APPENDIX B SCHOOL RECORDS FORMS

OMB No.: 1850-0812 Expiration Date: 03/31/2009

AFFIX SCHOOL LABEL HERE

SCHOOL INFORMATION FORM (2007-2008) National Evaluation of Reading Comprehension Programs

1.	For what grade levels does this school offer instruction? (CHECK ALL THAT APPLY)
	1 Pre-kindergarten 5 3rd grade 9 7th grade
	2 Kindergarten 6 4th grade 10 8th grade
	3 1st grade 7 5th grade 10 Other (specify):
	2nd grade 8 6th grade 15 Ungraded (including ungraded special ed. students)
2.	What was the total number of students enrolled
	in this school around the first of October 2007?
3.	How many students were absent on the most recent school day?\$\$\$\$\$\$.\$\$\$. Students absent
4.	During the 2006-2007 academic year or summer, approximately
	how many students transferred from your school?\$\$\$\$\$\$\$. Student transfers
	Exclude students who graduated to a middle or high school.
5.	What percentage of students in the 2007-2008 academic year are:
	a. Eligible for the federally funded free or reduced- price lunch program? \$\$\$\$\$\$\$. % of students
	b. Classified as limited English proficient (LEP)?\$\$\$\$\$\$\$. % of students
6.	How many students enrolled in this school are:
	a. Hispanic or Latino
	b. Not Hispanic or Latino
7.	How many students enrolled in this school are (please select one or more categories for each student):
	a. American Indian or Alaska Natives\$\$\$\$\$\$\$. Students
	b. Asians\$\$\$\$\$\$\$\$. Students
	c. Black or African American
	d. Native Hawaiian or other Pacific Islander\$\$\$\$\$\$\$\$\$\$\$\$. Students
	e. Whites\$\$.\$\$\$.\$\$. Students

Please complete the other side.

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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 1850-0812. The time required to complete this information collection is estimated to average 10 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, D.C. 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, Planning and Evaluation Services, Washington, D.C. 20208-5651.

OMB No.: 1850-0812 Expiration Date: 03/31/2009 8. How many <u>teachers</u> are employed at this school?\$\$\$\$\$\$\$\$\$\$\$\$\$. **Teachers employed** 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 shortterm substitute teachers. How many fifth grade students were enrolled in 10. How many fifth-grade classes do you have?.....\$\$\$\$\$\$. 5th-grade classes 11. What type of school is this? (CHECK ONE) 2 Special Program Emphasis (science/math school, talented/gifted school, foreign language immersion school, etc.) 3 Special Education (primarily serves students with disabilities) 4 Other (specify): ______ 12. Does this school offer a magnet program? ☐ Yes 13. Is this a charter school?

1 ☐ Yes 14. a. Is this a Title I school? b. If yes: Is it school-wide Title I? 15. Is your school participating in any comprehensive school reform? ₁ Yes→ Please describe: 16. Please complete the table below for the most current average reading and math standardized test scores for this school's fourth- and fifth-grade students.

Grade	Test	Publisher	Month/ Year	Reading		Math	
Level				Standard Score*	Nat'l Percentile	Standard Score*	Nat'l Percentile
4th							
4th							
5th							
5th							
*If standard scores are not available, check here if reporting: 1 Scaled Scores 2 Raw Scores 2 Raw Scores							

Please return this form to Mathematica in the postage-paid envelope provided or by faxing it to 202-863-1763, attention Melissa Dugger. Thank you very much.

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AFFIX STUDENT BAR-CODED LABEL HERE

STUDENT RECORDS FORM (2007-08) NATIONAL EVALUATION OF READING COMPREHENSION PROGRAMS

1.	What is this student's date of birth?	\$\$\$\$\$\$. / .\$\$\$\$\$\$. / .\$\$\$\$\$\$. MONTH DAY YEAR		
2.	Is this student male or female?	1 Male 2 Female		
3.	What is the student's ethnicity ?	Hispanic or Latino Not Hispanic or Latino Don't know		
4.	What is this student's race ? (PLEASE SELECT ONE OR MORE)	 American Indian/Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Don't know 		
5.	How many days was this student absent during the 2007-08 school year? (WRITE "0" IF NO ABSENCES) a. \$\$\$\$\$\$\$\$\$. Total days absent in the 2007-08 school year b. \$\$\$\$\$\$\$\$. Unexcused days absent in the 2007-08 school year (WRITE "NA" IF NOT AVAILABLE)			
6.	Is this student (CHECK ONE IN EACH ROW) a. Classified as limited English proficient (LEP) ?			
7.	(CHECK ALL THAT APPLY) 1	disability 11 Traumatic brain injury etardation 12 Visual impairment dic impairment 13 Other disability (SPECIFY): alth impairment or language impairment 14 None of the above		

Please complete the other side.



8.	Which of the following services does this student receive in reading? (CHECK ALL THAT APPLY)							
	ı							
	2 Speech/Language support							
	English as a Second Language (ESL)/English for Speakers of Other Languages (ESOL), English Language Development (ELD)							
	⁴ Any other extra support or tutoring (i.e., Tite expectations)	tle I or other extra help to bring students up to grade-level						
₅ None of the above								
9.	In what grade was this student enrolled in the	2007-08 school year? \$\$\$\$. Grade						
10.	10. What was this student's enrollment status on the <u>last day of the 2007-08 school year</u> ? (CHECK of the student transferred, was expelled, or left for another reason, please fill in the box to the right							
	□ Enrolled at this school on the last day of the 2007-08 school year							
	² Transferred to another school	Last day of attendance: ssssss./sssssss. Month Day Year						
	3 Expelled	Name of new school:						
	4 Other (SPECIFY)	New school's address:						
		CITY STATE						
11.		rade for the 2008-09 school year? (CHECK ONE) ar, please fill in the box to the right.						
	□ Voc. ▶ Dromotod to grade:	If attending a new school next year:						
	1 ☐ Yes → Promoted to grade: \$\$\$\$\$. o ☐ No	Name of new school:						
	9 ☐ Don't know	New school's address: CITY STATE						
	<u> </u>							

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Thank you very much.