



SITE COORDINATOR & SCHOOL INFORMATION

ABOUT YOU

Name: _____
School: _____
Mailing Address (Home): _____
City, State, ZIP: _____
Email: _____
Summer email (if different): _____
Telephone #: () _____
Fax #: () _____

What is the best method for contacting you? (circle one) PHONE EMAIL

Demographic Information

Are you... Female Male

What is your ethnic/cultural group? (**please check all that apply**)

- White/Caucasian
- Black/African American
- Latino/Hispanic/Chicano
- American Indian/Native American
- Asian/Pacific Islander

Professional Experience (Please tell us about your professional background):

- 1) What is your most advanced degree? BA/BS MA/MS PhD/EdD
 Other _____
- 2) How many **total** years have you worked in K-12 education? _____
- 3) If you have worked as a *school administrator* (e.g., principal, program supervisor, professional development coordinator) please complete the following table starting with your most recent position.

Position	School level (elementary, middle, high,	Years of experie e	Type of school (rural,
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	other)		urban, suburban)
a.			
b.			
c.			
d.			

4) If you have performed the duties of the positions listed in question 3 without having formally held such positions, please provide us with a brief description of your experience.

5) If you have worked as a *teacher/faculty member*, please complete the following table starting with your most recent position.

Position	Content area	School level (elementary, middle, high, other)	Years of experience
a.			
b.			
c.			
d.			

6) If you have served as a *trainer* for adult learners, please complete the following table starting with your most recent position. Please include both formal and informal positions.

Position/type of work	School/agency/organization	Years of experience
a.		
b.		
c.		
d.		

Additional comments (Please share with us any additional comments about your experience or training needs related to *RISE*):

ABOUT YOUR SCHOOL

1- What are the program approaches/plans for English language learners' (ELLs) education at this school (check all that apply)?

- ESL pullout (special class for ELLs only)
- One-way developmental bilingual classes (one language group being schooled through two languages)
- Two-way bilingual classes (two language groups receiving integrated schooling through their two languages)
- ESL teachers co-teach with mainstream teachers
- Instruction in native language in one or more subject area

- o ELLs in mainstream classes with ESL certified teachers
 - Other (explain): _____

2- Are classrooms serving ELLs configured by (select one):

- Grade levels
- Level of English proficiency (mixed grades)
- Other (explain): _____

3- How much time per week do ELLs receive direct instruction in learning English? _____ per week.

4- How much time per week do ELLs receive instruction that is adapted for ELLs? _____

5- What English as a Second Language (ESL) professional development was offered at this school last year and for how many hours?

Program Name	Number of hours in program

6- What ESL professional development is being offered at this school this year?

Program Name	Number of hours in program

7- Are all teachers required to attend professional development related to teaching ELLs?

- Yes
- No - if not, what percentage of your teachers attend professional development related to the teaching of ELLs? _____%

9- What percent of your student population is LEP/ELL? _____% Of that, what percent speak Spanish as their dominant oral language? _____ %

10- What is your school's transience rate for ELL students? _____ %

The U.S. Department of Education wants to protect the privacy of individuals who participate in surveys. Your answers will be combined with other surveys, and no one will know how you answered the questions. This survey is authorized by law (1) Sections 171(b) and 173 of the Education Sciences Reform Act of 2002, Pub. L. 107-279 (2002); and (2) Section 9601 of the Elementary and Secondary Education Act (ESEA), as amended by the No Child Left Behind (NCLB) Act of 2001 (Pub. L. 107-110). Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific district or individual. We will not provide information that identifies you or your district to anyone outside the study team, except as required by law.

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 5 minutes per respondent, including the time to review instructions, 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. 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 of Education Sciences, 555 New Jersey Avenue, NW, Washington, DC 20208.