School Pulse Panel (SPP) 2024-25

Preliminary Field Activities

OMB# 1850-0969 v.14

Appendix B

Screener Survey

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

October 2023
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School Point of Contact Screener

Screen1 Q1. Please confirm or enter the following information about your school: {Information will be pre-populated when available}

School Name: [Auto-filled information when available]

Principal/Head of School First Name: [Auto-filled information when available]

Principal/Head of School Last Name: [Auto-filled information when available]

Principal/Head of School Phone Number: [Auto-filled information when available]

School Address 1: [Auto-filled information when available]

School Address 2: [Auto-filled information when available]

City: [Auto-filled information when available]

State: [Auto-filled information when available]

Zip Code: [Auto-filled information when available]

- o All information above is correct
- o School name needs to be updated
- o Principal/Head of School name needs to be updated
- o Principial/Head of School email needs to be updated
- o Principal/Head of School phone numbers needs to be updated
- o School address needs to be updated

School Name: _____

Principal/Head of School First Name: _____

Principal/Head of School Last Name: _____

Principal/Head of School Phone Number: _____

School Address 1: _____

School Address 2: _____

City: _____

State: _____

Zip Code: _____

Screen2a Q2. Is this also the MAILING address for your school?

- o Yes
- o No

Screen2b Q3. Please enter the MAILING address for your school. {Display if Screen2a = No}

1. Name: _____
2. Mailing Address 1: _____
3. Mailing Address 2: _____
4. City: _____
5. State: _____

6. Zip Code: _____

Screen3 Q4. Which of the following grades or grade equivalents are offered at your school?

o   Kindergarten
o   1st grade
o   2nd grade
o   3rd grade
o   4th grade
o   5th grade
o   6th grade
o   7th grade
o   8th grade
o   9th grade
o   10th grade
o   11th grade
o   12th grade

Screen4 Q5b. This survey will collect information on a variety of topics related to your school's operations during the 2024-25 school year, including, but not limited to: staffing/hiring challenges, absenteeism, student and staff mental health, and student behavior, among others. 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, which may be from other staff, to answer survey items and submit completed surveys online.

- o   I, the principal/head of school, will be the primary person of contact for the School Pulse Panel.

POC First Name: _____

POC Last Name

POC Job Title: _____

POC Email: _____

POC Work Phone Number: _____

POC Phone Extension: _____

Screen5 Q6b. 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.
- o   I, the principal/head of school, will be the alternative person of contact for the School Pulse Panel.

ALT First Name: _____

ALT Last Name: _____

ALT Job Title: _____

ALT Email: _____

ALT Work Phone Number: _____

ALT Work Phone Extension: _____

Screen6a Q7. Please confirm the point of contact and mailing address where we should send the $200 for completing the monthly survey.
Debit Card Point of Contact: [Principal Name]
Mailing Address 1: [Mailing Address Street 1]
Mailing Address 2: [Mailing Address Street 2]
City: [Mailing Address City]
State: [Mailing Address State]
ZIP Code: [Mailing Address ZIP]

- o   Debit card information is correct
- o   Debit card information needs to be updated

Screen6b Q7_update. Please provide the following. {Display if Screen6a = "debit card information needs to be updated"}

Debit Card Point of Contact: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____