3Y Call Operation, Form B

Schools Run by State Government Agency

2011-12 Schools and Staffing Survey

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| Label Information | | | | | | |
| Call Record | | | | | | |
| Call | Date | Start Time | End Time | Int.’s ID | Outcome Code | Outcome Notes |
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| Notes | | | | | | |
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1. **Hello, this is \_\_\_\_\_ from the U.S. Census Bureau. Have I reached (school name)?**

\_ Yes 🡪 *GO TO item 2.*

\_ Different school name 🡪 *Probe for name if necessary and correct the name in the address area above. If the difference is significant, record the change in the Notes section. Try to confirm the name change (e.g., respondent says, “We used to be Jefferson School but are now Washington School.”). GO TO item 2.*

\_ No 🡪 *Verify that you dialed correctly.*

\_ Correct number dialed *🡪 Probe for the respondent’s name, location, and whether the person or organization reached is related to the school in any way. Record information in the Notes section. Thank respondent and end call.*

\_ Wrong number dialed 🡪 *Dial correct number. GO TO item 1 above.*

\_ School closed 🡪 *Probe for the respondent’s name, former position, and the closing date.* *Record information in the Notes section. Thank respondent and end call.*

\_ School merged 🡪 *Probe for the name of the merged schools and the date of the merge. Record information in the Notes section. GO TO item 2. Refer case to supervisor following the call.*

2. **This call may be monitored to evaluate my performance and should only take a few minutes.**

**During the upcoming school year we will be conducting the Schools and Staffing Survey (SASS) for the U.S. Department of Education.**

**The SASS is a series of integrated questionnaires that provide data on education to Federal, state, and local policymakers as well as education researchers.**

**This voluntary survey is authorized by law (Title 1, Part E, Sections 151 (b) and 153 (a) of Public Law 107-279, the Education Sciences Reform Act of 2002). The Office of Management and Budget approval number for this study is 1850-0598. The data provided by the school and staff may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (P.L. 107-279, Title I, Part E, Sec. 183).**

3. **I would like to verify your mailing address. Is the following address correct?**

*Read address from label on cover page. Make any necessary corrections on the label. Then GO TO item 4.*

4. **To reduce the burden on the principal, we would like to contact him or her by email in an attempt to minimize the number of phone calls we place to the school. Can you provide the principal’s name and email address for the 2011-12 school year?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (principal’s name)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (principal’s email address)

5. **A component of the SASS asks questions on topics including student enrollment, staff professional development and teacher hiring. Is someone from your office responsible for performing the following functions for your school:**

**A. Setting teacher salaries and benefits packages for this school?** \_ Yes \_ No

**B. Hiring and firing teachers for this school?** \_ Yes \_ No

**C. Teacher and administrator training and**

**Professional Development for this school?** \_ Yes \_ No

\_ Yes to A, B, and C 🡪 *Check box* 🡪 School Receives 3Y

*Thank respondent and end call.*

\_ No to either A, B, or C 🡪 *Go to item 6.*

6. **What office has the authority to perform these functions for this school?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (office name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (office address)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (office address)

7. **As part of the SASS, we will be sending a questionnaire to that office.**

**Can you tell me the name of the person most appropriate to receive this questionnaire?**

*If necessary:* **This is often the superintendent or head of the research office.**

\_ Yes 🡪 *Record contact name, title, phone number and email address below.*

\_ No 🡪 S*et an appointment to call back when the respondent has this information. Record appointment on the call record on page 1.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (contact name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (contact title)

(\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ (contact phone number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (contact email address)

*Thank respondent and end call.*