**Early Childhood Longitudinal Study, Kindergarten Class of 2023-24**

**(ECLS-K:2024)**

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

**OMB# 1850-0750 v.24**

**Attachment E-2**

**Spring Kindergarten**

**School Administrator Paper Survey**

**National Center for Education Statistics**

**U.S. Department of Education**

**August 2021**

School Administrator



Survey

**2022**



S\_ID

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

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.

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

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.24. The time required to complete this information collection is estimated to average approximately 40 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.

OMB No. 1850-0750, v.24. Approval expires xx/xx/xxxx

SAQK-FT

**Early Childhood Longitudinal Study School Administrator Survey**

**Fall 2022 – Form SAQK-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 iv) 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.

**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:

number of students attending on an average day x 100 number of students enrolled

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

**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, Head Start, 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**

**SECTION A. School Characteristics**

**A1. This section of the survey contains questions about characteristics of your school. 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.*

Number of Instructional Days

|  |  |  |
| --- | --- | --- |
|  |  |  |

### A2.

**A3.**

### What are the START and END dates for this school for the 2022-2023 school year? START

**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.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | 2 | 0 | 2 | 2 |
| MONTH  **END** |  | DAY |  |  | YEAR | |  |
|  |  |  |  | 2 | 0 | 2 | 3 |
| MONTH |  | DAY |  |  | YEAR | |  |

### % Average Daily Attendance

|  |  |  |
| --- | --- | --- |
|  |  |  |

That is, number of students attending on an average day

number of students enrolled

### OR

Average Number Attending Daily

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

X 100

**A4. 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 kindergarten in your school around October 1, 2022, or the date nearest to that for which data are available.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

b. Total enrollment in your school (across all grades) around October 1, 2022, or the date nearest to that for which data are available.

c. Number of children who have enrolled in your school since October 1, 2022. If no children have enrolled in your school since October 1, 2022, enter “0.”

|  |  |  |  |
| --- | --- | --- | --- |
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| --- | --- | --- | --- |
|  |  |  |  |

d. Number of children who have left your school since October 1, 2022, and have not returned. If no children have left your school since October 1, 2022, enter “0.”

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

### A5.

**A6.**

**Mark all grade levels included in your school.** *PLEASE SEE PAGE ii-iii FOR DEFINITIONS OF DIFFERENT TYPES OF CLASSES AND GRADE LEVELS.*

grade

grade

grade

grade

grade

grade

|  |  |  |
| --- | --- | --- |
| Ungraded | 1st | 7th |
| Prekindergarten | 2nd  grade | 8th  grade |
| Transitional (or readiness) kindergarten | 3rd  grade  grade | 9th |
| Kindergarten | 4th  grade | 10th |
| Transitional first (or pre-first) grade | 5th  grade  6th | 11th  12th |

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

Half-day onsite pre-K program Full-day onsite pre-K program

Tuition-based full-day onsite pre-K program

Half-day kindergarten Full-day kindergarten

Tuition-based full-day kindergarten

Half-day transitional (or readiness) kindergarten Full-day transitional (or readiness) kindergarten

Tuition-based full-day transitional (or readiness) kindergarten

Half-day transitional first (or pre-first) grade Full-day transitional first (or pre-first) grade

Tuition-based full-day transitional first (or pre-first)

grade

***IF YOU MARKED ANY ITEM IN A6 PERTAINING TO TRANSITIONAL KINDERGARTEN, GO TO A7. IF YOU MARKED ANY ITEM IN A6 PERTAINING TO TRANSITIONAL FIRST GRADE, GO TO A8.***

***OTHERWISE, GO TO A9.***

### A7.

**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):

### A8.

**How do children qualify for participation in your school's transitional 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):

### A9.

**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

GO TO A11

on page 5

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

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

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**

a. Hispanic or Latino/Latina of any race

**%**

**Percent**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

b. American Indian or Alaska Native, non-Hispanic **%**

c. Asian, non-Hispanic

**%**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
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| --- | --- | --- | --- |
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| --- | --- | --- |
|  |  |  |

d. Black or African American, non-Hispanic **%**

e. Native Hawaiian or Other Pacific Islander, non-Hispanic

**%**

|  |  |  |  |
| --- | --- | --- | --- |
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| --- | --- | --- | --- |
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| --- | --- | --- |
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f. White, non-Hispanic **%**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

### A12.

g. Two or more races, non-Hispanic

**%**

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

**Enter Percentage**

a. **Chronically Absent?** *Defined here as missing ten percent or more of the academic year for any reason.*

**%**

|  |  |  |
| --- | --- | --- |
|  |  |  |

b. **Homeless?** *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.*

c. **From migrant families?** *Defined here as a family that moves from place to place to get work (for example, as farm laborers who harvest crops seasonally).*

**%**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**A13. About what percentage of children enrolled in this school are...** *WRITE IN PERCENTAGES BELOW. IF NONE, WRITE "0."*

**Percent**

a. From the surrounding neighborhood?

**%**

|  |  |  |
| --- | --- | --- |
|  |  |  |

b. Bused to achieve equitable access to resources? **%**

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.)?

**%**

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

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))?

e. Attending the school under public school choice? *(IF YOURS IS A PRIVATE SCHOOL, PLEASE SKIP THIS ITEM.)*

**%**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**A14. How many children are currently enrolled in kindergarten classes?** *WRITE NUMBER BELOW. PLEASE INCLUDE REGULAR KINDERGARTEN, TRANSITIONAL (OR READINESS) KINDERGARTEN,TRANSITIONAL FIRST (OR PRE-FIRST) GRADE, OR A PROGRAM THAT IS A KINDERGARTEN EQUIVALENT BUT IS UNGRADED OR HAS MULTIPLE GRADES.*

Number of kindergarten students enrolled

|  |  |  |
| --- | --- | --- |
|  |  |  |

**A15. How many of each of the following types of classes do you have in your school?** *WRITE NUMBERS IN THE BOXES BELOW. IF NONE, WRITE "0."*

### Total number of classes

**of each type**

b. Full-day kindergarten

a. Half-day kindergarten

### A16. By what date did a child need to turn five to enter kindergarten for this school year, 2022-2023?

*WRITE IN MONTH, DAY, AND YEAR. IF NO CUTOFF DATE, MARK BOX BELOW.*

No cutoff date

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

MONTH DAY YEAR

### A17.

**A18.**

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

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

### 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 A22b on page 8

**A19. What time is breakfast served at the school?** *WRITE IN TIME BELOW.*

### START TIME

**:** AM

HH MM

### END TIME

**:** AM

HH MM

**A20. How many federally-reimbursable school breakfasts did you serve at free, reduced price, and paid rates over the entire month of October?** *WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."*

### Total number of

**breakfasts**

a. Paid school breakfasts

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

b. Free school breakfasts

c. Reduced-price school breakfasts

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**A21. 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 LUNCH AT DIFFERENT PRICES (FOR EXAMPLE, A HIGHER PRICE FOR LARGER PORTIONS OR A DISCOUNT FOR A WEEKLY MEAL TICKET).*

### STANDARD FULL PRICE

$ .**.**

### A22. What is the price of a USDA-reimbursable breakfast for students who pay the reduced price?

**REDUCED PRICE**

$ .

### A22b. 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):

### A23.

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

*MARK ONLY ONE.*

Yes

No 

GO TO A27c on page 9

**A24. How many federally-reimbursable school lunches did you serve at free, reduced price, and paid rates over the last month?** *WRITE IN NUMBERS BELOW. IF NONE, WRITE "0."*

### Total number of

**lunches**

a. Paid school lunches

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

b. Free school lunches

c. Reduced-price school lunches

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**A25. 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

$ .

### A26. What is the price of a USDA-reimbursable lunch for students who pay the reduced price?

**REDUCED PRICE**

$ .

**A27. How many children in your school were approved for free or reduced-price meals as of October 1, 2022, 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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

1. Free school meals

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

### A27c. What are the reasons why your school does not participate in USDA’s school lunch program? *MARK ALL THAT APPLY.*

b. Reduced-price school meals

Too few eligible students Program too costly

School starts too late to serve lunch School lacks facilities to serve lunch School lacks staff to serve lunch

Other (Please specify):

**A28. 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.*

### Do not

**have**

### Never adequate

**Often not adequate**

### Sometimes not adequate

**Always adequate**

a. Cafeteria

1. Computer Lab

c. Library/media center

d. Art room

e. Gymnasium

f. Music room

g. Playground

h. Classrooms

i. Auditorium

j. Multi-purpose room

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

Number of children

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

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

### Number of computers

a. Instructional purposes only?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

b. Both instructional and administrative purposes?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

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

**Available at your school**

### Available for use by kindergartners in your school

**Used for assessments taken by students**

### None of these

a. Are desktop computers, laptops, Chromebooks, tablets, or other electronic devices with access to local area network (LAN) ONLY...

b. Are desktop computers, laptops, Chromebooks, tablets, or other electronic devices with access to the internet...

**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 kindergarten 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.*

### Never

**Once a year**

### 2 to 3 times a year

**4 to 6 times a year**

### 7 or more times

**a year**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
| a. PTA, PTO, or Parent-Teacher-Student organization meetings |  |  |  |  |  |  |  |
| b. Reports of child’s performance provided to parents (for example, report cards) |  |  |  |  |  |  |  |
| c. Information on the child's standardized assessment scores provided to parents |  |  |  |  |  |  |  |
| d. Teacher-parent conferences |  |  |  |  |  |  |  |
| e. School performances to which parents are invited |  |  |  |  |  |  |  |
| f. Classroom programs like class plays, book nights, or family math nights |  |  |  |  |  |  |  |

### 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.*

### Less than once a month or never

**Once a month**

### Several times a month

**Once a week**

### More than once a week

a. Electronic communication to all parents, such as group emails,

electronic newsletters, website postings, "robocalls" (mass automated phone calls), text alerts, or other electronic notices for all parents

b. Non-electronic communication to all parents, such as letters, newsletters, personal phone calls, or other

non-electronic messages for all parents

### 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

### C7b. 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 C9

### C8.

**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):

### C9. 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.*

**Strongly**

**disagree Disagree**

**Neither agree nor**

**disagree Agree**

**Strongly**

**agree**

a. Parents are actively involved in this school’s programs

b. The community served by this school is supportive of its goals and activities

c. Parents of children in this school are welcome to observe classes any time they are in session

**C10. How much of a problem are the following in the neighborhood where this school is located?** *MARK ONE RESPONSE ON EACH ROW.*

**Big**

**Somewhat of Not a**

**problem a problem problem**

**Don't**

**know**

b. Tensions based on economic differences

d. Gangs

f. Violence in the neighborhood

h. Opioid addiction

g. Crime in the neighborhood

e. Vacant houses and buildings

c. Selling or using drugs or excessive drinking in public

a. Tensions based on racial, ethnic, or religious differences

### C11. To the best of your knowledge, how often do the following types of problems occur at your school?

*MARK ONE RESPONSE ON EACH ROW.*

### Never

**Happens on**

### Happens at least once a

**Happens at least once a**

### Happens

**happens occasion month**

**week**

**daily**

a. Children bring weapons to school

b. Theft

c. Physical conflicts among students

d. Children bringing in or using alcohol

at school

e. Children bringing in or using illegal drugs at school

f. Vandalism of school property

g. Student bullying

h. Widespread disorder in classrooms

i. Class cutting

### C12.

**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):

### 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 THE NUMBER OF DAYS. IF NONE, WRITE "0" ON THE APPLICABLE LINE.*

### Number

**of days**

a. Evacuation

|  |  |  |
| --- | --- | --- |
|  |  |  |

b. Lockdown

|  |  |  |
| --- | --- | --- |
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| --- | --- | --- |
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d. Other emergency procedures

c. Shelter in place

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### C15. 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):

**C16. To what extent is each of the following matters a problem in this school?** *MARK ONE RESPONSE ON EACH ROW.*

### Serious problem

**Moderate problem**

### Minor problem

**Not a problem**

a. Student tardiness

b. Student absenteeism

c. Student aggressive or disruptive behavior

d. Teacher absenteeism

e. Teacher turnover

f. Overcrowding

**C17. During the past year, to what extent did any of the following changes occur at your school?** *MARK ONE RESPONSE ON EACH ROW.*

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

### C18.

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

Yes No

**C19. 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.**

### The next items ask about your school's policies and practices in specific areas. Are any children given a readiness or placement test before or shortly after entering kindergarten? *MARK ONE RESPONSE.*

Yes

No 

GO TO D3

### D2. How are the results of readiness or placement tests given before or shortly after entering kindergarten used at your school? *MARK ALL THAT APPLY.*

To determine eligibility for enrollment when a child is below the cut-off age for kindergarten To determine children's class placement

To identify children who may need additional testing (for example, for a learning problem) To help teachers individualize instruction

To support a recommendation that a child delay entry for an additional year None of the above

Other (Please specify):

### D3. 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

### D4. Which of the following statements describe your school's promotion and retention practices or policies for kindergartners? *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

### D5.

**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 kindergarten Kindergartners can be retained without parents’ permission Kindergartners with disabilities can be retained

None of the above

**D6. How many kindergarten children were retained last school year?** *WRITE NUMBER IN BOX.*

Number of children

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

### D7. 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 D9 on page 24

### D8. 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

b. Female

c. English language learners (ELL)

d. Students with disabilities

e. Hispanic or Latino/Latina of any race

f. American Indian or Alaska native, non-Hispanic

g. Asian, non-Hispanic

h. Black or African American, non-Hispanic

i. Native Hawaiian or Other Pacific Islander, non-Hispanic

j. White, non-Hispanic

k. Two or more races, non-Hispanic

**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 E6 on page 24

### E3.

**What percentage of children in this school and in kindergarten 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

**%**

|  |  |  |
| --- | --- | --- |
|  |  |  |

b. ELL among all students in kindergarten, including transitional

|  |  |  |
| --- | --- | --- |
|  |  |  |

kindergarten and transitional first grade **%**

### E4. What percentage of kindergarten 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 KINDERGARTNERS RECEIVE THE INSTRUCTION.*

### In regular

**classroom**

a. Percent receiving ESL instruction

**%**

**%**

### In pull-out

**setting**

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

b. Percent receiving bilingual instruction **% %**

c. Percent receiving dual-language instruction

**%**

**%**

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### E5. Please indicate which of the following services are provided to families of children from households where a language other than English is spoken during this school year. *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

### E6.

**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

**E7. Approximately what percentage of your kindergartners 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 KINDERGARTEN OR IN ANY GRADE AT YOUR SCHOOL.*

b. Accommodations through a 504 plan

d. Math instruction for students performing below grade level in math

e. A gifted and talented program

**%**

### Not offered

**Percent in kindergarten**

a. Special education (with Individualized Education Program (IEP))

**%**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**%**

c Reading instruction for students performing below grade level in reading

**%**

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

**%**

|  |  |  |
| --- | --- | --- |
|  |  |  |

### Not offered

**in any grade**

|  |  |  |
| --- | --- | --- |
|  |  |  |

### E8. 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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

### E9.

**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):

### E10.

**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):

### E11.

**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

**E12. 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

**F1.**

### This set of questions is for public schools. Please confirm whether your school is public or private.

*MARK ONE RESPONSE.*

Public

Private 

GO TO F11 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

GO TO F5 on page 28

Not applicable

### 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's Title I program serve children in the following grades?

*MARK ONE RESPONSE ON EACH ROW.*

### Yes No

**Not applicable**

1. Prekindergarten and/or transitional (readiness) kindergarten
2. Kindergarten
3. Transitional first (or pre-first) grade

**F4. 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

### F5.

**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 F8

**F6. 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

**F7. Does your school's Title III program serve children in the following grades?** *MARK ONE RESPONSE ON EACH ROW.*

### Yes No

**Not**

**applicable**

b. Kindergarten

c. Transitional first (or pre-first) grade

a. Prekindergarten and/or transitional (readiness) kindergarten

**F8.**

### The next items address federal requirements. At the end of the LAST school year (2021-2022), what was this school's status? *MARK ONE RESPONSE.*

Unclassified

Comprehensive improvement Targeted support

### F9. 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):

### F9b.

**This next set of questions is about grade 3 students. Does this school have grade 3 students?** *MARK ONE RESPONSE.*

Yes

No 

GO TO F11

### F10.

**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."*

**Percentage**

a. Reading or verbal skills

**%**

|  |  |  |
| --- | --- | --- |
|  |  |  |

b. Mathematics or quantitative skills **%**

c. Science

**%**

|  |  |  |
| --- | --- | --- |
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| --- | --- | --- |
|  |  |  |

d. English language proficiency for English language learners (ELL) **%**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**F11. 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) (2)

b. ESL/Bilingual/dual-language immersion/ELL instruction teachers

c. Drama, music, or art teachers

a. Regular classroom teachers

d. Gym/PE or health teachers

### Full time :

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**Part time:**

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f. Paraprofessionals (for example, classroom aides)

e. Special education teachers and related service providers (for example, speech therapist, physical therapist, adaptive physical education, etc.)

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h. Reading specialists and interventionists

g. Teachers of gifted/talented students

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j. School nurses or health professionals

k. School psychologists or social workers

i. Math specialists and interventionists

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### 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) (2)

m. Library media specialists/librarians

n. Computer/technology teachers or support staff

l. Counselors (for example, guidance or academic counselors)

### Full time :

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**Part time :**

|  |  |  |  |
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### 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.*

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| --- | --- | --- | --- |
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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

**%**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

b. American Indian or Alaska Native, non-Hispanic **%**

c. Asian, non-Hispanic

**%**

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d. Black or African American, non-Hispanic **%**

e. Native Hawaiian or Other Pacific Islander, non-Hispanic

**%**

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f. White, non-Hispanic **%**

g. Two or more races, non-Hispanic

**%**

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### Total number of teachers (sum of a through g) %

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**G4. What is the average starting salary for full-time first year teachers at this school?** *ENTER NUMBER. PLEASE ROUND TO NEAREST DOLLAR.*

$ , .00

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### G5. What is the lowest annual base salary currently paid to full-time teachers in this school? *MARK ONE RESPONSE.*

Less than $25,000

$25,000 to $35,000

$35,001 to $45,000

$45,001 to $55,000

$55,001 to $65,000

$65,001 to $75,000

$75,001 to $85,000

$85,001 to $95,000

$95,001 to $105,000

$105,001-$115,000

$115,001-$125,000

More than $125,000 (Please specify):

### G6. What is the highest annual base salary currently paid to full-time teachers in this school? *MARK ONE RESPONSE.*

Less than $25,000

$25,000 to $35,000

$35,001 to $45,000

$45,001 to $55,000

$55,001 to $65,000

$65,001 to $75,000

$75,001 to $85,000

$85,001 to $95,000

$95,001 to $105,000

$105,001-$115,000

$115,001-$125,000

More than $125,000 (Please specify):

### G7. 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 ALL THAT APPLY.*

Improved student performance on state tests?

Reaching target goals on state tests?

**G8. 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."*

### Number

**of teachers**

a. Number of regular classroom teachers who have started teaching in your school since the start of the school year

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b. Number of regular classroom teachers who have left your school since the start of the school year and have not returned

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**G9. Indicate how much you agree or disagree with the following statements about your school and staff.** *MARK ONE RESPONSE ON EACH ROW.*

### Strongly

**disagree**

### Disagree

**Neither agree nor disagree**

### Agree

**Strongly agree**

a. There is consensus among administrators and teachers on goals and expectations

b. We have an active professional development program for teachers

c. Teachers are very active in planning staff development activities in this school

d. There is adequate time for teacher professional development

**G10. 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

b. Total number of years as a school administrator or principal at **any** school

c. Number of years as principal at **this** school

### 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

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b. Internal school management (weekly calendars, vendors, office, memos, etc., including work with administrative and support staff)

c. Student discipline (including working with students directly and working with teachers to address student behavioral issues)

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d. Student attendance

e. Monitoring hallways, playground, lunchroom, etc.

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f. Teaching

g. Talking and meeting with parents

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h Meeting with students

i. Paperwork required by local, state, or federal authorities

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### 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

### 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:**

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MONTH DAY YEAR

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