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# Spring 2012 School Administrator Questionnaire

## Questionnaire B

Prepared for the U.S. Department of Education  
National Center for Education Statistics by:

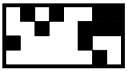
**Westat**  
**1600 Research Boulevard**  
**Rockville, Maryland 20850**

Use a black or blue ball point pen or #2 pencil to complete this questionnaire.

S_ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. Approval expires 12/31/2014. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Room 9086, Washington, D.C. 20006-5574.

The collection of information in this survey is authorized by 20 U.S. Code, Section 9541. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (20 U.S. Code, Section 9573). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.



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## Dear School Administrator,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because one or more of the children in your school are participants in this study.

This questionnaire contains several brief sections:

- a) School characteristics
- b) School-community-family connections
- c) School policies and practices
- d) School programs for particular populations
- e) Federal programs: Title I, Adequate Yearly Progress (AYP), and Title III (if applicable)
- f) Staffing and teacher characteristics
- g) School administrator characteristics

This information is vital to the study. Please feel free to ask other knowledgeable members of your staff to provide the information necessary to complete various sections of the questionnaire. However, we ask that you, yourself, please complete the final section, which is about your own background and characteristics. Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. Although we realize you are very busy, we urge you to complete this questionnaire as completely and accurately as possible. The information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

Please record your answers directly on the questionnaire by marking the appropriate answer (as described in the instructions below) or by writing your responses in the space provided. Your best estimates are acceptable answers.

## DEFINITIONS

For the purposes of this study, the following definitions apply.

- Kindergarten: Traditional year of school primarily for 5-year olds prior to first grade.
- Transitional (or readiness) kindergarten: Extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten.
- Transitional first (or prefirst) grade: Extra year of school for children who have attended kindergarten but have been judged not ready for first grade.
- Multigrade: A classroom containing kindergarten and some combination of other grades (for example, a combination prekindergarten/kindergarten).
- Ungraded: A classroom containing kindergarten-aged children (possibly in combination with other ages), not formally identified as a "kindergarten" class.

**Special programs.** Reference is made in this questionnaire to Title I and Title III programs, individualized education programs (IEP), individualized family service plans (IFSP), Section 504 plans, and Response to Intervention (RtI). For this study, the following definitions apply:

- Title I: "Improving the Academic Achievement of the Disadvantaged." Title I is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the No Child Left Behind Act of 2001. The purpose of this program is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on state academic achievement standards and state academic assessments.
- Title III: "Language Instruction for Limited English Proficient and Immigrant Students." Title III is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the No Child Left Behind Act of 2001. One of the main purposes of this program is to help ensure that children who have limited proficiency in English, including immigrant children and youth, attain English proficiency, develop high levels of academic attainment in English, and meet the same state academic content and student academic achievement standards as all students are expected to meet.
- Individualized Education Program (IEP): A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP or an IFSP.
- Individualized Family Service Plan (IFSP): A written statement of the educational program and other services designed to enhance the family's capacity to meet the developmental needs of an infant or toddler (preschool-aged) with a disability. The plan includes a description of the appropriate services needed to assist transition into elementary school.
- Section 504 plan: A written plan to provide appropriate services to a child with a disability, whether or not the disability is judged to affect the child's educational performance. Speech therapy services may often be specified as part of a Section 504 plan.
- Response to Intervention (RtI): A multi-step approach to providing early and progressively intensive intervention and monitoring within the general education setting. In principle, RtI begins with research-based instruction and behavioral support provided to students in the general education classroom, followed by screening of all students to identify those who may need systematic progress monitoring, intervention, or support. Students who are not responding to the general education curriculum and instruction are provided with increasingly intensive interventions through a "tiered" system, and they are regularly monitored to assess their progress and inform the choice of future interventions, including possibly special education for students determined to have a disability.

**Language.** Reference is made to English language learners (ELL), as well as to English as a Second Language (ESL), bilingual education, and dual-language programs in this questionnaire. For this study, the following definitions apply:

- Language-minority (LM) student: A student in whose home a non-English language typically is spoken. This group includes students whose English is fluent enough to benefit from instruction in academic subjects offered in English as well as students who are English language learners.
- English language learner (ELL): A student whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.



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- English as a Second Language (ESL): An instructional program designed to teach listening, speaking, reading, and writing English language skills to students with limited proficiency in English. The program may focus on a student's level of proficiency in general English. As a language instruction educational program, the ESL program should be connected to academic achievement with the goal of meeting the academic standards that all children must meet.
- Bilingual education program: A program in which a teacher uses a student's home language to varying degrees, in conjunction with English, to teach English and academic content to students with limited proficiency in English.
- Dual-language program: Also known as two-way immersion, the goal of these programs is for students to develop language proficiency in two languages by receiving content instruction in English and another language in a classroom that usually consists of both native English speakers and native speakers of the other language.

**THANK YOU VERY MUCH FOR YOUR HELP.**

### MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN OR A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE A FELT-TIP PEN.

### MARKING BOXES

It is important that you mark an "X" in the box next to your answers and print clearly.

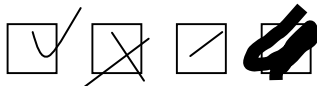
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



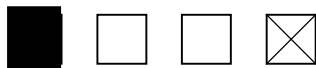
**Incorrect Marks:**

Light and thin, outside the box, thick or scrawled.



**How to Change an Answer:**

Completely black out the box of the incorrect answer and mark an "X" in the box next to the correct answer.



### PRINTING ANSWERS IN BOXES

Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write one number per box like this:

1	2	3	4	5	6	7	8	9	0
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Write words like this:

John Smith

## SECTION A. SCHOOL CHARACTERISTICS

- A1. How many days are children required to attend school this academic year? WRITE IN NUMBER BELOW.**

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 Number of school days

- A2. What are the start and end dates for this school for the 2011-2012 school year? WRITE IN MONTH AND DAY.**

START

				2	0	1	1
MONTH		DAY		YEAR			

END

				2	0	1	2
MONTH		DAY		YEAR			

- A3. School enrollment. WRITE IN THE APPROXIMATE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL DURING THE SCHOOL YEAR, WRITE "0" ON THE APPLICABLE LINE.**

	Number of children				
a. Total enrollment in your school around October 1, 2011, or the date nearest to that for which data are available	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
b. Number of children who have enrolled in your school since October 1, 2011	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
c. Number of children who have left your school since October 1, 2011, and have not returned	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

- A4. Approximately what is the Average Daily Attendance for your school this year? WRITE IN PERCENT OR NUMBER BELOW. TO CALCULATE PERCENT, DIVIDE THE NUMBER OF STUDENTS ATTENDING ON AN AVERAGE DAY BY THE NUMBER OF STUDENTS ENROLLED AND THEN MULTIPLY BY 100.**

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 % Average Daily Attendance

That is,  $\left[ \frac{\text{number of students attending on an average day}}{\text{number of students enrolled}} \right] \times 100$

OR

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 Average Number Attending Daily

- A5. Approximately what percentage of the children in your school belongs to each of the following racial/ethnic groups? COMPLETE EITHER THE NUMBER OR PERCENT COLUMN. ENTER "0" IF YOUR SCHOOL HAS NO CHILDREN IN THAT RACIAL/ETHNIC GROUP. THE NUMBER COLUMN SHOULD ADD TO YOUR TOTAL SCHOOL ENROLLMENT OR THE PERCENT COLUMN SHOULD ADD TO 100%.**

	Number of children	OR	Percent
a. Hispanic/Latino of any race	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
b. American Indian or Alaska Native, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
c. Asian, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
d. Black or African American, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
e. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
f. White, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
g. Two or more races, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
h. Total school enrollment (sum of a through g)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %

- A6. ☐ If your school is a private, magnet, or charter school, please check here and SKIP TO Q A8.**

- A7. About what percentage of the children enrolled in this school attend from outside of this school's assigned attendance area because... WRITE IN PERCENTAGES BELOW. IF NONE, WRITE "0."**

	Percent	Don't know
a. They have special needs (gifted and talented, children with disabilities, etc.) and attend to receive a specialized program or service?	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
b. They transferred into the school because their previous school did not make adequate yearly progress (AYP)? (Adequate yearly progress is your state's measure of yearly progress toward achieving state academic standards.)	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>
c. They attend this school under public school choice for reasons other than their assigned school did not make AYP (that is, excluding those who are reported in b)?	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>





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- A8.** About what percentage of the children enrolled in this school are eligible for free or reduced-price lunch? *WRITE IN PERCENTAGE BELOW. IF NONE, WRITE "0."*

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Percentage of children

- A9.** By what date did a child need to turn five to enter kindergarten for this school year, 2011 - 2012? *WRITE IN MONTH, DAY, AND YEAR. IF NO CUTOFF DATE, MARK BOX BELOW.*

☐ No cutoff date

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MONTH

--	--

DAY

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YEAR

**School Breakfast and Lunch Eligibility and Participation**

**A10.** Does your school participate in the U.S. Department of Agriculture's (USDA's) school breakfast program? *MARK ONE RESPONSE.*

☐ Yes (**SKIP TO Q A12**)

☐ No

**A11.** What are the reasons why your school does not participate in USDA's school breakfast program? *MARK YES OR NO ON EACH ROW.*

	<u>Yes</u>	<u>No</u>
a. Too few eligible students	<input type="checkbox"/>	<input type="checkbox"/>
b. Program too costly	<input type="checkbox"/>	<input type="checkbox"/>
c. School starts too late to serve breakfast	<input type="checkbox"/>	<input type="checkbox"/>
d. School lacks facilities to serve breakfast	<input type="checkbox"/>	<input type="checkbox"/>
e. School lacks staff to serve breakfast	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>

*IF YOU RESPONDED TO Q A11 THEN SKIP TO Q A18*

**A12.** What time is breakfast served at the school? *WRITE IN TIME BELOW.*

**START TIME**

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	AM
HH			MM		

**END TIME**

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	AM
HH			MM		

**A13.** Where is the breakfast typically served for first-grade students? *MARK ONE RESPONSE.*

☐ Cafeteria

☐ Classroom

☐ In some other common area of school (as a bag breakfast)

☐ School bus (as a bag breakfast)

☐ Other (PLEASE SPECIFY)

- A14. Are children who are served breakfast in the cafeteria allowed to take it to the classroom? MARK ONE RESPONSE.**

☐ Yes

☐ No

- A15. How many federally-reimbursable school breakfasts did you serve at free, reduced price, and paid rates over the entire month of October? WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."**

	Breakfasts served in October					
a. Number of paid school breakfasts served in October	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
b. Number of free school breakfasts served in October	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
c. Number of reduced-price school breakfasts served in October	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					

- A16. What is the price of a USDA-reimbursable breakfast for students who pay the full price? Record the most common price (standard price) if your cafeteria offers breakfast at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket). WRITE IN PRICE BELOW.**

\$ 

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 Standard full-price breakfast

- A17. What is the price of a USDA-reimbursable breakfast for students who pay the reduced price? WRITE IN PRICE BELOW.**

\$ 

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 Reduced-price breakfast

- A18. Does your school participate in the U.S. Department of Agriculture's (USDA's) school lunch program? MARK ONE RESPONSE.**

☐ Yes

☐ No (SKIP TO Q A22)

- A19.** How many federally-reimbursable school lunches did you serve at free, reduced price, and paid rates over the entire month of October? *WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."*

	Lunches served in October					
a. Number of paid school lunches served in October	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
b. Number of free school lunches served in October	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
c. Number of reduced-price school lunches served in October	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					

- A20.** What is the price of a USDA-reimbursable lunch for students who pay the full price? Record the most common price (standard price) if your cafeteria offers lunch at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket). *WRITE IN PRICE BELOW.*

\$ 

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 Standard full-price lunch

- A21.** What is the price of a USDA-reimbursable lunch for students who pay the reduced price? *WRITE IN PRICE BELOW.*

\$ 

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 Reduced-price lunch

- A22.** How many children in your school were approved for free or reduced-price meals (breakfast or lunch) as of October 1, 2011, or the date nearest to that for which data are available? *WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."*

	Number of children approved for free/reduced- price meals				
a. Number of children approved for free school meals	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
b. Number of children approved for reduced-price school meals	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				

## SECTION B. SCHOOL-FAMILY-COMMUNITY CONNECTIONS

- B1.** Are any of the following programs available for first-grade children and their families at your school site? Please include programs run by the school and those run by outside groups. **MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Before-school child care	<input type="checkbox"/>	<input type="checkbox"/>
b. After-school child care	<input type="checkbox"/>	<input type="checkbox"/>
c. Hearing screening	<input type="checkbox"/>	<input type="checkbox"/>
d. Vision screening	<input type="checkbox"/>	<input type="checkbox"/>

- B2.** Please indicate how often each of the following activities is provided by your school. **MARK ONE RESPONSE ON EACH ROW.**

	<u>Never</u>	<u>Once a year</u>	<u>2 to 3 times a year</u>	<u>4 to 6 times a year</u>	<u>7 or more times a year</u>
a. PTA, PTO, or Parent-Teacher-Student organization meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reports (report cards) of child's performance provided to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information on the child's standardized assessment scores provided to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher-parent conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. School performances to which parents are invited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Classroom programs like class plays, book nights, or family math nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B3. Indicate how much you agree or disagree with the following statements about the school's community and parents. MARK ONE RESPONSE ON EACH ROW.**

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
a. Parents are actively involved in this school's programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The community served by this school is supportive of its goals and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents of children in this school are welcome to observe classes any time they are in session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B4. To the best of your knowledge how often do the following types of problems occur at your school? MARK ONE RESPONSE ON EACH ROW.**

	<u>Happens daily</u>	<u>Happens at least once a week</u>	<u>Happens at least once a month</u>	<u>Happens on occasion</u>	<u>Never happens</u>
a. Children bringing weapons to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical conflicts among students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children bringing in or using alcohol at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children bringing in or using illegal drugs at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Vandalism of school property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Student bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Widespread disorder in classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Class cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B5.** To what extent is each of the following matters a problem in this school? Indicate whether each is a **SERIOUS** problem, a **MODERATE** problem, a **MINOR** problem, or **NOT** a problem in this school. *MARK ONE RESPONSE ON EACH ROW.*

	<u>Serious problem</u>	<u>Moderate problem</u>	<u>Minor problem</u>	<u>Not a problem</u>
a. Student tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Student absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Student aggressive or disruptive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teacher turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overcrowding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B6.** During the past year, to what extent did any of the following changes occur at your school? *MARK ONE RESPONSE ON EACH ROW.*

	<u>Not at all</u>	<u>Small extent</u>	<u>Moderate extent</u>	<u>Large extent</u>
a. Funding levels decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enrollment increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enrollment decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The number of students receiving free or reduced-price lunch increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Student mobility increased (that is, the number of students transferring in and out of the school increased)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There has been a reduction in staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Class sizes increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Class sizes decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Salaries increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Salaries decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Number of English language learners increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**B7.** During the past year, did any of the following changes occur at your school? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Salaries were frozen	<input type="checkbox"/>	<input type="checkbox"/>
b. Changes were made to the school's assigned attendance area (IF YOURS IS A PRIVATE, CHARTER, OR MAGNET SCHOOL, PLEASE SKIP ITEM b.)	<input type="checkbox"/>	<input type="checkbox"/>





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**SECTION C. SCHOOL POLICIES AND PRACTICES**

- C1. How many kindergarten children were retained at their current grade level last school year?**  
*WRITE NUMBER BELOW. IF NONE, WRITE "0."*

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Number of kindergarten children retained last year

- C2. How many first-grade children were retained at their current grade level last school year?**  
*WRITE NUMBER BELOW. IF NONE, WRITE "0."*

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Number of first-grade children retained last year

- C3. Is a school-wide positive behavioral intervention and support program (for example, Positive Behavioral Support, Positive Behavioral Intervention System) implemented at your school?**  
*MARK ONE RESPONSE.*

☐ Yes☐ No

- C4.** For each of the following statements about **READING** and **MATH**, indicate how strongly you agree or disagree. *MARK ONE RESPONSE ON EACH ROW.*

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>	<u>Don't know</u>
<b>For READING</b>						
a. This school has a set of clear, predetermined, grade-level benchmarks (that is, cut scores, goals/targets, or percentiles) that are used to determine which students are struggling or at risk of failure in READING.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At this school, we use data from screening tests to determine if core instruction in READING is meeting the needs of most of our students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>For MATH</b>						
c. This school has a set of clear, predetermined, grade-level benchmarks (that is, cut scores, goals/targets, or percentiles) that are used to determine which students are struggling or at risk of failure in MATH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. At this school, we use data from screening tests to determine if core instruction in MATH is meeting the needs of most of our students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C5. Is Response to Intervention (RtI) currently used at your school in first grade, either partially or fully implemented? MARK ONE RESPONSE.**

*RESPONSE TO INTERVENTION (RTI) IS A MULTI-STEP APPROACH TO PROVIDING EARLY AND PROGRESSIVELY INTENSIVE INTERVENTION AND MONITORING WITHIN THE GENERAL EDUCATION SETTING. SEE PAGE 4 FOR A COMPLETE DEFINITION OF RTI.*

☐ Yes

☐ No (SKIP TO Q D1)

- C6. Is RtI currently implemented at your school in first grade in the following areas? MARK ONE RESPONSE ON EACH ROW.**

	Yes, fully implemented in first grade	Yes, partially implemented in first grade	No, not implemented in first grade
a. Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behavior/Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C7. Approximately how many years ago did your school begin implementing RtI in first grade in any subject? MARK ONE RESPONSE.**

☐ Less than 1 year ago

☐ 1 to 2 years ago

☐ More than 2 years ago

- C8. For the 2011-2012 school year, how has your school made information available to parents/guardians to help them understand how RtI is being implemented in your school? MARK ALL THAT APPLY.**

a. Communication through written materials such as letters, email, school website, or newsletters	<input type="checkbox"/>
b. Communication through workshops, discussion groups, or other meetings such as PTA meetings	<input type="checkbox"/>
c. Communication through individual meetings with parents or phone calls	<input type="checkbox"/>
d. Information is not distributed on this topic	<input type="checkbox"/>

## SECTION D. SCHOOL PROGRAMS FOR PARTICULAR POPULATIONS

### Language Minority Students and Families

- D1. Do any of the children in this school come from a home where a language other than English is spoken? *MARK ONE RESPONSE.*

☐ Yes

☐ No (**SKIP TO Q D4**)

- D2. What percentage of children in this school and in first grade are English language learners (ELL)? *SEE PAGES 4 AND 5 FOR DEFINITIONS RELATED TO LANGUAGE. WRITE IN THE PERCENTAGES BELOW.*

% ELL among all students in school

% ELL among all students in **first grade**

- D3. Approximately what percentage of first-grade children receive ESL (English as a Second Language), bilingual, or dual-language (also known as two-way immersion) instruction?

*SEE PAGES 4 AND 5 FOR DEFINITIONS RELATED TO LANGUAGE. WRITE THE PERCENTAGE BELOW. WRITE "0" IF INSTRUCTION NOT PROVIDED OR IF INSTRUCTION IS PROVIDED BUT NO FIRST-GRADERS RECEIVE THE INSTRUCTION.*

#### First-grade students

	<u>In regular classroom</u>	<u>In pull-out setting</u>
a. Percent receiving ESL instruction	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
b. Percent receiving bilingual instruction	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
c. Percent receiving dual-language instruction	<input type="text"/> <input type="text"/> <input type="text"/> %	

**Children with Special Needs**

- D4. Since the beginning of this school year (2011-2012), how many students have been NEWLY evaluated at your school to determine if they are eligible for an IEP? WRITE NUMBER IN BOX.**

--	--	--

Total number of newly evaluated students at your school

- D5. Of those students who have been NEWLY evaluated at your school this school year (2011-2012), how many were found eligible for an IEP, including those who may have an IEP for speech only? WRITE NUMBER IN BOX.**

--	--	--

Total number of newly evaluated students found eligible at your school

- D6. What method(s) are used in your school to determine special education ELIGIBILITY for students with learning disabilities? MARK YES OR NO ON EACH ROW. IF A COMBINATION OF THESE METHODS IS USED AT YOUR SCHOOL, MARK YES FOR BOTH A AND B.**

	<u>Yes</u>	<u>No</u>
a. IQ-achievement discrepancy model which shows whether there is a discrepancy between <i>expected</i> performance and <i>actual</i> performance	<input type="checkbox"/>	<input type="checkbox"/>
b. Response to Intervention (RtI) model	<input type="checkbox"/>	<input type="checkbox"/>

- D7. Approximately what percentage of your first-graders are in each of the following instructional programs? WRITE PERCENTAGES IN BOXES. IF NONE, WRITE "0" AND INDICATE IF THE PROGRAM IS NOT OFFERED IN FIRST GRADE OR IN ANY GRADE IN YOUR SCHOOL.**

	<u>Percent</u>	<u>Not offered in first grade</u>	<u>Not offered in any grade</u>
a. Special education with Individualized Education Program (IEP)	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
b. Receive accommodations through a 504 plan	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading instruction for students performing below grade level in reading	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
d. Math instruction for students performing below grade level in math	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
e. A gifted and talented program	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>



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## SECTION E. FEDERAL PROGRAMS: TITLE I, ADEQUATE YEARLY PROGRESS, AND TITLE III<sup>1</sup>

The following items pertain to public schools only.

☐ IF YOURS IS A PRIVATE SCHOOL CHECK HERE (SKIP TO Q F1)

### Title I Funding and Programs

**E1. Did your school receive Federal Title I funds for this school year? MARK ONE RESPONSE.**

☐ Yes

☐ No (SKIP TO Q E4)

**PLEASE NOTE THE FOLLOWING DEFINITIONS  
THAT ARE RELEVANT TO QUESTION E2 BELOW:**

- A targeted assistance program uses Title I funds to provide supplemental academic services (usually in reading and/or math) to specific students, sometimes referred to as "Title I students," who have been identified as low achieving.
- A schoolwide program may use Title I funds to improve the quality of educational programs and services throughout the school. A school may use Title I funds for a schoolwide program if at least 40 percent of its students are from low-income families, or if it receives a waiver permitting it to operate a schoolwide program.

**E2. Is your school operating a Title I targeted assistance or schoolwide program? MARK ONE RESPONSE.**

☐ Targeted assistance program

☐ Schoolwide program

<sup>1</sup> Title I and Title III and their accompanying requirements are programs of the Elementary and Secondary Education Act of 1965 (ESEA), as reauthorized by the No Child Left Behind Act of 2001. See the introductory section of this questionnaire for more information on these programs.



**E3. Does your school use Title I funds for any of the following purposes? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. To serve children in a pull-out setting	<input type="checkbox"/>	<input type="checkbox"/>
b. To serve children in an in-class setting	<input type="checkbox"/>	<input type="checkbox"/>
c. To reduce class sizes	<input type="checkbox"/>	<input type="checkbox"/>
d. To provide extended time learning opportunities before and/or after school for children	<input type="checkbox"/>	<input type="checkbox"/>
e. To provide professional development activities	<input type="checkbox"/>	<input type="checkbox"/>
f. To provide family literacy services	<input type="checkbox"/>	<input type="checkbox"/>
g. To provide summer learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>
h. To serve children in preschool	<input type="checkbox"/>	<input type="checkbox"/>

**Title III Funding and Programs**

**E4. Did your school receive Federal Title III funds for this school year? (Title III is "Language Instruction for Limited English Proficient and Immigrant Students.") MARK ONE RESPONSE.**

☐ Yes

☐ No (SKIP TO Q E6)

**E5. Does your school use Title III funds for any of the following purposes? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. To serve children in a pull-out setting for second language instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. To serve children in an in-class setting for second language instruction	<input type="checkbox"/>	<input type="checkbox"/>
c. To provide extended time learning opportunities before and/or after school for children	<input type="checkbox"/>	<input type="checkbox"/>
d. To improve the entire educational program through a schoolwide program	<input type="checkbox"/>	<input type="checkbox"/>
e. To provide professional development activities for teachers who serve English language learners	<input type="checkbox"/>	<input type="checkbox"/>
f. To provide family literacy services (usually done out of Title III immigrant funds)	<input type="checkbox"/>	<input type="checkbox"/>
g. To provide summer learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>
h. To provide student support in the student's home language for second language instruction	<input type="checkbox"/>	<input type="checkbox"/>

**Federal Requirements**

- E6. At the end of the LAST school year (2010-2011), did this school make Adequate Yearly Progress (AYP)? (Adequate Yearly Progress is your state's measure of yearly progress toward achieving state academic standards.) MARK ONE RESPONSE.**

- ☐ Yes (**SKIP TO Q E9**)
- ☐ No
- ☐ Not applicable (**SKIP TO Q E9**)

- E7. At the end of the LAST school year (2010-2011), was this school identified for improvement due to Adequate Yearly Progress (AYP) requirements? (A school is identified for improvement if it does not make Adequate Yearly Progress for two consecutive years or more in the same content area.) MARK ONE RESPONSE.**

- ☐ Yes
- ☐ No (**SKIP TO Q E9**)



- E8.** Please indicate in part 1 whether any of the following actions have taken place in your school in the past three years. For each action that you mark as having taken place, please indicate in part 2 whether the action took place at your school in response to being identified for improvement due to AYP requirements. *MARK ONE RESPONSE ON EACH ROW FOR PART 1. IF YES IS MARKED IN PART 1, MARK ONE RESPONSE IN PART 2 FOR THAT ROW.*

	PART 1		PART 2	
	Action taken place in the past three years?		If yes to part 1, was action in response to being identified for improvement?	
	Yes	No	Yes	No
a. Developed or revised a two-year school improvement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Offered students the choice to transfer to another public school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offered supplemental educational services to students from low-income families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Replaced school staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Implemented a new curriculum based on scientifically based research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Extended the school day or school year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Appointed an outside expert to advise the school on its progress toward making AYP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Reorganized the school (that is, significant changes were made to both the school's staffing and governance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Offered professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- E9.** Does this school have grade 3 students? *MARK ONE RESPONSE.*

- ☐ Yes
- ☐ No (**SKIP TO Q F1**)

- E10.** Based on recent state assessments, what percentage of the grade 3 students in your school in the prior school year (2010-2011) scored "proficient" or above in the subjects in this table? Please also indicate the percentage of students scoring proficient or above that was needed to meet your AYP (Adequate Yearly Progress) goals for that school year. *WRITE PERCENTAGES BELOW. IF THE AYP COLUMN IS NOT APPLICABLE FOR YOUR SCHOOL OR IF GRADE 3 STUDENTS IN YOUR SCHOOL DO NOT TAKE A STATE ASSESSMENT, WRITE "NA" IN THE APPROPRIATE COLUMN.*

	Percentage of students whose achievement level was "proficient" or above in 2010-2011	Percentage required by AYP goals in 2010-2011
a. Reading/Language Arts	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
b. Mathematics	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
c. Science	<input type="text"/> <input type="text"/> <input type="text"/> %	
(WRITE NA IF NO STUDENTS WERE ASSESSED IN SCIENCE)	<input type="text"/> <input type="text"/> <input type="text"/> %	

## SECTION F. STAFFING AND TEACHER CHARACTERISTICS

**F1. Approximately how many staff members does your school currently have in the following categories?**

*PLEASE PROVIDE RESPONSES IN COLUMN (1) FOR STAFF MEMBERS WHO WORK FULL TIME AT YOUR SCHOOL AND IN COLUMN (2) FOR STAFF WHO WORK PART TIME AT YOUR SCHOOL. IF A STAFF MEMBER IS SHARED WITH OTHER SCHOOLS, COUNT THAT PERSON AS "PART TIME" IN YOUR SCHOOL.*

*PLACE EACH STAFF MEMBER IN ONLY ONE STAFF CATEGORY; IF A STAFF MEMBER FITS MORE THAN ONE CATEGORY, PICK THE CATEGORY MOST DESCRIPTIVE OF HIS/HER WORK.*

*WRITE NUMBERS IN BOXES. IF THERE ARE NO STAFF IN YOUR SCHOOL IN A CATEGORY, WRITE "0."*

	(1) Number who work full time in your school	(2) Number who work part time in your school
a. Regular classroom teachers	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
b. ESL/bilingual education/dual-language immersion teachers	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
c. Drama, music, or art teachers	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
d. Gym/PE or health teachers	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
e. Special education teachers and related service providers (for example, speech therapist, physical therapist, adaptive physical education, etc.)	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
f. Teachers of gifted/talented students	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
g. Reading teachers, specialists, and interventionists	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
h. Math teachers, specialists, and interventionists	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
i. School nurses or health professionals	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
j. School psychologists or social workers	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
k. Guidance counselors	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
l. Paraprofessionals (for example, classroom aides)	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
m. Library media specialists/librarians	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
n. Computer/technology teachers or support staff	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

- F2.** Does your school currently have any staff members who do the following as their primary role or one of their primary roles? MARK YES OR NO ON EACH ROW. INCLUDE THOSE WHO ARE FULL- OR PART-TIME STAFF MEMBERS AT YOUR SCHOOL.

	<u>Yes</u>	<u>No</u>
a. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective READING instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective MATH instruction	<input type="checkbox"/>	<input type="checkbox"/>
c. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective behavioral supports	<input type="checkbox"/>	<input type="checkbox"/>
d. A school staff member who supports teachers in collecting, organizing, and managing assessment data	<input type="checkbox"/>	<input type="checkbox"/>
e. A school staff member who supports teachers in the interpretation and use of assessment data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>

- F3.** **Teacher mobility.** WRITE IN THE APPROXIMATE NUMBER OF REGULAR CLASSROOM TEACHERS FOR EACH OF THE FOLLOWING. IF NO TEACHERS HAVE LEFT OR STARTED AT YOUR SCHOOL DURING THE SCHOOL YEAR, WRITE "0" ON THE APPLICABLE LINE.

	<u>Number of teachers</u>
a. Number of regular classroom teachers who have begun teaching in your school since October 1, 2011	<input type="text"/> <input type="text"/> <input type="text"/>
b. Number of regular classroom teachers who have left your school since October 1, 2011, and have not returned	<input type="text"/> <input type="text"/> <input type="text"/>
c. Number of regular classroom teachers for whom this school year is their first year of teaching	<input type="text"/> <input type="text"/> <input type="text"/>
d. Number of regular classroom teachers for whom this school year is their first year teaching in this school	<input type="text"/> <input type="text"/> <input type="text"/>

- F4. What percentage of your part-time and full-time teachers, including regular classroom, ESL/bilingual, remedial, special education, art, music, and physical education teachers, belongs to each of the following racial/ethnic groups?**

COMPLETE EITHER THE NUMBER OR PERCENT COLUMN. ENTER "0" IF YOUR SCHOOL HAS NO TEACHERS IN THAT RACIAL/ETHNIC GROUP. THE NUMBER COLUMN SHOULD ADD TO YOUR TOTAL NUMBER OF TEACHERS OR THE PERCENT COLUMN SHOULD ADD TO 100%

	Number of teachers	OR	Percent
a. Hispanic/Latino of any race	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
b. American Indian or Alaska Native, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
c. Asian, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
d. Black or African American, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
e. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
f. White, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
g. Two or more races, not Hispanic or Latino	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
h. Total number of teachers (sum of a through g)	<input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %

- F5. Indicate how much you agree or disagree with the following statements about your school and staff. MARK ONE RESPONSE ON EACH ROW.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. There is a consensus among administrators and teachers on goals and expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We have an active professional development program for teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Teachers are very active in planning staff development activities in this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is adequate time for teacher professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- F6.** Are monetary incentives such as cash bonuses, salary increases, or different steps on the salary schedule used in your school to reward teachers for ... *MARK YES OR NO ON EACH ROW.*

	<u>Yes</u>	<u>No</u>
a. Improved student performance on state tests?	<input type="checkbox"/>	<input type="checkbox"/>
b. Reaching target goals on state tests?	<input type="checkbox"/>	<input type="checkbox"/>

- F7.** If a person other than the school principal has completed the previous sections, please provide the following information for the individual who completed them, or - if more than one individual - for the individual who completed the majority of the sections: *PLEASE PRINT*

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST NAME	MIDDLE INITIAL
<input type="text"/>		
TITLE		

- F8.** How long has the individual listed above been employed at this school? *WRITE YEARS AND MONTHS BELOW.*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
YEARS		MONTHS	

The school principal or headmaster should complete the remainder of this questionnaire. If a designee is chosen to complete this in his or her place, please be sure that the background and education characteristics provided are about the school's principal or headmaster.



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**SECTION G. SCHOOL ADMINISTRATOR CHARACTERISTICS**

**G1. What is your gender? MARK ONE RESPONSE.**

☐ Male

☐ Female

**G2. In what year were you born? WRITE IN YEAR BELOW.**

1	9		
---	---	--	--

YEAR

**G3. Are you Hispanic or Latino? MARK ONE RESPONSE.**

☐ Yes

☐ No

**G4. Which best describes your race? MARK ONE OR MORE RESPONSES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.**

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

**G5. How many years experience do you have in each of the following positions? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.0, 3.5). PLEASE INCLUDE PART-TIME TEACHING.**

	Number of years				
a. Years as a teacher before becoming a principal	<table border="1"><tr><td></td><td></td><td>.</td><td></td></tr></table>			.	
		.			
b. Total number of years as a principal	<table border="1"><tr><td></td><td></td><td>.</td><td></td></tr></table>			.	
		.			
c. Number of years as principal at this school	<table border="1"><tr><td></td><td></td><td>.</td><td></td></tr></table>			.	
		.			

**G6. Through which, if any, of the types of training programs below did you receive preparation for fulfilling your role as a school administrator? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Traditional university-based training and certification program	<input type="checkbox"/>	<input type="checkbox"/>
b. District-based training program (for example, the Boston Principal Fellowship, New York City Leadership Academy's Aspiring Principals Program, Chicago's LAUNCH program)	<input type="checkbox"/>	<input type="checkbox"/>
c. City-based training program (for example, Cleveland's First Ring Leadership Academy)	<input type="checkbox"/>	<input type="checkbox"/>
d. State-based training program (for example, New Jersey EXCEL)	<input type="checkbox"/>	<input type="checkbox"/>
e. Training and/or certification program run by a national non-profit organization (for example, KIPP School Leadership Program, New Leaders for New Schools)	<input type="checkbox"/>	<input type="checkbox"/>
f. Another school administration preparation program	<input type="checkbox"/>	<input type="checkbox"/>

**G7. What is the highest level of education you have completed? MARK ONE RESPONSE.**

- ☐ High school diploma or equivalent/GED
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ At least one year of coursework beyond a Bachelor's degree but not a graduate degree
- ☐ Master's degree
- ☐ Education specialist or professional diploma based on at least one year of coursework past a Master's degree level
- ☐ Doctorate

**G8. What was your major field(s) of study in the highest degree you completed? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
c. Education administration/management	<input type="checkbox"/>	<input type="checkbox"/>
d. Special education	<input type="checkbox"/>	<input type="checkbox"/>
e. Other education-related major (such as secondary education, educational psychology, science education, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
f. Non-education major (such as history, English, etc.)	<input type="checkbox"/>	<input type="checkbox"/>





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- G9.** Please estimate how many hours you spend on average per week in the following activities. *WRITE IN NUMBER OF HOURS BELOW. IF NONE, WRITE "0."*

	Hours per week
a. Working with teachers on instructional issues	<input type="text"/> <input type="text"/>
b. Internal school management (weekly calendars, vendors, office, memos, etc.)	<input type="text"/> <input type="text"/>
c. Student discipline/attendance	<input type="text"/> <input type="text"/>
d. Monitoring hallways, playground, lunchroom	<input type="text"/> <input type="text"/>
e. Teaching	<input type="text"/> <input type="text"/>
f. Talking and meeting with parents	<input type="text"/> <input type="text"/>
g. Meeting with students	<input type="text"/> <input type="text"/>
h. Paperwork required by local, state, or federal authorities	<input type="text"/> <input type="text"/>

- G10.** What is your best estimate of the number of children in your school you know by name? *MARK ONE RESPONSE.*

- ☐ Nearly every child
- ☐ 76% or more
- ☐ 51% to 75%
- ☐ 26% to 50%
- ☐ 25% or less

- G11.** During school hours, do you speak a language other than English with students at your school whose native language is not English? *MARK ONE RESPONSE.*

- ☐ Yes
- ☐ No



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**G12. Do you speak a language other than English with students' families whose native language is not English? MARK ONE RESPONSE.**

☐ Yes

☐ No

**G13. ☐ If you do not speak a language other than English with EITHER students OR students' families whose native language is not English, mark here and SKIP TO Q G15.**

**G14. What language(s) other than English do you speak with students at your school or with their families? MARK ALL THAT APPLY.**

☐ Spanish

☐ Vietnamese

☐ A Chinese language

☐ Japanese

☐ Korean

☐ A Filipino language

☐ Arabic

☐ Other (PLEASE SPECIFY)

**G15. Date Questionnaire Completed:**

MONTH

DAY

YEAR

**Questionnaire completed by:**

LAST NAME

FIRST NAME

MIDDLE INITIAL

**THANK YOU FOR YOUR COOPERATION**



10116



For Office Use Only

C - No DR ☐

C - DR Comp ☐

C - DR Ref ☐

Ref ☐

RETURNING





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