HEDS Fall 2020 COVID-19 Faculty Survey

We know that your experience at [Institution Name] is different this fall because of COVID-19. We're sending this survey to check in with you and see how you're doing. We want to know how things are going so far this fall and if there are actions we can take to help you.

Your participation in this survey is **voluntary**. There are no penalties if you decide not to participate or if you choose to skip any questions. The survey is short and should take 5-10 minutes to complete.

Your responses are **anonymous**. The survey is being administered by an independent organization, HEDS, and we will only receive survey data after (a) they group your responses with those of other individuals, and (b) strip information that might identify you (e.g., your name, email address) from the data.

Please note, anything you write in text boxes in response to open-ended questions will be sent to us exactly as you write it. If you do not want us to know who you are, please do not write anything in your text responses that might identify you.

We know that this is a very busy time, but we hope to hear from you.

Thank you.

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1. **What best describes how you are teaching students in your classes this term?**
    - ☐ Entirely face-to-face with no online instruction
    - ☐ Primarily face-to-face with occasional online instruction
    - ☐ A roughly even blend of face-to-face and online instruction
    - ☐ Mostly online with occasional face-to-face instruction
    - ☐ Entirely online with no face-to-face instruction

2. **Given the impact of COVID-19 on higher education, many faculty are spending more time working off campus. You may be teaching online, meeting with students and colleagues via video conferencing, or doing other work off campus. Please answer the following questions about your off-campus work environment.**

	Yes	No
Do you have a quiet, private space where you can teach your online classes, interact online with students and colleagues, and/or do your other work?	☐	☐
Do you have to share a computer with other people?	☐	☐
Does your computer have a camera and microphone that allow you to use video conferencing software?	☐	☐
Do you have working versions of all the programs and applications you need for your courses on your computer?	☐	☐
Does your computer have the capacity to run all the programs and applications you need for your courses without freezing up or running slowly?	☐	☐
Do you have sufficient knowledge about the programs and applications that you need for your courses so that you can use them without difficulty?	☐	☐
Do you have a reliable internet connection?	☐	☐
Are you getting sufficient support from Information Technology (IT)?	☐	☐
Are you responsible for taking care of children or other family members during the times you are teaching, preparing to teach, or otherwise working for your institution?	☐	☐

3. On average, how many hours a day do you spend on video conferencing software, such as Zoom or Microsoft Teams, for work-related activities (e.g., teaching classes, meeting with students, attending meetings, collaborating with colleagues)?

- ☐ Less than one
- ☐ 1-3
- ☐ 4-6
- ☐ 7-9
- ☐ 10-12
- ☐ 13-15
- ☐ More than 15

4. How satisfied are you with the following at [Institution Name]? If an item isn't relevant because you don't work on campus or it doesn't fit your work environment, please select "N/A."

	Very satisfied	Generally satisfied	Neither satisfied nor dissatisfied	Generally dissatisfied	Very dissatisfied	N/A
Requirements for wearing masks in classrooms	☐	☐	☐	☐	☐	☐
Requirements for wearing masks in public areas of campus	☐	☐	☐	☐	☐	☐
Efforts to create more space in classrooms or meeting areas to facilitate social distancing	☐	☐	☐	☐	☐	☐
Requirements for social distancing on campus outside of classes or meetings	☐	☐	☐	☐	☐	☐
Campus guest or visitor policies	☐	☐	☐	☐	☐	☐
Daily monitoring of and reporting on your health	☐	☐	☐	☐	☐	☐
COVID-19 testing protocols	☐	☐	☐	☐	☐	☐

5. Given the changes [Institution Name] has made, how safe do you feel on campus in terms of COVID-19?

- ☐ Very safe
- ☐ Pretty safe
- ☐ A little unsafe
- ☐ Very unsafe
- ☐ N/A because I'm not working on campus this fall

6. Please indicate your level of agreement with the following statements about your classes this fall at [Institution Name].

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My students are motivated to attend class and do the required work.	☐	☐	☐	☐	☐
My students are doing most or all of the work that I assign.	☐	☐	☐	☐	☐

7. The quality of work I see from my students is roughly comparable to what I've seen in the past, pre-COVID-19.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ N/A, this is my first time teaching

8. Given all the changes to the teaching and learning environment at [Institution Name] due to COVID-19, please rate your level of satisfaction with the following aspects of your courses. If an item refers to something that isn't relevant to your courses, please select "N/A."

	Very satisfied	Generally satisfied	Neither satisfied nor dissatisfied	Generally dissatisfied	Very dissatisfied	N/A
Face-to-face class discussions	☐	☐	☐	☐	☐	☐
Face-to-face collaborative group activities, assignments, or projects that occur during class	☐	☐	☐	☐	☐	☐
Being able to hear students when they speak in class (face-to-face or online)	☐	☐	☐	☐	☐	☐
Being heard by students when you speak in class (face-to-face or online)	☐	☐	☐	☐	☐	☐
Using online discussion boards	☐	☐	☐	☐	☐	☐
Giving quizzes and tests online	☐	☐	☐	☐	☐	☐
Class discussions on Zoom or other conferencing software	☐	☐	☐	☐	☐	☐
Giving live lectures on Zoom or other conferencing software	☐	☐	☐	☐	☐	☐
Recording lectures and posting them online so students can view them at their convenience	☐	☐	☐	☐	☐	☐
Asking students to view third-party videos (e.g., TED Talks, Khan Academy, materials from textbook publishers)	☐	☐	☐	☐	☐	☐
Asking students to do online interactive simulations	☐	☐	☐	☐	☐	☐
Providing virtual office hours	☐	☐	☐	☐	☐	☐
Asking students to complete online collaborative group activities, assignments, or projects	☐	☐	☐	☐	☐	☐
Asking students to attend virtual tutoring sessions	☐	☐	☐	☐	☐	☐
Accessing online library materials	☐	☐	☐	☐	☐	☐
Being able to support marginalized or less prepared students	☐	☐	☐	☐	☐	☐

9. Overall, how satisfied are you with the support you are getting from [Institution Name] to help you adjust to all the changes this fall?

- ☐ Very satisfied
- ☐ Generally satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Generally dissatisfied
- ☐ Very dissatisfied

10. Please indicate your level of agreement with the following statements about senior leadership at [Institution Name].

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Overall, senior leadership at [Institution Name] has done a good job helping faculty adapt to the changes at the institution brought on by the spread of COVID-19.	☐	☐	☐	☐	☐
Overall, senior leadership at [Institution Name] has shown care and concern for faculty as they respond to the spread of COVID-19.	☐	☐	☐	☐	☐

11. Please indicate your level of agreement with the following statements about your department chair at [Institution Name]. If you are a department chair, please skip the following two items.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Overall, my department chair has done a good job helping me adapt to the changes at the institution brought on by the spread of COVID-19.	☐	☐	☐	☐	☐
Overall, my department chair has shown care and concern for me as [Institution Name] responds to the spread of COVID-19.	☐	☐	☐	☐	☐

12. Please indicate your level of satisfaction with [Institution Name] about the following:

	Very satisfied	Generally satisfied	Neither satisfied nor dissatisfied	Generally dissatisfied	Very dissatisfied
The timeliness and clarity of the communication you've received from [Institution Name] about its ongoing responses to COVID-19	☐	☐	☐	☐	☐
Information about the spread of COVID-19 on campus	☐	☐	☐	☐	☐
The transparency of communication about how COVID-19 has affected [Institution Name]'s finances	☐	☐	☐	☐	☐
The information you've received about how changes at [Institution Name] in response to COVID-19 will impact your employment	☐	☐	☐	☐	☐

13. This fall, how often have you:

	Never	Almost never	Sometimes	Often	Very often
Had too many things to do?	☐	☐	☐	☐	☐
Felt you were in a hurry?	☐	☐	☐	☐	☐
Felt under pressure from deadlines?	☐	☐	☐	☐	☐
Felt difficulties were piling up so high that you could not overcome them?	☐	☐	☐	☐	☐
Felt that you were on top of things?	☐	☐	☐	☐	☐
Had too many worries?	☐	☐	☐	☐	☐

14. Overall, how much stress are you feeling about the potential consequences of the spread of COVID-19?

- ☐ Little or none
- ☐ Some
- ☐ A great deal

15. Compared to terms prior to the pandemic, how much fatigue are you experiencing this term?
- ☐ Much less
- ☐ A little less
- ☐ About the same
- ☐ A little more
- ☐ Much more
- ☐ N/A, this is my first time teaching

16. How connected do you feel to the community at [Institution Name]?
- ☐ Very strong connection
- ☐ Some connection
- ☐ Very little connection
- ☐ No connection

As a reminder, anything you write in the text boxes below in response to open-ended questions will be sent to us exactly as you write it. If you do not want us to know who you are, please do not write anything that might identify you.

17. What is the most challenging part of teaching classes this fall?

18. What suggestions do you have for [Institution Name] about ways we can improve faculty members' experience this year?

This last section asks a few demographic questions about you. We will use this information to develop a better picture of how people with different identities experience our campus. HEDS will eliminate information from these questions that would allow us to identify you in the data files we receive. Of course, like the rest of the survey, you may choose to skip any of these questions.

19. Are you a part-time or full-time employee at [Institution Name]?
- ☐ Part-time
- ☐ Full-time

20. What is your present academic rank?
- ☐ Professor
- ☐ Associate Professor
- ☐ Assistant Professor
- ☐ Lecturer/Instructor
- ☐ Other

21. What is your gender?
- ☐ Man
- ☐ Woman
- ☐ Non-binary, please specify if you wish: _____

22. Are you Hispanic or Latino/a?
- ☐ Yes
- ☐ No

23. Please indicate the race or races with which you identify. *(Choose one or more)*
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White