

**Early Childhood Longitudinal Study,  
Kindergarten Class of 2022-23 (ECLS-K:2023)**

**Kindergarten and First-Grade Field Test Data  
Collection, National Sampling, and National  
Recruitment**

**OMB# 1850-0750 v.22**

**5HUMa YbhE!4**

**Spring First-Grade  
School Administrator Paper Gi fj Ym**

**NationalCenterforEducationStatistics**

**U.S.DepartmentofEducation**

**September2020**

# Early Childhood Longitudinal Study



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Completing this survey will help us learn more about schools like yours.

Thank you for your time!

**To show our appreciation we have given you a check for \$25.**

Please return the survey to **your school coordinator or an ECLS staff member.**

The survey should be sealed in the envelope we provided you. Do not mail this survey unless you are provided with an additional mailing envelope.

Photo is for illustrative purposes only. Any person depicted in the photo is a model.

The National Center for Education Statistics (NCES) is authorized to conduct the Early Childhood Longitudinal Study (ECLS) by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). The data are being collected for NCES by Westat, a U.S.-based research organization. All of the information you provide 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 (20 U.S.C. §9573 and 6 U.S.C. §151). 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 information collection is 1850-0750 v.22. The time required to complete this information collection is estimated to average approximately 35 minutes per survey including the time to review instructions and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this information collection, or any comments or concerns regarding the status of your individual submission of these data, please write directly to: Early Childhood Longitudinal Study, National Center for Education Statistics, PCP, 550 12th St., SW, 4th floor, Washington, DC 20202. # 1850-0750 v.22. OMB No. 1850-0750, v.22. Approval expires xx/xx/xxxx

**Early Childhood Longitudinal Study**  
**School Administrator Survey**  
**Fall 2021 – Form SAQ1-FT**

Dear School Administrator,

The **Early Childhood Longitudinal Study** (ECLS) 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 been asked to complete this survey because one or more of the children in your school are participants in this study. 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 survey as completely and accurately as possible. Please feel free to ask other knowledgeable members of your staff to provide the information necessary to complete various sections of the survey. If you would like to look at the survey questions as a whole to see if you need to gather information from other school staff in order to respond to the survey, please download the survey worksheet from the MyECLS Portal. However, we ask that you, yourself, please complete the school administrator/principal information section, which is about your own background and characteristics.

Some of these questions, or the timeframe of the school year referred to, may not directly apply to you or your school, but just answer the best you can.

Please record your answers directly on the survey by marking the appropriate answer (as described in the instructions on page v) or by writing your responses in the space provided. Your best estimates are acceptable answers.

## Definitions

**Bilingual Instruction:** Instruction in all courses and subjects given in English and the native language of the child of limited English proficiency to the extent necessary to allow the child to achieve competence.

**Chronically absent:** Missing ten percent or more of the academic year for any reason.

**Dual Language Instruction:** Also known as two-way immersion, the goal of these programs is for students to develop language proficiency in two languages by receiving content instruction in English and another language in a classroom that usually consists of both native English speakers and native speakers of the other language.

**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.

**ESL Instruction:** A program of techniques, methodology, and special curriculum designed to teach ELL students English language skills, which may include listening, speaking, reading, writing, study skills, content vocabulary, and cultural orientation. ESL instruction is usually in English with little use of native language.

**Homeless:** Lacks a fixed, regular, and adequate nighttime residence, including but not limited to sleeping in a shelter designated for temporary living accommodations or in places not designated for human habitation.

**Housing insecurity:** Housing insecurity means that having a place to live is uncertain because of high housing costs, low housing quality, neighborhood problems, or overcrowding. It may or may not include homelessness.

**Individualized Education Program (IEP):** A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP or an IFSP.

**Kindergarten:** Traditional year of school primarily for 5-year-olds prior to first grade.

**Lockdown:** Lockdown is a technique used to limit exposure of occupants within a facility to an imminent hazard or threat outside. A lockdown requires locking doors and windows and barricading or blocking entry to a facility, classroom, or office.

**Multi-tiered System of Support (MTSS):** A model or approach to instruction that provides increasingly intensive and individualized levels of support for academics (for example, Response to Intervention or RtI) and for behavior (for example, Positive Behavioral Interventions and Supports or PBIS).

**Parent Teacher Association, Parent Teacher Organization, or Parent-Teacher-Student organization:** The PTA is the Parent Teacher Association and is usually associated with the state or national PTA. A PTO is a Parent-Teacher Organization that is independent from a state or national organization. A Parent-Teacher-Student organization involves parents, teachers, and school staff to facilitate family involvement.

**Percent average daily attendance:** To calculate percent average daily attendance, divide the number of students attending on an average day by the number of students enrolled and then multiply by 100. In other words:

$$\left( \frac{\text{number of students attending on an average day}}{\text{number of students enrolled}} \right) \times 100$$

**Prekindergarten:** Prekindergarten includes early childhood education programs, nursery school, or preschool.

**Positive Behavior Interventions and Supports (PBIS):** PBIS programs identify and support positive behavior in the classroom by teaching students positive behavior strategies.

**Schoolwide program:** 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.

**Shelter in place:** Shelter in place means to take immediate shelter where you are within a facility or structure to provide protection (for example, weather emergency, environmental hazard, nearby police activity).

**Social-Emotional Learning (SEL) program:** SEL programs teach critical social and emotional competencies necessary for academic and life success such as: resiliency, self-management, expressing feelings with words, and responsible decision-making skills.

**Targeted assistance program:** 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.

**Title I:** Title I (Improving the Academic Achievement of the Disadvantaged) is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the Every Student Succeeds Act of 2016. 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:** Title III (Language Instruction for Limited English Proficient and Immigrant Students) is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the Every Student Succeeds Act of 2016. 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.

**Transitional (or readiness) kindergarten (TK):** A transitional kindergarten (TK) program is an extra year of school before kindergarten starts. It is different from preschool or prekindergarten. TK may be for children who are too young to start kindergarten or need more time to be ready for kindergarten. Schools have different names for these programs (for example, early transitional kindergarten (ETK), readiness kindergarten, or a kindergarten equivalent in a classroom without grades or one with multiple grades), but all are types of kindergarten. The program may be in a public or private school, or an early childhood setting such as a nursery school, early childhood learning center, or day care center. It may be a full- or part-day program and have regular and/or special education.

**Transitional first (or pre-first) grade:** Transitional first (or pre-first) grade is a school program between kindergarten and the first grade. The name of this program may vary by school (for example, a K-1 class or placement). It is for children who have attended kindergarten, but need more time to be ready for the first grade. Children in this program may be part of a regular first-grade classroom or in a separate classroom.

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

**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.

## MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS SURVEY. 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.

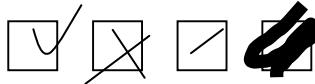
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



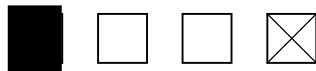
**Incorrect Marks:**

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:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Write words like this:

John Smith
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**SECTION A. School Characteristics**

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

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 Number of Instructional Days

- A2. What are the START and END dates for this school for the 2021-2022 school year?**

**START**

MONTH		DAY		YEAR	

**END**

MONTH		DAY		YEAR	

- 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.**

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 % 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**

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 Average Number Attending Daily





**A5. School enrollment.** THE FOLLOWING QUESTIONS ASK ABOUT ENROLLMENT AT YOUR SCHOOL. WRITE IN THE APPROXIMATE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING QUESTIONS. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL DURING THE SCHOOL YEAR, WRITE "0" ON THE APPLICABLE LINE.

	Number of children				
a. Total enrollment in your school (across all grades) around October 1, 2021, or the date nearest to that for which data are available.	<table border="1" style="display: inline-table; width: 100px; height: 25px;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>				
b. Number of children who have enrolled in your school since October 1, 2021. If no children have enrolled in your school since October 1, 2021, enter "0."	<table border="1" style="display: inline-table; width: 100px; height: 25px;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>				
c. Number of children who have left your school since October 1, 2021, and have not returned. If no children have left your school since October 1, 2021, enter "0."	<table border="1" style="display: inline-table; width: 100px; height: 25px;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table>				

**A6. Mark all grade levels included in your school.** PLEASE SEE PAGE ii-iv 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 pre-first) grade  | <input type="checkbox"/> 5th | <input type="checkbox"/> 11th |
|   | <input type="checkbox"/> 6th | <input type="checkbox"/> 12th |

**A7. Which of the following programs does your school currently offer?** MARK ALL THAT APPLY.

- |  |  |
|--|--|
| <input type="checkbox"/> Half-day onsite pre-K program               | <input type="checkbox"/> Half-day transitional (or readiness) kindergarten               |
| <input type="checkbox"/> Full-day onsite pre-K program               | <input type="checkbox"/> Full-day transitional (or readiness) kindergarten               |
| <input type="checkbox"/> Tuition-based full-day onsite pre-K program | <input type="checkbox"/> Tuition-based full-day transitional (or readiness) kindergarten |
| <input type="checkbox"/> Half-day kindergarten                       | <input type="checkbox"/> Half-day transitional first (or pre-first) grade                |
| <input type="checkbox"/> Full-day kindergarten                       | <input type="checkbox"/> Full-day transitional first (or pre-first) grade                |
| <input type="checkbox"/> Tuition-based full-day kindergarten         | <input type="checkbox"/> Tuition-based full-day transitional first (or pre-first) grade  |

**IF YOU MARKED ANY ITEM IN A6 PERTAINING TO TRANSITIONAL KINDERGARTEN, GO TO A8.  
 IF YOU MARKED ANY ITEM IN A6 PERTAINING TO TRANSITIONAL FIRST GRADE, GO TO A9.  
 OTHERWISE, GO TO A10.**



**A8. How do children qualify for participation in your school's transitional (or readiness) kindergarten program? MARK ALL THAT APPLY.**

- Student age (for example, students who are young for their first-grade cohort)
- Universal to all 4 year olds
- Teacher recommendation
- School readiness score
- None of the above
- Other (Please specify):

**A9. How do children qualify for participation in your school's transitional (or readiness) first (or pre-first) grade program? MARK ALL THAT APPLY.**

- Student age (for example, students who are young for their first-grade cohort)
- Universal to all 5 year olds
- Teacher recommendation
- School readiness score
- None of the above
- Other (Please specify):



**A10. Which of the following characterizes your school? MARK ALL THAT APPLY.**

- Regular public school (not including magnet school or school of choice) } GO TO A11 on page 5
- Public magnet school }
- Charter school → GO TO A10a
- Catholic school
  - Catholic school: Diocesan
  - Catholic school: Parish
  - Catholic school: 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

GO TO A11 on page 5

**A10a. In what year did this school start providing instruction as a public charter school? WRITE THE YEAR BELOW.**

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ENTER THE YEAR

**A10b. Which of the following characterizes your public charter school? MARK ONE RESPONSE.**

- For profit
- Not for profit



**A11. 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%. PLEASE COUNT EACH STUDENT ONLY ONCE. HISPANIC STUDENTS SHOULD ONLY BE COUNTED IN THE HISPANIC OR LATINO/LATINA CATEGORY REGARDLESS OF RACE.

	Number of children	OR	Percent
a. Hispanic or Latino/Latina of any race	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
b. American Indian or Alaska Native, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
c. Asian, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
d. Black or African American, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
e. Native Hawaiian or Other Pacific Islander, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
f. White, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
g. Two or more races, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %

**A11i. During this school year, approximately what percentage of students at your school are...**

	Enter Percentage
1. <b>Chronically absent?</b> <i>Defined here as missing ten percent or more of the academic year for any reason.</i>	<input type="text"/> <input type="text"/> <input type="text"/> %
2. <b>Homeless?</b> <i>Defined here as lacking a fixed, regular, and adequate nighttime residence, including but not limited to sleeping in a shelter for temporary living accommodations or in places not designated for human habitation.</i>	<input type="text"/> <input type="text"/> <input type="text"/> %
3. <b>From migrant families?</b> <i>Defined here as a family that moves from place to place to get work (for example, as farm laborers who harvest crops seasonally).</i>	<input type="text"/> <input type="text"/> <input type="text"/> %



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**A12. About what percentage of children enrolled in this school are... WRITE IN PERCENTAGES BELOW. IF NONE, WRITE "0."**

	Percent			
a. From the surrounding neighborhood?	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %			
b. Bused to achieve equitable access to resources?	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %			
c. Attending from outside of the surrounding neighborhood to receive a specialized program or service (for example, gifted and talented services, services for children with disabilities, etc.)?	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %			
d. Categorically eligible for free meals based on their participation in other specific means-tested programs (for example, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF))?	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %			
e. Attend the school under public school choice? (IF YOURS IS A PRIVATE SCHOOL, PLEASE SKIP THIS SUBITEM).	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %			

**A13. How many children are currently enrolled in kindergarten classes? PLEASE INCLUDE REGULAR KINDERGARTEN, TRANSITIONAL (OR READINESS) KINDERGARTEN, AND TRANSITIONAL FIRST (OR PRE-FIRST) GRADE. WRITE NUMBER BELOW.**

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 Number of kindergarten students enrolled

**A15. By what date did a child need to turn five to enter kindergarten for this school year, 2021-2022? WRITE IN MONTH, DAY, AND YEAR. IF NO CUTOFF DATE, MARK BOX BELOW.**

No cutoff date

MONTH	DAY	YEAR			

**A16. What days of the week is your school in session? MARK ALL THAT APPLY.**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday



**A17. The next section is about school-level breakfast and lunch eligibility and participation. Does your school participate in the U.S. Department of Agriculture's (USDA's) school breakfast program? MARK ONLY ONE.**

Yes

No → GO TO A21c on page 8

**A18. What time is breakfast served at the school? WRITE IN TIME BELOW.**

**START TIME**

:  AM  
HH MM

**END TIME**

:  AM  
HH MM

**A19. How many federally-reimbursable school breakfasts did you serve at free, reduced price, and paid rates over the entire month of October? WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."**

**Total  
number of  
breakfasts**

	Total number of breakfasts
a. Paid school breakfasts	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Free school breakfasts	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Reduced-price school breakfasts	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**A20. What is the price of a USDA-reimbursable breakfast for students who pay the full price? RECORD THE MOST COMMON PRICE (STANDARD PRICE) IF YOUR CAFETERIA OFFERS BREAKFAST AT DIFFERENT PRICES (FOR EXAMPLE, A HIGHER PRICE FOR LARGER PORTIONS OR A DISCOUNT FOR A WEEKLY MEAL TICKET).**

**STANDARD FULL PRICE**

\$  .

**A21. What is the price of a USDA-reimbursable breakfast for students who pay the reduced price?**

**REDUCED PRICE**

\$  .



**A21c. What are the reasons why your school does not participate in USDA's school breakfast program? MARK ALL THAT APPLY.**

- Too few eligible students
- Program too costly
- School starts too late to serve breakfast
- School lacks facilities to serve breakfast
- School lacks staff to serve breakfast
- Other (Please specify):

**A22. Does your school participate in the U.S. Department of Agriculture's (USDA's) school lunch program? MARK ONLY ONE.**

- Yes
- No → GO TO B1 on page 10

**A23. How many federally-reimbursable school lunches did you serve at free, reduced price, and paid rates over the entire month of October? WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."**

	Total number of lunches				
a. Paid school lunches	<table border="1" style="border-collapse: collapse; width: 100%; height: 25px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
b. Free school lunches	<table border="1" style="border-collapse: collapse; width: 100%; height: 25px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
c. Reduced-price school lunches	<table border="1" style="border-collapse: collapse; width: 100%; height: 25px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				



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**A24. What is the price of a USDA-reimbursable lunch for students who pay the full price? RECORD THE MOST COMMON PRICE (STANDARD PRICE) IF YOUR CAFETERIA OFFERS LUNCH AT DIFFERENT PRICES (FOR EXAMPLE, A HIGHER PRICE FOR LARGER PORTIONS OR A DISCOUNT FOR A WEEKLY MEAL TICKET).**

**STANDARD FULL PRICE**

\$  .

**A25. What is the price of a USDA-reimbursable lunch for students who pay the reduced price?**

**REDUCED PRICE**

\$  .

**A26. How many children in your school were approved for free or reduced-price meals as of October 1, 2021, or the date nearest to that for which data are available? WRITE IN NUMBERS BELOW. IF NONE, WRITE "0." IF ALL THE CHILDREN IN THE SCHOOL WERE APPROVED, PLEASE WRITE IN NUMBER AND MARK THE BOX, THEN FOLLOW SKIP INSTRUCTION.**

**Number of children approved for free/reduced-price meals**

All children in the school were approved →

a. Free school meals

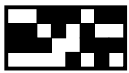
b. Reduced-price school meals

**A27. Please indicate who completed this section. MARK ALL THAT APPLY.**

Principal/School administrator

Other school staff (please indicate their title(s)):





## SECTION B. School Facilities and Resources

**B1.** This section of the survey asks questions about your school's facilities and resources. In general, how adequate are each of the following school facilities for meeting the needs of the children in your school? *MARK ONE RESPONSE ON EACH ROW.*

	<u>Do not have</u>	<u>Never adequate</u>	<u>Often not adequate</u>	<u>Sometimes not adequate</u>	<u>Always adequate</u>
a. Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer Lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Library/media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Art room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Music room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Multi-purpose room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

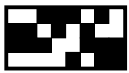
**B2.** How many children is this school designed to accommodate? *ENTER NUMBER BELOW. IF NONE, ENTER "0."*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Number of children

**B3.** How many computers in this school are used for... *ENTER NUMBERS BELOW. IF NONE, ENTER "0."*

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



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**B4. Please answer the following regarding the availability and use of specific technology and equipment at your school. MARK ALL THAT APPLY.**

	<b>Available at your school</b>	<b>Available for use by kindergartners in your school</b>	<b>Used for assessments taken by students</b>	<b>None of these</b>
a. Are desktop computers, laptops, Chromebooks, tablets, or other electronic devices with access to local area network (LAN) <u>ONLY</u> ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are desktop computers, laptops, Chromebooks, tablets, or other electronic devices with access to the internet...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B5. Please indicate who completed this section. MARK ALL THAT APPLY.**

Principal/School administrator

Other school staff (please indicate their title(s)):

**SECTION C. School-Family-Community Connections**

- C1. The next section of the survey contains questions about school-community-family connections. Are any of the following programs or services available to children and their families at your school site? PLEASE INCLUDE PROGRAMS RUN BY THE SCHOOL AND THOSE RUN BY OUTSIDE GROUPS. MARK ALL THAT APPLY.**

- Before-school child care
- Half-day care for children in half-day kindergarten
- After-school child care
- None of the above

- C2. Are any of the following programs or services for parents and families available at your school site? PLEASE INCLUDE PROGRAMS RUN BY THE SCHOOL AND THOSE RUN BY OUTSIDE GROUPS. MARK ALL THAT APPLY.**

- Parenting education programs (for example, classes on child development, education in being a parent, understanding children with special needs)
- Adult literacy program (including Adult Basic Education)
- Family literacy program
- Health or social services offered collaboratively by service agencies such as hospitals
- Orientation to school setting for new families
- Hearing screening
- Vision screening
- Child care so that parents can attend school parent meetings or events
- Programs to learn English for parents or families whose native language is not English
- None of the above

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

	<u>Never</u>	<u>Once a year</u>	<u>2 to 3 times a year</u>	<u>4 to 6 times a year</u>	<u>7 or more times a year</u>
a. PTA, PTO, or Parent-Teacher-Student organization meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reports of child's performance provided to parents (for example, report cards)	<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"/>



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**C4. Which of the following does your school use funds raised by your PTA/PTO to support?** PLEASE INCLUDE PROGRAMS RUN BY THE SCHOOL AND THOSE RUN BY OUTSIDE GROUPS. MARK ALL THAT APPLY.

- Out of school time programming
- Student tutoring
- Technology (computer labs, Chromebooks, Smartboards, tablets, etc.)
- Arts instruction (musical, visual, dance, dramatic arts)
- Field trips
- Workshops and other services for parents and caregivers
- None of the above
- Other (Please specify):

**C5. Does your school or district have a policy limiting the amount of additional funding that can be contributed by your school's PTA/PTO?** MARK ONE RESPONSE.

- Yes
- No

**C6. 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>Less than once a month or never</u>	<u>Once a month</u>	<u>Several times a month</u>	<u>Once a week</u>	<u>More than once a week</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, personal 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"/>



**C7. 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

**C8. 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 → GO TO C10

**C9. 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 ALL THAT APPLY.**

Classroom-specific assignments, including homework

Child- or parent-specific information, such as progress reports between grading periods

None of the above

Other (Please specify):

**C10. Please indicate how much you agree or disagree with the following statements about the school's community and parents. MARK ONE RESPONSE ON EACH ROW.**

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



**C11. 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>Not a 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. Tensions based on economic differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Selling or using drugs or excessive drinking in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Vacant houses and buildings	<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"/>
g. Opioid addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C12. 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>Never happens</u>	<u>Happens on occasion</u>	<u>Happens at least once a month</u>	<u>Happens at least once a week</u>	<u>Happens daily</u>
a. Children bring 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"/>



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**C13. Which of the following emergency procedures have your students been drilled on during this school year? MARK ALL THAT APPLY.**

- Evacuation
- Lockdown
- Shelter in place
- None of the above
- Other (Please specify):

**C14. During the school year, how many times were school activities disrupted due to implementation of the following emergency procedures (for example, not drills)? ENTER NUMBER OF DAYS. IF NONE, WRITE "0" ON THE APPLICABLE LINE.**

Number  
of days

a. Evacuation		<table border="1" style="border-collapse: collapse; width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				

b. Lockdown		<table border="1" style="border-collapse: collapse; width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				

c. Shelter in place		<table border="1" style="border-collapse: collapse; width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				

d. Other emergency procedures		<table border="1" style="border-collapse: collapse; width: 100%; height: 30px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>				

e. If other emergency procedures occurred, what were they?



**C15. During this school year, which of the following measures has your school implemented to ensure the safety of children? MARK ALL THAT APPLY.**

- Require visitors to sign or check in and wear badges
- Require visitors to present photo ID, which is verified, and used to generate badges
- Control access to school buildings during school hours (for example, locked or monitored doors)
- Require metal detector checks on students every day
- Equip classrooms with locks so that doors can be locked from the inside
- Close the campus for most or all students during lunch
- Use one or more random dog sniffs to check for drugs
- Perform one or more random sweeps for contraband (for example, drugs or weapons), not including sniffing dogs
  
- Require students to wear uniforms
- Enforce a strict dress code
- Provide school lockers to students
- Require clear book bags or ban book bags on school grounds
- Have panic buttons or silent alarms that directly connect to law enforcement in the event of an incident
- Provide a structured anonymous threat reporting system (for example, online submission, telephone hotline, or written submission via drop box)
  
- Require students to wear badges or picture IDs
- Require faculty and staff to wear badges or picture IDs
- Use of one or more security cameras to monitor the outside of the school (for example, entrance(s), or grounds)
  
- Use of one or more security cameras to monitor the inside of the school (for example, lobby, or the hallways)
  
- Provide telephones in most classrooms
- Provide two-way radios to any staff
- Use of security guards, unarmed
- Use of security guards, armed
- None of the above
- Other (Please specify):





**C16. Does your school implement any of the following policies and practices related to technology use? MARK ALL THAT APPLY.**

- Policy prohibiting student use of cell phones and text messaging devices during school hours
- Policy limiting student access to social media (network and computers)
- Practice of web-based instruction
- Practice of blending learning
- Practice of providing digital devices (for example, laptop, Chromebook, tablet, etc.) to each student
- Policy limiting amount of screen time students experience in classes
- None of the above
- Other (Please specify):

**C17. To what extent is each of the following matters 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"/>



**C18. 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 (ELL) increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C19. During the past year, were changes made to your school's assigned attendance area? MARK ONE RESPONSE.**

Yes

No

**C20. Please indicate who completed this section. MARK ALL THAT APPLY.**

Principal/School administrator

Other school staff (please indicate their title(s)):



**SECTION D. School Policies and Practices**

**D1. During this school year, have any of the following programs been implemented at this school?** *MARK ALL THAT APPLY.*

- Multi-Tiered System of Support (MTSS)
- Social-Emotional Learning (SEL) program
- Positive Behavior Interventions and Supports (PBIS)
- Violence prevention program
- School climate and community program
- None of the above

**D2. Which of the following statements describe your school's promotion and retention practices or policies for children?** *MARK ALL THAT APPLY.*

- Children can be retained in kindergarten.
- Children can be promoted in kindergarten.
- This school has a formal retention policy.
- This school has a formal promotion policy.
- None of the above

**D3. Which of the following statements describe your school's retention practices or policies for retaining kindergartners?** *MARK ALL THAT APPLY.*

- Kindergartners can be retained for maturational reasons (for example, social/emotional immaturity)
- Kindergartners can be retained at the request of their parents
- Kindergartners can be retained due to academic deficiencies (for example, below grade level)
- Kindergartners can be retained due to failing a schoolwide standardized test
- Kindergartners can be retained more than once in each grade
- Kindergartners can be retained without parents' permission
- Kindergartners with disabilities can be retained
- None of the above

**D4. How many kindergarten children were retained last school year?** *WRITE NUMBER IN BOX.*

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Number of children



**D5. How many first-grade children were retained last school year?** *WRITE NUMBER IN BOX.*

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Number of children

**D6. During this school year, were any children in your school assigned in-school or out of school suspension?** *MARK ONE RESPONSE.*

Yes

No → GO TO D8 on page 22

**D7. During this school year, how many children in your school who were assigned in-school or out of school suspension were...**

*MARK ONE RESPONSE ON EACH ROW.*

	None	A few	A quarter	About half	More than half	All or almost all	Not applicable - Student type not at this school
a. Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. English language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Hispanic or Latino/Latina of any race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. American Indian or Alaska native, non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Asian, non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Black or African American, non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Native Hawaiian or Other Pacific Islander, non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. White, non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Two or more races, non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**D8. For each of the following statements about reading and math, indicate how strongly you agree or disagree**

MARK ONE RESPONSE ON EACH ROW.

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</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 <u>reading</u> .	<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 <u>reading</u> is meeting the needs of most of our students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <u>math</u> .	<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 <u>math</u> is meeting the needs of most of our students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D9. Please indicate who completed this section. MARK ALL THAT APPLY.**

Principal/School administrator

Other school staff (please indicate their title(s)):



**SECTION E. School Programs for Particular Populations**

**E1. The next section contains questions about your school's programs for particular populations. During this school year, did this school provide any of the following services for students experiencing housing insecurity or homelessness? MARK ALL THAT APPLY.**

- Referrals to shelter or safe housing
- Crisis intervention services
- Access to showers, toiletries, and hygiene supplies
- Access to laundry
- Food for students outside of school day
- Not applicable - This school did not provide any of the services listed above
- Other (Please specify):

**E2. 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 → GO TO E6a on page 24

**E3. What percentage of children in this school and in first grade are English language learners (ELL)? WRITE IN THE PERCENTAGE FOR EACH BELOW. IF NONE, WRITE "0."**

	Percent ELL
a. ELL among all students in the school	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span style="font-size: 1.2em;">%</span> </div>
b. ELL among students in <u>first grade</u> , including transitional first grade	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <span style="font-size: 1.2em;">%</span> </div>



- E4. What percentage of first-grade children receive ESL (English as a second language), bilingual, or dual-language (also known as two-way immersion) instruction? WRITE IN PERCENTAGES FOR EACH ITEM. ENTER "0" IF INSTRUCTION IS NOT PROVIDED OR IF INSTRUCTION IS PROVIDED BUT NO FIRST-GRADE STUDENTS RECEIVE THE INSTRUCTION.**

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

- E5. Please indicate which of the following services are provided to families of children from households where a language other than English is spoken. MARK ALL THAT APPLY.**

- 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
- Translation of written communication are provided to these families
- Home visits are made to families of these children
- An outreach worker assists in enrolling these children when first entering school
- The school conducts special parent meetings for families from a non-English background
- None of the above

- E6a. Since the beginning of this school year, how many students have been newly evaluated at your school to determine if they are eligible for an IEP? WRITE NUMBER IN BOX.**

--	--	--	--

Number of students

- E6b. Of those students who have been newly evaluated at your school this school year, how many were found eligible for an IEP, including those who may have an IEP for speech only WRITE NUMBER IN BOX.**

--	--	--	--

Number of students



**E7. Are there any children with disabilities in this school receiving special education on any of the following plans? MARK ALL THAT APPLY.**

- Individualized Education Plans (IEP)
- 504 plans based on section 504 of the Rehabilitation Act
- Neither of these

**E8. Approximately what percentage of your first graders is in each of the following instructional programs? WRITE PERCENTAGES IN BOXES. IF NONE, WRITE "0" AND INDICATE IF THE PROGRAM IS NOT OFFERED IN FIRST GRADE OR IN ANY GRADE AT YOUR SCHOOL.**

	Percent	Not offered in first grade	Not offered in any grade
a. Special education (with 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"/>

**E9. How are students identified for special education programs at this school? MARK ALL THAT APPLY.**

- Universal testing
- Teacher referral
- None of the above
- Other (Please specify):





**E10. How are students identified for gifted and talented programs at this school (if offered)?**

*MARK ALL THAT APPLY.*

- Universal testing
- Teacher referral
- None of the above
- Other (Please specify):

**E11. What method(s) are used in your school to determine special education eligibility for students with learning disabilities? MARK ALL THAT APPLY.**

- IQ-achievement discrepancy model which shows whether there is a discrepancy between expected performance and actual performance
- Response to Intervention (Rtl) model
- Other (Please specify):

**E12. Where are children with Individual Education Plans (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.

**E13. Please indicate who completed this section. MARK ALL THAT APPLY.**

- Principal/School administrator
- Other school staff (please indicate their title(s)):



**SECTION F. Federal Programs**

**F1a. This set of questions is for public schools. Please confirm whether your school is public or private. MARK ONE RESPONSE.**

Public

Private → GO TO F9 on page 29

**F1b. The next set of items pertain to the provisions of the Every Student Succeeds Act (ESSA), including funding under Titles I and III. Did your school receive Federal Title I funds for this school year? MARK ONE RESPONSE.**

Yes

No

Not applicable

} GO TO F4

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

Targeted assistance program

Schoolwide program

**F3. Does your school use Title I funds for any of the following purposes? MARK ALL THAT APPLY.**

To serve children in a pull-out setting

To serve children in an in-class setting

To reduce class size

To provide extended time learning opportunities before and/or after school for children

To provide professional development activities

To provide family literacy services

To provide summer learning opportunities

None of the above

**F4. Did your school receive Federal Title III funds for this school year? TITLE III IS FOR LANGUAGE INSTRUCTION FOR LIMITED ENGLISH PROFICIENT AND IMMIGRANT STUDENTS. MARK ONE RESPONSE.**

Yes

No → GO TO F6 on page 28



**F5. Does your school use Title III funds for any of the following purposes? MARK ALL THAT APPLY.**

- To serve children in a pull-out setting for second language instruction
- To serve children in an in-class setting for second language instruction
- To provide extended time learning opportunities before and/or after school for children
- To improve the entire educational program through a schoolwide program
- To provide professional development activities for teachers who serve English language learners
- To provide family literacy services (usually done out of the Title III immigrant funds)
- To provide summer learning opportunities
- To provide student support in the student's home language for second language instruction
- None of the above

**F6. The next items address federal requirements. At the end of the LAST school year (2020-2021), what was this school's status? MARK ONE RESPONSE.**

- Unclassified
- Comprehensive improvement
- Targeted support

**F7. Which of the following actions has this school taken, in response to the need for improvement? MARK ALL THAT APPLY.**

- Developed or revised a two-year school improvement plan
- Offered students the choice to transfer to another public school
- Offered supplemental educational services to students from low-income families
- Replaced school staff
- Implemented a new curriculum based on scientifically based research
- Extended the school day or school year
- Appointed an outside expert to advise the school on its progress
- Reorganized the school internally
- None of the above
- Other (Please specify):

**F7b. The next question is about grade 3 students. Does this school have grade 3 students? MARK ONE RESPONSE.**

- Yes
- No → GO TO F9 on page 29



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**F8. Based on recent state assessments, what percentage of the grade 3 students in your school in the prior school year (2020-21) scored "proficient" or above in the following subjects? ENTER PERCENTAGE AT EACH ROW. IF THE ANSWER IS ZERO OR NOT APPLICABLE, ENTER "0."**

	Percent			
a. Reading or verbal skills	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %			
b. Mathematics or quantitative skills	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %			
c. Science	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %			
d. English language proficiency for English language learners (ELL)	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> %			

**F9. Please indicate who completed this section. MARK ALL THAT APPLY.**

Principal/School administrator

Other school staff (please indicate their title(s)):



## SECTION G. Staffing and Teacher Characteristics

**G1. The next set of questions are about characteristics of staff at your school. 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 THEIR 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 this school	(2) Number who work part time in this school
a. Regular classroom teachers	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. ESL/Bilingual/dual-language immersion/ELL instruction teachers	<input type="text"/> <input type="text"/> <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"/> <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"/> <input type="text"/> <input type="text"/>
e. Special education 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"/> <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"/> <input type="text"/> <input type="text"/>
g. Teachers of gifted/talented students	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. Reading specialists and interventionists	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i. Math specialists and interventionists	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



**G1. (Cont.) The next set of questions are about characteristics of staff at your school. 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 THEIR 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 this school	(2) Number who work part time in this school
j. School nurses or health professionals	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
k. School psychologists or social workers	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
l. Counselors (for example, guidance or academic counselors)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
m. Library media specialists/librarians	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
n. Computer/technology teachers or support staff	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**G2. Does your school currently have any staff members who do the following as their primary role or one of their primary roles? MARK ALL THAT APPLY.**

- A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective READING instruction
- A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective MATH instruction
- A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective behavioral support
- A school staff member who supports teachers in collecting, organizing, and managing assessment data
- A school staff member who supports teachers in the interpretation and use of assessment data to guide instruction
- None of the above



- G3. What percentage of your part-time and full-time teachers, including regular classroom, ELL/Bilingual, remedial, special education, art, music, and physical education teachers, belongs to each of the following racial/ethnic groups?**

COMPLETE EITHER THE NUMBER OR PERCENT COLUMN. ENTER "0" IF YOUR SCHOOL HAS NO TEACHERS IN THAT RACIAL/ETHNIC GROUP. THE NUMBER COLUMN SHOULD ADD UP TO YOUR TOTAL NUMBER OF TEACHERS OR THE PERCENT COLUMN SHOULD ADD UP TO 100%.

	Number of teachers	OR	Percent
a. Hispanic or Latino/Latina of any race	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
b. American Indian or Alaska Native, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
c. Asian, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
d. Black or African American, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
e. Native Hawaiian or Other Pacific Islander, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
f. White, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
g. Two or more races, non-Hispanic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
<b>Total number of teachers (sum of a through g)</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %

- G4. 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.**

	Yes	No
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"/>



**G5. Please indicate the number of regular classroom teachers who have joined or left your school since the start of the school year. ENTER THE APPROXIMATE NUMBERS FOR EACH. IF NO TEACHERS HAVE LEFT OR STARTED DURING THIS SCHOOL YEAR, ENTER "0."**

	<b>Number of teachers</b>			
a. Number of regular classroom teachers who have started teaching in your school since the start of the school year.	<table border="1" style="display: inline-table; width: 60px; height: 25px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
b. Number of regular classroom teachers who have left your school since the start of the school year and have not returned?	<table border="1" style="display: inline-table; width: 60px; height: 25px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
c. Number of regular classroom teachers for whom this school year is their first year of teaching?	<table border="1" style="display: inline-table; width: 60px; height: 25px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
d. Number of regular classroom teachers for whom this school year is their first year of teaching in this school?	<table border="1" style="display: inline-table; width: 60px; height: 25px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			

**G6. Please indicate who completed this section. MARK ALL THAT APPLY.**

Principal/School administrator

Other school staff (please indicate their title(s)):





SECTION H. School Administrator Characteristics

**The next section is only for the Principal/School Administrator.  
If you are the Principal/School Administrator, please continue.  
Otherwise, please return the survey to the School Administrator to complete this section.**

H1. What is your gender? MARK ONE RESPONSE.

- Male
- Female

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

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H3. Are you Hispanic or Latino/Latina? MARK ONE RESPONSE.

- Yes
- No

H4. Which best describes your race? MARK ALL THAT APPLY.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

H5. How many years of experience do you have in each of the following positions, including years in which you worked part time? WRITE IN 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 or principal	<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 or principal at <b>any</b> school	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>
c. Number of years as principal at <b>this</b> school	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/>



**H6. Through which, if any, of the following types of training programs did you receive preparation for fulfilling your role as a school administrator? MARK ALL THAT APPLY.**

- Traditional university-based training certification program
- District-based training program (for example, the Boston's Lynch-BPS Principal Fellowship, New York City Leadership Academy's Aspiring Principals Program, Chicago's LAUNCH program)
- City-based training program (for example, Cleveland's First Ring Leadership Academy)
- State-based training program (for example, New Jersey EXCEL)
- Training and/or certification program run by a national non-profit organization (for example, KIPP School Leadership Program, New Leaders)
- Another school administrator preparation program
- None of the above

**H7. 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, EdD, PhD, JD, or MD)

**H8. What was your major field of study in the highest degree you completed? MARK ALL THAT APPLY.**

- Early childhood education
- Elementary education
- Education administration/management
- Special education
- Other education-related major (such as secondary education, educational psychology, science education, music education, etc.)
- Non-education major (such as History, English, etc.)
- None of the above



**H9. Please estimate how many hours you spend on average each week on the following activities.**  
PLEASE ENTER NUMBER OF HOURS FOR EACH ITEM.

	Number of hours
a. Working with teachers on instructional issues	<input type="text"/> <input type="text"/> <input type="text"/>
b. Internal school management (weekly calendars, vendors, office, memos, etc., including work with administrative and support staff)	<input type="text"/> <input type="text"/> <input type="text"/>
c. Student discipline (including working with students directly and working with teachers to address student behavioral issues)	<input type="text"/> <input type="text"/> <input type="text"/>
d. Student attendance	<input type="text"/> <input type="text"/> <input type="text"/>
e. Monitoring hallways, playground, lunchroom, etc.	<input type="text"/> <input type="text"/> <input type="text"/>
f. Teaching	<input type="text"/> <input type="text"/> <input type="text"/>
g. Talking and meeting with parents	<input type="text"/> <input type="text"/> <input type="text"/>
h. Meeting with students	<input type="text"/> <input type="text"/> <input type="text"/>
i. Paperwork required by local, state, or federal authorities	<input type="text"/> <input type="text"/> <input type="text"/>

**H10. What is your best estimate of the percentage of children at this school you know by name?**  
MARK ONE RESPONSE.

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

**H11. 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



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**H12. Do you speak a language other than English with students' families whose native language is not English? MARK ONE RESPONSE.**

Yes

No

**IF YOU ANSWERED "YES" AT EITHER H11 OR H12, PLEASE GO TO H13.  
IF YOU ANSWERED "NO" TO BOTH QUESTIONS, PLEASE SKIP TO H14.**

**H13. What language or languages other than English do you speak with students at school or with their families? MARK ALL THAT APPLY.**

Spanish

A European language other than Spanish such as French, German, or Russian

A Chinese language or dialect

A Filipino language

A Southeast Asian language such as Vietnamese, Thai, or Khmer

A South Asian language such as Hindi or Tamil

Another Asian language such as Japanese or Korean

A Middle Eastern language such as Arabic or Farsi

An African language such as Swahili or Amharic

None of the above

Other language (Please specify):

**H14. Date Survey Completed:**

MONTH

DAY

2 0 2 1

YEAR

**Thank you very much for answering these questions and for taking the time to participate in the Early Childhood Longitudinal Study.**