Spring 2011 Kindergarten School Administrator Questionnaire

Prepared for the U.S. Department of Education

National Center for Education Statistics by:

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LABEL

Use a black or blue ball point pen or #2 pencil to complete this questionnaire.

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.

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

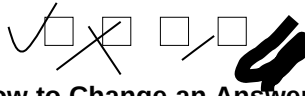**It is important that you mark an "X" in the box next to your answers and print clearly.**

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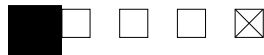
Correct Mark:

⊠

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 – 0̸, and do not write a seven with a line through it like this – 7̸.

Write digits like this:

1 2 3 4 5 6 7 8 9 0

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	
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	

A4. **Approximately, what is the <u>Average Daily Attendance</u> 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.**

☐ Ungraded	☐ 1st	☐ 7th
☐ Prekindergarten	☐ 2nd	☐ 8th
☐ Transitional (or readiness) kindergarten	☐ 3rd	☐ 9th
☐ Kindergarten	☐ 4th	☐ 10th
☐ Transitional first (or prefirst) grade	☐ 5th	☐ 11th
	☐ 6th	☐ 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			%
b.	American Indian or Alaska Native, not Hispanic or Latino			%
c.	Asian, not Hispanic or Latino			%
d.	Black or African American, not Hispanic or Latino			%
e.	Native Hawaiian or Other Pacific Islander, not Hispanic or Latino			%
f.	White, not Hispanic or Latino			%
g.	Two or more races, not Hispanic or Latino			%
h.	**Total school enrollment (sum of a through g)**			**100%**

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

	Percent
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

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."

	Total number of classes of each type
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.**

		Yes	No
a.	Too few eligible students	☐	☐
b.	Program too costly	☐	☐
c.	School starts too late to serve breakfast	☐	☐
d.	School lacks facilities to serve breakfast	☐	☐
e.	School lacks staff to serve breakfast	☐	☐
f.	Other (Please specify)	☐	☐

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 <u>full price</u>? 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 <u>reduced price</u>?**

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 <u>full price</u>? 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 <u>reduced price</u>?

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.**

	Do not have	Never adequate	Often not adequate	Sometimes not adequate	Always adequate
a. Cafeteria	☐	☐	☐	☐	☐
b. Computer lab	☐	☐	☐	☐	☐
c. Library/media center	☐	☐	☐	☐	☐
d. Art room	☐	☐	☐	☐	☐
e. Gymnasium	☐	☐	☐	☐	☐
f. Music room	☐	☐	☐	☐	☐
g. Playground	☐	☐	☐	☐	☐
h. Classrooms	☐	☐	☐	☐	☐
i. Auditorium	☐	☐	☐	☐	☐
j. Multi-purpose room	☐	☐	☐	☐	☐

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

[_____] Children

B3. **How many computers in this school are used for…**

WRITE IN NUMBERS IN BOXES BELOW. IF NONE, WRITE "0."

	Number of Computers
a. Instructional purposes only?	[____]
b. Both instructional and administrative purposes?	[____]

B4. **Please indicate whether or not each type of equipment is available at this school. If the equipment is available, please indicate whether it is available for use by kindergartners and whether it is used for online student assessment.**

	Available at school?		Available for use by kindergartners?		Used for online assessment?	
	YES	**NO**	**YES**	**NO**	**YES**	**NO**
a. Computers with access to local area networks (LAN)	☐	☐	☐	☐	☐	☐
b. Computers with access to the internet	☐	☐	☐	☐	☐	☐

SECTION C. SCHOOL-FAMILY-COMMUNITY CONNECTIONS

C1. **Are any of the following programs or services for children available to <u>kindergarten</u> 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	☐	☐
b. Half-day care for children in half-day kindergarten	☐	☐
c. After-school child care	☐	☐

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)	☐	☐
b. Adult literacy program (including Adult Basic Education)	☐	☐
c. Family literacy program	☐	☐
d. Health or social services offered collaboratively by service agencies such as hospitals	☐	☐
e. Orientation to school setting for new families	☐	☐
f. Hearing or vision screening	☐	☐
g. Child care so that parents can attend school parent meetings or events	☐	☐

C3. **Please indicate how often each of the following activities is provided by your school. MARK ONE RESPONSE ON EACH ROW.**

		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	☐	☐	☐	☐	☐
b.	Written reports (report cards) of child's performance sent home	☐	☐	☐	☐	☐
c.	Information on the child's standardized assessment scores sent home	☐	☐	☐	☐	☐
d.	Teacher-parent conferences	☐	☐	☐	☐	☐
e.	Home visits to do one-on-one parent education	☐	☐	☐	☐	☐
f.	School performances to which parents are invited	☐	☐	☐	☐	☐
g.	Classroom programs like class plays, book nights, or family math nights	☐	☐	☐	☐	☐

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.**

		Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a.	Parents are actively involved in this school's programs	☐	☐	☐	☐	☐
b.	The community served by this school is supportive of its goals and activities	☐	☐	☐	☐	☐
c.	Parents of children in this school are welcome to observe classes any time they are in session	☐	☐	☐	☐	☐

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

	Big problem	Somewhat of a problem	No problem	Don't know
a. Tensions based on racial, ethnic, or religious differences	☐	☐	☐	☐
b. Selling or using drugs or excessive drinking in public	☐	☐	☐	☐
c. Gangs	☐	☐	☐	☐
d. Vacant houses and buildings	☐	☐	☐	☐
e. Crime in the neighborhood	☐	☐	☐	☐

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.

	Happens daily	Happens at least once a week	Happens at least once a month	Happens on occasion	Never happens
a. Children bringing weapons to school	☐	☐	☐	☐	☐
b. Theft	☐	☐	☐	☐	☐
c. Physical conflicts among students	☐	☐	☐	☐	☐
d. Children bringing in or using alcohol at school	☐	☐	☐	☐	☐
e. Children bringing in or using illegal drugs at school	☐	☐	☐	☐	☐
f. Vandalism of school property	☐	☐	☐	☐	☐
g. Student bullying	☐	☐	☐	☐	☐
h. Widespread disorder in classrooms	☐	☐	☐	☐	☐

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

	Yes	No
a. Security guards	☐	☐
b. Metal detectors	☐	☐

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.

	Serious problem	Moderate problem	Minor problem	Not a problem
a. Student tardiness	☐	☐	☐	☐
b. Student absenteeism	☐	☐	☐	☐
c. Student aggressive or disruptive behavior	☐	☐	☐	☐
d. Teacher absenteeism	☐	☐	☐	☐
e. Teacher turnover	☐	☐	☐	☐
f. Overcrowding	☐	☐	☐	☐

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

	Yes	No
a. Funding levels decreased significantly	☐	☐
b. Enrollment significantly increased	☐	☐
c. Enrollment significantly decreased	☐	☐
d. Students' average family income decreased significantly	☐	☐
e. Student mobility increased	☐	☐
f. There has been a reduction in staffing or a shortage of teachers	☐	☐

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	☐	☐
b.	To determine children's class placements	☐	☐
c.	To identify children who may need additional testing (for example, for a learning problem)	☐	☐
d.	To help teachers individualize instruction	☐	☐
e.	To support a recommendation that a child delay entry for an additional year	☐	☐
f.	Other (Please specify)	☐	☐

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

	True	**False**
a. This school has a formal retention policy	☐	☐
b. Kindergartners can be promoted for social reasons (e.g., physical size)	☐	☐
c. Children can be retained in kindergarten	☐	☐
	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)	☐	☐
e. Kindergartners can be retained at the request of their parents	☐	☐
f. Kindergartners can be retained due to academic deficiencies (e.g., below grade level)	☐	☐
g. Kindergartners can be retained due to failing a school-wide standardized test	☐	☐
h. Kindergartners can be retained more than once in kindergarten	☐	☐
i. Kindergartners can be retained without their parents' permission	☐	☐
j. Kindergartners with disabilities can be retained	☐	☐

D5. How many <u>kindergarten</u> 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 <u>kindergarten children</u> 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

	In regular classroom	**In pull-out setting**
a. Percent receiving ESL instruction	**%**	**%**
b. Percent receiving bilingual instruction	**%**	**%**
c. Percent receiving dual-language instruction	**%**	**%**

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.**

		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	☐	☐
b.	Translation of written communications are provided to these families	☐	☐
c.	Home visits are made to families of these children	☐	☐
d.	An outreach worker assists in enrolling these children when first entering school	☐	☐
e.	The school conducts special parent meetings for families from a non-English background	☐	☐

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.**

		Yes	No
a.	Individualized Education Programs (IEP)	☐	☐
b.	504 plan based on section 504 of the Rehabilitation Act	☐	☐

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.**

		Percent	Not offered in kindergarten	Not offered in any grade
a.	Special education (with Individualized Education Program (IEP))	%	☐	☐
b.	Reading instruction for students performing below grade level in reading	%	☐	☐
c.	Math instruction for students performing below grade level in math	%	☐	☐
d.	A gifted and talented program	%	☐	☐

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 III[1]

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.**

	Yes	**No**	**Not applicable**
a. Prekindergarten and/or transitional (readiness) kindergarten	☐	☐	☐
b. Kindergarten	☐	☐	

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[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.**

	Yes	No
a. To serve children in a pull-out setting	☐	☐
b. To serve children in an in-class setting	☐	☐
c. To reduce class sizes	☐	☐
d. To provide extended time learning opportunities before and/or after school for children	☐	☐
e. To provide professional development activities	☐	☐
f. To provide family literacy services	☐	☐
g. To provide summer learning opportunities	☐	☐

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.**

	Yes	No
a. To serve children in a pull-out setting for second language instruction	☐	☐
b. To serve children in an in-class setting for second language instruction	☐	☐
c. To provide extended time learning opportunities before and/or after school for children	☐	☐
d. To improve the entire educational program through a schoolwide program	☐	☐
e. To provide professional development activities for teachers who serve English language learners	☐	☐
f. To provide family literacy services (usually done out of Title III immigrant funds)	☐	☐
g. To provide summer learning opportunities	☐	☐
h. To provide student support in the student's home language for second language instruction	☐	☐

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

	Yes	**No**	**Not applicable**
a. Prekindergarten and/or transitional (readiness) kindergarten	☐	☐	☐
b. Kindergarten	☐	☐	

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	☐	☐
b. Offered students the choice to transfer to another public school	☐	☐
c. Offered supplemental educational services to students from low-income families	☐	☐
d. Replaced school staff	☐	☐
e. Implemented a new curriculum based on scientifically based research	☐	☐
f. Extended the school day or school year	☐	☐
g. Appointed an outside expert to advise the school on its progress toward making AYP	☐	☐
h. Reorganized the school internally	☐	☐

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	%	%
b. Mathematics or quantitative skills	%	%
c. Science	%	%
d. English language proficiency for English Language Learners **(WRITE NA IF NO STUDENTS WERE ASSESSED FOR THIS.)**	%	

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) 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/dual-language immersion 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		

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?	
b.. Number of regular classroom teachers who have left your school since October 1, 2010, and have not returned?	

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			%
b.	American Indian or Alaska Native, not Hispanic or Latino			%
c.	Asian, not Hispanic or Latino			%
d.	Black or African American, not Hispanic or Latino			%
e.	Native Hawaiian or Other Pacific Islander, not Hispanic or Latino			%
f.	White, not Hispanic or Latino			%
g.	Two or more races, not Hispanic or Latino			%
h.	**Total number of teachers (sum of a through g)**			**100%**

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

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
There is a consensus among administrators and teachers on goals and expectations	☐	☐	☐	☐	☐

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 9 ☐☐☐☐

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.**

	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	

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	☐	☐
b.	District-based training program (e.g., the Boston Principal Fellowship, New York City Leadership Academy's Aspiring Principals Program, Chicago's LAUNCH program)	☐	☐
c.	City-based training program (e.g., Cleveland's First Ring Leadership Academy)	☐	☐
d.	State-based training program (e.g., New Jersey EXCEL)	☐	☐
e.	Training and/or certification program run by a national non-profit organization (e.g., KIPP School Leadership Program, New Leaders for New Schools)	☐	☐
f.	Another school administration preparation program	☐	☐

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.**

		Yes	No
a.	Early childhood education	☐	☐
b.	Elementary education	☐	☐
c.	Education administration/management	☐	☐
d.	Special education	☐	☐
e.	Other education-related major (such as secondary education, educational psychology, science education, music education, etc.)	☐	☐
f.	Non-education major (such as history, English, etc.)	☐	☐

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."**

		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	☐

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