

School Pulse Panel (SPP) 2024-25
Preliminary Field Activities

OMB# 1850-0969 v.12

Appendix B
 Screener Survey

National Center for Education Statistics (NCES)
U.S. Department of Education

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This document contains the School Screener used for schools in previous administrations of the School Pulse Survey. (Please see OMB# 1850-0969.) The School Screener used in SPP 24-25 will be very similar, and so we've included this as a model.

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School Point of Contact Screener

Please review the contact information we have for your school and indicate whether the information is correct or needs to be updated.

It is critical for the Department of Education other federal agency stakeholders, and the public to have accurate and up-to-date information on the status of the school environment to inform data-driven decisions. We have selected a small number of schools to represent all schools in the United States as part of a carefully selected panel. Your school was selected to participate in this important panel. On a regular basis throughout the 2024-25 school year, you will be asked to provide information on a range of topics about your school. Survey topics will include learning recovery techniques, staffing/hiring challenges, supply chain issues, facilities management, funding uses, and school climate and safety, among others.

The purpose of this screener is to:

1. Ensure that we have up-to-date contact information for your school.
2. Provide you with the opportunity to appoint a primary person of contact who will be responsible for completing the monthly survey.
3. Indicate the best way to provide your school with compensation for its participation.

This screener should take approximately 3 minutes to complete.

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1. Please confirm or enter the following information about your school.
 - a. School Name: _____
 - b. Principal/Head of School First Name: _____
 - c. Principal/Head of School Last Name: _____
 - d. Principal/Head of School Phone Number: _____
 - e. School Address 1: _____
 - f. School Address 2: _____
 - g. City: _____
 - h. State: _____
 - i. Zip Code: _____
2. Is this also the MAILING address for your school?
 - a. Yes
 - b. No

If no, another fill-in question to enter school mailing address

- a. Name: _____
- b. Address 1: _____

- c. Address 2: _____
 - d. City: _____
 - e. State: _____
 - f. Zip Code: _____
3. What type of school is [School Name]
- a. Public School
 - b. Charter School
 - c. Private School
 - d. Home School
 - e. Bureau of Indian Education School
4. Please indicate the grades that your school offers:
- Kindergarten
 - 1st grade
 - 2nd grade
 - 3rd grade
 - 4th grade
 - 5th grade
 - 6th grade
 - 7th grade
 - 8th grade
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade

5. Please identify the best person in your school for us to contact for this survey. As principal/head of school, you may be this person, or you can identify another school staff member to serve in this role. This person will serve as your school's primary person of contact for this study.

The primary person of contact will receive future communications regarding the School Pulse Panel, including monthly survey links. This person should be a school staff member who can respond to monthly surveys. This person is responsible for collecting information necessary to answer survey items and submit completed surveys online.

- a. Name: _____
- b. Job Title: _____
- c. Email: _____
- d. Work Phone Number: _____
- I, the principal/head of school, will be the primary person of contact for the School Pulse Panel (contact information collected in item 1 will be used).

6. Please identify an alternative person of contact.

The alternative person of contact will be contacted if the primary person of contact leaves the school or is otherwise unavailable during a collection period.

- a. Name: _____
- b. Job Title: _____
- c. Email: _____
- d. Work Phone Number: _____
- I, the principal/head of school, will be the alternative person of contact for the School Pulse Panel (contact information collected in item 1 will be used).

7. Given that you are being asked to provide enrollment counts, it may be helpful for us to also contact the person in your school or district who is responsible for this type of data. This might be a student information systems manager or someone responsible for federally mandated state reporting. If you wish for us to include this person in our outreach, please provide their information below.

- a. Name: _____
- b. Job Title: _____
- c. Email: _____
- d. Work Phone Number: _____

8. Your school will receive \$200 for each completed monthly survey. Where would you like this to be sent?
- My school mailing address
 - My district mailing address
 - Other, please specify

[Note: we anticipate that Census will have options beyond debit cards for incentives in 24-25 SY. If this occurs, we will add an item between 7 and 8 allowing the respondent to choose their preferred means of reimbursement]

If b or c selected: Please provide the following:

- Name: _____
- Address 1: _____
- Address 2: _____
- City: _____
- State: _____
- Zip Code: _____

NCES is authorized to conduct this survey by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). 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). Reports of the findings from the survey will not identify participating districts, schools, or staff. Individual responses will be combined with those from other participants to produce summary statistics and reports.