EVALUATION OF THE ESSA TITLE I, PART D NEGLECTED OR DELINQUENT PROGRAMS

LOCAL FACILITY/PROGRAM COORDINATOR SURVEY

Label containing selected sample members survey ID

Agency Name

Label comment

V081216

DRAFT

Dear Coordinator,

Thank you for agreeing to participate in the Evaluation of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA), Title I, Part D Neglected or Delinquent Programs.

- **Purpose of Study:** To better understand how state agencies, local education agencies, and juvenile justice and child welfare facilities implement education and transition programs for children and youth who are neglected or delinquent.

- **Sponsor:** The study is sponsored by the U.S. Department of Education (ED) and is being conducted by American Institutes for Research (AIR) under contract to ED.

- **Participation:** Your participation in this survey is voluntary, and you may choose not to respond to any of the items or discontinue it at any time.

- **Confidentiality:** All information collected will be reported only in aggregate. We will not provide information that identifies you to anyone outside the study team, except as required by law.

- **Response Burden:** This survey should require approximately 60 minutes of your time.

- **Benefits:** Your participation will help policymakers, educators, and researchers at the local, state, and federal levels understand how Title I, Part D programs are implemented and the barriers to implementation.

- **More Information:** For questions or more information about this study, you may contact the AIR study team at XXXX@air.org or call the study toll-free-number at 1-800-XXX-XXXX.

> **Please enter your answers directly on the questionnaire, by selecting the appropriate box, or by writing your answer in the space provided.**

Thank you for your contribution to this very important study!

A. Local Facility/Program Characteristics

A1. **What is your current job title at your facility/program and agency/organizational affiliation?**

Enter Job Title and Affiliation

A2. **In what <u>setting</u> is your current position located?**

Please select only one answer.

- ☐ Juvenile corrections
- ☐ Juvenile detention
- ☐ Child welfare/neglect program
- ☐ At-risk program
- ☐ Other, please specify below.

A3. **Which of the following best describes the type of program in which you work?**

Please select only one answer.

- ☐ Education program in an institution that houses neglected and/or delinquent youth
- ☐ Community day program (a regular program of instruction that educates, but does not house, youth)

A4. **In a typical week, what percentage of your work hours are spent working on tasks related to Title I, Part D?**

- ☐ Less than 20%
- ☐ 20 – 39%
- ☐ 40 – 59%
- ☐ 60 – 79%
- ☐ 80% or more

A5. **How many years have you worked as a Title I, Part D Coordinator?**

Please select only one answer.

- ☐ Less than 1 year
- ☐ 1–3 years
- ☐ 4–6 years
- ☐ 7–10 years
- ☐ More than 10 years

A. Local Facility/Program Characteristics, continued

A6. **How many children and youth were SERVED with Title I, Part D, Subpart 2 funds in your facility/program on July 1, 2016?**

"Served" refers to students who meet the following criteria: (1) living in local institutions for children and youth who are delinquent or in adult correctional institutions; (2) eligible for services under Title I, Part A and Part C OR identified as "at-risk" (e.g., migrant youth, immigrant youth, gang members, and pregnant or parenting youth); (3) 21 years of age or younger.

Please enter the count in the box below.

	Number of children and youth served with Title I, Part D Subpart 2 funds

A7. **Of the children and youth placed in your program or local education agency on July 1, 2016, how many were:**

Please provide a number in each row. If "0," select the box "None." If youth fall into more than one race, please use the "Two or More Races" category.

	Number of Children and Youth	
I. Ethnicity		
a. Hispanic or Latino?		☐ None
II. Race		
a. American Indian or Alaska Native?		☐ None
b. Asian/Pacific Islander (includes Native Hawaiian)?		☐ None
c. Black or African American?		☐ None
d. White?		☐ None
e. Two or More Races?		☐ None

A8. **Of the children and youth placed in your program or local education agency on July 1, 2016, how many were:**

Please provide a number in each row. If "0," select the box "None."

	Number of Children and Youth	
a. Male?		☐ None
b. Female?		☐ None

A. Local Facility/Program Characteristics, continued

A9. **Of the children and youth placed in your program or local education agency on July 1, 2016, how many were in the following age groups:**

Please provide a number in each row. If "0," select the box "None."

		Number of Children and Youth	
a.	0–5 years old?		☐ None
b.	6–12 years old?		☐ None
c.	13–17 years old?		☐ None
d.	18–21 years old?		☐ None
e.	22 years old or older?		☐ None

A10. **On July 1, 2016, what was the overall ratio of children and youth to <u>instructional staff</u> (e.g., teachers, teaching assistants, librarians, principals) in your facility/program?**

Please report the number of staff in terms of full-time equivalents (FTEs); a full-time staff member would count as 1, while a staff member who works 20 hours a week would count as 0.50.

Please provide a number in each column.

Children and Youth to Instructional Staff Ratio	
Number of Children and Youth	Number of Instructional Staff
	:

A11. **On July 1, 2016, what was the overall ratio of children and youth to <u>support services staff</u> (e.g., counselor, psychologists, physical therapists, transitional specialists) in your facility/program?**

Please report the number of staff in terms of full-time equivalents (FTEs); a full-time staff member would count as 1, while a staff member who works 20 hours a week would count as 0.50.

Please provide a number in each column.

Children and Youth to Support Staff Ratio	
Number of Children and Youth	Number of Support Staff
	:

A. Local Facility/Program Characteristics, continued

A12. **Approximately what percentage of your facility's/program's education funding comes from the Title I, Part D program?**

Please enter the percentage in the box below.

Percentage of facility's/program's education funds received from Title I, Part D Neglected or Delinquent Programs

A13. **On July 1, 2016, approximately how many children and youth served by Title I, Part D in your facility/program had been identified as English language learners?**

Please enter the count in the box below.

Number of children and youth who are English language learners

A14. **On July 1, 2016, approximately how many children and youth served by Title I, Part D in your facility/program were eligible for services under the Individuals with Disabilities Education Act (IDEA), Part B?**

Please enter the count in the box below.

Number of children and youth eligible for services under IDEA, Part B

A15. **Does your facility/program have a library available for use by the children and youth served by Title I, Part D?**

Please select only one answer.

☐ Yes
☐ No

A16. **Does your facility/program have a computer lab available for use by the children and youth served by Title I, Part D?**

Please select only one answer.

☐ Yes
☐ No

A17. **For each type of educational technology hardware and networks listed, please indicate if they used at your facility/program.**

Please select one answer in each row.

	Yes	No
a☐ Local area network(s) (LAN) (network limited to office, building, or facility)	☐1	☐0
b☐ Statewide or wide area network(s) (WAN) (network connected across a geographical area, such as one that connects to other facilities or offices)	☐1	☐0
c☐ Smartboards (standalone or networked)	☐1	☐0
d☐ Desktop computers (standalone or networked)	☐1	☐0
e☐ Laptop computers	☐1	☐0
f.☐ E-readers, tablets, or other mobile devices	☐1	☐0
g. Other, please specify below.	☐1	☐0

A. Local Facility/Program Characteristics, continued

A18. **Please indicate if the children and youth served by Title I, Part D use computers in your facility/program in any of the following ways.**

Please select one answer in each row.

	Yes	No
a ☐ Curriculum delivery	☐1	☐0
b ☐ Credit recovery programs	☐1	☐0
c. Online college courses	☐1	☐0
d. Supplemental instruction or intervention (e.g., IXL, Voyager, Accelerated Reading/Mathematics)	☐1	☐0
e. State-mandated end-of-year assessments	☐1	☐0
f. Summative assessments (evaluate student learning outcomes at the conclusion of an instructional period, such as a unit or semester)	☐1	☐0
g. Benchmark or interim assessments (short tests administered throughout the school year; a tool to measure student growth)	☐1	☐0
h. Performance-based assessment	☐1	☐0
i. Tracking progress toward transition plan outcomes	☐1	☐0
j. Word processing	☐1	☐0
k. Career development (e.g., job searching, aptitude testing)	☐1	☐0
l. Recreation (e.g., social media, e-mail, instant messaging, games)	☐1	☐0
m. Life skills (e.g., critical thinking, problem solving)	☐1	☐0
n. Other, please specify below.	☐1	☐0

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B. Shared Decision Making and Collaborative Planning

B1. **During your facility's/program's most recent program planning for Title I, Part D, how involved were the following stakeholders?**

Please select one answer in each row.

		Not At All Involved	Somewhat Involved	Very Involved
a.	Instructional staff	☐1	☐2	☐3
b.	Support/related services staff (e.g., counseling and mental health)	☐1	☐2	☐3
c.	Facility/program administrators	☐1	☐2	☐3
d.	Facility/program data coordinators	☐1	☐2	☐3
e.	External stakeholders (e.g., outside public safety partners, community-based service providers, local business representatives)	☐1	☐2	☐3
f.	Parents, family members, and/or other caregivers	☐1	☐2	☐3
g.	Children and youth/young adults	☐1	☐2	☐3
h.	Other, please specify below.	☐1	☐2	☐3

B2. **How often does your facility/program use the following <u>program/department coordination or interagency collaboration practices</u> in support of education and related services for children and youth served by Title I, Part D?**

Please select one answer in each row.

		Never	Rarely	Sometimes	Often
a.	Interagency/interdepartmental or cross-staff meetings	☐1	☐2	☐3	☐4
b.	Memorandum of understanding/agreement or other formal document ensuring coordination/collaboration	☐1	☐2	☐3	☐4
c.	Blended or braided funding or other resource sharing	☐1	☐2	☐3	☐4
d.	Co-training of staff (e.g., training teachers and security staff together)	☐1	☐2	☐3	☐4
e.	Cross-departmental staffing/co-staffing (e.g., treatment or line staff assisting in the classroom)	☐1	☐2	☐3	☐4
f.	Other, please specify below.	☐1	☐2	☐3	☐4

B. Shared Decision Making and Collaborative Planning, continued

B3. **What is your facility's/program's level of collaboration with each of the following partners with regard to the Title I, Part D program?**

Please select one answer in each row.

		Not At All Collaborative	Not Very Collaborative	Somewhat Collaborative	Very Collaborative	Not Applicable
a.	Department of Child and Family/Health and Human Services	☐1	☐2	☐3	☐4	☐NA
b.	Department of Mental/Behavioral Health Services	☐1	☐2	☐3	☐4	☐NA
c.	Security/line staff	☐1	☐2	☐3	☐4	☐NA
d.	School district/education	☐1	☐2	☐3	☐4	☐NA
e.	Other, please specify below.	☐1	☐2	☐3	☐4	☐NA

C. Education Assessments, Strategies, and Services

EDUCATION SERVICES AND STRATEGIES

C1. **Does your facility/program use children and youth risk/need screening and assessments for the children and youth served by Title I, Part D for any of the following?**

Please select one answer in each row.

		Yes	No
a.	Identifying whether a student is performing at grade level	☐1	☐0
b.	Identifying academic content areas or skill gaps the student needs to address	☐1	☐0
c.	Identifying mental health issues	☐1	☐0
d.	Identifying behavioral concerns	☐1	☐0
e.	Assessing English language proficiency	☐1	☐0
f.	Identifying or evaluating the need for special education	☐1	☐0
g.	Identifying alcohol or other substance problems	☐1	☐0

C2. **Typically, at what point after children and youth are placed in your facility/program are risk/needs screenings and assessments conducted?**

Please select only one answer.

- ☐ Within 24 hours
- ☐ After 24 hours but within 48 hours
- ☐ After 48 hours but within the first week
- ☐ After the first week but within the first month
- ☐ Other, please specify below.

[   ]

C3. **Does your facility/program conduct risk/needs screenings or assessments for the youth served by Title I, Part D?**

Please select only one answer.

- ☐ Yes, Go to Question **C4**
- ☐ No,   Go to Question **C7,** on page **13**

C4. **Which of the following types of risk/needs screening or assessments are conducted in your facility/program for the youth served by Title I, Part D??**

Please select one answer in each row.

		Yes	No
a.	Back on Track (BOT	☐1	☐0
b.	Beck Youth Inventories of Emotional & Social Impairment (BYI)	☐1	☐0
c.	Behavioral Assessment System for Children, 2nd Edition (BASC-2)	☐1	☐0
d.	Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) Screening	☐1	☐0
e.	Child and Adolescent Functional Assessment Scale (CAFAS)	☐1	☐0
f.	Massachusetts Youth Screening Instrument — Version 2 (MAYSI-2)	☐1	☐0
g.	Positive Achievement Change Tool (PACT)	☐1	☐0
h.	Substance Abuse Subtle Screening Inventory — Adolescent 2 (SASSI-A2)	☐1	☐0
i.	Youth Level of Service/Case Management Inventory System (YLS/CMI)	☐1	☐0
j.	Other, please specify below. [ ]	☐1	☐0

C5. **Are there state or local (e.g., school district) guidelines and / or regulations about which pre- or post-tests your facility/program can use for <u>reading and English language arts</u>?**

Please select one answer in each row.

		Yes	No
a.	State guidelines	☐1	☐0
b.	State regulations	☐1	☐0
c.	Local guidelines	☐1	☐0
d.	Local regulations	☐1	☐0

C6. **Are there state or local (e.g., school district) guidelines and / or regulations about which pre- or post-tests your facility/program can use for <u>mathematics</u>?**
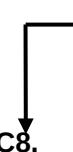
Please select one answer in each row.

		Yes	No
a.	State guidelines	☐1	☐0
b.	State regulations	☐1	☐0
c.	Local guidelines	☐1	☐0
d.	Local regulations	☐1	☐0

C7. **Does your facility/program use academic assessments for the youth served by Title I, Part D?**

Please select only one answer.

☐   Yes, Go to Question **C8**

☐   No,   Go to Question **C11** on page **14**

C8. **Which academic assessments are used by this facility/program for the youth served by Title I, Part D?**

Please select one answer in each row.

	Yes	No
a ☐ The state's academic assessment	☐1	☐0
b. Basic English Skills Test (BEST)	☐1	☐0
c. Test of Adult Basic Education (TABE)	☐1	☐0
d. Basic Achievement Skills Inventory (BASI)	☐1	☐0
e. Diagnostic Assessment of Reading (DAR)	☐1	☐0
f. Renaissance Learning STAR assessments	☐1	☐0
g. Wide Range Achievement Test (WRAT)	☐1	☐0
h. Other, please specify below.	☐1	☐0

C9. **Typically, at what point are <u>academic pretests</u> administered to children and youth served by Title I, Part D in your facility/program?**

Please select only one answer.

☐   Within 24 hours of facility entry/program enrollment

☐   After 24 but within 48 hours of facility entry/program enrollment

☐   After 48 hours but within the first week of facility entry/program enrollment

☐   More than one week after facility entry//program enrollment

C10. **Typically, at what point are <u>academic post-tests</u> *first* administered to children and youth served by Title I, Part D in your facility/program?**

Please select only one answer.

☐   Less than 30 days after facility entry/program enrollment

☐   30 days after facility entry/program enrollment

☐   Between 31 and 60 days after facility entry/program enrollment

☐   Between 61 and 90 days after facility entry/program enrollment

☐   More than 90 days after facility entry/program enrollment

GENERAL EDUCATION SERVICES AND STRUCTURE

C11. **Who is <u>primarily</u> responsible for providing education and related services to the children and youth served by Title I, Part D in your facility/program?**

Please select only one answer.

☐ A school district **within the same** geographical/catchment area as this facility/program
☐ A school district **outside** the geographical/catchment area of this facility/program
☐ The state Department of Education
☐ A private education provider
☐ A juvenile justice agency
☐ A child welfare agency
☐ Other, please specify below.

_____

C12. **What is the average length of the instructional day in your facility/program?**

Please enter the count in the box below.

_____ *Average number of hours in the instructional day*

C13. **What is the average length of the instructional year in your facility/program?**

Please enter the count in the box below.

_____ *Average number of days in the instructional year*

C14. **Are any of the following teaching strategies used for reading/English language arts or mathematics with students served by Title I, Part D in your facility/program?**

Please indicate 'Yes' or 'No' for both reading/English language arts AND mathematics in each row.

		Reading / English language arts		Mathematics	
		Yes	No	Yes	No
a.	Direct/scripted instruction (a teacher-directed method that uses straightforward, explicit teaching techniques, such as lectures)	☐1	☐0	☐1	☐0
b.	Inquiry-based learning (a student-directed method whereby a teacher poses questions that students investigate to problem solve)	☐1	☐0	☐1	☐0
c.	Online/hybrid learning (typically a student-directed method wherein all or part of the content instruction takes place through digital or online media)	☐1	☐0	☐1	☐0
d.	Collaborative learning (e.g., small-group work)	☐1	☐0	☐1	☐0
e.	Interdisciplinary learning (e.g., teaching across content areas)	☐1	☐0	☐1	☐0
f.	Other, please specify below.	☐1	☐0	☐1	☐0

C15. <u>**During the past year**</u>**, to what extent have the following** <u>**strategies to help improve academic outcomes for students**</u> **served by Title I, Part D been a focus of your facility/program?**

Please select one answer in each row.

	Not a Focus	Minor Focus	Moderate Focus	Major Focus
a. Using student achievement data (e.g., standardized academic assessment or collected behavioral data) to inform instruction and academic supports	☐1	☐2	☐3	☐4
b. Aligning curriculum and instruction with state standards and/or assessments	☐1	☐2	☐3	☐4
c. Implementing evidence-based instructional approaches and/or curricula in **reading/English language arts**	☐1	☐2	☐3	☐4
d. Implementing evidence-based instructional approaches and/or curricula in **mathematics**	☐1	☐2	☐3	☐4
e. Implementing credit recovery programs	☐1	☐2	☐3	☐4
f. Providing individualized instruction to all students	☐1	☐2	☐3	☐4
g. Providing individualized instruction to special student populations (e.g., students with disabilities and English language learners)	☐1	☐2	☐3	☐4
h. Supplementing core instruction with additional supports (e.g., tutoring, computer-based instruction)	☐1	☐2	☐3	☐4
i. Incorporating education technology in the classroom (e.g., using tablets to support instruction; delivering content through interactive whiteboards)	☐1	☐2	☐3	☐4
j. Ensuring required instructional time for all students (e.g., by limiting classroom removals for code of conduct infractions or treatment sessions)	☐1	☐2	☐3	☐4
k. Implementing classroom and behavior management strategies that foster positive climates for learning (e.g., positive behavioral interventions and supports)	☐1	☐2	☐3	☐4
l. Implementing strategies for increasing parents'/family involvement in child's/youth's education	☐1	☐2	☐3	☐4
m. Using strategies for appropriately including students in their own educational planning	☐1	☐2	☐3	☐4
n. Incorporating skills learned in the classroom across other areas of the facility (e.g., applying intrapersonal problem-solving skills within dormitories)	☐1	☐2	☐3	☐4
o. Coordinating with treatment staff to mitigate challenges to learning and reinforce academic concepts/skills	☐1	☐2	☐3	☐4

BEHAVIOR MANAGEMENT

C16. **Thinking about managing student behavior, please indicate if any of the following strategiesare in use in your facility/program with the children and youth served by Title I, Part D**

Please select one answer in each row.

		Yes	No
a.	Individualized student behavior management plans	☐ 1	☐ 0
b.	Classroom behavior management procedures	☐ 1	☐ 0
c.	Posted behavioral expectations	☐ 1	☐ 0
d.	Incentives or positive consequences for positive behavior	☐ 1	☐ 0
e.	Sanctions or negative consequences for negative behavior	☐ 1	☐ 0
g.	Other, please specify below.	☐ 1	☐ 0

C17. **Does your facility/program use a tiered model of <u>behavioral management</u> with the children and youth served by Title I, Part D, in which responses are tailored to the severity of the violation?**

Please select only one answer.

☐ Yes
☐ No
☐ Not sure

SPECIAL EDUCATION

C18. **Does your facility/program provide any of the following types of services to students with disabilities served by Title I, Part D?**

Please select one answer in each row.

		Yes	No
a.	Self-contained special education class/classroom (students with disabilities are taught in a class made up solely of students with disabilities for the entire instructional day)	☐1	☐0
b.	Pull-out services (students with disabilities are provided instruction in a separate setting by a special education teacher for part of the instructional day)	☐1	☐0
c.	In-class services (a special education teacher provides instructional or related services to students with disabilities, individually or in small groups, in the general education setting)	☐1	☐0
d.	Team teaching (a general and special education teacher share teaching responsibilities for all or part of the instructional day)	☐1	☐0
e.	Modified curriculum delivered by a general education teacher	☐1	☐0
g.	Other, please specify below.	☐1	☐0

C19. **How often does your facility's/program's individualized education program (IEP) team meet to discuss changes to student IEPs for the children and youth served by Title I, Part D?**

☐ My facility/program does not have an IEP team

OR

Please select only one answer.

☐ More than once a week
☐ Once a week
☐ Every other week
☐ Once a month
☐ Once a quarter
☐ Less than once a quarter

C20. **How frequently do facility/program staff communicate with parents concerning the IEPs of the children and youth served by Title I, Part D?**

Please select only one answer.

☐ Once a month or more
☐ Every other month
☐ Every three months
☐ Every six months or less
☐ Staff do not communicate with parents

Education Assessments, Strategies, and Services, continued

ENGLISH LANGUAGE LEARNERS

C21. **Does your facility/program have any children and youth served by Title I, Part D who are English language learners?**

Please select only one answer.

☐   Yes, Go to Question **C22**
☐   No,   Go to Question **C26** on page **21**

C22. **Which of the following models are used in this facility/program for the children and youth served by Title I, Part D who are English language learners?**

Please select one answer in each row.

		Yes	No6
a.	English as a second language (ESL) pull-out (students who are English language learners are removed from the general education setting and provided ESL instruction in a separate setting by an ESL teacher for part of the instructional day)	☐1	☐0
b.	Sheltered instruction (ESL content-area classes with English immersion mainstreaming)	☐1	☐0
c.	Newcomer program or high-intensity language training (students who are English language learners receive ESL instruction for the majority of the day, with mainstream electives)	☐1	☐0
d.	Dual immersion (two languages taught throughout the day)	☐1	☐0
e.	Other, please specify below.	☐1	☐0

C23. **Which of the following types of learning domains are emphasized with the children and youth served by Title I, Part D who are English language learners?**

Please select one answer in each row.

		Yes	No
a.	Oral comprehension	☐1	☐0
b.	Reading comprehension	☐1	☐0
c.	Writing proficiency	☐1	☐0
d.	Visual literacy (i.e., looking at a picture or video to gauge meaning)	☐1	☐0
e.	Interpersonal learning	☐1	☐0
f.	Other, please specify below.	☐1	☐0

Education Assessments, Strategies, and Services, continued

C24. **How often in your facility/program do the children and youth served by Title I, Part D who are English language learners receive <u>individualized</u> instructional support?**

Please select only one answer.

☐ Multiple times per day
☐ Daily
☐ More than once a week
☐ Weekly
☐ Monthly
☐ Other, please specify below.

[   ]

C25. For the children and youth in your facility/program served by Title I, Part D who are English language learners, how often are English language proficiency skills assessed throughout a student's placement?

Please select only one answer.

☐ Only upon entry
☐ Only upon exit
☐ Only upon entry and exit
☐ Monthly
☐ Biweekly
☐ Weekly

SOCIAL EMOTIONAL LEARNING

Social emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

C26. **Does your facility/program teach (formally or informally) social emotional skills or competencies to the children and youth served by Title I, Part D?**

Please select only one answer.

☐ Yes
☐ No

C27. **How often do staff members in your facility/program recognize (formally or informally) the children and youth served by Title I, Part D for positive behaviors?**

Please select only one answer.

☐ Multiple times per day
☐ Daily
☐ Weekly
☐ Monthly
☐ Less often than monthly

C28. **How often do staff members in your facility/program encourage the children and youth served by Title I, Part D to think about how their actions affect others?**

Please select only one answer.

☐ Multiple times per day
☐ Daily
☐ Weekly
☐ Monthly

C29. **Do staff members in your facility/program require the children and youth served by Title I, Part D to set educational and related goals for themselves?**

Please select only one answer.

☐ Yes
☐ No

CAREER AND TECHNICAL EDUCATION

C30. **Does your facility/program offer career and technical education services for the children and youth served by Title I, Part D?**

Please select only one answer.

- ☐ Yes, Go to Question **C31**
- ☐ No, Go to Question **C32**

C31. **At which level(s) of career and technical education courses do the children and youth served by Title I, Part D in your facility/program participate?**

Please select only one answer.

- ☐ Secondary level only
- ☐ Postsecondary level only
- ☐ Both secondary and postsecondary levels

C32. **Which occupational program areas does your facility's/program's career technical education program address?**

Please select one answer in each row.

		Yes	No
a.	Agriculture and natural resources	☐1	☐0
b.	Business	☐1	☐0
c.	Communications and design	☐1	☐0
d.	Computer and information sciences	☐1	☐0
e.	Construction and architecture	☐1	☐0
f.	Consumer and culinary services	☐1	☐0
g.	Engineering technologies	☐1	☐0
h.	Health sciences	☐1	☐0
i.	Manufacturing	☐1	☐0
j.	Marketing	☐1	☐0
k.	Public services	☐1	☐0
l.	Repair and transportation	☐1	☐0

TRANSITION PLANNING AND SUPPORT

C33. **Approximately what percentage of the children and youth served by Title I, Part D in your facility/program…**

Please enter a percentage in each row. If "0," select the box "None." Your best estimate is fine.

		Percentage of Youth	
a.	Enter the facility/program with a transition plan from a prior placement?	____ %	☐ None
b.	Have a transition plan **created** upon arrival?	____ %	☐ None
c.	Have a transition plan **modified** while in placement?	____ %	☐ None
d.	Are monitored for progress at regular intervals toward transition plan outcomes?	____ %	☐ None
e.	Are assessed for progress toward transition goals/outcomes **prior to exit**?	____ %	☐ None
f.	Are assessed for progress toward transition goals/outcomes **after exit**?	____ %	☐ None

C34. **In your facility/program, how involved are the children and youth served by Title I, Part D in the following transition planning activities?**

Please select one answer in each row.

		Limited or Not At All Involved	Moderately Involved	Substantially Involved
a.	Identifying their own strengths and needs	☐1	☐2	☐3
b.	Identifying their goals and objectives	☐1	☐2	☐3
c.	Deciding education plans	☐1	☐2	☐3
d.	Deciding new placements	☐1	☐2	☐3
e.	Creating their own transition plan	☐1	☐2	☐3

C35. **In your facility/program, how involved are the <u>parents and family members</u> of children and youth served by Title I, Part D in the following transition planning activities?**

Please select one answer in each row.

		Limited or Not At All Involved	Moderately Involved	Substantially Involved
a.	Identifying children and youth strengths and needs	☐1	☐2	☐3
b.	Identifying children and youth goals and objectives	☐1	☐2	☐3
c.	Deciding education plans	☐1	☐2	☐3
d.	Deciding new placements	☐1	☐2	☐3
e.	Creating children's/youth's transition plan	☐1	☐2	☐3

C36. **In your opinion, how closely does your facility/program collaborate with the following external partners to support transition planning and services for the children and youth served by Title I, Part D?**

Please select one answer in each row.

	Partners	Not At All	Not Very Closely	Somewhat Closely	Very Closely
a.	Community-based organizations	☐1	☐2	☐3	☐4
b.	Community schools/school districts	☐1	☐2	☐3	☐4
c.	Employers	☐1	☐2	☐3	☐4
d.	Health services (including mental/behavioral)	☐1	☐2	☐3	☐4
e.	Justice/law enforcement	☐1	☐2	☐3	☐4
f.	Social service/child and family services	☐1	☐2	☐3	☐4
g.	Workforce development (e.g., job training/placement)	☐1	☐2	☐3	☐4
h.	Other, please specify below.	☐1	☐2	☐3	☐4

C37. **Are the transition plans of children and youth served by Title I, Part D shared with the child's/youth's next placement?**

Please select only one answer.

- ☐ Yes, Go to Question **C38**
- ☐ No, Go to Question **C40,** on page **26**

C38. **When are the transition plans of children and youth served by Title I, Part D shared with the child's/youth's next placement?**

Please select only one answer.

- ☐ Prior to exit
- ☐ Day of exit
- ☐ The first week after exit
- ☐ The first month after exit
- ☐ The first three months after exit
- ☐ More than three months after exit

C39. **Approximately how many months after exit do the children and youth served by Title I, Part D by your facility/program receive transition follow-up (aftercare) services?**

Please select only one answer.

- ☐ 0–2 months
- ☐ 3–5 months
- ☐ 6–8 months
- ☐ More than 8 months

C40. **Thinking about the children and youth served by Title I, Part D, please indicate if your facility/program provides any of the following resources <u>after exit</u> to reduce the risk of returning to placement**

☐

Please select one answer in each row.

		Yes	No
a.	Financial support (e.g., cash or vouchers for housing assistance, assistance through TANF or SNAP)	☐1	☐0
b.	General education support	☐1	☐0
c.	Job/employability training	☐1	☐0
d.	Mental and/or behavioral health counseling	☐1	☐0
e.	Substance abuse counseling	☐1	☐0
f.	Career and technical education support	☐1	☐0
g.	Other, please specify below.	☐1	☐0

C41. **In your opinion, how difficult is it for your facility/program to track children and youth who have left the facility/program?**

Please select only one answer.

☐ Not very difficult
☐ Somewhat difficult
☐ Very difficult

C42. **How much of a challenge is each of the following for <u>tracking children and youth after exit</u> from this facility/program?**

Please select one answer in each row.

		Not a Challenge	Minor Challenge	Moderate Challenge	Major Challenge
a.	State laws or other regulations that prohibit contact with children and youth post-exit	☐1	☐2	☐3	☐4
b.	Federal, state, or local privacy policies	☐1	☐2	☐3	☐4
c.	Lack of facility/program staff, funding, or other resources to track children and youth	☐1	☐2	☐3	☐4
d.	Lack of willingness/cooperation from child's/youth's post-exit placement(s)	☐1	☐2	☐3	☐4
e.	Lack of student information systems	☐1	☐2	☐3	☐4
f.	Disconnected/soiled student information systems	☐1	☐2	☐3	☐4
g.	Other, please specify below.	☐1	☐2	☐3	☐4

D. Instructional Staff Qualifications and Professional Development

D1. **What is the average number of years of experience for <u>teachers</u> in your facility/program?**

Please select only one answer.

☐ Less than 1 year
☐ 1–2 years
☐ 3–5 years
☐ 6–8 years
☐ More than 8 years

D2. **What is the lowest level of education your facility/program requires for instructional staff?**

Please select only one answer.

☐ Associate's degree
☐ Bachelor's degree
☐ Master's degree
☐ Doctoral degree

D3. **How much of a challenge is each of the following for the Title I, Part D program at your facility/program?**

Please select one answer in each row.

Issue	Not a Challenge	Minor Challenge	Moderate Challenge	Major Challenge
a. Instructional staff often teach outside the content area in which they are credentialed.	☐1	☐2	☐3	☐4
b. Shortage of qualified **instructional** staff.	☐1	☐2	☐3	☐4
c. Shortage of qualified related services or support services staff.	☐1	☐2	☐3	☐4
d. Instructional staff lack qualifications to teach students with disabilities.	☐1	☐2	☐3	☐4
e. Instructional staff lack qualifications to teach students who are English language learners.	☐1	☐2	☐3	☐4
f. Instructional, related, and/or support staff lack experience and/or training working in a secure care, residential, or similar alternative education setting.	☐1	☐2	☐3	☐4
g. Other, please specify below.	☐1	☐2	☐3	☐4

D. Instructional Staff Qualifications and Professional Development, continued

D4. **Do instructional staff in your facility/program receive <u>annual professional development</u>?**

Please select only one answer.

☐ Yes, Go to Question **D5**
☐ No, Go to Question **D6**

D5. **What is the total number of hours of <u>annual professional development</u> provided per full-time equivalent (FTE) <u>instructional staff?</u>**

Please enter the number in the box below.

┌──────────┐
│   │ *Total annual professional development hours per FTE instructional staff*
└──────────┘

D6. **Do <u>support staff</u> in your facility/program receive <u>annual professional development</u>?**

Please select only one answer.
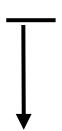
☐ Yes, Go to Question **D7**
☐ No, Go to Question **D8,** on page **30**

D7. **What is the total number of hours of <u>annual professional development</u> provided per FTE <u>support services staff</u>?**

Please enter the number in the box below.

┌──────────┐
│   │ *Total annual professional development hours per FTE support services staff*
└──────────┘

D8. **Considering all <u>instructional AND support services staff</u> in your facility/program, please indicate if any of the following areas of professional development have been provided <u>in the past three years</u>?**

Please select one answer in each row.

	Yes	No
Reading/language arts/English	☐1	☐0
Mathematics	☐1	☐0
Other academic subjects (e.g., science, social studies, foreign language)	☐1	☐0
Instructional strategies for English language learners	☐1	☐0
Instructional strategies for students with individualized education programs (IEPs)	☐1	☐0
Student behavioral management or positive behavior strategies	☐1	☐0
Analyzing and interpreting student data	☐1	☐0
Using educational technology	☐1	☐0
Program management and planning	☐1	☐0
Program budgeting	☐1	☐0
Other, please specify below.	☐1	☐0

D9. **Does your facility/program have a staff recruitment or staff assignment policy?**

Please select one answer per row.

Staff **recruitment** policy	☐1	☐0
Staff **assignment** policy	☐1	☐0

D10. Does your facility/program offer any of the following incentives to hire or retain staff?

Please select one answer in each row.

	Yes	No
Signing bonuses	$\square_1$	$\square_0$
Relocation assistance or housing	$\square_1$	$\square_0$
Finder's fee to existing staff for new teacher referrals	$\square_1$	$\square_0$
Student loan forgiveness	$\square_1$	$\square_0$
Continuing or graduate education reimbursement	$\square_1$	$\square_0$
Other, please specify below.	$\square_1$	$\square_0$

D11. In your opinion, during the past three fiscal years, how much of a challenge has it been to retain staff in each of the following personnel categories?

Please select one answer in each row.

	Not a Challenge	Minor Challenge	Moderate Challenge	Major Challenge
a. Instructional staff	$\square_1$	$\square_2$	$\square_3$	$\square_4$
b. Support/related staff	$\square_1$	$\square_2$	$\square_3$	$\square_4$
c. Administrators and/or managers	$\square_1$	$\square_2$	$\square_3$	$\square_4$

D12. How many instructional staff members elected not to return to your facility/program after the 2015–16 fiscal/school year?

Please enter a headcount, not FTEs, in the box below.

Total count of nonreturning instructional staff

D13. How many support services staff members elected not to return to your facility/program after the 2015–16 fiscal/school year?

Please enter a headcount, not FTEs, in the box below.

Total count of nonreturning support/related staff

D14. How many administrators or managers elected not to return to your facility/program after the 2015–16 fiscal/school year?

Please enter a headcount, not FTEs, in the box below.

Total count of nonreturning administrators or manager

E. Outcome Assessment and Utilization

E1. **Is your facility/program required by the state to assess educational outcomes for the students served by Title I, Part D while they are enrolled?**

☐ Yes

☐ No

E2. **Even if your state does not require the use of educational program outcomes measures, do you use them facilities/program for students served by Title I, Part D funds?**

Please select only one answer.

☐ Yes

☐ No, Go to Question **E5**, on page **33**

E3. **How are educational outcomes measured in your facility/program?**

Please select one answer in each row.

	Yes	No
Standardized, summative assessments (e.g., state end-of-year assessment)	☐ 1	☐ 0
Standardized, formative assessments (e.g., formal and informal assessment procedures conducted by teachers during the learning process to modify teaching and learning to improve student attainment)	☐ 1	☐ 0
Informal assessments (e.g., teacher observation, student work)	☐ 1	☐ 0
Course grades	☐ 1	☐ 0
Course credits	☐ 1	☐ 0
Other, please specify below.	☐ 1	☐ 0

E4. **Are outcomes measured for any of the following specific subpopulations of students served by Title I, Part D in your facility/program?**

Please select one answer in each row.

		Yes	No
a.	Students with disabilities	☐ 1	☐ 0
b.	English language learners	☐ 1	☐ 0
c.	Black students	☐ 1	☐ 0
d.	Hispanic/Latino students	☐ 1	☐ 0
e.	American Indian and/or Alaskan Native students	☐ 1	☐ 0
f.	By gender	☐ 1	☐ 0
g.	Other, please specify below.	☐ 1	☐ 0

E5. **Is your facility/program able to track student outcomes for children and youth served by Title I, Part D post-exit?**

Please select only one answer.

☐   Yes, Go to Question **E6**

☐   No,   Go to Question **E7,** on page 34

E6. **Which of the following post-exit, education-related student outcomes does your facility/program track for students served by Title I, Part D?**

Please select one answer in each row.

		Yes	No
a.	High school course credits awarded	☐ 1	☐ 0
b.	High school graduation rates and/or diplomas awarded	☐ 1	☐ 0
c.	High school equivalency certificates earned (e.g., GED, TASC, or HiSET)	☐ 1	☐ 0
d.	High school dropout rates	☐ 1	☐ 0
e.	Postsecondary education acceptance/enrollment	☐ 1	☐ 0
f.	Postsecondary education dropout/incompletion rates	☐ 1	☐ 0
g.	Career and technical certificates awarded	☐ 1	☐ 0
h.	Technical/training school acceptance/enrollment and/or apprenticeships	☐ 1	☐ 0
i.	Employment or other labor market outcomes	☐ 1	☐ 0
j.	Other, please specify below.	☐ 1	☐ 0

E7. **Has your facility/program developed a formal program monitoring and/or program improvement process (e.g., continuous quality improvement, or CQI*) toward achieving state, district, or facility educational and related outcomes for students served by Title I, Part D?**

*Continuous quality improvement is a process to ensure that programs are systematically and intentionally using data to make evidence-informed decisions about improving services that ultimately impact outcomes for the youth they serve.

Please select only one answer.

☐ Yes, Go to Question **E8**
☐ No, Go to Question **E9**

E8. **Does the local educational agency (school district) that allocates Title I, Part D funds <u>require</u> your program/facility to implement a formal program monitoring and/or program improvement process for the Title I, Part D program?**

Please select only one answer.

☐ Yes
☐ No

E9. **How often does your facility/program use process data (e.g., data that track delivery of services to students, such as adherence to curriculum or children and youth participation in education activities, etc.) collected by your state agency and/or by subgrantees for each of the following?**

Please select one answer in each row.

	Never	Rarely	Sometimes	Often
a. **Process data** Reviewing fidelity to facility/program Part D program plans.	☐1	☐2	☐3	☐4
b. <u>Identifying areas for service delivery improvement</u> when state, district, and/or facility/program Part D goals/outcomes are not met.	☐1	☐2	☐3	☐4

E10. **How often does your agency use <u>outcome data</u> (e.g., data that track gains in reading and mathematics, high school course credits awarded, or community school reenrollment) collected by your state agency and/or by subgrantees for each of the following?**

Please select only one answer in each row.

	Never	Rarely	Sometimes	Often
a. Reviewing progress toward achieving state, district, and/or facility/program Part D goals/outcomes	☐1	☐2	☐3	☐4
b. Identifying areas for service delivery improvement when state, district, and/or facility/program Part D goals/outcomes are not met	☐1	☐2	☐3	☐4

E11. **In your opinion, how important are improved education-related outcomes for the children and youth served by Title I, Part D for <u>your facility/program</u>?**

Please select only one answer.

- ☐ Very important
- ☐ Important
- ☐ Somewhat important
- ☐ Not Important

E12. **In your opinion, how important are improved education-related outcomes for children and youth served by Title I, Part D for the <u>local educational agency (school district)</u> that allocates funds?**

Please select only one answer.

- ☐ Very important
- ☐ Important
- ☐ Somewhat important
- ☐ Not Important

F. Use of ESSA Title I, Part D Funds

F1. **Please indicate how often the following are used to make decisions about the use of Title I, Part D funds at your facility/program.**

Please select one answer in each row.

		Most of the Time	Some of the Time	Rarely or Never
a.	The budget aligns with identified activities under the state's Title I, Part D plan.	☐1	☐2	☐3
b.	The funded initiatives meet the state's Title I, Part D goals as outlined in the state agency application.	☐1	☐2	☐3
c.	The funded initiatives prioritize focus on certain types of offenders.	☐1	☐2	☐3
d.	The funded initiatives emphasize providing evidence of recidivism reduction.	☐1	☐2	☐3

F2. **Please use the table below to provide additional detail on the use of Title I, Part D funds in your facility/program in the 2015–16 fiscal/school year.**

Please enter the dollar amount in each row to the nearest $500 (e.g., $100,500).

If there are no dollars to report, please enter $0.

TOTAL DOLLARS SPENT AT YOUR PROGRAM OR LOCAL EDUCATION AGENCY	Autopopulated in Web Version
PERSONNEL	
TOTAL DOLLARS — PERSONNEL SPENDING	Autocalculated in Web Version
Core Teacher FTE salaries (content areas)	$
Supplemental Teacher FTE salaries (above and beyond the core program)	$
Student Health and Nutrition Services FTE salaries or contracted providers	$
Psychology and Therapy Services FTE salaries or contracted providers	$
Counseling Services FTE salaries or contracted providers	$
NONPERSONNEL	
TOTAL DOLLARS — NONPERSONNEL SPENDING	Autocalculated in Web Version
Professional Development fees (contracted services, conference registration, travel, per diems, etc.)	$
Instructional Materials	$
Other Supplies and Materials, including technology hardware and software	$
Programs that serve children and youth returning to school from correctional facilities	$
Dropout prevention programs	$
Coordinated health and social services not reflected in personnel	$
Mentoring and peer mediation programs	$

F3. **Does your facility/program use Title I, Part D, Subpart 2 funds to conduct <u>transition activities</u>?**

Please select only one answer.

☐ Yes, Go to Question **F4**

☐ No, Go to Question **F6**

F4. **Approximately what percentage of your facility's/program's Title I, Part D, Subpart 2 funds for the 2015–16 fiscal/school year were devoted to <u>transition activities</u>?**

Please enter a percentage in the box below.

[   ] *Percentage of Title I, Part D, Subpart 2 funds devoted to transition activities*

F5. **Of the funds allocated to <u>transition activities</u>, what percentage was used for:**

Enter an amount. If $0, select "None." If you do not know, please select "Don't know."

		Amount	
a.	Programs to assist in transition of children and youth leaving correctional facilities to school environment, and help them remain in school [ESEA § 1424(1)]	$	☐ None ☐ Don't know
b.	Dropout prevention programs to serve at-risk children and youth [ESEA § 1424(2)]	$	☐ None ☐ Don't know
c.	Coordinated health and social services (e.g., mental health counseling, day care for pregnant or parenting children and youth)	$	☐ None ☐ Don't know
d.	Family support services (family engagement, family counseling, skill building, rehabilitative)	$	☐ None ☐ Don't know
e.	Substance abuse prevention programs	$	☐ None ☐ Don't know

F6. **Has your facility/program ever experienced an interruption in Title I, Part D–funded services because of the lack of timely disbursement of funds?**

Please select only one answer.

☐ Yes

☐ No

F7. **During the past three fiscal/school years, has your facility/program experienced a decrease in funding?**

Please select only one answer.

☐ Yes, Go to Question **F8**

☐ No, Go to Question **F9** on page **39**

F8. **Please indicate if any of the following contributed to the funding decrease your facility/program experienced during the past three fiscal/school years?**

Please select one answer in each row.

		Yes	No
a.	Decrease in the count of neglected or delinquent youth in residential placement in the state	☐1	☐0
b.	Decrease in the count of neglected or delinquent youth in residential placement in the funding school district	☐1	☐0
c.	Carryover funds were not drawn down in a timely manner and were revoked by the funding school district	☐1	☐0
d.	Other, please specify below. _____	☐1	☐0

F9. **Thinking about your state agency's last fiscal/school year (2015–16), were any Title I, Part D, Subpart 1 funds over into the current fiscal/school year (2016–17)?**

Please select only one answer.

☐ Yes, Go to Question **F10**
☐ No, Go to Question **F12**

F10. **How much of your agency's last fiscal/school year (2015–16), Title I, Part D, Subpart 1 funds were carried over into the current fiscal/school year (2016–17)?**

Please enter the amount in dollars.

Total dollars carried over from last fiscal/school year 2015–16

F11. **Thinking about your agency's last fiscal/school year, 2015-16, what were the main reasons that Title I, Part D funds were carried over into the current fiscal/school year, 2016-17?**

Please select all that apply.

☐ Facility/program closure(s) and/or merger(s)

☐ Decrease in number of eligible students

☐ Delay/failure to replace staff supported by Part D funds

☐ Facilities/programs receiving funds were unsure of the accounting and/or reporting requirements for uses of funds

☐ Facilities/programs receiving funds requested to use funds in ways that did not meet program goals or requirements

☐ Other, please specify below.

F12. **Are there any comments or thoughts that you would like to share about on your experiences with Title I, Part D funds?**

THANK YOU FOR COMPLETING THIS SURVEY!