

**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.25**

**5HUNa YbE-2**

**Spring Kindergarten  
School Administrator Paper Survey**

**National Center for Education Statistics  
U.S. Department of Education**

**August 2021  
revised May 2022**

# 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!

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. 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. Approval expires 02/28/2025.



**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 to, 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 sheltering 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, 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.

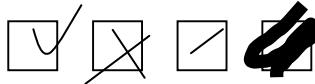
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

### Correct Mark:



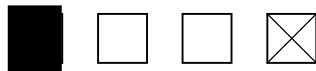
### Incorrect Marks:

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
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### 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. What are the START and END dates for this school for the 2022-2023 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.**

% Average Daily Attendance

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

**OR**

Average Number Attending Daily





64929

**A4. The following questions ask about enrollment at your school. Enter the approximate number of children for each of the following. ENTER NUMBER FOR EACH ROW. 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 <u>kindergarten</u> in your school around October 1, 2022, 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;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>				
b. Total enrollment in your school (across all grades) around October 1, 2022, 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;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>				
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."	<table border="1" style="display: inline-table; width: 100px; height: 25px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>				
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."	<table border="1" style="display: inline-table; width: 100px; height: 25px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>				

**A5. Mark all grade levels included in your school. PLEASE SEE PAGE ii-iii FOR DEFINITIONS OF DIFFERENT TYPES OF CLASSES AND GRADE LEVELS.**

- |  |                                    |                                     |
|--|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Ungraded                                      | <input type="checkbox"/> 1st grade | <input type="checkbox"/> 7th grade  |
| <input type="checkbox"/> Prekindergarten                               | <input type="checkbox"/> 2nd grade | <input type="checkbox"/> 8th grade  |
| <input type="checkbox"/> Transitional (or readiness) kindergarten (TK) | <input type="checkbox"/> 3rd grade | <input type="checkbox"/> 9th grade  |
| <input type="checkbox"/> Kindergarten                                  | <input type="checkbox"/> 4th grade | <input type="checkbox"/> 10th grade |
| <input type="checkbox"/> Transitional first (or pre-first) grade       | <input type="checkbox"/> 5th grade | <input type="checkbox"/> 11th grade |
|  | <input type="checkbox"/> 6th grade | <input type="checkbox"/> 12th grade |

**A6. 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 A7.  
IF YOU MARKED ANY ITEM IN A6 PERTAINING TO TRANSITIONAL FIRST GRADE, GO TO A8.  
OTHERWISE, GO TO A9.**



64929

**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
- 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"/> %

**A12. During this school year, approximately what percentage of students at your school are... WRITE IN PERCENTAGES BELOW. IF NONE, WRITE "0."**

	Enter Percentage
a. <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"/> %
b. <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"/> %
c. <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"/> %



64929

**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?	<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> <td style="font-size: 20px; vertical-align: middle;">%</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> <td style="font-size: 20px; vertical-align: middle;">%</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> <td style="font-size: 20px; vertical-align: middle;">%</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> <td style="font-size: 20px; vertical-align: middle;">%</td> </tr> </table>				%
			%		
e. Attend the school under public school choice? (IF YOURS IS A PRIVATE SCHOOL, PLEASE SKIP THIS ITEM.)	<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> <td style="font-size: 20px; vertical-align: middle;">%</td> </tr> </table>				%
			%		

**A14. How many children are currently enrolled in kindergarten classes? WRITE NUMBER BELOW. PLEASE INCLUDE CHILDREN ENROLLED IN 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.**

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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
a. Half-day kindergarten	
b. Full-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				



64929

**A17. What days of the week is your school in session? MARK ALL THAT APPLY.**

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

**A18. The next set of questions 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.**

<b>START TIME</b>	<b>END TIME</b>
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div> <span style="font-size: 24px; margin: 0 5px;">:</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div> <span style="margin-left: 5px;">AM</span> </div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div> <span style="font-size: 24px; margin: 0 5px;">:</span> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; margin-right: 5px;"></div> <span style="margin-left: 5px;">AM</span> </div>
HH      MM	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	<div style="border: 1px solid black; width: 100%; height: 30px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>
b. Free school breakfasts	<div style="border: 1px solid black; width: 100%; height: 30px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>
c. Reduced-price school breakfasts	<div style="border: 1px solid black; width: 100%; height: 30px; display: flex; justify-content: space-between;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>



64929

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

**STANDARD FULL PRICE**

\$   .

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

**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 →



64929

**A24. How many federally-reimbursable school lunches did your school 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	<table border="1" style="margin: auto;"> <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. Free school lunches	<table border="1" style="margin: auto;"> <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. Reduced-price school lunches	<table border="1" style="margin: auto;"> <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>				

**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**

\$ 

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

**REDUCED PRICE**

\$ 

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64929

**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 ALL THE CHILDREN IN THE SCHOOL WERE APPROVED, PLEASE WRITE IN TOTAL NUMBER OF APPROVED CHILDREN. IF NONE, WRITE "0."**

**Number of  
children  
approved**

a. Free school meals	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	
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b. Reduced-price meals	<input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	<input style="border: 1px solid black; padding: 2px 10px;" type="button" value="GO TO A28"/>
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**A27c. What are the reasons why your school does not participate in USDA’s school lunch program? MARK ALL THAT APPLY.**

- 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 (Section A: School Characteristics). 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.**

	<b>Do not have</b>	<b>Never adequate</b>	<b>Often not adequate</b>	<b>Sometimes not adequate</b>	<b>Always adequate</b>
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."**

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Number of children

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

	<b>Number of computers</b>			
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"/>



64929

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

	<u>Available at your school</u>	<u>Available for use by kindergartners in your school</u>	<u>Used for assessments taken by students</u>	<u>None of these</u>
a. Are desktop computers, laptops, Chromebooks, tablets, or other electronic devices with access to <u>local area network (LAN) 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 (Section B: School Facilities and Resources). 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	<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"/>



64929

**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 <u>all</u> <u>parents</u> , such as group emails, electronic newsletters, website postings, "robocalls" (mass automated phone calls), text alerts, or other electronic notices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Non-electronic communication to <u>all</u> <u>parents</u> , such as letters, newsletters, personal phone calls, or other non-electronic messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



64929

**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.**

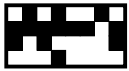
- Yes
- No →

**C8. Which of the following types of information are 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.	<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"/>



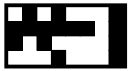
64929

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

	<b>Big problem</b>	<b>Somewhat of a problem</b>	<b>Not a problem</b>	<b>Don't know</b>
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. Crime in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Opioid addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.**

	<b>Never happens</b>	<b>Happens on occasion</b>	<b>Happens at least once a month</b>	<b>Happens at least once a week</b>	<b>Happens daily</b>
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"/>



**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):





64929

**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 days 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	<input type="text"/> <input type="text"/> <input type="text"/>
b. Lockdown	<input type="text"/> <input type="text"/> <input type="text"/>
c. Shelter in place	<input type="text"/> <input type="text"/> <input type="text"/>
d. Other emergency procedures	<input type="text"/> <input type="text"/> <input type="text"/>



**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 a problem in this school?** *MARK ONE RESPONSE ON EACH ROW.*

	<b>Serious problem</b>	<b>Moderate problem</b>	<b>Minor problem</b>	<b>Not a problem</b>
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"/>



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

	<b>Not at all</b>	<b>Small extent</b>	<b>Moderate extent</b>	<b>Large extent</b>
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"/>

**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 (Section C: School-Family-Community Connections). 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 these readiness or placement tests 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 → GO TO D5
  - Children can be promoted in kindergarten
  - This school has a formal retention policy
  - This school has a formal promotion policy
  - None of the above
- } GO TO D7

**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.**

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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 23



64929

**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	<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 (ELL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Students with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 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"/>
f. 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"/>
g. Asian, non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 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"/>
i. 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"/>
j. White, non-Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. 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"/>

**D9. Please indicate who completed this section (Section D: School Policies and Practices). 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
- 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 25

**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	<div style="display: inline-block; border: 1px solid black; width: 40px; height: 25px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 25px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 25px; margin-right: 5px;"></div> %
b. ELL among all students in <u>kindergarten</u> , including transitional kindergarten and transitional first grade	<div style="display: inline-block; border: 1px solid black; width: 40px; height: 25px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 25px; margin-right: 5px;"></div> <div style="display: inline-block; border: 1px solid black; width: 40px; height: 25px; margin-right: 5px;"></div> %



**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		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

**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.**

	Percent	Not offered in kindergarten	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. 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"/>

**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.**

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

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):



64929

**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 (Section E: School Programs for Particular Populations). 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 30

**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 F5 on page 29

**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
a. Prekindergarten and/or transitional (readiness) kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Transitional first (or pre-first) grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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
a. Prekindergarten and/or transitional (readiness) kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Transitional first (or pre-first) grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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



64929

**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 (2021-22) 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	<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. Mathematics or quantitative skills	<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. Science	<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. English language proficiency for English language learners (ELL)	<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> %			

**F11. Please indicate who completed this section (Section F: Federal Programs).** 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) Full time:	(2) Part time:
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 education/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 teachers and related service providers (for example, speech therapist, physical therapist, adaptive physical education, etc.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <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"/>
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"/>



64929

**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) Full time:	(2) Part time:
l. Counselors (for example, guidance or academic counselors)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>
m. Library media specialists/librarians	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>
n. Computer/technology teachers or support staff	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px;"></div> </div>

**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



64929

- 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"/> %
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"/> %
<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"/> %

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

\$  ,  .00





64929

**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):



64929

**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	<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>			

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We have an active professional development program for teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Teachers are very active in planning staff development activities in this school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is adequate time for teacher professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G10. Please indicate who completed this section (Section G: Staffing and Teacher Characteristics). 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.*

--	--	--	--

**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."*

	<b>Number of years</b>		
a. Years as a teacher before becoming a school administrator or principal	<table style="border-collapse: collapse; margin: auto;"> <tr> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> </tr> </table>		
b. Total number of years as a school administrator or principal at <b>any</b> school	<table style="border-collapse: collapse; margin: auto;"> <tr> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> </tr> </table>		
c. Number of years as a school administrator or principal at <b>this</b> school	<table style="border-collapse: collapse; margin: auto;"> <tr> <td style="width: 50px; height: 30px;"></td> <td style="width: 50px; height: 30px;"></td> </tr> </table>		



**H6. Through which 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



64929

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

	<b>Number of hours</b>
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



64929

**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):



64929

**H14. Date Survey Completed:**

				2	0	2	2
MONTH		DAY		YEAR			

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





