

**Do not complete this PDF.** It is only for reference. The online survey will show the necessary questions to your district.

**Please Note:** this document shows the entire TASB/TASA Superintendent Survey, which includes questions that are dynamically shown on-screen based on answers to previous questions. You may not see every item shown here in the online survey.



## TASB/TASA Superintendent Survey 2025-2026

### Introduction

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To save and return later to complete the survey click "next" at the bottom of the page. The page you are currently on will **NOT** be saved until you click "next". You may return to earlier pages using the "back" button.

If another person in [contact('organization')] should complete this survey, please forward the email to the correct person.

It will be helpful to refer to the superintendent's contract in order to complete the survey

Helpful information as you begin the survey:

- You may resume using the link from your email.
- A red asterisk\* indicates that item requires input.
- Some items may show a follow-up question asking you to review then update or confirm a value. Our aim is to reduce emails required to confirm values.
- Most fields request annual amounts. However, questions regarding health insurance will request **monthly** amounts.
- Once the survey has been submitted, a copy of your survey responses will be sent to the e-mail address entered on the next page.

## Preliminary Questions

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Contact information for person completing survey

*If you are not the superintendent, please enter your own information here.  
We will use this contact information to reach out with any questions about  
your survey submission.*

Name \*

Job title/Department

Email Address \*

Phone  
number

Superintendent's name

*Update as needed.*

Estimated **student enrollment** for 2025–2026 school year \*

*Spring TEA value has been pre-filled. Update as needed.*

Estimated **employee count** for the 2025–2026 school year \*

*Spring TEA value has been pre-filled. Update as needed.*

Is the superintendent an interim assignment? \*

☐ Yes ☐ No

Is the superintendent a retired employee? \*

☐ Yes ☐ No

Is the superintendent a full-time or part-time employee? \*

*For superintendent/principal or similar, please choose **full-time**.*

☐ Full-time  
☐ Part-time

Enter the month/year the incumbent **became superintendent for**  
**[contact('organization')]**. \*

*Exclude any time spent as interim.*

Month



January  
February  
March  
April  
May  
June  
July  
August  
September  
October  
November  
December

Year

**Number of districts** served as superintendent \*

*Enter 1 if this is the first district as superintendent.*

## Experience

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Fields will be pre-filled and locked based on start month/year from previous page. Use the "back" button to make an update.

Current district

**Local years** as superintendent \*

All districts, including current

*If any item below is less than 1 full year of experience, please report 0 years. Round other decimals to nearest whole number.*

**Total years** as superintendent \*

**Total years** in education (any position/any district) \*

## Salary and Incentives

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### Base Salary

Base salary only; **do not** include incentives/bonuses, allowances, or benefits.

This year (2025–2026) \*

Last year (2024–2025) \*

Base salary comments

*For example, please explain increase to base salary if it is not a standard pay raise.*

### Incentive or Bonus

Was an incentive or bonus paid to the superintendent in 2024–2025 (last year)? \*

- ☐ Yes, **all employees** received it
- ☐ Yes, **only the superintendent** received it (or received a higher amount)
- ☐ No incentive or bonus was paid

## Incentive or Bonus Paid \*

**Annual** amount of the most recent incentive or bonus

Reason for most recent incentive or bonus:

- ☐ Performance    ☐ Retention    ☐ Other (Write In)

If the **same bonus/incentive** amount was paid to **all employees** in 2024–2025, please change answer above to "all employees received it."  
We are collecting data on bonuses that are unique to the superintendent.

Is there an incentive or bonus pay plan in place for the superintendent in 2025–2026? \*

- ☐ Yes  
☐ No

## Allowances, Transportation, and Housing

### Personal Memberships \*

Does the district pay for the superintendent's personal membership to any civic, private, or professional organizations and clubs?

*Note: Total membership dues may not be known at time of survey. Prior year value can be used for a returning superintendent or estimated amount for a new superintendent.*

- ☐ Yes    ☐ No

**Annual** amount of this allowance

## Communication Allowance \*

Does the district pay a communication allowance (for cell phone and/or home internet) to the superintendent?

☐ Yes ☐ No

**Annual** amount of this allowance. \*

## Business Allowance \*

Does the district pay a business expense allowance to the superintendent?

*Do not include expense reimbursement or transportation/vehicle allowances.*

☐ Yes ☐ No

**Annual** amount of this allowance. \*

Is a vehicle provided by the district for the sole use of the superintendent? \*

☐ Yes ☐ No



## Vehicle Allowance \*

Is a set allowance paid to the superintendent for the business use of his or her personal vehicle?

*Do not include mileage reimbursement.*

☐ Yes ☐ No

**Annual** amount of this allowance \*

Does the district provide a residence at no cost or reduced cost for the superintendent? \*

☐ Yes ☐ No

## Housing Allowance \*

Does the district provide a housing allowance to cover the cost of rent, utilities, or other housing expenses for the superintendent?

☐ Yes ☐ No

**Annual** amount of this allowance \*

## Health Insurance

Does the superintendent participate in the district's health insurance plan? \*

*Note: We do **not** disclose the type of coverage for individual superintendents in reports for TASB HRDataSource.*

- ☐ Yes   ☐ No   ☐ Yes, but not willing to provide health insurance details

Is this a TRS-ActiveCare plan (PPO or HMO)? \*

- ☐ Yes   ☐ No

Which type of coverage does the superintendent have?

*Note: This question is optional but we do **not** disclose the type of coverage for individual superintendents in reports for TASB HRDataSource.*

- ☐ Superintendent **only**  
☐ Superintendent **and spouse**  
☐ Superintendent **and children**  
☐ Superintendent **and family** (spouse plus children)

Does the district make a larger contribution for the superintendent's health insurance than what other full-time employees receive? \*

*(e.g., the district pays for coverage of the superintendent's dependents, or pays an additional amount regardless of coverage type)*

- ☐ Yes   ☐ No

How much is the **district's monthly contribution** for the superintendent's health insurance? \*

*Minimum is \$225 (include \$75 from state funds).*

*Report only the district's portion of the contribution, do not include what the superintendent contributes.*

Health Insurance

Comments

#### Other Insurance

Is the superintendent provided with a **different** life insurance policy than any policy provided to other employees? \*

☐ Yes ☐ No

What are the details of the life insurance policy? \*

Type of policy

☐ Term ☐ Whole life

**Annual** cost to district

**Policy** face value

Is the superintendent provided with a different long-term disability policy than any policy provided to other employees? \*

☐ Yes ☐ No

What are the details of the long-term disability policy? \*

**Annual** cost to  
district

### Additional Retirement Benefits

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Teacher Retirement System of Texas (TRS) \*

Does the district pay any part of the **superintendent's portion** of TRS contributions (**in addition** to the amount the district is responsible for)?

☐ Yes ☐ No

**Annual** cost to the  
district

Does the district contribute to the cost of purchasing **additional TRS service credits** for the superintendent?

☐ Yes ☐ No

**Annual** cost to the  
district

## Non-TRS Retirement Contributions \*

Does the district contribute to or provide a supplement for an investment account or annuity for the superintendent **in addition to** the Teacher Retirement System of Texas (TRS)?

☐ Yes ☐ No

**Annual** cost to  
district

Is there vesting on the contribution that the district provides?

☐ Yes

☐ No

Years until fully  
vested

0 if vests immediately

## Other Compensation

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Does your district use any of the following superintendent compensation approaches?

*Check all that apply.*

- ☐ Guaranteed salary increase percentage
- ☐ Salary increases tied to teachers or other staff
- ☐ Payment for additional personal/vacation/consulting days
- ☐ Payment for unused vacation/sick days
- ☐ Payment for preventative care beyond typical wellness-check
- ☐ Long-term care insurance
- ☐ Other (write in)

## Other Compensation Amounts

*Please indicate any other financial incentives or allowances paid to the superintendent that were not mentioned in the survey. Provide the annual cost to the district.*

*If there are none, leave the fields blank.*

### Amount

Other Compensation  
1

Other Compensation  
2

### Description

1

2

Please use this space to clarify or describe any other compensation or financial incentives paid to the superintendent.

Comments or suggestions for improving this survey