five years, has your institution done any of the following?** (CIRCLE ONE NUMBER FOR EACH ACTION)

<u>Yes</u>	<u>No</u>	
1	2	a. Replaced some tenured or tenure-track full-time instructional faculty with faculty on fixed-term contracts
1	2	b. Made the standards more stringent for granting tenure to full-time instructional faculty/staff
1	2	c. Taken any other actions designed to lower the percent of tenured full-time instructional faculty/staff (DESCRIBE ANY ACTIONS TAKEN)

11. During the past five years, has your institution offered early or phased retirement to any permanent full-time instructional faculty/staff? (CIRCLE ONE NUMBER)

- 1. Yes (A.) _____ Number of permanent full-time instructional faculty/staff who took advantage of this offer during the past five years (WRITE IN A NUMBER; IF NONE, WRITE IN "0")
- 2. No

12. Indicate if each of the retirement plans listed below is available to any permanent full-time instructional faculty/staff at your institution. If available, please indicate whether the plan is subsidized or not subsidized by your institution.

(12A)

		Fully Subsidized	Partially Subsidized	Not Subsidized
a. TIAA/CREF plan	1. Yes <input type="radio"/> 2. No	1	2	3
b. Other 403B plan	1. Yes <input type="radio"/> 2. No	1	2	3
c. State plan	1. Yes <input type="radio"/> 2. No	1	2	3
d. 401K or 401B plan	1. Yes <input type="radio"/> 2. No	1	2	3
e. Other retirement plan	1. Yes <input type="radio"/> 2. No	1	2	3

17. **What percentage of undergraduate instruction, as measured by total student credit hours taught, is carried by all full-time permanent and temporary instructional faculty/staff? Student credit hours are defined as the number of course credits or contact hours multiplied by the number of students enrolled. (CIRCLE ONE NUMBER)**

- 1. NONE
- 2. Less than 10%
- 3. 10-24%
- 4. 25-49%
- 5. 50-74%
- 6. 75-99%
- 7. 100%

18. **Are any of the following used in assessing the teaching performance of full-time (permanent or temporary) instructional faculty/staff at this institution? (CIRCLE ONE NUMBER OR "DK" ON EACH LINE)**

<u>Yes</u>	<u>No</u>	<u>Don't Know</u>		
1	2	DK	a.	Student evaluations
1	2	DK	b.	Student test scores
1	2	DK	c.	Student career placement
1	2	DK	d.	Other measures of student performance
1	2	DK	e.	Department/division chair evaluations
1	2	DK	f.	Dean evaluations
1	2	DK	g.	Peer evaluations
1	2	DK	h.	Self-evaluations
1	2	DK	i.	Other (DESCRIBE) _____

19. **Are any of your full-time instructional faculty/staff legally represented by a union (or other association) for purposes of collective bargaining with this institution? (CIRCLE ONE NUMBER)**

- 1. Yes **AAA** (A.) _____% (approximate) percent represented (WRITE IN PERCENTAGE)
- 2. No

23. **Of those tenured non-instructional faculty who left your institution between the beginning of the 1991 Fall Term and the beginning of the 1992 Fall Term, how many left for each of the following reasons?**

(WRITE IN A NUMBER ON EACH LINE; IF NONE, WRITE IN "0")

- _____ a. Retirement
- _____ b. Downsizing
- _____ c. For other reasons

24. **During the 1992-93 academic year (i.e., Fall 1992 through Spring 1993), how many full-time non-instructional faculty at your institution were considered for tenure, and how many were granted tenure?**

(WRITE IN A NUMBER ON EACH LINE; IF NONE, WRITE IN "0")

- _____ a. Number of permanent full-time non-instructional faculty considered for tenure
- _____ b. Number of permanent full-time non-instructional faculty granted tenure

25. **Fill in the following information about the maximum number of years full-time non-instructional faculty can be on a tenure track.** *(WRITE IN A NUMBER ON EACH LINE)*

- _____ a. Maximum number of years full-time non-instructional faculty staff can be on a tenure track and
Yrs not receive tenure *(IF NO MAXIMUM, WRITE IN "0")*
- _____ b. If maximum number of years has changed during past 5 years, write in previous maximum
Yrs *(IF NO CHANGE, WRITE IN "0")*

26. **During the past five years, has your institution done any of the following?**

(CIRCLE ONE NUMBER FOR EACH ACTION)

Yes No

- 1 2 a. Replaced some tenured or tenure-track full-time non-instructional faculty positions with faculty on fixed-term contracts
- 1 2 b. Made the standards more stringent for granting tenure to full-time non-instructional faculty
- 1 2 c. Taken any other actions designed to lower the percent of tenured full-time non-instructional faculty *(DESCRIBE ANY ACTIONS TAKEN)*

27. During the past five years, has your institution offered early or phased retirement to any permanent full-time non-instructional faculty? (CIRCLE ONE NUMBER)

- 1. Yes (A.) _____ Number of permanent full-time non-instructional faculty who took advantage of this offer during the past five years (WRITE IN A NUMBER; IF NONE, WRITE IN "0")
- 2. No

28. Indicate if each of the retirement plans listed below is available to any permanent full-time non-instructional faculty at your institution. If available, please indicate whether the plan is subsidized or not subsidized by your institution.

(28A)

		Fully Subsidized	Partially Subsidized	Not Subsidized
a. TIAA/CREF plan	1. Yes <input type="radio"/> 2. No	1	2	3
b. Other 403B plan	1. Yes <input type="radio"/> 2. No	1	2	3
c. State plan	1. Yes <input type="radio"/> 2. No	1	2	3
d. 401K or 401B plan	1. Yes <input type="radio"/> 2. No	1	2	3
e. Other retirement plan	1. Yes <input type="radio"/> 2. No	1	2	3

29. Indicate which of the following employee benefits is available at your institution to any permanent full-time non-instructional faculty. If available, indicate whether the benefit is subsidized or not subsidized by your institution. (29A)

		Fully Subsidized	Partially Subsidized	Not Subsidized
a.	Wellness program or health promotion 1. Yes ÄÄÄ ➤ 2. No	1	2	3
b.	Medical insurance or medical care 1. Yes ÄÄÄ ➤ 2. No	1	2	3
c.	Dental insurance or dental care 1. Yes ÄÄÄ ➤ 2. No	1	2	3
d.	Disability insurance program 1. Yes ÄÄÄ ➤ 2. No	1	2	3
e.	Life insurance 1. Yes ÄÄÄ ➤ 2. No	1	2	3
f.	Tuition remission/grants at this or other institutions for spouse 1. Yes ÄÄÄ ➤ 2. No	1	2	3
g.	Tuition remission/grants at this or other institutions for children 1. Yes ÄÄÄ ➤ 2. No	1	2	3
h.	Child care 1. Yes ÄÄÄ ➤ 2. No	1	2	3
i.	Housing/mortgage 1. Yes ÄÄÄ ➤ 2. No	1	2	3
j.	Meals 1. Yes ÄÄÄ ➤ 2. No	1	2	3
k.	Transportation/parking 1. Yes ÄÄÄ ➤ 2. No	1	2	3
l.	Maternity leave 1. Yes ÄÄÄ ➤ 2. No	1	2	3
m.	Paternity leave 1. Yes ÄÄÄ ➤ 2. No	1	2	3
n.	Medical insurance for retirees 1. Yes ÄÄÄ ➤ 2. No	1	2	3
o.	"Cafeteria-style" benefits plan (plan under which staff can trade off some benefits for others, following guidelines established by the institution) 1. Yes ÄÄÄ ➤ 2. No	1	2	3

30. What is the average percentage of salary that is contributed by your institution to the total benefits package for permanent full-time non-instructional faculty? (WRITE IN PERCENTAGE; IF NONE, WRITE IN "0")

_____ %

37. Indicate which of the following employee benefits is available at your institution to any part-time instructional faculty/staff. If available, indicate whether the benefit is subsidized or not subsidized by your institution. (IF YOU DON'T KNOW IF A BENEFIT IS AVAILABLE, CIRCLE "DK")

(37A)

		Fully Subsidized	Partially Subsidized	Not Subsidized
a.	Wellness program or health promotion 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
b.	Medical insurance or medical care 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
c.	Dental insurance or dental care 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
d.	Disability insurance program 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
e.	Life insurance 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
f.	Tuition remission/grants at this or other institutions for spouse 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
g.	Tuition remission/grants at this or other institutions for children 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
h.	Child care 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
i.	Housing/mortgage 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
j.	Meals 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
k.	Transportation/parking 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
l.	Maternity leave 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
m.	Paternity leave 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
n.	Medical insurance for retirees 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
o.	"Cafeteria-style" benefits plan (plan under which staff can trade off some benefits for others, following guidelines established by the institution) 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3
p.	Other 1. Yes <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> > 2. No <input type="radio"/> DK	1	2	3

38. What is the average percentage of salary that is contributed by your institution to the total benefits package for part-time instructional faculty/staff? (WRITE IN PERCENTAGE; IF NONE, WRITE IN "0")

_____ %

42. Are any of the following used in assessing the teaching performance of part-time instructional faculty/staff at this institution? (CIRCLE ONE NUMBER OR "DK" ON EACH LINE)

<u>Yes</u>	<u>No</u>	<u>Don't Know</u>		
1	2	DK	a.	Student evaluations
1	2	DK	b.	Student test scores
1	2	DK	c.	Student career placement
1	2	DK	d.	Other measures of student performance
1	2	DK	e.	Department/division chair evaluations
1	2	DK	f.	Dean evaluations
1	2	DK	g.	Peer evaluations
1	2	DK	h.	Self-evaluations
1	2	DK	i.	Other (DESCRIBE) _____

43. Are any of your part-time instructional faculty legally represented by a union (or other association) for purposes of collective bargaining with this institution? (CIRCLE ONE NUMBER)

1. Yes (A.) _____% (approximate) percent represented (WRITE IN PERCENTAGE)
2. No

Please fill in your name and your title at this institution, as well as the names and titles of any other individuals who have answered one or more questions in this questionnaire, and the question numbers each individual worked on. Include telephone numbers in case we have any questions about any entries.

Your responses to these items, as with all other items in this questionnaire, are voluntary and strictly confidential. The information provided in this questionnaire will be used only in statistical summaries. Furthermore, all information that would permit identification of individuals, including names and telephone numbers, will be removed from survey files.

YOUR NAME: _____ TITLE: _____

PHONE #: _____ QUESTIONS #s: _____

OTHER NAME: _____ TITLE: _____

PHONE #: _____ QUESTIONS #s: _____

OTHER NAME: _____ TITLE: _____

PHONE #: _____ QUESTIONS #s: _____

OTHER NAME: _____ TITLE: _____

PHONE #: _____ QUESTIONS #s: _____

OTHER NAME: _____ TITLE: _____

PHONE #: _____ QUESTIONS #s: _____

THANK YOU VERY MUCH FOR YOUR PARTICIPATION. RETURN THIS QUESTIONNAIRE IN THE ENCLOSED PREPAID ENVELOPE TO:

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