

Spring 2011 Kindergarten School Administrator Questionnaire

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

Westat
1600 Research Boulevard
Rockville, Maryland 20850

LABEL

Use a black or blue ball point pen or #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 03/31/2012. 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

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

Street, N.W., Room 9086, Washington, D.C. 20006-5650.

included in the statistical reports.

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 facilities and resources
- c) School-community-family connections
- d) School policies and practices
- e) School programs for particular populations
- f) Federal programs: Title I, AYP, and Title III (if applicable)
- g) Staffing and teacher characteristics
- h) 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. 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

Several questions refer to different types of **kindergarten programs**. 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), and Section 504 plans. 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.

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.
- 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 native language is used 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.

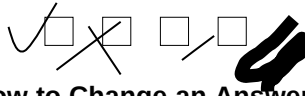
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



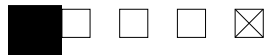
Incorrect Marks:

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:

Print entire answer in box. 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 – 0̄, and do not write a seven with a line through it like this – 7̄.

Write digits like this:

1 2 3 4 5 6 7 8 9

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.

	Number of School Days
--	-----------------------

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

START

		2010
MONTH	DAY	YEAR

END

		2011
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, 2010, or the date nearest to that for which data are available	<input style="width: 80px; height: 25px;" type="text"/>
b. Number of children who have enrolled in your school since October 1, 2010	<input style="width: 80px; height: 25px;" type="text"/>
c. Number of children who have left your school since October 1, 2010, and have not returned	<input style="width: 80px; height: 25px;" type="text"/>

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.

	% Average Daily Attendance
--	----------------------------

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

OR

	Average Number Attending Daily
--	--------------------------------

A5. Mark all grade levels included in your school. SEE LIST OF DEFINITIONS AT THE BEGINNING OF THIS QUESTIONNAIRE FOR DEFINITIONS OF DIFFERENT TYPES OF KINDERGARTEN PROGRAMS.

- | | | |
|---|------------------------------|-------------------------------|
| <input type="checkbox"/> Ungraded | <input type="checkbox"/> 1st | <input type="checkbox"/> 7th |
| <input type="checkbox"/> Prekindergarten | <input type="checkbox"/> 2nd | <input type="checkbox"/> 8th |
| <input type="checkbox"/> Transitional (or readiness) kindergarten | <input type="checkbox"/> 3rd | <input type="checkbox"/> 9th |
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 4th | <input type="checkbox"/> 10th |
| <input type="checkbox"/> Transitional first (or prefirst) grade | <input type="checkbox"/> 5th | <input type="checkbox"/> 11th |
| | <input type="checkbox"/> 6th | <input type="checkbox"/> 12th |

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

- Regular public school (not including magnet school or school of choice)
- Public magnet school
- Charter school
- Public school of choice (including those with open enrollment)

- Catholic school
 - Diocesan
 - Parish
 - Private order
- Other private school, religious affiliation
- Private school affiliated with NAIS, no religious affiliation
- Other private school, no religious or NAIS affiliation

- Early Childhood Center (school/center includes preschool and/or early grades)
- Special education school – primarily serves children with disabilities
- Year-round school
- Bureau of Indian Affairs (BIA) or tribal school

A7. 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"/>		%
b. American Indian or Alaska Native, not Hispanic or Latino	<input type="text"/>		%
c. Asian, not Hispanic or Latino	<input type="text"/>		%
d. Black or African American, not Hispanic or Latino	<input type="text"/>		%
e. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/>		%
f. White, not Hispanic or Latino	<input type="text"/>		%
g. Two or more races, not Hispanic or Latino	<input type="text"/>		%
h. Total school enrollment (sum of a through g)	<input type="text"/>		100%

A8. About what percentage of the children enrolled in this school are....WRITE IN PERCENTAGES BELOW. IF NONE, WRITE "0."

	<u>Percent</u>
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. Eligible for free or reduced-price lunch?	%
e. Attending the school under public school choice? (IF YOURS IS A PRIVATE SCHOOL, PLEASE SKIP THIS ITEM.)	%

A9. How many children are currently enrolled in kindergarten classes? Please include regular kindergarten, transitional (or readiness) kindergarten, and transitional first (or prefirst) grade. WRITE NUMBER IN BOX.

	Number of kindergarten students enrolled
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A10. How many of each of the types of classes with kindergarten students listed below do you have in your school? WRITE NUMBERS IN THE BOXES BELOW. IF NONE, WRITE "0."

	<u>Total number of classes of each type</u>
Half-day kindergarten	
Full-day kindergarten	

A11. By what date did a child need to turn five to enter kindergarten for this school year, 2010 – 2011? WRITE IN MONTH, DAY, AND YEAR. IF NO CUTOFF DATE, MARK BOX BELOW.

No cutoff date

MONTH	DAY	YEAR

Morning School Schedule

A12. What time does the first bus usually arrive in the morning? WRITE IN TIME BELOW.

AM

A13. What time does the last bus usually arrive in the morning? WRITE IN TIME BELOW.

AM

A14. What time does school officially start in the morning? WRITE IN TIME BELOW.

AM

School-Level Breakfast and Lunch Eligibility and Participation

A15. Does your school participate in the U.S. Department of Agriculture's (USDA's) school breakfast program?

- Yes (SKIP TO Q A17)
- No (GO TO Q A16)

A16. 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"/>	
<table border="1" style="width: 100%;"><tr><td style="height: 20px;"></td></tr></table>			

IF YOU RESPONDED TO Q A16 THEN SKIP TO Q A23

A17. What time is breakfast served at the school? WRITE IN TIME BELOW.

START TIME	END TIME
AM	AM

A18. Where is the breakfast typically served for kindergartners? MARK ONLY ONE.

- Cafeteria
- Classroom
- In some other common area of school (as a bag breakfast)
- School bus (as a bag breakfast)
- Other (Please specify)

A19. Are children who are served breakfast in the cafeteria allowed to take it to the classroom?

- Yes
- No

A20. 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."

**Total meals
served in October**

a... Paid school breakfasts

b... Free school breakfasts

c... Reduced-price breakfasts

A21. 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

A22. What is the price of a USDA-reimbursable breakfast for students who pay the reduced price?

REDUCED PRICE

A23. Does your school participate in the U.S. Department of Agriculture's (USDA's) school lunch program? MARK ONLY ONE.

Yes (GO TO Q A24)

No (SKIP TO Q A27)

A24. 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."

**Total meals
served in October**

a... Paid school lunches

b... Free school lunches

c... Reduced-price lunches

A25. 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).

STANDARD FULL PRICE

A26. What is the price of a USDA-reimbursable lunch for students who pay the reduced price?

REDUCED PRICE

A27. How many children in your school were approved for free or reduced-price meals as of October 1, 2010, 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... Free school meals

b... Reduced-price meals

SECTION B. SCHOOL FACILITIES AND RESOURCES

B1. In general, how adequate are each of the following school facilities for meeting the needs of the children in your school? MARK ONE RESPONSE ON EACH ROW.

	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Library/media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Art room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Music room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Multi-purpose room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2. How many children is this school site designed to accommodate? WRITE IN NUMBER BELOW.

	Children
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**B3. How many computers in this school are used for...
WRITE IN NUMBERS IN BOXES BELOW. IF NONE, WRITE "0."**

	<u>Number of Computers</u>
a. Instructional purposes only?	<input type="text"/>
b. Both instructional and administrative purposes?	<input type="text"/>

SECTION C. SCHOOL-FAMILY-COMMUNITY CONNECTIONS

C1. 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. 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. Half-day care for children in half-day kindergarten	<input type="checkbox"/>	<input type="checkbox"/>
c. After-school child care	<input type="checkbox"/>	<input type="checkbox"/>

C2. 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. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Parenting education programs (e.g., classes on child development, education in being a parent, understanding children with special needs)	<input type="checkbox"/>	<input type="checkbox"/>
b. Adult literacy program (including Adult Basic Education)	<input type="checkbox"/>	<input type="checkbox"/>
c. Family literacy program	<input type="checkbox"/>	<input type="checkbox"/>
d. Health or social services offered collaboratively by service agencies such as hospitals	<input type="checkbox"/>	<input type="checkbox"/>
e. Orientation to school setting for new families	<input type="checkbox"/>	<input type="checkbox"/>
f. Hearing or vision screening	<input type="checkbox"/>	<input type="checkbox"/>
g. Child care so that parents can attend school parent meetings or events	<input type="checkbox"/>	<input type="checkbox"/>

C3. 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. Written reports (report cards) of child's performance sent home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information on the child's standardized assessment scores sent home	<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. Home visits to do one-on-one parent education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. School performances to which parents are invited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 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"/>

C4. 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"/>

C5. How much of a problem are the following in the neighborhood where this school is located? MARK ONE RESPONSE ON EACH ROW.

	<u>Big problem</u>	<u>Somewhat of a problem</u>	<u>No problem</u>	<u>Don't know</u>
a. Tensions based on racial, ethnic, or religious differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Selling or using drugs or excessive drinking in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Vacant houses and buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Crime in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C6. 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"/>

C7. Does your school take either of the following measures to ensure the safety of children? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Security guards	<input type="checkbox"/>	<input type="checkbox"/>
b. Metal detectors	<input type="checkbox"/>	<input type="checkbox"/>

C8. 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"/>

C9. During the past three years, did any of the following changes occur at your school? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Funding levels decreased significantly	<input type="checkbox"/>	<input type="checkbox"/>
b. Enrollment significantly increased	<input type="checkbox"/>	<input type="checkbox"/>
c. Enrollment significantly decreased	<input type="checkbox"/>	<input type="checkbox"/>
d. Students' average family income decreased significantly	<input type="checkbox"/>	<input type="checkbox"/>
e. Student mobility increased	<input type="checkbox"/>	<input type="checkbox"/>
f. There has been a reduction in staffing or a shortage of teachers	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D. SCHOOL POLICIES AND PRACTICES

D1. Are kindergartners at this school required to wear a school uniform? Do not include required physical education uniforms.

Yes

No

D2. Are any children given a readiness or placement test before or shortly after entering kindergarten?

Yes (GO TO Q D3)

No (SKIP TO Q D4)

D3. How are the assessments used? MARK YES OR NO ON EACH ROW.

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

D4. Which of the following statements describe your school’s grade promotion and retention practices or policies for kindergartners? MARK TRUE OR FALSE ON EACH ROW.

	True	False
a. This school has a formal retention policy	<input type="checkbox"/>	<input type="checkbox"/>
b. Kindergartners can be promoted for social reasons (e.g., physical size)	<input type="checkbox"/>	<input type="checkbox"/>
c. Children can be retained in kindergarten	<input type="checkbox"/>	<input type="checkbox"/>
	If c is “true,” go to d.	If c is “false,” go to Q D6
d. Kindergartners can be retained for maturational reasons (e.g., social/emotional immaturity)	<input type="checkbox"/>	<input type="checkbox"/>
e. Kindergartners can be retained at the request of their parents	<input type="checkbox"/>	<input type="checkbox"/>
f. Kindergartners can be retained due to academic deficiencies (e.g., below grade level)	<input type="checkbox"/>	<input type="checkbox"/>
g. Kindergartners can be retained due to failing a school-wide standardized test	<input type="checkbox"/>	<input type="checkbox"/>
h. Kindergartners can be retained more than once in kindergarten	<input type="checkbox"/>	<input type="checkbox"/>
i. Kindergartners can be retained without their parents’ permission	<input type="checkbox"/>	<input type="checkbox"/>
j. Kindergartners with disabilities can be retained	<input type="checkbox"/>	<input type="checkbox"/>

D5. How many kindergarten children were retained at their current grade level last school year? IF NONE, WRITE “0.”

NUMBER OF KINDERGARTNERS RETAINED LAST YEAR

SECTION E. SCHOOL PROGRAMS FOR PARTICULAR POPULATIONS

Language Minority Students and Families

E1. Do any of the children in this school come from a home where a language other than English is spoken?

Yes (GO TO Q E2)

No (SKIP TO Q E5)

E2. What percentage of children in this school and in kindergarten are English language learners (ELL)? SEE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. WRITE IN THE PERCENTAGES BELOW.

% ELL among all students in school

% ELL among all students in **kindergarten**, including transitional kindergarten and transitional first grade

E3. What percentage of kindergarten children receive ESL (English as a Second Language), bilingual, or dual-language (also known as two-way immersion) instruction?

SEE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. WRITE THE PERCENTAGE BELOW. WRITE "0" IF INSTRUCTION NOT PROVIDED OR IF INSTRUCTION IS PROVIDED BUT NO KINDERGARTNERS RECEIVE THE INSTRUCTION.

Kindergarten students, including transitional kindergarten and transitional first grade

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

E4. Are any of the following services provided to families of children from households where a language other than English is spoken? SEE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
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	<input type="checkbox"/>	<input type="checkbox"/>
b. Translation of written communications are provided to these families	<input type="checkbox"/>	<input type="checkbox"/>
c. Home visits are made to families of these children	<input type="checkbox"/>	<input type="checkbox"/>
d. An outreach worker assists in enrolling these children when first entering school	<input type="checkbox"/>	<input type="checkbox"/>
e. The school conducts special parent meetings for families from a non-English background	<input type="checkbox"/>	<input type="checkbox"/>

Children with Special Needs

E5. Are there any children with disabilities in this school receiving special education through any of the following? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Individualized Education Programs (IEP)	<input type="checkbox"/>	<input type="checkbox"/>
b. 504 plan based on section 504 of the Rehabilitation Act	<input type="checkbox"/>	<input type="checkbox"/>

E6. Approximately what percentage of your kindergartners 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 KINDERGARTEN OR IN ANY GRADE IN YOUR SCHOOL.

	<u>Percent</u>	<u>Not offered in kindergarten</u>	<u>Not offered in any grade</u>
a. Special education (with Individualized Education Program (IEP))	<input style="width: 50px; height: 20px;" type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading instruction for students performing below grade level in reading	<input style="width: 50px; height: 20px;" type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Math instruction for students performing below grade level in math	<input style="width: 50px; height: 20px;" type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A gifted and talented program	<input style="width: 50px; height: 20px;" type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>

E7. Where are children with Individualized Education Programs (IEPs) typically served in this school? MARK ONLY ONE.

- Children with IEPs are not served in this school
- Children with IEPs typically spend most of their day in separate classes
- Children with IEPs typically spend most of their day in the regular classroom

SECTION F. FEDERAL PROGRAMS: TITLE I, ADEQUATE YEARLY PROGRESS, AND TITLE III¹

The following items pertain to public schools only.

IF YOURS IS A PRIVATE SCHOOL CHECK HERE (SKIP TO Q G1)

Title I Funding and Programs

F1. Did your school receive Federal Title I funds for this school year? MARK ONLY ONE.

- Yes (GO TO Q F2)
 No (SKIP TO Q F5)

**PLEASE NOTE THE FOLLOWING DEFINITIONS
 THAT ARE RELEVANT TO QUESTION F2 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 50 percent of its students are from low-income families, or if it receives a waiver permitting it to operate a schoolwide program.

F2. Is your school operating a Title I targeted assistance or schoolwide program? MARK ONLY ONE.

- Targeted assistance program
 Schoolwide program

F3. Does your school's Title I program serve children in prekindergarten or kindergarten? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>	<u>Not applicabl e</u>
a. Prekindergarten and/or transitional (readiness) kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹ 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.

F4. 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"/>

Title III Funding and Programs

F5. Did your school receive Federal Title III funds for this school year? (Title III is “Language Instruction for Limited English Proficient and Immigrant Students.”)

- Yes (GO TO Q F6)
 No (SKIP TO Q F8)

F6. 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"/>

F7. Does your school's Title III program serve children in prekindergarten or kindergarten? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>	<u>Not applicabl e</u>
a. Prekindergarten and/or transitional (readiness) kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	

Federal Requirements

F8. At the end of the LAST school year (2009-2010), did this school make Adequate Yearly Progress (AYP)? (Adequate yearly progress is your state's measure of yearly progress toward achieving state academic standards.)

- Yes (**SKIP TO Q F11**)
- No (**GO TO Q F9**)
- Not applicable; our school district does not receive Title I funding. (**SKIP TO Q F11**)

F9. At the end of the LAST school year (2009-2010), 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.)

- Yes (**GO TO Q F10**)
- No (**SKIP TO Q F11**)

F10. Which of the following actions has this school taken in response to being identified for improvement? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Developed or revised a two-year school improvement plan	<input type="checkbox"/>	<input type="checkbox"/>
b. Offered students the choice to transfer to another public school	<input type="checkbox"/>	<input type="checkbox"/>
c. Offered supplemental educational services to students from low-income families	<input type="checkbox"/>	<input type="checkbox"/>
d. Replaced school staff	<input type="checkbox"/>	<input type="checkbox"/>
e. Implemented a new curriculum based on scientifically based research	<input type="checkbox"/>	<input type="checkbox"/>
f. Extended the school day or school year	<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"/>
h. Reorganized the school internally	<input type="checkbox"/>	<input type="checkbox"/>

F11. Does this school have grade 3 students?

- Yes (**GO TO Q F12**)
- No (**SKIP TO Q G1**)

F12. Based on recent state assessments, what percentage of the grade 3 students in your school in the prior school year (2009-2010) 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. IF THE AYP COLUMN IS NOT APPLICABLE FOR YOUR SCHOOL BECAUSE YOUR DISTRICT DOES NOT RECEIVE TITLE I FUNDING, WRITE “NA” IN THE AYP COLUMN.

	Percentage of students whose achievement level is “proficient” or above	Percentage required by AYP goals in 2009-2010
a. Reading or verbal skills	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>
b. Mathematics or quantitative skills	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>
c. Science	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>
d. English language proficiency for English Language Learners (WRITE NA IF NO STUDENTS WERE ASSESSED FOR THIS.)	<input style="width: 50px; height: 20px; border: 1px solid black;" type="text" value="%"/>	

SECTION G. STAFFING AND TEACHER CHARACTERISTICS

G1. 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 "0."

	(1)	(2)
	Number who work full time in the school	Number who work part time in the school
a. Regular classroom teachers	<input type="text"/>	<input type="text"/>
b. Gym, drama, music or art teachers	<input type="text"/>	<input type="text"/>
c. Special education and related service providers	<input type="text"/>	<input type="text"/>
d. ESL/bilingual education/dual-language immersion teachers	<input type="text"/>	<input type="text"/>
e. Reading teachers/specialists	<input type="text"/>	<input type="text"/>
f. Teachers of gifted/talented	<input type="text"/>	<input type="text"/>
g. School nurses or health professionals	<input type="text"/>	<input type="text"/>
h. School psychologists or social workers	<input type="text"/>	<input type="text"/>
i. Paraprofessionals (e.g., classroom aides)	<input type="text"/>	<input type="text"/>
j. Library media specialists/librarians	<input type="text"/>	<input type="text"/>

G2. 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.

	Number of teachers
a. Number of regular classroom teachers who have begun teaching in your school since October 1, 2010?	<input type="text"/>
b.. Number of regular classroom teachers who have left your school since October 1, 2010, and have not returned?	<input type="text"/>

G3. What percentage of your part-time and full-time teachers, including regular classroom, ESL/bilingual, remedial, special education, art, 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"/> %
b. American Indian or Alaska Native, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
c. Asian, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
d. Black or African American, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
e. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
f. White, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
g. Two or more races, not Hispanic or Latino	<input type="text"/>		<input type="text"/> %
h. Total number of teachers (sum of a through g)	<input type="text"/>		100%

G4. Indicate how much you agree or disagree with the following statement. MARK ONE RESPONSE.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongl y agree
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"/>

G5. 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

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		

How long employed at this school?

		:		
YEARS			MONTHS	

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 H. SCHOOL ADMINISTRATOR CHARACTERISTICS

H1. What is your gender?

- Male
- Female

H2. In what year were you born? WRITE IN YEAR BELOW.

1
YEAR

H3. Are you Hispanic/Latino? MARK ONLY ONE.

- Yes
- No

H4. Which best describes your race? MARK ONE OR MORE 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

H5. 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, 3.5). PLEASE INCLUDE PART-TIME TEACHING.

	<u>Number of Years</u>
a. Years as a teacher before becoming a principal	<input type="text"/>
b. Total number of years as a principal	<input type="text"/>
c. Number of years as principal at this school	<input type="text"/>

H6. 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.

	Yes	No
a. Traditional university-based training and certification program	<input type="checkbox"/>	<input type="checkbox"/>
b. District-based training program (e.g., 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 (e.g., Cleveland's First Ring Leadership Academy)	<input type="checkbox"/>	<input type="checkbox"/>
d. State-based training program (e.g., New Jersey EXCEL)	<input type="checkbox"/>	<input type="checkbox"/>
e. Training and/or certification program run by a national non-profit organization (e.g., 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"/>

H7. What is the highest level of education you have completed? MARK ONLY ONE.

- 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

H8. 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"/>

H9. 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."

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

**H10. What is your best estimate of the number of children in your school you know by name?
MARK ONLY ONE.**

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

Date Questionnaire Completed:

MONTH

DAY

YEAR

Questionnaire completed by:

LAST NAME

FIRST NAME

MIDDLE INITIAL

THANK YOU FOR YOUR COOPERATION