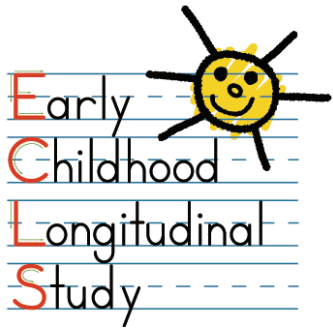


## **Appendix B**

### **School Administrator Questionnaire**

**Note.** This document contains items for the School Administrator Questionnaire, Kindergarten through Grade Two, for the Early Childhood Longitudinal Study, Kindergarten 2011 Cohort. The current item pool is comprised of items fielded in the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99 (ECLS-K). Items that are “new” (not fielded as part of the ECLS-K) appear last and are marked as “new”.

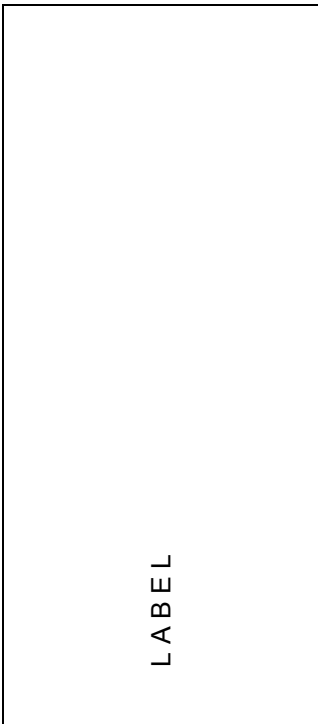
Many items will need to be updated each round with either the relevant date (year) or grade. The items are shown here with either “year” or “grade” in parentheses.



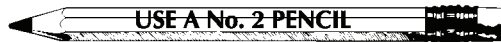
# School Administrator Questionnaire

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

Westat  
1650 Research Boulevard  
Rockville, Maryland 20850



Use a #2 pencil to complete this questionnaire.



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 01/31/2009. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instruction, 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 or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. 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., Washington, D.C. 20006-5650.

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). 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 (PL 107-279, Title I, Part C, Sec. 183). 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, unless otherwise compelled 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.

**A. SCHOOL CHARACTERISTICS**

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

\_\_\_\_\_ Number of School Days

A2. What are the start and end dates for this school for the 2010-2011 school year?

START                    \_\_\_\_ / \_\_\_\_ / (year)  
                                 MONTH   DAY   YEAR

END                        \_\_\_\_ / \_\_\_\_ / (year)  
                                 MONTH   DAY   YEAR

A3. 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.

\_\_\_\_\_ % Average Daily Attendance

(i. e.,      $\frac{\text{number of students attending on an average day}}{\text{number of students enrolled}}$ )

**OR**

\_\_\_\_\_ Average Number Attending Daily

A4. School enrollment. WRITE IN THE APPROXIMATE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL, ENTER "0" ON THAT LINE.

Number  
of Children

- a. Total enrollment in your school around October 1, 2010, or the date nearest to that for which data are available?..... \_\_\_\_\_
- b. Number of children who have enrolled in your school since October 1, 2010?..... \_\_\_\_\_
- c. Number of children who have left your school since October 1, 2010, and have not returned?..... \_\_\_\_\_

The following questions ask about the grade levels and grades taught together in your school.

A5. **Circle all grade levels included in your school.** SEE COVER PAGE B, DEFINITIONS OF KINDERGARTEN PROGRAMS.

Ungraded .....	1	4th .....	10
Programs for special needs children .....	2	5th .....	11
Prekindergarten.....	3	6th .....	12
Transitional (or readiness) kindergarten .....	4	7th .....	13
Kindergarten.....	5	8th .....	14
Transitional first (or prefirst) grade .....	6	9th .....	15
1st .....	7	10th .....	16
2nd .....	8	11th .....	17
3rd .....	9	12th .....	18

A6. Which of the following characterizes your school? MARK ALL THAT APPLY.

- Comprehensive public school (not including magnet school or school of choice)
- Public magnet school
- Public school of choice (open enrollment)
- Catholic school
  - Diocesan
  - Parish
  - Private order
- Other private school, religious affiliation
- Private school affiliated by NAIS, no religious affiliation
- Other private school, no religious affiliation
- Charter school
- Special education school – primarily serves children with disabilities
- Year-round school
- Bureau of Indian Affairs (BIA) or tribal school

A7. Does this school (or a program within the school) have a particular focus or emphasis (including magnet programs)?

- Yes ..... 1 **(GO TO A8)**
- No ..... 2 **(SKIP TO A11)**

A8. What is the emphasis of this school or program? CIRCLE ONLY ONE NUMBER.

- The arts ..... 01
- Mathematics and/or science..... 02
- Foreign language ..... 03
- Special instructional philosophy (e.g., Montessori, Fundamentals, etc.)..... 04
- Other (Please specify) \_\_\_\_\_ 05
- Students with disabilities (Specify \_\_\_\_\_ disabilities) \_\_\_\_\_ 06

A9. Please circle all grades that participate in the special program.

- |  |              |
|--|--------------|
| Prekindergarten.....3                          | 5th .....11  |
| Transitional (or readiness) kindergarten ....4 | 6th .....12  |
| Kindergarten.....5                             | 7th .....13  |
| Transitional first (or prefirst) grade .....6  | 8th .....14  |
| 1st .....7                                     | 9th .....15  |
| 2nd .....8                                     | 10th .....16 |
| 3rd .....9                                     | 11th .....17 |
| 4th .....10                                    | 12th .....18 |

A10. How many children in your school are enrolled in the special program? WRITE IN NUMBER BELOW.

\_\_\_\_\_ Number in Special Program

A11. Does this school use any of the following requirements for admission? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
a. Admission test? .....	1	2
b. Standardized achievement test? .....	1	2
c. Special student needs? .....	1	2
d. Special student aptitudes? .....	1	2
e. Personal interview? .....	1	2
f. Recommendations? .....	1	2
g. Academic record? .....	1	2
h. Religious affiliation? .....	1	2
i. Lottery? .....	1	2

A12. Approximately, what percentage of the children in your school belongs to each of the following racial/ethnic groups? WRITE NUMBER OR PERCENT ON EACH LINE. ENTER "0" ON THE LINE IF YOUR SCHOOL HAS NO CHILDREN OF THAT RACIAL/ETHNIC GROUP. THE TOTAL ON THE PERCENT COLUMN SHOULD ADD TO 100%.<sup>1</sup>

	<u>Number</u>	OR	<u>Percent</u>	
a. Hispanic/Latino of any race.....	_____		_____	%
b. American Indian or Alaska Native, not of Hispanic origin .....	_____		_____	%
c. Asian, not of Hispanic origin .....	_____		_____	%
d. Black or African American, not of Hispanic origin .....	_____		_____	%
e. Native Hawaiian or Other Pacific Islander, not of Hispanic origin .....	_____		_____	%
f. White, not of Hispanic origin .....	_____		_____	%
g. Two or more races .....	_____		_____	%
TOTAL.....	_____		<u>100</u>	%

A13. This set of questions asks you for information about your **kindergarten** and (if you have them) transitional first grade classes. Please read through the entire list of types of classes before answering. SEE COVER PAGE B FOR DEFINITIONS OF KINDERGARTEN PROGRAMS.

- a. In column A, please write the number of kindergarten children currently enrolled in each type of kindergarten program. (For transitional first grade, record the number of children in the class.)
- b. In column B, please write the total number of classes of each type that are currently taught in this school.
- c. In column C, please write the number of days per week classes of each type meet.
- d. In column D, please write the total hours per day classes of each type meet (when school starts to when school is officially over).

	<b>A</b> Number of Kindergarten Children Currently Enrolled	<b>B</b> Total Number of Classes of Each Type	<b>C</b> Number of Days Per Week	<b>D</b> Total Hours Per Day
Half-day kindergarten	_____	_____	_____	_____
Full-day kindergarten	_____	_____	_____	_____
Combination kindergarten with other grades	_____	_____	_____	_____
Transitional (or readiness) kindergarten	_____	_____	_____	_____
Transitional first (or prefirst) grade	_____	_____	_____	_____

<sup>1</sup> The revised item meets the requirements of the Department of Education's "Final Guidance on Maintaining, Collecting, and Reporting Racial and Ethnic Data to the U.S. Department of Education."

A14. By what date did a child need to turn five to enter kindergarten for this school year, 2010 - 2011?  
WRITE IN MONTH AND DAY BELOW. IF NO CUTOFF DATE CIRCLE 22.a BELOW.

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

22a. No cutoff date ..... 8

**Morning School Schedule**

A15. What time does the first bus usually arrive in the morning? WRITE IN TIME BELOW.

\_\_\_\_\_ AM

A16. What time does the last bus usually arrive in the morning? WRITE IN TIME BELOW.

\_\_\_\_\_ AM

A17. What time does school officially start in the morning? WRITE IN TIME BELOW.

\_\_\_\_\_ AM



**SECTION B. SCHOOL-LEVEL BREAKFAST AND LUNCH ELIGIBILITY AND PARTICIPATION**

B1. Does your school participate in USDA's (U.S. Dept. of Agriculture) school breakfast program? CIRCLE ONE NUMBER.

- a. Yes..... 1 **(SKIP TO QB3)**
- b. No ..... 2 **(GO TO QB2)**

B2. What are the reasons why your school does not participate in USDA's school breakfast program? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Too few eligible students.....	1	2
b. Program too costly.....	1	2
c. School starts too late to serve breakfast.....	1	2
d. School lacks facilities to serve breakfast.....	1	2
e. School lacks staff to serve breakfast.....	1	2
f. Other (Please specify) _____	1	2

**SKIP TO Q\_B7**

B3. What time is breakfast served at the school? WRITE IN TIME BELOW.

Start Time \_\_\_\_\_AM                      End Time \_\_\_\_\_AM

B4. Where is the breakfast typically served for (kindergartners/\_\_\_ graders)? CIRCLE ONE NUMBER.

- a. Cafeteria ..... 1
- b. Classroom ..... 2
- c. School bus (as a bag breakfast)..... 3
- d. In some other common area of school  
(as a bag breakfast)..... 4
- e. Other (Please specify) \_\_\_\_\_ 5

B5. Are children who are served breakfast in the cafeteria allowed to take it to the classroom? CIRCLE ONE NUMBER.

- a. Yes..... 1
- b. No ..... 2

B6. How many children in your school were (a) eligible for and (b) participating in the school breakfast program as of October 2010? WRITE IN NUMBERS BELOW.

	(a) <b>Eligible Children</b>	(b) <b>Participating Children</b>
a. Any school breakfast? .....	<u>All Enrolled</u>	___
b. Free school breakfast? .....	___	___
c. Reduced-price breakfast?.....	___	___

B7. How many children in your school were (a) eligible for and (b) participating in the school lunch program as of October 2010? WRITE IN NUMBERS BELOW. IF SERVICE IS NOT PROVIDED, WRITE ZERO.

	(a) <b>Eligible Children</b>	(b) <b>Participating Children</b>
a. Any school lunch?.....	<u>All Enrolled</u>	___
b. Free school lunch? .....	___	___
c. Reduced-price lunch?.....	___	___

**New items from USDA (B8-11)**

Source: USDA's School Nutrition Dietary Assessment Study (SNDA)-III

B8. 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).

\$\_\_\_\_\_ Standard full price

B9. What is the price of a USDA-reimbursable breakfast for students who pay the **reduced price**?

\$\_\_\_\_\_ Reduced Price

B10. 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 breakfast at different prices (for example, a higher price for larger portions or a discount for a weekly meal ticket).

\$\_\_\_\_\_ Standard full price

B11. What is the price of a USDA-reimbursable lunch for students who pay the **reduced price**?

\$\_\_\_\_\_ Reduced price

B12. Did your school receive Federal Title I funds for this school year? CIRCLE ONE NUMBER.

- a. Yes..... 1 (GO TO QB13)
- b. No ..... 2 (SKIP TO QC1)
- c. Not applicable ..... 3 (SKIP TO QC1)

PLEASE NOTE THE FOLLOWING DEFINITIONS THAT ARE RELEVANT TO QUESTIONS B13 - 15 BELOW:

A **targeted assistance** program uses Title I funds to provide supplemental academic services (usually in reading and/or math) to specific "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 50 percent of its students are from low-income families, or if it receives a waiver permitting it to operate a schoolwide program.

B13. Is your school operating a Title I targeted assistance or schoolwide program? CIRCLE ONE NUMBER.

- a. Targeted assistance program ..... 1
- b. Schoolwide program ..... 2

B14. Does your school use Title I funds for any of the following purposes? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. To serve targeted children in a pull-out setting.....	1	2
b. To serve targeted children in an in-class setting .....	1	2
c. To reduce class sizes .....	1	2
d. To provide extended time learning opportunities before and/or after school for targeted children .....	1	2
e. To improve the entire educational program through a schoolwide program .....	1	2
f. To provide professional development activities.....	1	2
g. To provide family literacy services.....	1	2
h. To provide summer learning opportunities .....	1	2

B15. If your school is designated a targeted assistance school, how many students are served by the Title 1 program? WRITE IN NUMBER BELOW.

\_\_\_\_\_ Number of Students

**SECTION C. SCHOOL FACILITIES AND RESOURCES**

C1. In addition to basic funding or resources provided by the district or from tuition, do you receive funding or resources from any of the following sources? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
a. Title I funds for either targeted or schoolwide services .....	1	2
a. Title III funds to support programs for English Language Learners .....	1	2
a. State compensatory funds? .....	1	2
b. Community fund raising? .....	1	2
c. Parent organization (PTA) fund raising? .....	1	2
d. Local/National business(es)? .....	1	2
e. Special Education programs or agencies? .....	1	2
f. Income from auxiliary services or affiliated enterprises? .....	1	2
g. Medicaid? .....	1	2
h. Impact aid? .....	1	2
i. Bilingual aid? .....	1	2
j. Migrant aid? .....	1	2
k. Other grants? .....	1	2

C2. How many portable classrooms are on the school grounds? WRITE IN NUMBER BELOW. IF NONE, WRITE ZERO.

\_\_\_\_\_ Number of portable classrooms

C3. How many children is this school site designed to accommodate? WRITE IN NUMBER BELOW

\_\_\_\_\_ Children

C4. How many rooms in this school are used for instructional purposes, for examples, classrooms, computer labs and other labs, library/media centers, etc.? WRITE IN NUMBER BELOW.

\_\_\_\_\_ Number of Rooms

C5. In general, how adequate are each of the following school facilities for meeting the needs of the children in your school? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Do not have</u>	<u>Never adequate</u>	<u>Often not adequate</u>	<u>Sometimes not adequate</u>	<u>Always adequate</u>
a. Cafeteria? .....	1	2	3	4	5
b. Computer lab? .....	1	2	3	4	5
c. Library/media center? .....	1	2	3	4	5
d. Art room? .....	1	2	3	4	5
e. Gymnasium? .....	1	2	3	4	5
f. Music room? .....	1	2	3	4	5
g. Playground? .....	1	2	3	4	5
h. Classrooms? .....	1	2	3	4	5
i. Auditorium? .....	1	2	3	4	5
j. Multi-purpose room? .....	1	2	3	4	5

C6. How many computers in this school are used by (kindergarten) classes for....WRITE IN NUMBERS BELOW.

**Number of Computers**

- a. Instructional purposes only?..... \_\_\_\_\_
- b. Both instructional and administrative purposes? .....
- c. Total number of computers available to kindergarten classes? .....

C7. Please indicate whether or not each type of equipment or service is available to kindergarten classes at this school. If the equipment or service is available, please indicate whether it is available for student use. Then provide the number of instructional **rooms** including classrooms, computer and other labs, library/media centers, etc., in which the equipment/service is available.

	Equipment	Available at school?		Available for student use?		Used for online assessment?	
		YES	NO	YES	NO	YES	NO
a.	Computers with access to local area networks (LAN) .....	1	2	1	2	1	2
c.	Computers with access to the internet either through direct connection or wireless connections .....	1	2	1	2	1	2

C8. About what percentage of the children enrolled in this school are....WRITE IN PERCENTAGES BELOW.

- a. From the surrounding neighborhood? ..... \_\_\_\_\_ %
- b. Bussed to achieve racial integration..... \_\_\_\_\_ %
- c. Have special needs (gifted and talented, children with disabilities, etc.) and attend from outside of the surrounding neighborhood to receive a specialized program or service? ..... \_\_\_\_\_ %
- d. Attend the school under public school choice as an option required by No Child Left Behind (*not relevant to private schools*)? ..... \_\_\_\_\_ %

**SECTION D. FOOD CONSUMPTION QUESTIONS**

D1. At this school, can students purchase food or beverages from...CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. One or more vending machines at the school? .....	1	2
b. A school store, canteen, or snack bar? .....	1	2

D2. Does this school offer a la carte lunch or breakfast items to students, that is, items not sold as part of the NSLP School Lunch or the School Breakfast Program? CIRCLE ONE NUMBER

YES .....	1
NO .....	2

D3. Can students purchase, either from vending machines, school store, canteen, snack bar or a la carte items from the cafeteria during school hours... CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. 2% or whole milk? .....	1	2
b. 1% or skim milk? .....	1	2
c. Bottled water?.....	1	2
d. 100% fruit juice? .....	1	2
e. 100% vegetable juice? .....	1	2
f. Carbonated soft drinks (soda pop, colas, etc.).....	1	2
g. Sports drinks (such as Gatorade, Powerade, etc).....	1	2
h. Fruit drinks that are not 100% juice? (such as Hi-C, Fruitopia).....	1	2
i. Candy? .....	1	2
j. Cookies, cakes, pastries, or other sweet baked goods .....	1	2
k. Salty snacks that are low in fat such as pretzels, baked potato chips? .....	1	2
l. Salty snacks that are not low in fat such as regular potato chips? .....	1	2
m. Fruits or vegetables, not juice?.....	1	2
n. Ice cream or frozen yogurt that is not low in fat?.....	1	2
o. Low-fat or fat-free ice cream, frozen yogurt, or popsicles or sherbet? .....	1	2
p. Low-fat or non-fat yogurt? (not frozen yogurt).....	1	2

**NEW Question from USDA**

Source: School Health Policies and Programs Study (SHPPS) 2006, conducted by Centers for Disease Control, Division of Adolescent and School Health

D4. Does this school limit the package or serving size of any of the items listed in Question D3 above (for example, size of package of chips)?

Yes .....	1
No.....	2

D5. At your peak meal time, how full is the cafeteria compared to the maximum seating capacity? Would you say it is...CIRCLE ONE

- Less than 50% full, ..... 1
- 50 to 75% full, ..... 2
- 76 to 100% full, or ..... 3
- Over capacity? ..... 4



**SECTION E. COMMUNITY CHARACTERISTICS AND SCHOOL SAFETY**

E1. Which of these best describes the community in which this school is located? CIRCLE ONLY ONE.

- A rural or farming community? ..... 01
- A small city or town of fewer than 50,000 people  
that is not a suburb of a larger city? ..... 02
- A medium-sized city (50,000 to 100,000) people? ..... 03
- A suburb of a medium-sized city? ..... 04
- A large city (100,001 to 500,000 people)? ..... 05
- A suburb of a large city?..... 06
- A very large city (over 500,000 people)?..... 07
- A suburb of a very large city..... 08
- Military base or station? ..... 09
- Indian reservation? ..... 10

E2. How much of a problem are the following in the neighborhood where this school is located? CIRCLE ONE NUMBER ON EACH LINE.

		<b>Big problem</b>	<b>Somewhat of a problem</b>	<b>No problem</b>	<b>Don't know</b>
a.	Tensions based on racial, ethnic, or religious differences? .....	1	2	3	4
b.	Garbage, litter, or broken glass in the street or road, on the sidewalks, or in yards? .....	1	2	3	4
c.	Selling or using drugs or excessive drinking in public? .....	1	2	3	4
d.	Gangs? .....	1	2	3	4
e.	Heavy traffic? .....	1	2	3	4
f.	Violent crimes like drive-by shootings? .....	1	2	3	4
g.	Vacant houses and buildings? .....	1	2	3	4
h.	Crime in the neighborhood?.....	1	2	3	4

E3. Have any of the following types of problems happened **during this school year** at this school? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Children bringing weapons to school?.....	1	2
b. Things being taken directly from children or teachers by force or threat of force at school or on the way to or from school? .....	1	2
c. Children or teachers being physically attacked or involved in fights? .....	1	2
d. Children bringing in or using alcohol at school? .....	1	2
e. Children bringing in or using illegal drugs at school? .....	1	2
f. Vandalism of school property? .....	1	2

E4. Does your school take any of the following measures to ensure the safety of children? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Security guards?.....	1	2
b. Metal detectors? .....	1	2
c. Locked exterior doors during the day? .....	1	2
d. A requirement that visitors sign in? .....	1	2
e. A requirement that school staff escort visitors?.....	1	2
f. Limits on going to the restrooms? .....	1	2
g. Teachers assigned to supervise the hallways?.....	1	2
h. Hall passes required to leave class? .....	1	2
i. Intercoms or telephones in classrooms? .....	1	2

E5. 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. CIRCLE ONE NUMBER ON EACH LINE.

	SERIOUS problem	MODERATE problem	MINOR problem	NOT a problem
a. Student tardiness? .....	1	2	3	4
b. Student absenteeism? .....	1	2	3	4
c. Student aggressive or disruptive behavior? .....	1	2	3	4

**SECTION F. SCHOOL POLICIES AND PRACTICES**

F1. Are (*kindergartners*) at this school required to wear a school uniform? Do not include required physical education uniforms.

Yes ..... 1  
 No ..... 2

F2. Are any children given a readiness or placement test before or shortly after entering kindergarten?

Yes ..... (GO to QF3)  
 No ..... (SKIP TO QF4)

F3. How are the assessments used? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
a. To determine eligibility for enrollment when a child is below the cut-off age for kindergarten? .....	1	2
b. To determine children's class placements? .....	1	2
c. To identify children who may need additional testing (for example, for a learning problem)? .....	1	2
d. To help teachers individualize instruction? .....	1	2
e. To support a recommendation that a child delay entry for an additional year? .....	1	2
f. Other? (Please specify) _____	1	2

F4. What grades in this school are tested with state assessments and/or standardized tests? CIRCLE ONE NUMBER ON EACH LINE.

**IF NO GRADE TESTED, CHECK HERE (SKIP TO QF6)**

<u>Grade</u>	<b>Yes</b>	<b>No</b>
a. Pre-kindergarten?.....	1	2
b. Kindergarten?.....	1	2
c. Transitional first (or pre-first)? .....	1	2
d. 1st?.....	1	2
e. 2nd?.....	1	2
f. 3rd?.....	1	2
g. 4th?.....	1	2
h. 5th?.....	1	2
i. 6th?.....	1	2
j. 7th?.....	1	2
k. 8th?.....	1	2

F6. Can children be retained in grade in your school? CIRCLE ONE NUMBER.

- a. Yes..... 1
- b. No ..... 2 (SKIP TO QF10)

F7. Which of the following statements describe your school's grade promotion and retention practices or policies? CIRCLE ONE NUMBER ON EACH LINE.

	<u>True</u>	<u>False</u>
a. Children can be retained at any grade .....	1	2
b. Children can be retained for maturational reasons (e.g., social/emotional immaturity) .....	1	2
c. Children can be retained at the request of their parents .....	1	2
d. Children can be retained due to academic deficiencies (e.g., below grade level).....	1	2
e. Children can be retained due to failing a school-wide standardized test.....	1	2
f. Children can be retained more than once in each grade.....	1	2
g. Children can be retained more than once in elementary school.....	1	2
h. Children can be retained without their parents' permission...	1	2
i. Children with disabilities can be retained .....	1	2
j. This school has a formal retention policy .....	1	2
k. Children can be promoted for social reasons (e.g., physical size) .....	1	2

For children not promoted to the next grade level at year's end, which of the following interventions/approaches are available/used at your school. (CIRCLE ONE NUMBER ON EACH ROW)

	<u>Yes</u>	<u>No</u>
a. Grade repetition – repeat the whole year, with no special services or resources.....	1	2
b. Summer school, with the possibility of promotion to the next grade if performance warrants .....	1	2
c. Double-dosing – grade repetition with extra instruction in the areas of the curriculum that were most challenging.....	1	2
d. Partial promotion – student advances to the next grade..... in most subjects, but repeats the area(s) of the curriculum that were most challenging.....	1	2
e. Partial retention – student repeats the year, but advances to the next grade in the areas of the curriculum where performance was satisfactory.....	1	2
f. Grade repetition with extra tutoring, coaching or counseling.....	1	2
g. An IEP is developed for repeaters to guide individualized corrective interventions. ....	1	2
h. Other, please specify: _____	1	2

F8. Are any of the following programs or support services provided by your school or district for children who are retained or who might be retained if they do not participate? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Summer program (mandatory attendance) .....	1	2
b. Summer program (optional attendance).....	1	2
c. Extra support during the school year, during school hours ...	1	2
d. Extra support during the school year, before or after school.	1	2

F9. How many (**kindergarten**) children were retained at their current grade levels last school year? WRITE IN NUMBER BELOW.

\_\_\_\_\_ Number (kindergartners) retained last year

F10. During the past three years, did the following changes occur at your school? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
a. Teacher teams were established? .....	1	2
b. Funding levels decreased significantly? .....	1	2
c. Enrollment significantly increased? .....	1	2
d. Students' average family income decreased significantly? .	1	2
e. Student mobility increased? .....	1	2
f. There has been a reduction in staffing or teacher shortage?	1	2
g. Other? (Please specify) _____	1	2

**SECTION G. PROVISIONS OF THE NO CHILD LEFT BEHIND ACT**

**NOTE: New section added to the school questionnaire.**

The following items are relevant to public schools only. If yours is a nonpublic school, please check here and skip to Question H1.

**IF NONPUBLIC SCHOOL, CHECK HERE (SKIP TO QH1)**

G1. Do all of the teachers in this school meet the requirements for “highly qualified teacher”? (See box below)

To be considered a “ highly qualified teacher,” teachers must:  
Have a bachelors degree or better in the subject taught  
Have full state teacher certification  
Demonstrate knowledge in the subject taught

Yes ..... (SKIP to G3)  
No ..... (GO TO G2)

G2. How many teachers in this school fail to meet each of these criteria for a “highly qualified teacher”?  
WRITE IN A NUMBER ON EACH LINE BELOW.

	NUMBER OF TEACHERS
a. Number of teachers who do not have a bachelor’s degree or better in the subject taught? .....	_____
b. Number of teachers who do not have full state certification? .....	_____
c. Number of teachers who do not demonstrate knowledge in the subject taught? .....	_____
d. Total number of teachers in this school? .....	_____

G3. Did this school make Adequate Yearly Progress (AYP) for the prior school year (2009-2010)?

Yes ..... (SKIP to *next section*)  
No ..... (GO TO G4)

G4. If no to G3, has this school been identified for improvement under NCLB provisions?

Yes ..... (GO to N5)  
No ..... (SKIP TO *next section*)

G5. Which of the following actions has this school taken, in response to the need for improvement?  
CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
a. Developed or revised a two-year school improvement plan?	1	2
b. Offered students the choice to transfer to another public school?	1	2
c. Offered supplemental educational services to students from low-income families? .....	1	2
d. Replaced school staff? .....	1	2
e. Implemented a new curriculum based on scientifically based research? .....	1	2
f. Extended the school day or school year? .....	1	2
g. Appointed an outside expert to advise the school on its progress toward making AYP? .....	1	2
h. Reorganized the school internally? .....	1	2

Based on recent state assessments what percentage of the grade 3 students in your school in the 2010-1011 school year scored "proficient" or above in the subjects in this table; please also indicate the percentage needed to meet your AYP ?

	<b>Percent of students whose achievement level is "proficient" or above</b>	<b>Percentage required by AYP (or AMAO) in 2010-2011</b>
a. Reading or verbal skills .....	_____ %	_____ %
b. Mathematics or quantitative skills .....	_____ %	_____ %
c. Science	_____ %	_____ %
d. English language proficiency for English Language Learners	_____ %	_____ %

**SECTION H. SCHOOL-FAMILY-COMMUNITY CONNECTIONS**

H1. Are any of the following programs or services for children available to (kindergarten) children and their families at your school site? Please include programs run by the school and those run by outside groups. CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
a. Before-school child care? .....	1	2
b. Half-day care for children in half-day kindergarten? .....	1	2
c. After-school child care? .....	1	2
d. Infants and toddlers program? .....	1	2
e. Head Start? .....	1	2
f. Pre-kindergarten? .....	1	2
g. Summer school or summer child-care programs? .....	1	2
h. Programs for migrants during the school year? .....	1	2
i. Programs for migrants during the summer? .....	1	2
j. Hearing or vision screening? .....	1	2
k. Child care so that parents can attend school parent meetings or events? .....	1	2

H2. Are any of the following programs or services for parents and families available at your school site? Please include programs run by the school and those run by outside groups. CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
a. Parenting education programs (e.g., classes on child development, education in being a parent, understanding children with special needs)?	1	2
b. Adult literacy program (including Adult Basic Education)? .....	1	2
c. Family literacy program? .....	1	2
d. Health or social services offered collaboratively by service agencies such as hospitals? .....	1	2
e. Orientation to school setting for new families? .....	1	2



H3. Please indicate how often each of the following activities is provided by your school. CIRCLE ONE NUMBER ON EACH LINE.

	Never	Once a year	2 to 3 times a year	4 to 6 times a year	7 or more times a year
a. PTA, PTO, or Parent-Teacher-Student organization meetings...	1	2	3	4	5
b. Letters, calendars, newsletters, etc., sent home to provide parents with information about the school .....	1	2	3	4	5
c. Written reports (report cards) of child's performance sent home .....	1	2	3	4	5
d. Information on the child's standardized assessment scores sent home.....	1	2	3	4	5
e. Teacher-parent conferences .....	1	2	3	4	5
f. Home visits to do one-on-one parent education .....	1	2	3	4	5
g. School performances to which parents are invited.....	1	2	3	4	5
h. Classroom programs like class plays, book nights, or family math nights.....	1	2	3	4	5

H4. Which of the following are used to provide (*kindergartners'*) parents with information about their children's performance? CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
a. Standard Report Card (e.g., a letter grade assigned for each subject)? .....	1	2
b. Progress Report Form (narrative report)? .....	1	2
c. Competency Based Checklists? .....	1	2
d. Portfolio of Child's Work? .....	1	2
e. Assessments/ Standardized Test Scores? .....	1	2

H5. What percent of children in the school have parents who participate in the following activities? CIRCLE ONE NUMBER ON EACH LINE.

Percent of children in the school whose parents ...

		None	1-25%	26-50%	51-75%	75% or more	Not applicable
a.	Volunteer regularly to help in the classroom or another part of the school .....	1	2	3	4	5	6
b.	Attend teacher parent conferences ....	1	2	3	4	5	6
c.	Attend open houses or parties.....	1	2	3	4	5	6
d.	Attend art/music events or demonstrations .....	1	2	3	4	5	6
e.	Attend PTA, PTO, or Parent-Teacher-Student organization meetings .....	1	2	3	4	5	6
f.	Do fund raising and other support activities for the school .....	1	2	3	4	5	6
g.	Attend plays, sport or field days, or science fairs.....	1	2	3	4	5	6

H6. Does this school have a school-based management committee or other decision-making body **other than** a school board, parent/teacher association (PTA), or parent/teacher organization?

Yes ..... 1 (GO TO \_\_)

No ..... 2 (SKIP TO \_\_)

Does the school-based management committee have a dedicated subcommittee or work group that plans and implements a program to involve all families and the community in ways that help all students reach important achievement goals?

Yes ..... 1

No ..... 2

H7. Are the following groups represented on your school-based management committee? CIRCLE ONE NUMBER ON EACH LINE. FOR EACH "YES" WRITE THE NUMBER OF COMMITTEE MEMBERS FROM EACH GROUP IN THE SPACE PROVIDED.

	<b>Yes</b>	<b>No</b>	<b>Number</b>
a. Administrators (e.g., principals, deans).....	1	2	_____
b. Teachers .....	1	2	_____
c. Personnel from district office or larger administration system .....	1	2	_____
d. School board members .....	1	2	_____
e. Parents .....	1	2	_____
f. Community representatives (from businesses, colleges and universities, civil rights groups, church groups, etc.).....	1	2	_____
g. Other (Please specify)_____	1	2	_____

**SECTION I. SCHOOL PROGRAMS FOR SPECIAL POPULATIONS**

**Language Minority Students**

Construct: special services and programs/ non-English languages  
 Round(s): 2, 4, 5  
 Source: K2.48

11. Are any of the children in this school English language learners (ELL)? SEE COVER PAGE A FOR DEFINITIONS RELATED TO LANGUAGE.

Yes ..... 1 (GO TO \_\_)

No ..... 2 (SKIP TO \_\_)

Note: Change to appropriate grade level in each round

12. What percent of children in this school and in (Kindergarten) are English language learners (ELL)? WRITE IN THE PERCENTS BELOW.

\_\_\_\_\_ % ELL in entire school

\_\_\_\_\_ % ELL in (Kindergarten including transitional kindergarten and transitional first grade)

Note: Change to appropriate grade level in each round

13. What percent of (kindergarten) children receive ESL, bilingual, or Dual-language (also known as two-way immersion)? SEE COVER PAGE A FOR DEFINITIONS RELATED TO LANGUAGE. WRITE THE PERCENT BELOW. WRITE "0" IF SERVICE NOT PROVIDED.

	<b>% Receiving ESL Services</b>	<b>% Receiving Bilingual Services</b>	<b>% Receiving Dual- Language Services</b>
(Kindergarten (including transitional kindergarten and transitional first grade))	_____	_____	_____

Note: Change to appropriate grade level in each round.

14. On average, how many years will a kindergartner who is an English language learner (ELL) receive the following services at your school? WRITE NUMBER BELOW.

**NUMBER OF YEARS**

a. English as a Second Language (ESL) services .....

b. Bilingual services .....

c. Dual-language services .....

15. Are any of the following special services provided to families of Language Minority/English language learner (LM-ELL) children? SEE COVER PAGE A FOR DEFINITIONS RELATED TO LANGUAGE. CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
a. Translators are made available to parents for parent/teacher and parent/school staff meetings and/or meetings are conducted in the parents' non-English language? .....	1	2
b. Translation of written communications are provided to LM-ELL families? .....	1	2
c. Home visits are made to families of LM-ELL children? .....	1	2
d. An outreach worker assists in enrolling children first entering school? .....	1	2
e. The school conducts special parent meetings for non-English background families? .....	1	2
f. Other? (Please specify) _____ _____	1	2

**Children with Special Needs**

Note: Change to appropriate grade level in each round

16. Approximately what percentage of your (*kindergartners*) is in each of the following instructional programs?

	Percent	Not offered
a. Special education (with Individualized Education Plan (IEP)) ....	_____	_____
b. Reading instruction for students performing below grade level in reading.....	_____	_____
c. Math instruction for students performing below grade level in math .....	_____	_____
f. Gifted and talented .....	_____	_____

Construct: special services and programs/ students with disabilities  
 Round(s): 2, 4, 5  
 Source: K2.53

17. Are there any children with disabilities in this school receiving special education on any of the following plans? CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
a. On Individualized Education Plans (IEP)? .....	1	2
b. On 504 plans based on section 504 of the Rehabilitation Act? .....	1	2
c. On both IEP and 504 plans? .....	1	2

18. Where are children with Individual Education Plans (IEPs) typically served in this school? CIRCLE ONE NUMBER.

- a. Children with IEPs are not served in this school ..... 1
- b. Children with IEPs typically spend most of their day in separate classes..... 2
- c. Children with IEPs typically spend most of their day in the regular classroom ..... 3

19. For about what percent of children with IEP's (Individualized Education Plans) do the following statements apply? CIRCLE ONE NUMBER ON EACH LINE.

		None	25% or less	26% to 50%	51% to 75%	76% or more
a.	Children with IEPs are exposed to the regular curriculum in at least one subject .....	1	2	3	4	5
b.	Children with IEPs are exposed to the regular curriculum in mathematics and language arts.....	1	2	3	4	5
c.	Children with IEPs are evaluated by the same standards for grading and evaluating performance as are other children.....	1	2	3	4	5
d.	Children with IEPs are included in school-wide grade-level standardized testing programs .....	1	2	3	4	5

110. Is there a gifted and talented program at this school?

- Yes ..... 1 (GO TO Q\_\_)
- No..... 2 (SKIP TO Q\_\_)

111. Do children participate in a gifted and talented program at this school in...

	Yes	No
a. Transitional (or readiness) kindergarten? .....	1	2
b. Kindergarten? .....	1	2
c. Transitional first (or prefirst) grade? .....	1	2
d. 1st? .....	1	2
e. 2nd? .....	1	2
f. 3rd? .....	1	2
g. 4th? .....	1	2
h. 5th or higher? .....	1	2

**SECTION L. STAFFING AND TEACHER CHARACTERISTICS**

L1. 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. PLACE EACH STAFF MEMBER IN ONLY ONE STAFF CATEGORY. IF THERE ARE NO STAFF IN YOUR SCHOOL IN A CATEGORY, WRITE ZERO.

Staff category	(1) Number who work full time in the school	(2) Number who work part time in the school
----------------	--	--

- |    |   |       |       |
|----|---|-------|-------|
| a. | Regular classroom teachers.....                       | _____ | _____ |
| b. | Gym, drama, music or art teachers .....               | _____ | _____ |
| c. | Special education and related service providers ..... | _____ | _____ |
| d. | ESL/Bilingual education teachers.....                 | _____ | _____ |
| e. | Reading teachers/specialists.....                     | _____ | _____ |
| f. | Teachers of gifted/talented .....                     | _____ | _____ |
| g. | School nurses or health professionals.....            | _____ | _____ |
| h. | School psychologists or social workers .....          | _____ | _____ |
| i. | Paraprofessionals (e.g., classroom aides) .....       | _____ | _____ |
| j. | Library media specialists/librarians.....             | _____ | _____ |

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, ENTER "0" ON THAT LINE.

- |    |   |                               |
|----|---|-------------------------------|
|    |   | <u>Number<br/>of Teachers</u> |
|    | Of your regular classroom teachers,   |                               |
| a. | Number of teachers who have begun teaching in your school since October 1, 2010? .....          | _____                         |
| b. | Number of teachers who have left your school since October 1, 2010, and have not returned?..... | _____                         |

L2. What is the lowest annual base salary currently paid to full-time teachers in your school? CIRCLE ONLY ONE.

- Less than \$20,000..... 01
- \$20,000 to \$30,000 ..... 02
- \$30,001 to \$35,000 ..... 03
- \$35,001 to \$40,000 ..... 04
- More than \$40,000 ..... 05

L3. What is the highest annual base salary currently paid to full-time teachers in your school? CIRCLE ONLY ONE.

- Less than \$35,000..... 01
- \$35,000 to \$45,000 ..... 02
- \$45,001 to \$55,000 ..... 03
- \$55,001 to \$65,000 ..... 04
- More than \$65,000 ..... 05

What percentage of your part –time and full-time teachers, including regular classroom, ELL/Bilingual, remedial, special education, art, and physical education teachers, belongs to each of the following racial/ethnic groups? WRITE NUMBER OR PERCENT ON EACH LINE. ENTER “0” ON THE LINE IF YOUR SCHOOL HAS NO TEACHERS OF THAT RACIAL/ETHNIC GROUP. THE TOTAL ON THE PERCENT COLUMN SHOULD ADD TO 100%.<sup>2</sup>

	<u>Number</u>	OR	<u>Percent</u>	
a. Hispanic/Latino of any race.....	_____		_____	%
b. American Indian or Alaska Native, not of Hispanic origin .....	_____		_____	%
c. Asian, not of Hispanic origin .....	_____		_____	%
d. Black or African American, not of Hispanic origin .....	_____		_____	%
e. Native Hawaiian or Other Pacific Islander, not of Hispanic origin .....	_____		_____	%
f. White, not of Hispanic origin .....	_____		_____	%
g. Two or more races .....	_____		_____	%
TOTAL.....	_____		<u>100</u>	%

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<sup>2</sup>The revised item meets the requirements of the Department of Education’s “Final Guidance on Maintaining, Collecting, and Reporting Racial and Ethnic Data to the U.S. Department of Education.”



L6. If a person other than the school principal has answered Sections I to VII, please provide the following information: PLEASE PRINT

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Title

How long employed at this school? \_\_\_\_\_

**THE REMAINING QUESTIONS SHOULD BE COMPLETED ONLY BY THE SCHOOL PRINCIPAL.**

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

**SECTION M. SCHOOL GOVERNANCE AND CLIMATE**

M1. How many times a year do you conduct classroom observations of individual **kindergarten** teachers in your school? CIRCLE ONE NUMBER ON EACH LINE.

**Number of  
observations per year**

- |                              |   |   |   |   |   |    |
|------------------------------|---|---|---|---|---|----|
| a. Non-tenured teachers..... | 0 | 1 | 2 | 3 | 4 | 5+ |
| b. Tenured teachers .....    | 0 | 1 | 2 | 3 | 4 | 5+ |

M2. Indicate the extent to which you agree or disagree with the following statements about staff development opportunities at your school. CIRCLE ONE NUMBER ON EACH LINE.

	<b><u>Strongly disagree</u></b>	<b><u>Disagree</u></b>	<b><u>Neither Agree nor Disagree</u></b>	<b><u>Agree</u></b>	<b><u>Strongly Agree</u></b>
a. We have an active professional development program for teachers.....	1	2	3	4	5
b. Teachers are very active in planning staff development activities in this school .....	1	2	3	4	5
c. There is adequate time for teacher professional development.....	1	2	3	4	5
d. This school offers incentives for teachers to improve their classroom management and instructional techniques .....	1	2	3	4	5

M3. How much emphasis do you place on the following goals and objectives for your teachers? CIRCLE ONE NUMBER ON EACH LINE.

	<u>No or Minor Emphasis</u>	<u>Moderate Emphasis</u>	<u>Major Emphasis</u>
a. Assisting all children to achieve high standards .....	1	2	3
b. Using curricula aligned with high standards .....	1	2	3
c. Maintaining a quiet and orderly class environment .....	1	2	3
d. Providing challenging tasks for higher-achieving children.....	1	2	3
e. Using instructional strategies (e.g., hands-on activities, cooperative learning) aligned with high standards .....	1	2	3
f. Communicating well with parents.....	1	2	3
g. Working well with other staff.....	1	2	3
h. Openness to new ideas and methods .....	1	2	3
i. Participation in professional development activities .....	1	2	3

M4. Indicate how much you agree or disagree with the following statements about the school's climate. CIRCLE ONE NUMBER ON EACH LINE.

	<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 .....	1	2	3	4	5
b. Teacher absenteeism is a problem at this school .....	1	2	3	4	5
c. Teacher turnover is a problem at this school ....	1	2	3	4	5
d. Child absenteeism is a problem at this school ..	1	2	3	4	5
e. The community served by this school is supportive of its goals and activities.....	1	2	3	4	5
f. There is a consensus among administrators and teachers on goals and expectations.....	1	2	3	4	5
g. Order and discipline are maintained satisfactorily in the building(s) .....	1	2	3	4	5
h. Overcrowding is a problem at this school .....	1	2	3	4	5
i. Parents of children in this school are welcome to observe classes any time they are in session .....	1	2	3	4	5

M5. We are interested in how decisions are made at your school. Decisions that are often made in the course of running a school are listed in column A. Individuals or groups who often make these decisions are listed in column B. FOR EACH DECISION, PLEASE CIRCLE ONE NUMBER FOR EACH DECISION MAKER, INDICATING HOW MUCH INFLUENCE THE DECISION MAKER TYPICALLY HAS. CIRCLE "0" IF THE DECISION MAKER HAS NO INFLUENCE. CIRCLE "1" IF THE DECISION MAKER HAS SOME INFLUENCE. CIRCLE "2" IF THE DECISION MAKER HAS MAJOR INFLUENCE. CIRCLE "3" IF THE DECISION IS NOT APPLICABLE TO YOUR SCHOOL.

A. Decision	B. Influence Of Decision Maker					
	Principal or Director	Teacher Organization or Individual Teachers	Parent Organization	School Board or Council	School District Office	School-Based Management Committee
Establishing criteria for hiring and firing teachers	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Selecting textbooks and other instructional materials	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Setting curricular guidelines and standards	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Establishing policies and practices for grading and student evaluation	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Deciding how school discretionary funds will be spent	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
Planning professional development	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

M6. How much influence do the following have on how your job performance is evaluated? CIRCLE ONE NUMBER ON EACH LINE.

	<u>No influence</u>	<u>Some influence</u>	<u>A great deal of influence</u>
a. State assessment and/or standardized test scores.....	1	2	3
b. Raising the performance level of lower-achieving students.....	1	2	3
c. Attendance .....	1	2	3
d. School safety.....	1	2	3
e. Parent and community support .....	1	2	3
f. Parent involvement in school activities.....	1	2	3
g. Teacher and staff support .....	1	2	3
h. Participation in professional development activities .....	1	2	3
i. Other (Please specify) _____	1	2	3
_____			

**SECTION N. PRINCIPAL CHARACTERISTICS**

N1. What is your gender?

Male ..... 1

Female ..... 2

N2. In what year were you born? WRITE IN YEAR BELOW.

19 \_\_\_\_\_

N3. Are you Hispanic/Latino? CIRCLE ONE NUMBER.

Yes ..... 1

No..... 2

N4. Which best describes your race? CIRCLE ONE OR MORE.

American Indian or Alaska Native ..... 1

Asian ..... 2

Black or African American ..... 3

Native Hawaiian or Other Pacific Islander..... 4

White ..... 5

N5. How many years experience do you have in each of the following positions? WRITE IN THE NUMBERS BELOW.

**Number of Years**

a. Years as a teacher before becoming a principal ..... \_\_\_\_\_

b. Total number of years as a principal ..... \_\_\_\_\_

c. Number of years as principal at this school..... \_\_\_\_\_

Through which, if any, of the types of training programs below did you receive preparation for fulfilling your role as a school administrator? (CIRCLE ONE NUMBER ON EACH ROW) [NOTE, please create a yes/no response on each row]

	<u>Yes</u>	<u>No</u>
a. I have not participated in a principal preparation program .....	1	2
b. Traditional university-based training and certification program.....	1	2
c. District-based training program (e.g., the Boston Principal Fellowship, New York City.....	1	2
d. Leadership Academy's Aspiring Principals Program, Chicago's LAUNCH program).....	1	2
d. City-based training program (e.g., Cleveland's First Ring Leadership Academy).....	1	2
e. State-based training program (e.g., New Jersey		
f. <del>EXCEL</del> and/or certification program run by a national non-profit organization (e.g., KIPP) .....	1	2
g. School Leadership Program, New Leaders for New Schools) .....	1	2

N6. How many years have you taught each of the following grades and programs? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.5). PLEASE INCLUDE PART-TIME TEACHING. WRITE "0" IF YOU HAVE NEVER TAUGHT THE GRADE OR PROGRAM LISTED.

**Total Years Grade or  
Program Taught**

- a. Preschool or Head Start ..... \_\_\_\_\_
- b. Kindergarten (including Transitional/Readiness Kindergarten and Transitional/pre-1st grade) ..... \_\_\_\_\_
- c. First grade ..... \_\_\_\_\_
- d. Second through fifth grade ..... \_\_\_\_\_
- e. Sixth grade or higher ..... \_\_\_\_\_
- f. English as a Second Language (ESL) program ..... \_\_\_\_\_
- g. Bilingual education program ..... \_\_\_\_\_
- h. Special education program ..... \_\_\_\_\_
- i. Physical education program ..... \_\_\_\_\_
- j. Art or music program ..... \_\_\_\_\_

N7. How many college courses have you completed in the following areas? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Number of Courses</b>						
a. Early childhood education .....	0	1	2	3	4	5	6+
b. Elementary education.....	0	1	2	3	4	5	6+
c. Special education .....	0	1	2	3	4	5	6+
d. English as a Second Language (ESL) .....	0	1	2	3	4	5	6+
e. Child development.....	0	1	2	3	4	5	6+
f. Methods of teaching reading.....	0	1	2	3	4	5	6+
g. Methods of teaching mathematics.....	0	1	2	3	4	5	6+
h. Methods of teaching science.....	0	1	2	3	4	5	6+
i. School administration/management .....	0	1	2	3	4	5	6+



N8. What is the highest level of education you have completed? CIRCLE ONE NUMBER.

- a. High school diploma ..... 1
- b. Associate's degree ..... 2
- c. Bachelor's degree..... 3
- d. At least one year of course work beyond a Bachelor's degree but not a graduate degree..... 4
- e. Master's degree..... 5
- f. Education specialist or professional diploma based on at least one year of course work past a Master's degree level..... 6
- g. Doctorate ..... 7

N9. What was your major field of study in the highest degree you completed? CIRCLE ONE NUMBER.

- a. Early childhood education ..... 1
  - b. Elementary education..... 2
  - c. Special education ..... 3
  - d. English as a Second Language (ESL)..... 4
  - e. Child development..... 5
  - f. Methods of teaching reading ..... 6
  - g. Methods of teaching mathematics..... 7
  - h. Methods of teaching science ..... 8
  - i. School administration/management ..... 9
  - j. Other ..... 10
- 

N10. Please estimate how many hours you spend on average per week in the following activities. WRITE IN NUMBER OF HOURS BELOW.

**Hours Per Week**

- a. Working with teachers on instructional issues..... \_\_\_\_\_
- b. Internal school management (weekly calendars, vendors, office, memos, etc.) ..... \_\_\_\_\_
- c. Student discipline/attendance ..... \_\_\_\_\_
- d. Monitoring hallways, playground, lunchroom ..... \_\_\_\_\_
- e. Teaching ..... \_\_\_\_\_
- f. Talking and meeting with parents..... \_\_\_\_\_
- g. Meeting with students..... \_\_\_\_\_
- h. Paperwork required by local, state, or federal authorities ..... \_\_\_\_\_

N11. What is your best estimate of the number of children you know by name? CIRCLE ONLY ONE.

- Nearly every child..... 01
- 76% or more..... 02
- 51% to 75%..... 03
- 26% to 50%..... 04
- 25% or less ..... 05

Date Questionnaire Completed:     \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
  Month   Day   Year

Questionnaire completed by:

\_\_\_\_\_  
(Last Name)                                    (First Name)                                   (MI)

**THANK YOU FOR YOUR COOPERATION**