

SCHOOL IDENTIFICATION

(ATTACH LABEL HERE)

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

SCHOOLWIDE RECORDS COLLECTION FORM

OMB No.: 1850-0818

Expiration Date: MM/DD/YY

Name of person completing this form: \_\_\_\_\_

Phone of person completing this form: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. Please record today's date: |\_|\_|/|\_|\_|/|\_|\_|\_|\_|
Month Day Year

2. Which of the following best describes this school? CHECK ONE RESPONSE

- 1 Regular public school
2 Alternative public school
3 Charter school
4 Special Program Emphasis (for example, science/math school, talented/gifted school, etc.)
5 Special Education (primarily serves students with disabilities)
6 Other (Please specify)

3. How many teachers are employed at this school?..... (Enter Number)
Include all full and part-time regular classroom teachers, special area or resource teachers, long-term substitute teachers, and itinerant teachers. Do not include student teachers, teachers' aides, or short-term substitute teachers.

4. As of October 1, 2006, what was the total number of students enrolled in this school?..... (Enter Number)

5. How many students were ABSENT on the most recent school day?..... (Enter Number)

6. How many students were TARDY on the most recent school day?..... (Enter Number)

7. What percentage of current students at this school are male?..... (Enter Percent)

8. What percentage of current students at this school are Hispanic or Latino? (Enter Percent)

- 9. What percentage of current students at this school are:
American Indian/Alaska Native..... (Enter Percent)
Asian..... (Enter Percent)
Black or African American..... (Enter Percent)
Native Hawaiian or Other Pacific Islander..... (Enter Percent)
White..... (Enter Percent)

- 10. What percentage of current students at this school fit the following criteria?
10a. Are approved for free or reduced-price school meals?..... (Enter Percent)
10b. Are limited English Proficient (LEP) or English Language Learners (ELL)?..... (Enter Percent)
10c. What percentage of students have an Individual Education Plan (IEP) for students receiving special education services under the Individuals with Disabilities Education Act (IDEA) or a Services Agreement for students receiving services under Section 504 of (Enter Percent)

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 xxxx-xxxx. 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 collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: U.S. Department of Education, Institute for Education Sciences, 555 New Jersey Avenue, Washington, DC 20208-5651. This survey is authorized by law (INSERT LEGISLATION, IF APPLICABLE).

*Appendix C Schoolwide Records Collection Form*  
the Rehabilitation Act of 1973?.....

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11. During THIS school year (2006-2007), has it been the practice of this school to do the following?

Source: Modified from  
Principal Questionnaire, SAS  
SURVEY 03-04, Q35

	CHECK "YES" OR "NO" ON EACH LINE	
	Yes	No
a. Control access to school <i>buildings</i> during school hours (e.g., locked or monitored doors).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Control access to school <i>grounds</i> during school hours (e.g. locked or monitored gates).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Require students to pass through metal detectors each day.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Perform random metal detector checks on students.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Require that all or most students stay on campus during lunch.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Require students to wear uniforms.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Enforce a strict dress code.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Require clear book bags or ban book bags on school grounds.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Require students to wear badges or picture IDs.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Use one or more security cameras to monitor the school.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Maintain a daily presence of police or security personnel.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

12. During THIS school year (2006-2007), how often has this school used random dog sniffs to check for drugs?

- 1  At least once a week
- 2  At least once a month
- 3  On occasion
- 4  Never → **GO TO 13**

12a. In how many instances were drugs or drug paraphernalia found during the most recent dog sniff?

*If none, please write in "0."*

\_\_\_\_\_ NUMBER OF INSTANCES

13. During THIS school year (2006-2007), how often has this school performed random sweeps for contraband (e.g., drugs or weapons), but *not including dog sniffs*?

- 1  At least once a week
- 2  At least once a month
- 3  On occasion
- 4  Never → **GO TO 14**

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13a. If this school does perform random sweeps for contraband, in how many instances were contraband found during the most recent search?

If none, please write in "0."

	NUMBER OF INSTANCES
a. Drugs and/or drug paraphernalia were found.....	_____
b. Alcohol was found.....	_____
c. Weapons were found.....	_____
d. Total number of instances any contraband was found.....	_____

14. For each of the following time periods, how **many students** were expelled (i.e., removed or transferred for at least the remainder of the school year) from this school?

Source: Modified from Principal Questionnaire SAS SURVEY 03-04, Q33

If none, please write in "0."

Last School Year (2005-2006)	Current School Year (2006-2007)
_____	_____
NUMBER OF STUDENTS	NUMBER OF STUDENTS

15. For each of the following time periods, what was the **total number of** suspensions in this school? Please include in-school and out-of-school suspensions. Please count each individual suspension (e.g., if one student received 10 suspensions, all 10 would be included on this line).

Source: Modified from Principal Questionnaire SAS SURVEY

If none, please write in "0."

Last School Year (2005-2006)	Current School Year (2006-2007)
_____	_____
NUMBER OF SUSPENSIONS	NUMBER OF SUSPENSIONS

16. For each of the following time periods, please provide the **total number of incidents** this school recorded for each of the offenses listed below.

Source: Modified from School Survey on Crime & Safety Prevention 03-04, Q22

If none, please write in "0."

	Last School Year (2005-2006)	Current School Year (2006-2007)
a. Use/possession of a firearm/explosive device.....	_____	_____
b. Use/possession of a weapon other than a firearm.....	_____	_____
c. Distribution, possession, or use of illegal drugs.....	_____	_____
d. Distribution, possession, or use of alcohol.....	_____	_____
e. Physical attacks or fights.....	_____	_____

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Source: Modified from School Survey on Crime & Safety Prevention 03-04, Q3

17. During each of the following time periods, did this school have any formal programs **intended to prevent or reduce tobacco, alcohol and/or drug use** that included the following components for students?

	CHECK "YES" OR "NO" ON EACH LINE FOR EACH TIME PERIOD			
	Last School Year (2005-2006)		Current School Year (2006-2007)	
	Yes	No	Yes	No
a. Prevention curriculum, instruction, or training for students	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Behavioral or behavior modification intervention for students.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Counseling, social work, psychological, or therapeutic activity for students.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Recreational, enrichment, or leisure activities for students.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Hotline/tipline for students to report problems.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Information line for students to obtain information about alcohol and/or drug use.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Health fair, including component(s) related to alcohol and/or drug use.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Student assemblies, speaking engagements.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Alcohol and/or drug resource center.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Brochures or posters.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Other programs intended to prevent or reduce alcohol and/or drug use? <i>(Please list)</i> .....				
_____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
_____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

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Source: Modified from School Survey on Crime & Safety Prevention 03-04, Q12

18. During each of the following time periods, which of the following trainings for classroom teachers or aides did this school or district provide?

CHECK "YES" OR "NO" ON EACH LINE FOR EACH TIME PERIOD				
	Last School Year (2005-2006)		Current School Year (2006-2007)	
	Yes	No	Yes	No
a. School-wide discipline policies and practices related to alcohol and/or drug use.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Recognizing signs of students using/abusing alcohol and/or drugs.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Other programs? (Please list).....				
_____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
_____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
_____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

19. During each of the following time periods, how many students transferred to and from your school after the school year had started? Please report on the total mobility, not just transfers due to disciplinary actions.

(If a student transferred more than once in the school year, count each transfer separately. If no transfers, please record zero [0].)

	Last School Year (2005-2006)	Current School Year (2006-2007)
a. Total number of transfers to the school	_____	_____
b. Total number of transfers from the school	_____	_____

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Source: Eval. of the  
21<sup>st</sup> Century  
Community Learning  
Centers Program,  
School Records  
Form, O11

20. The last question is about the most current average reading and math test scores for students in this school. For each grade and subject listed below please indicate:

(1) whether students were tested, (2) date of test, (3) test name, (4) publisher name, (5) raw score, and (6) percentile.

Grade	(1) Students tested?		(2) Date of Test		(3) Test Name	(4) Publisher Name	(5) Raw Score	(6) Percentile
	Yes	No	Month	Year				
<b>a. 9th Grade</b>								
Math.....	1. <input type="checkbox"/>	0 <input type="checkbox"/>	_ _  Month	_ _  Year	_____	_____	_____	_ _   _ _
Reading.....	1. <input type="checkbox"/>	0 <input type="checkbox"/>	_ _  Month	_ _  Year	_____	_____	_____	_ _   _ _
<b>b. 10<sup>th</sup> Grade</b>								
Math.....	1. <input type="checkbox"/>	0 <input type="checkbox"/>	_ _  Month	_ _  Year	_____	_____	_____	_ _   _ _
Reading.....	1. <input type="checkbox"/>	0 <input type="checkbox"/>	_ _  Month	_ _  Year	_____	_____	_____	_ _   _ _
<b>c. 11<sup>th</sup> Grade</b>								
Math.....	1. <input type="checkbox"/>	0 <input type="checkbox"/>	_ _  Month	_ _  Year	_____	_____	_____	_ _   _ _
Reading.....	1. <input type="checkbox"/>	0 <input type="checkbox"/>	_ _  Month	_ _  Year	_____	_____	_____	_ _   _ _
<b>d. 12<sup>th</sup> Grade</b>								
Math.....	1. <input type="checkbox"/>	0 <input type="checkbox"/>	_ _  Month	_ _  Year	_____	_____	_____	_ _   _ _
Reading.....	1. <input type="checkbox"/>	0 <input type="checkbox"/>	_ _  Month	_ _  Year	_____	_____	_____	_ _   _ _