

**APPENDIX F  
FOURTH-GRADE  
SCHOOL ADMINISTRATOR QUESTIONNAIRES**

**Early Childhood Longitudinal Study, Kindergarten Class of 2010-11  
(ECLS-K:2011)**

**Spring Fourth-Grade National Data Collection  
and Fifth-Grade Recruitment**

**OMB Clearance Package  
#1850-0750 v.16**



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# Spring 2015 School Administrator Questionnaire Questionnaire A

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

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

RETURN THIS COMPLETED QUESTIONNAIRE IN THE SEALED TYVEK® ENVELOPE DIRECTLY TO YOUR SCHOOL COORDINATOR OR AN ECLS-K:2011 STAFF MEMBER. DO NOT MAIL THIS QUESTIONNAIRE UNLESS YOU ARE ASKED TO DO SO BY STUDY STAFF AND ARE PROVIDED WITH AN ENVELOPE FOR MAILING.

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this voluntary survey is 1850-XXXX. Approval expires XX/XX/XXXX. The time required to complete this survey 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 survey. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Early Childhood Longitudinal Study, National Center for Education Statistics, 1990 K Street, N.W., Washington, D.C. 20006-5574.

The collection of information in this survey is authorized by 20 U.S. Code, Section 9543. 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 (20 U.S. Code, Section 9573). 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 except as required by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.



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## 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. **The Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011 (ECLS-K:2011)** is collecting information from schools attended by children who are in the study to investigate the relationship between children's academic progress and various school, classroom, teacher, and child characteristics. 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-family-community connections
- c) School policies and practices
- d) School programs for particular populations
- e) Federal programs: Title I, Adequate Yearly Progress (AYP), and Title III
- f) Staffing and teacher characteristics
- g) 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 (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). 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 on page 5) or by writing your responses in the space provided. Your best estimates are acceptable answers.

## DEFINITIONS

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.
- Ungraded: A classroom containing children with an age span of two or more years, not formally identified by grade(s).



**Special programs.** Reference is made in this questionnaire to Title I and Title III programs, individualized education programs (IEP), Section 504 plans, and Response to Intervention (RtI). 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.
- 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.
- Response to Intervention (RtI): A multi-step approach to providing early and progressively intensive intervention and monitoring within the general education setting. In principle, RtI begins with research-based instruction and behavioral support provided to students in the general education classroom, followed by screening of all students to identify those who may need systematic progress monitoring, intervention, or support. Students who are not responding to the general education curriculum and instruction are provided with increasingly intensive interventions through a "tiered" system, and they are regularly monitored to assess their progress and inform the choice of future interventions, including possibly special education for students determined to have a disability.

**Language.** Reference is made to English language learners (ELL), as well as to instructional programs for ELL students 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.

**THANK YOU VERY MUCH FOR YOUR HELP.**



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### MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE PENCIL OR FELT-TIP PEN.

### MARKING BOXES

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

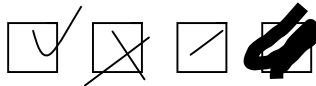
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



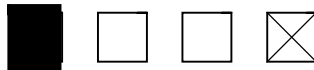
**Incorrect Marks:**

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

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

Write one number per box like this:



Write words like this:





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### SECTION A. SCHOOL CHARACTERISTICS

**A1. How many instructional days will this school provide during this academic year?** WRITE IN NUMBER BELOW. IF THIS IS A YEAR-ROUND SCHOOL, PLEASE PROVIDE THE NUMBER OF INSTRUCTIONAL DAYS A GIVEN CHILD WOULD ATTEND.

Number of instructional days

**A2. School enrollment.** WRITE IN THE APPROXIMATE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL SINCE OCTOBER 1, WRITE "0" ON THE APPLICABLE LINE.

	Number of children
a. Total enrollment in <u>fourth grade</u> in your school around October 1, 2014, or the date nearest to that for which data are available	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Total enrollment in your school (across all grades) around October 1, 2014, or the date nearest to that for which data are available	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Number of children who have enrolled in your school since October 1, 2014	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Number of children who have left your school since October 1, 2014, and have not returned	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**A3. Approximately what is the Average Daily Attendance for your school this year?** WRITE IN PERCENT OR NUMBER BELOW. TO CALCULATE PERCENT, DIVIDE THE NUMBER OF STUDENTS ATTENDING ON AN AVERAGE DAY BY THE NUMBER OF STUDENTS ENROLLED AND THEN MULTIPLY BY 100.

% Average Daily Attendance

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

**OR**

Average Number Attending Daily



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**A4. Mark all grade levels included in your school. PLEASE SEE PAGE 3 OF THIS QUESTIONNAIRE FOR DEFINITIONS OF DIFFERENT TYPES OF CLASSES AND GRADE LEVELS.**

- |   |                              |                               |
|---|------------------------------|-------------------------------|
| <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 |

**A5. Which of the following characterizes your school? MARK ALL THAT APPLY.**

- Regular public school (not including magnet school)
- Public magnet school
- Charter school
- 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 Education (BIE) or tribal school

*IF YOU MARKED "CHARTER SCHOOL" IN Q A5, GO TO Q A6.  
IF YOU DID NOT MARK "CHARTER SCHOOL," THEN SKIP TO Q A8.*

**A6. In what year did this school start providing instruction as a public CHARTER school? WRITE IN YEAR BELOW.**

--	--	--	--

YEAR

**A7. Which of the following characterizes your public CHARTER school? MARK ONE RESPONSE.**

- For profit
- Not for profit





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**A8. Approximately how many or 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	[ ][ ][ ][ ]		[ ][ ] %
<b>h. Total school enrollment (sum of a through g)</b>	[ ][ ][ ][ ]		<b>1 0 0</b> %

**A9.  If your school is a private, magnet, or charter school, please check here and SKIP TO Q A11.**

**A10. About what percentage of the children enrolled in this school attend from outside of this school's assigned attendance area because... WRITE IN PERCENTAGES BELOW. IF NONE, WRITE "0."**

	Percent	Don't know
a. They have special needs (gifted and talented, children with disabilities, etc.) and attend to receive a specialized program or service?	[ ][ ][ ] %	<input type="checkbox"/>
b. They transferred into the school because their previous school did not make adequate yearly progress (AYP)? (Adequate yearly progress is your state's measure of yearly progress toward achieving state academic standards.)	[ ][ ][ ] %	<input type="checkbox"/>
c. They attend this school under public school choice for reasons other than their assigned school did not make AYP (that is, excluding those who are reported in b)?	[ ][ ][ ] %	<input type="checkbox"/>

**A11. About what percentage of the children enrolled in this school are eligible for free or reduced-price lunch? WRITE IN PERCENTAGE BELOW. IF NONE, WRITE "0."**

[ ][ ][ ] Percentage of children



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### SECTION B. SCHOOL-FAMILY-COMMUNITY CONNECTIONS

**B1. 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. Reports (report cards) of child's performance provided to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information on the child's standardized assessment scores provided to parents	<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. School performances to which parents are invited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 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"/>

**B2. During this school year, how often has your school used the following ways to communicate with all parents? MARK ONE RESPONSE ON EACH ROW.**

	<u>More than once a week</u>	<u>Once a week</u>	<u>Several times a month</u>	<u>Once a month</u>	<u>Less than once a month or never</u>
a. Electronic communication to <u>all parents</u> , such as group emails, electronic newsletters, website postings, "robocalls" (mass automated phone calls), text alerts, or other electronic notices for all parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Non-electronic communication to <u>all parents</u> , such as letters, newsletters, phone calls, or other non-electronic messages for all parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**B3. During this school year, has your school used an online tool or website that is available to the general public and that parents can access without a login or password? MARK ONE RESPONSE.**

Yes

No

**B4. During this school year, has your school (or any teacher) used an online tool or website that parents can only access with a login and password to get information about their child, the child's class, or the school? MARK ONE RESPONSE.**

Yes

No (SKIP TO Q B6)

**B5. Have the following types of information been provided in the online tool or website that parents can only access with a login and password? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Classroom-specific assignments, including homework	<input type="checkbox"/>	<input type="checkbox"/>
b. Child- or parent-specific information, such as progress reports between grading periods	<input type="checkbox"/>	<input type="checkbox"/>

**B6. 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"/>
f. Violence in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**B7. 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	<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"/>
i. Class cutting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B8. Does your school take any of the following measures to ensure the safety of children? MARK YES OR NO ON EACH ROW.**

	Yes	No
a. Security guards, unarmed	<input type="checkbox"/>	<input type="checkbox"/>
b. Security guards, armed	<input type="checkbox"/>	<input type="checkbox"/>
c. Metal detectors	<input type="checkbox"/>	<input type="checkbox"/>
d. Locked doors during the school day	<input type="checkbox"/>	<input type="checkbox"/>
e. A requirement that visitors sign in	<input type="checkbox"/>	<input type="checkbox"/>
f. Intercoms or telephones in classrooms	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>



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**B9. 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"/>

**B10. During the past year, to what extent did any of the following changes occur at your school? *MARK ONE RESPONSE ON EACH ROW.***

	<u>Not at all</u>	<u>Small extent</u>	<u>Moderate extent</u>	<u>Large extent</u>
a. Funding levels decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enrollment increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Enrollment decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The number of students receiving free or reduced-price lunch increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Student mobility increased (that is, the number of students transferring in and out of the school increased)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There has been a reduction in staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Class sizes increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Class sizes decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Salaries increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Salaries decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Number of English language learners increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**B11. During the past year, were salaries frozen at your school?** *MARK ONE RESPONSE.*

Yes

No

*IF YOUR SCHOOL IS A PRIVATE, MAGNET, OR CHARTER SCHOOL, SKIP TO Q C1.  
IF YOUR SCHOOL IS NOT A PRIVATE, MAGNET, OR CHARTER SCHOOL, GO TO Q B12.*

**B12. During the past year, were changes made to your school's assigned attendance area?** *MARK ONE RESPONSE.*

Yes

No



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### SECTION C. SCHOOL POLICIES AND PRACTICES

**C1. How many third-grade children were retained at their current grade level last school year? WRITE NUMBER BELOW. IF NONE, WRITE "0." IF YOUR SCHOOL DOES NOT HAVE THIRD-GRADE STUDENTS, MARK THE "NOT APPLICABLE" BOX.**

Number of third-grade children retained last year

Not applicable

**C2. How many fourth-grade children were retained at their current grade level last school year? WRITE NUMBER BELOW. IF NONE, WRITE "0." IF YOUR SCHOOL DOES NOT HAVE FOURTH-GRADE STUDENTS, MARK THE "NOT APPLICABLE" BOX.**

Number of fourth-grade children retained last year

Not applicable

**C3. Is a school-wide positive behavioral intervention and support program (for example, Positive Behavioral Support, Positive Behavioral Intervention System) implemented at your school? MARK ONE RESPONSE.**

Yes

No

**C4. For each of the following statements about READING and MATH, indicate how strongly you agree or disagree. MARK ONE RESPONSE ON EACH ROW.**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
<b>For READING</b>						
a. This school has a set of clear, predetermined, grade-level benchmarks (that is, cut scores, goals/targets, or percentiles) that are used to determine which students are struggling or at risk of failure in READING.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At this school, we use data from screening tests to determine if core instruction in READING is meeting the needs of most of our students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>For MATH</b>						
c. This school has a set of clear, predetermined, grade-level benchmarks (that is, cut scores, goals/targets, or percentiles) that are used to determine which students are struggling or at risk of failure in MATH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. At this school, we use data from screening tests to determine if core instruction in MATH is meeting the needs of most of our students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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**C5. Is Response to Intervention (RtI) currently used at your school in fourth grade, either partially or fully implemented? MARK ONE RESPONSE.**

RESPONSE TO INTERVENTION (RTI) IS A MULTI-STEP APPROACH TO PROVIDING EARLY AND PROGRESSIVELY INTENSIVE INTERVENTION AND MONITORING WITHIN THE GENERAL EDUCATION SETTING. SEE PAGE 4 FOR A COMPLETE DEFINITION OF RTI.

Yes

No (SKIP TO Q C9)

**C6. Is RtI currently implemented at your school in fourth grade in the following areas? MARK ONE RESPONSE ON EACH ROW.**

	Yes, fully implemented in fourth grade	Yes, partially implemented in fourth grade	No, not implemented in fourth grade
a. Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behavior/Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C7. Approximately how many years ago did your school begin implementing RtI in fourth grade in any subject? MARK ONE RESPONSE.**

Less than 1 year ago

1 to 2 years ago

More than 2 years ago

**C8. For the 2014-2015 school year, how has your school made information available to parents/guardians to help them understand how RtI is being implemented in your school? MARK YES OR NO ON EACH ROW.**

	Yes	No
a. Communication through written materials such as letters, email, school website, or newsletters	<input type="checkbox"/>	<input type="checkbox"/>
b. Communication through workshops, discussion groups, or other meetings such as PTA meetings	<input type="checkbox"/>	<input type="checkbox"/>
c. Communication through individual meetings with parents or phone calls	<input type="checkbox"/>	<input type="checkbox"/>
d. Information is not distributed on this topic	<input type="checkbox"/>	<input type="checkbox"/>





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**C9. Has your school implemented the Common Core State Standards at any grade(s)?** *MARK ONE RESPONSE.*

Yes

No **(SKIP TO Q D1)**

**C10. Are the Common Core State Standards currently implemented at your school in fourth grade in the following areas?** *MARK ONE RESPONSE ON EACH ROW.*

	Yes, fully implemented in fourth grade	Yes, partially implemented in fourth grade	No, not implemented in fourth grade
a. Reading and Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C11. Approximately how many years ago did your school begin implementing the Common Core State Standards in any grade or subject?** *MARK ONE RESPONSE.*

Less than 1 year ago

1 to 2 years ago

More than 2 years ago



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## SECTION D. SCHOOL PROGRAMS FOR PARTICULAR POPULATIONS

### Language-Minority Students and Families

**D1. Do any of the children in this school come from a home where a language other than English is spoken?** *MARK ONE RESPONSE.*

Yes

No **(SKIP TO Q D5)**

**PLEASE NOTE THE FOLLOWING DEFINITION  
THAT IS RELEVANT TO QUESTIONS D2 & D3 BELOW:**

- **English language learners (ELL)** are children whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.

**D2. What percentage of children in this school are English language learners (ELL)?** *WRITE IN THE PERCENTAGE BELOW. IF NONE, WRITE "0."*

% ELL among all students in school

**D3. What percentage of children in fourth grade are English language learners?** *WRITE IN THE PERCENTAGE BELOW. IF NONE, WRITE "0."*

% ELL among all students in fourth grade

**D4. Are any of the following services provided to families of children from households where a language other than English is spoken?** *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. Translations 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"/>



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**Children with Special Needs**

**D5. Since the beginning of this school year (2014-2015), how many students have been NEWLY evaluated at your school to determine if they are eligible for an IEP? WRITE NUMBER IN BOX.**

Total number of newly evaluated students at your school

**D6. Of those students who have been NEWLY evaluated at your school this school year (2014- 2015), how many were found eligible for an IEP, including those who may have an IEP for speech only? WRITE NUMBER IN BOX.**

Total number of newly evaluated students found eligible at your school

**D7. What method(s) are used in your school to determine special education ELIGIBILITY for students with learning disabilities? MARK YES OR NO ON EACH ROW. IF A COMBINATION OF THESE METHODS IS USED AT YOUR SCHOOL, MARK YES FOR BOTH A AND B.**

*RESPONSE TO INTERVENTION (RTI) IS A MULTI-STEP APPROACH TO PROVIDING EARLY AND PROGRESSIVELY INTENSIVE INTERVENTION AND MONITORING WITHIN THE GENERAL EDUCATION SETTING. SEE PAGE 4 FOR A MORE COMPLETE DEFINITION OF RTI.*

	<u>Yes</u>	<u>No</u>
a. IQ-achievement discrepancy model which shows whether there is a discrepancy between <i>expected</i> performance and <i>actual</i> performance	<input type="checkbox"/>	<input type="checkbox"/>
b. Response to Intervention (RtI) model	<input type="checkbox"/>	<input type="checkbox"/>



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**D8. Approximately what percentage of your fourth-graders 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 FOURTH GRADE OR IN ANY GRADE IN YOUR SCHOOL.**

	Percent	Not offered in <u>fourth grade</u>	Not offered in any grade
a. Special education with an Individualized Education Program (IEP)	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
b. Receive accommodations through a 504 plan	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading instruction for students performing below grade level in reading	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
d. Math instruction for students performing below grade level in math	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
e. A gifted and talented program	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>

**D9. Where are children with Individualized Education Programs (IEPs) typically served in this school? MARK ONE RESPONSE.**

- 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.



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**SECTION E. FEDERAL PROGRAMS: TITLE I, ADEQUATE YEARLY PROGRESS, AND TITLE III <sup>1</sup>**

The following items pertain to public schools only.

IF YOURS IS A PRIVATE SCHOOL CHECK HERE. (SKIP TO Q F1)

**E1. Did your school receive Federal Title I funds for this school year? MARK ONE RESPONSE.**

Yes

No (SKIP TO Q E3)

**PLEASE NOTE THE FOLLOWING DEFINITIONS  
THAT ARE RELEVANT TO QUESTION E2 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 40 percent of its students are from low-income families, or if it receives a waiver permitting it to operate a schoolwide program.

**E2. Is your school operating a Title I targeted assistance or schoolwide program? MARK ONE RESPONSE.**

Targeted assistance program

Schoolwide program

**E3. Did your school receive Federal Title III funds for this school year? (Title III is "Language Instruction for Limited English Proficient and Immigrant Students.") MARK ONE RESPONSE.**

Yes

No

<sup>1</sup> 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.



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**Federal Requirements**

**E4. At the end of the LAST school year (2013-2014), did this school make Adequate Yearly Progress (AYP)? (Adequate Yearly Progress is your state's measure of yearly progress toward achieving state academic standards.) MARK ONE RESPONSE.**

- Yes **(SKIP TO Q F1)**
- No
- Not applicable **(SKIP TO Q F1)**

**E5. At the end of the LAST school year (2013-2014), 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.) MARK ONE RESPONSE.**

- Yes
- No



### SECTION F. STAFFING AND TEACHER CHARACTERISTICS

**F1. 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. IF A STAFF MEMBER IS SHARED WITH OTHER SCHOOLS, COUNT THAT PERSON AS "PART TIME" IN YOUR SCHOOL.*

*PLACE EACH STAFF MEMBER IN ONLY ONE STAFF CATEGORY; IF A STAFF MEMBER FITS MORE THAN ONE CATEGORY, PICK THE CATEGORY MOST DESCRIPTIVE OF HIS/HER WORK.*

*WRITE NUMBERS IN BOXES. IF THERE ARE NO STAFF IN YOUR SCHOOL IN A CATEGORY, WRITE "0."*

	(1) Number who work full time in your school	(2) Number who work part time in your school
a. Regular classroom teachers	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
b. ESL/bilingual education/language immersion/ELL instruction teachers	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
c. Drama, music, or art teachers	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
d. Gym/PE or health teachers	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
e. Special education teachers and related service providers (for example, speech therapist, physical therapist, adaptive physical education, etc.)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
f. Paraprofessionals (for example, classroom aides)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>



**F2. Does your school currently have any staff members (full- or part-time) in the following categories? MARK YES OR NO ON EACH ROW. INCLUDE THOSE WHO ARE FULL- OR PART-TIME STAFF MEMBERS AT YOUR SCHOOL.**

	<u>Yes</u>	<u>No</u>
a. Teachers of gifted/talented students	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading specialists and interventionists	<input type="checkbox"/>	<input type="checkbox"/>
c. Math specialists and interventionists	<input type="checkbox"/>	<input type="checkbox"/>
d. School nurses or health professionals	<input type="checkbox"/>	<input type="checkbox"/>
e. School psychologists or social workers	<input type="checkbox"/>	<input type="checkbox"/>
f. Guidance counselors	<input type="checkbox"/>	<input type="checkbox"/>
g. Library media specialists/librarians	<input type="checkbox"/>	<input type="checkbox"/>
h. Computer/technology teachers or support staff	<input type="checkbox"/>	<input type="checkbox"/>

**F3. Does your school currently have any staff members who do the following as their primary role or one of their primary roles? MARK YES OR NO ON EACH ROW. INCLUDE THOSE WHO ARE FULL- OR PART-TIME STAFF MEMBERS AT YOUR SCHOOL.**

	<u>Yes</u>	<u>No</u>
a. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective READING instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective MATH instruction	<input type="checkbox"/>	<input type="checkbox"/>
c. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective behavioral supports	<input type="checkbox"/>	<input type="checkbox"/>
d. A school staff member who supports teachers in collecting, organizing, and managing assessment data	<input type="checkbox"/>	<input type="checkbox"/>
e. A school staff member who supports teachers in the interpretation and use of assessment data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>

**F4. Please indicate the number of regular classroom teachers who have joined or left your school since October 1, 2014. WRITE IN THE APPROXIMATE NUMBERS FOR EACH OF THE FOLLOWING. IF NO TEACHERS HAVE LEFT OR STARTED AT YOUR SCHOOL SINCE OCTOBER 1, WRITE "0" ON THE APPLICABLE LINE.**

	<u>Number of teachers</u>
a. Number of regular classroom teachers who have begun teaching in your school since October 1, 2014	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
b. Number of regular classroom teachers who have left your school since October 1, 2014, and have not returned	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>





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**F5. Are monetary incentives such as cash bonuses, salary increases, or different steps on the salary schedule used in your school to reward teachers for... MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Improved student performance on state tests?	<input type="checkbox"/>	<input type="checkbox"/>
b. Reaching target goals on state tests?	<input type="checkbox"/>	<input type="checkbox"/>

**F6. Did this school's principal (or head administrator) complete the majority of the previous sections or was the majority completed by someone else? MARK ONE RESPONSE.**

- Principal **(SKIP TO Q G1)**
- Someone else

**F7. If a person other than the school's principal (or head administrator) has completed the previous sections, please write in the name and title of the person who completed the majority of the sections. PLEASE PRINT.**

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		

**F8. How long has the individual listed above been employed at this school? WRITE YEARS AND MONTHS BELOW.**

YEAR(S)	MONTH(S)		

The principal or head administrator should complete the remainder of this questionnaire. If a designee is chosen to complete this in his or her place, please be sure that the background and education characteristics provided are about the school's principal or head administrator.



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### SECTION G. SCHOOL ADMINISTRATOR CHARACTERISTICS

**G1. What is your gender?** *MARK ONE RESPONSE.*

Male

Female

**G2. In what year were you born?** *WRITE IN YEAR BELOW.*

1	9		
---	---	--	--

YEAR

**G3. Are you Hispanic or Latino?** *MARK ONE RESPONSE.*

Yes

No

**G4. Which best describes your race?** *MARK ONE OR MORE RESPONSES 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

**G5. How many years of experience do you have in each of the following positions, including years in which you worked part time?** *WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."*

**Number  
of years**

a. Years as a teacher before becoming a school administrator

--	--

b. Total number of years as a school administrator

--	--

c. Number of years as school administrator at this school

--	--



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**G6. 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.**

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

**G7. What is the highest level of education you have completed? MARK ONE RESPONSE.**

- 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 or an advanced professional degree beyond a Master's degree (for example, MD, EdD)

**G8. 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"/>



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**G9. What is your best estimate of the percentage of children in your school you know by name?**

*MARK ONE RESPONSE.*

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

**G10. During school hours, do you speak a language other than English with students at your school whose native language is not English?** *MARK ONE RESPONSE.*

- Yes
- No

**G11. Do you speak a language other than English with students' families whose native language is not English?** *MARK ONE RESPONSE.*

- Yes
- No

**G12.  If you do not speak a language other than English with EITHER students OR students' families whose native language is not English, mark here and SKIP TO Q G14.**

**G13. What language(s) other than English do you speak with students at your school or with their families?** *MARK ALL THAT APPLY.*

- Spanish
- Vietnamese
- A Chinese language
- Japanese
- Korean
- A Filipino language
- Arabic
- Other (PLEASE SPECIFY)



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**G14. Date Questionnaire Completed:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH		DAY		YEAR	

**Questionnaire completed by:**

LAST NAME

FIRST NAME

MIDDLE INITIAL

**THANK YOU FOR YOUR COOPERATION!**



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For Office Use Only

C - No DR  C - DR Comp

C - DR Ref  Ref

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# Spring 2015 School Administrator Questionnaire Questionnaire B

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

**Westat  
Rockville, Maryland**

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

RETURN THIS COMPLETED QUESTIONNAIRE IN THE SEALED TYVEK® ENVELOPE DIRECTLY TO YOUR SCHOOL COORDINATOR OR AN ECLS-K:2011 STAFF MEMBER. DO NOT MAIL THIS QUESTIONNAIRE UNLESS YOU ARE ASKED TO DO SO BY STUDY STAFF AND ARE PROVIDED WITH AN ENVELOPE FOR MAILING.

S\_ID

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 voluntary survey is 1850-XXXX. Approval expires XX/XX/XXXX. The time required to complete this survey 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 survey. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this survey, or any comments or concerns regarding the status of your individual submission of this survey, please write to: Early Childhood Longitudinal Study, National Center for Education Statistics, 1990 K Street, N.W., Washington, D.C. 20006-5574.

The collection of information in this survey is authorized by 20 U.S. Code, Section 9543. 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 (20 U.S. Code, Section 9573). 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 except as required by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.



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## 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. **The Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011 (ECLS-K:2011)** is collecting information from schools attended by children who are in the study to investigate the relationship between children's academic progress and various school, classroom, teacher, and child characteristics. 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-family-community connections
- c) School policies and practices
- d) School programs for particular populations
- e) Federal programs: Title I and Title III
- f) Staffing and teacher characteristics
- g) 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 (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). 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 on page 5) or by writing your responses in the space provided. Your best estimates are acceptable answers.

## DEFINITIONS

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.
- Ungraded: A classroom containing children with an age span of two or more years, not formally identified by grade(s).



**Special programs.** Reference is made in this questionnaire to Title I and Title III programs, individualized education programs (IEP), Section 504 plans, and Response to Intervention (RtI). 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.
- 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.
- Response to Intervention (RtI): A multi-step approach to providing early and progressively intensive intervention and monitoring within the general education setting. In principle, RtI begins with research-based instruction and behavioral support provided to students in the general education classroom, followed by screening of all students to identify those who may need systematic progress monitoring, intervention, or support. Students who are not responding to the general education curriculum and instruction are provided with increasingly intensive interventions through a "tiered" system, and they are regularly monitored to assess their progress and inform the choice of future interventions, including possibly special education for students determined to have a disability.

**Language.** Reference is made to English language learners (ELL), as well as to instructional programs for ELL students 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.

**THANK YOU VERY MUCH FOR YOUR HELP.**



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### MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE PENCIL OR FELT-TIP PEN.

### MARKING BOXES

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

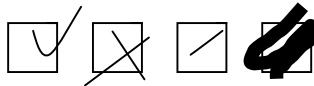
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



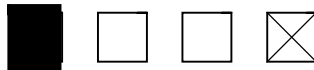
**Incorrect Marks:**

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

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

Write one number per box like this:



Write words like this:





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### SECTION A. SCHOOL CHARACTERISTICS

**A1. How many instructional days will this school provide during this academic year?** WRITE IN NUMBER BELOW. IF THIS IS A YEAR-ROUND SCHOOL, PLEASE PROVIDE THE NUMBER OF INSTRUCTIONAL DAYS A GIVEN CHILD WOULD ATTEND.

Number of instructional days

**A2. School enrollment.** WRITE IN THE APPROXIMATE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL SINCE OCTOBER 1, WRITE "0" ON THE APPLICABLE LINE.

	Number of children
a. Total enrollment in <u>fourth grade</u> in your school around October 1, 2014, or the date nearest to that for which data are available	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Total enrollment in your school (across all grades) around October 1, 2014, or the date nearest to that for which data are available	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Number of children who have enrolled in your school since October 1, 2014	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Number of children who have left your school since October 1, 2014, and have not returned	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**A3. Approximately what is the Average Daily Attendance for your school this year?** WRITE IN PERCENT OR NUMBER BELOW. TO CALCULATE PERCENT, DIVIDE THE NUMBER OF STUDENTS ATTENDING ON AN AVERAGE DAY BY THE NUMBER OF STUDENTS ENROLLED AND THEN MULTIPLY BY 100.

% Average Daily Attendance

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

**OR**

Average Number Attending Daily

**A4. About what percentage of the children enrolled in this school are eligible for free or reduced-price lunch?** WRITE IN PERCENTAGE BELOW. IF NONE, WRITE "0."

Percentage of children



### SECTION B. SCHOOL-FAMILY-COMMUNITY CONNECTIONS

**B1. 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. Reports (report cards) of child's performance provided to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information on the child's standardized assessment scores provided to parents	<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. School performances to which parents are invited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 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"/>

**B2. During this school year, how often has your school used the following ways to communicate with all parents? MARK ONE RESPONSE ON EACH ROW.**

	<u>More than once a week</u>	<u>Once a week</u>	<u>Several times a month</u>	<u>Once a month</u>	<u>Less than once a month or never</u>
a. Electronic communication to <u>all parents</u> , such as group emails, electronic newsletters, website postings, "robocalls" (mass automated phone calls), text alerts, or other electronic notices for all parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Non-electronic communication to <u>all parents</u> , such as letters, newsletters, phone calls, or other non-electronic messages for all parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





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**B3. During this school year, has your school used an online tool or website that is available to the general public and that parents can access without a login or password? MARK ONE RESPONSE.**

Yes

No

**B4. During this school year, has your school (or any teacher) used an online tool or website that parents can only access with a login and password to get information about their child, the child's class, or the school? MARK ONE RESPONSE.**

Yes

No (SKIP TO Q B6)

**B5. Have the following types of information been provided in the online tool or website that parents can only access with a login and password? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Classroom-specific assignments, including homework	<input type="checkbox"/>	<input type="checkbox"/>
b. Child- or parent-specific information, such as progress reports between grading periods	<input type="checkbox"/>	<input type="checkbox"/>

**B6. 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. Physical conflicts among students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Student bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Widespread disorder in classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**B7. Does your school take any 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, unarmed	<input type="checkbox"/>	<input type="checkbox"/>
b. Security guards, armed	<input type="checkbox"/>	<input type="checkbox"/>
c. Metal detectors	<input type="checkbox"/>	<input type="checkbox"/>
d. Locked doors during the school day	<input type="checkbox"/>	<input type="checkbox"/>
e. A requirement that visitors sign in	<input type="checkbox"/>	<input type="checkbox"/>
f. Intercoms or telephones in classrooms	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>

**B8. 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"/>



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**B9. During the past year, to what extent did any of the following changes occur at your school? MARK ONE RESPONSE ON EACH ROW.**

	<u>Not at all</u>	<u>Small extent</u>	<u>Moderate extent</u>	<u>Large extent</u>
a. Funding levels decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The number of students receiving free or reduced-price lunch increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There has been a reduction in staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Class sizes increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Class sizes decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Salaries increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Salaries decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B10. During the past year, were salaries frozen at your school? MARK ONE RESPONSE.**

Yes

No

*IF YOUR SCHOOL IS A PRIVATE, MAGNET, OR CHARTER SCHOOL, SKIP TO Q C1.  
IF YOUR SCHOOL IS NOT A PRIVATE, MAGNET, OR CHARTER SCHOOL, GO TO Q B11.*

**B11. During the past year, were changes made to your school's assigned attendance area? MARK ONE RESPONSE.**

Yes

No



SECTION C. SCHOOL POLICIES AND PRACTICES

C1. How many third-grade children were retained at their current grade level last school year? WRITE NUMBER BELOW. IF NONE, WRITE "0." IF YOUR SCHOOL DOES NOT HAVE THIRD-GRADE STUDENTS, MARK THE "NOT APPLICABLE" BOX.

Three empty boxes for entering the number of third-grade children retained last year.

Number of third-grade children retained last year

Not applicable

C2. How many fourth-grade children were retained at their current grade level last school year? WRITE NUMBER BELOW. IF NONE, WRITE "0." IF YOUR SCHOOL DOES NOT HAVE FOURTH-GRADE STUDENTS, MARK THE "NOT APPLICABLE" BOX.

Three empty boxes for entering the number of fourth-grade children retained last year.

Number of fourth-grade children retained last year

Not applicable

C3. Is a school-wide positive behavioral intervention and support program (for example, Positive Behavioral Support, Positive Behavioral Intervention System) implemented at your school? MARK ONE RESPONSE.

Yes

No

C4. For each of the following statements about READING and MATH, indicate how strongly you agree or disagree. MARK ONE RESPONSE ON EACH ROW.

Table with 7 columns: For READING, For MATH, Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree, Don't know. Rows include statements about benchmarks and screening tests for reading and math.



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**C5. Is Response to Intervention (RtI) currently used at your school in fourth grade, either partially or fully implemented? MARK ONE RESPONSE.**

RESPONSE TO INTERVENTION (RTI) IS A MULTI-STEP APPROACH TO PROVIDING EARLY AND PROGRESSIVELY INTENSIVE INTERVENTION AND MONITORING WITHIN THE GENERAL EDUCATION SETTING. SEE PAGE 4 FOR A COMPLETE DEFINITION OF RTI.

- Yes
- No **(SKIP TO Q C9)**

**C6. Is RtI currently implemented at your school in fourth grade in the following areas? MARK ONE RESPONSE ON EACH ROW.**

	Yes, fully implemented in fourth grade	Yes, partially implemented in fourth grade	No, not implemented in fourth grade
a. Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behavior/Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C7. Approximately how many years ago did your school begin implementing RtI in fourth grade in any subject? MARK ONE RESPONSE.**

- Less than 1 year ago
- 1 to 2 years ago
- More than 2 years ago

**C8. For the 2014-2015 school year, how has your school made information available to parents/guardians to help them understand how RtI is being implemented in your school? MARK YES OR NO ON EACH ROW.**

	Yes	No
a. Communication through written materials such as letters, email, school website, or newsletters	<input type="checkbox"/>	<input type="checkbox"/>
b. Communication through workshops, discussion groups, or other meetings such as PTA meetings	<input type="checkbox"/>	<input type="checkbox"/>
c. Communication through individual meetings with parents or phone calls	<input type="checkbox"/>	<input type="checkbox"/>
d. Information is not distributed on this topic	<input type="checkbox"/>	<input type="checkbox"/>



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**C9. Has your school implemented the Common Core State Standards at any grade(s)?** *MARK ONE RESPONSE.*

Yes

No **(SKIP TO Q D1)**

**C10. Are the Common Core State Standards currently implemented at your school in fourth grade in the following areas?** *MARK ONE RESPONSE ON EACH ROW.*

	Yes, fully implemented in fourth grade	Yes, partially implemented in fourth grade	No, not implemented in fourth grade
a. Reading and Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C11. Approximately how many years ago did your school begin implementing the Common Core State Standards in any grade or subject?** *MARK ONE RESPONSE.*

Less than 1 year ago

1 to 2 years ago

More than 2 years ago



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SECTION D. SCHOOL PROGRAMS FOR PARTICULAR POPULATIONS

Language-Minority Students and Families

D1. Do any of the children in this school come from a home where a language other than English is spoken? MARK ONE RESPONSE.

Yes

No (SKIP TO Q D4)

**PLEASE NOTE THE FOLLOWING DEFINITION  
THAT IS RELEVANT TO QUESTIONS D2 & D3 BELOW:**

- **English language learners (ELL)** are children whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.

D2. What percentage of children in this school are English language learners (ELL)? WRITE IN THE PERCENTAGE BELOW. IF NONE, WRITE "0."

% ELL among all students in school

D3. What percentage of children in fourth grade are English language learners? WRITE IN THE PERCENTAGE BELOW. IF NONE, WRITE "0."

% ELL among all students in fourth grade



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**Children with Special Needs**

**D4. Since the beginning of this school year (2014-2015), how many students have been NEWLY evaluated at your school to determine if they are eligible for an IEP? WRITE NUMBER IN BOX.**

Total number of newly evaluated students at your school

**D5. Of those students who have been NEWLY evaluated at your school this school year (2014- 2015), how many were found eligible for an IEP, including those who may have an IEP for speech only? WRITE NUMBER IN BOX.**

Total number of newly evaluated students found eligible at your school

**D6. What method(s) are used in your school to determine special education ELIGIBILITY for students with learning disabilities? MARK YES OR NO ON EACH ROW. IF A COMBINATION OF THESE METHODS IS USED AT YOUR SCHOOL, MARK YES FOR BOTH A AND B.**

*RESPONSE TO INTERVENTION (RTI) IS A MULTI-STEP APPROACH TO PROVIDING EARLY AND PROGRESSIVELY INTENSIVE INTERVENTION AND MONITORING WITHIN THE GENERAL EDUCATION SETTING. SEE PAGE 4 FOR A MORE COMPLETE DEFINITION OF RTI.*

	<u>Yes</u>	<u>No</u>
a. IQ-achievement discrepancy model which shows whether there is a discrepancy between <i>expected</i> performance and <i>actual</i> performance	<input type="checkbox"/>	<input type="checkbox"/>
b. Response to Intervention (RtI) model	<input type="checkbox"/>	<input type="checkbox"/>

**D7. Approximately what percentage of your fourth-graders 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 FOURTH GRADE OR IN ANY GRADE IN YOUR SCHOOL.**

	<u>Percent</u>	<u>Not offered in fourth grade</u>	<u>Not offered in any grade</u>
a. Special education with an Individualized Education Program (IEP)	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
b. Receive accommodations through a 504 plan	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading instruction for students performing below grade level in reading	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
d. Math instruction for students performing below grade level in math	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>
e. A gifted and talented program	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="checkbox"/>	<input type="checkbox"/>





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## SECTION E. FEDERAL PROGRAMS: TITLE I AND TITLE III<sup>1</sup>

The following items pertain to public schools only.

IF YOURS IS A PRIVATE SCHOOL CHECK HERE. (SKIP TO Q F1)

**E1. Did your school receive Federal Title I funds for this school year? MARK ONE RESPONSE.**

Yes

No (SKIP TO Q E3)

**PLEASE NOTE THE FOLLOWING DEFINITIONS  
THAT ARE RELEVANT TO QUESTION E2 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 40 percent of its students are from low-income families, or if it receives a waiver permitting it to operate a schoolwide program.

**E2. Is your school operating a Title I targeted assistance or schoolwide program? MARK ONE RESPONSE.**

Targeted assistance program

Schoolwide program

**E3. Did your school receive Federal Title III funds for this school year? (Title III is "Language Instruction for Limited English Proficient and Immigrant Students.") MARK ONE RESPONSE.**

Yes

No

<sup>1</sup> 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.



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### SECTION F. STAFFING AND TEACHER CHARACTERISTICS

**F1. 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. IF A STAFF MEMBER IS SHARED WITH OTHER SCHOOLS, COUNT THAT PERSON AS "PART TIME" IN YOUR SCHOOL.*

*PLACE EACH STAFF MEMBER IN ONLY ONE STAFF CATEGORY; IF A STAFF MEMBER FITS MORE THAN ONE CATEGORY, PICK THE CATEGORY MOST DESCRIPTIVE OF HIS/HER WORK.*

*WRITE NUMBERS IN BOXES. IF THERE ARE NO STAFF IN YOUR SCHOOL IN A CATEGORY, WRITE "0."*

	(1) Number who work full time in your school	(2) Number who work part time in your school
a. Regular classroom teachers	□ □ □	□ □ □
b. ESL/bilingual education/language immersion/ELL instruction teachers	□ □ □	□ □ □
c. Drama, music, or art teachers	□ □ □	□ □ □
d. Gym/PE or health teachers	□ □ □	□ □ □
e. Special education teachers and related service providers (for example, speech therapist, physical therapist, adaptive physical education, etc.)	□ □ □	□ □ □
f. Paraprofessionals (for example, classroom aides)	□ □ □	□ □ □



**F2. Does your school currently have any staff members (full- or part-time) in the following categories? MARK YES OR NO ON EACH ROW. INCLUDE THOSE WHO ARE FULL- OR PART-TIME STAFF MEMBERS AT YOUR SCHOOL.**

	<u>Yes</u>	<u>No</u>
a. Teachers of gifted/talented students	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading specialists and interventionists	<input type="checkbox"/>	<input type="checkbox"/>
c. Math specialists and interventionists	<input type="checkbox"/>	<input type="checkbox"/>
d. School nurses or health professionals	<input type="checkbox"/>	<input type="checkbox"/>
e. School psychologists or social workers	<input type="checkbox"/>	<input type="checkbox"/>
f. Guidance counselors	<input type="checkbox"/>	<input type="checkbox"/>
g. Library media specialists/librarians	<input type="checkbox"/>	<input type="checkbox"/>
h. Computer/technology teachers or support staff	<input type="checkbox"/>	<input type="checkbox"/>

**F3. Does your school currently have any staff members who do the following as their primary role or one of their primary roles? MARK YES OR NO ON EACH ROW. INCLUDE THOSE WHO ARE FULL- OR PART-TIME STAFF MEMBERS AT YOUR SCHOOL.**

	<u>Yes</u>	<u>No</u>
a. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective READING instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective MATH instruction	<input type="checkbox"/>	<input type="checkbox"/>
c. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective behavioral supports	<input type="checkbox"/>	<input type="checkbox"/>
d. A school staff member who supports teachers in collecting, organizing, and managing assessment data	<input type="checkbox"/>	<input type="checkbox"/>
e. A school staff member who supports teachers in the interpretation and use of assessment data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>

**F4. Please indicate the number of regular classroom teachers who have joined or left your school since October 1, 2014. WRITE IN THE APPROXIMATE NUMBERS FOR EACH OF THE FOLLOWING. IF NO TEACHERS HAVE LEFT OR STARTED AT YOUR SCHOOL SINCE OCTOBER 1, WRITE "0" ON THE APPLICABLE LINE.**

	<u>Number of teachers</u>			
a. Number of regular classroom teachers who have begun teaching in your school since October 1, 2014	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			
b. Number of regular classroom teachers who have left your school since October 1, 2014, and have not returned	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			



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**F5. Are monetary incentives such as cash bonuses, salary increases, or different steps on the salary schedule used in your school to reward teachers for... MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Improved student performance on state tests?	<input type="checkbox"/>	<input type="checkbox"/>
b. Reaching target goals on state tests?	<input type="checkbox"/>	<input type="checkbox"/>

**F6. Did this school's principal (or head administrator) complete the majority of the previous sections or was the majority completed by someone else? MARK ONE RESPONSE.**

- Principal **(SKIP TO Q G1)**
- Someone else

**F7. If a person other than the school's principal (or head administrator) has completed the previous sections, please write in the name and title of the person who completed the majority of the sections. PLEASE PRINT.**

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		

**F8. How long has the individual listed above been employed at this school? WRITE YEARS AND MONTHS BELOW.**

YEAR(S)	MONTH(S)		

The principal or head administrator should complete the remainder of this questionnaire. If a designee is chosen to complete this in his or her place, please be sure that the background and education characteristics provided are about the school's principal or head administrator.



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### SECTION G. SCHOOL ADMINISTRATOR CHARACTERISTICS

**G1. What is your gender?** *MARK ONE RESPONSE.*

- Male
- Female

**G2. In what year were you born?** *WRITE IN YEAR BELOW.*

1	9		
---	---	--	--

YEAR

**G3. Are you Hispanic or Latino?** *MARK ONE RESPONSE.*

- Yes
- No

**G4. Which best describes your race?** *MARK ONE OR MORE RESPONSES 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

**G5. How many years of experience do you have in each of the following positions, including years in which you worked part time?** *WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."*

	<b>Number of years</b>
a. Years as a teacher before becoming a school administrator	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>
b. Total number of years as a school administrator	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>
c. Number of years as school administrator at this school	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>



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**G6. 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.**

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

**G7. What is the highest level of education you have completed? MARK ONE RESPONSE.**

- 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 or an advanced professional degree beyond a Master's degree (for example, MD, EdD)

**G8. 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"/>



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**G9. What is your best estimate of the percentage of children in your school you know by name?**

*MARK ONE RESPONSE.*

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

**G10. During school hours, do you speak a language other than English with students at your school whose native language is not English?** *MARK ONE RESPONSE.*

- Yes
- No

**G11. Do you speak a language other than English with students' families whose native language is not English?** *MARK ONE RESPONSE.*

- Yes
- No

**G12.  If you do not speak a language other than English with EITHER students OR students' families whose native language is not English, mark here and SKIP TO Q G14.**

**G13. What language(s) other than English do you speak with students at your school or with their families?** *MARK ALL THAT APPLY.*

- Spanish
- Vietnamese
- A Chinese language
- Japanese
- Korean
- A Filipino language
- Arabic
- Other (PLEASE SPECIFY)



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**G14. Date Questionnaire Completed:**

MONTH

DAY

YEAR

**Questionnaire completed by:**

LAST NAME

FIRST NAME

MIDDLE INITIAL

**THANK YOU FOR YOUR COOPERATION!**





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C - No DR  C - DR Comp

C - DR Ref  Ref

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