**School Pulse Panel**

**(SPP 2024-25)**

**OMB# 1850-0969 v.17**

**Supporting Statement**

**Appendix C2**

**November 2024 – June 2025 Monthly Surveys**

**National Center for Education Statistics (NCES)**

**U.S. Department of Education**

# **August 2024**

# **revised October 2024**

# School Pulse Panel November 2024 Survey

## School Demographics | Introduction

{Do not display section if answered in a previous month}

**Grades**. In which of the following grades or grade equivalent does your school have students enrolled?

* Kindergarten
* 1st grade
* 2nd grade
* 3rd grade
* 4th grade
* 5th grade
* 6th grade
* 7th grade
* 8th grade
* 9th grade/Freshman
* 10th grade/Sophomore
* 11th grade/Junior
* 12th grade/Senior
* Ungraded

**Inper**. Is your school offering in-person learning for students during the 2024-25 school year?

* Yes
* No

**Inper\_no**. Which of the following best describes how students are taught at your school? {Display if *Inper* = No}

* Fully virtual/online
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Next, we are interested in chronic absenteeism at your school during the 2024-25 school year. You may either report the* percentage *or* number *of students who were chronically absent this school year. Please only respond to one of the next two items you see.*

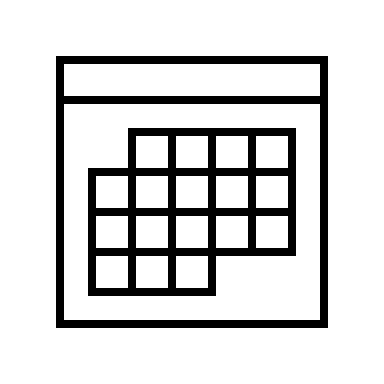
## Attendance

**Att1**. Today (or the most recent day you have data), what is your attendance rate?

*An attendance rate is the percentage of your students who are* ***present*** *for school.*

\_\_\_\_\_\_\_ %

Please select the date in the calendar that you used for the attendance rate.



## Food & Nutrition

**SchLun1.** As of today, how does your school provide students with breakfast and lunch?

* Students can participate in USDA School Meal programs (e.g., the National School Lunch Program, School Breakfast Program)
* Students can buy meals at school but not part of USDA School Meal programs
* All students must bring meals from home
* Don’t Know

**SchLun2**. You indicated your school operates the USDA School Meal program. As of today, about what percentage of students in your school participate in these programs? {Display if *SchLun1* = …Participate in USDA}

* 0% {If selected, no other *SchLun* items are displayed}
* 1-25%
* 26-50%
* 51-75%
* 76-99%
* 100%
* Don’t Know

**SchLun2b**. How does this percentage of students you indicated in the previous item compare to the percentage of students that participated last year?

* It has decreased a lot
* It has decreased a little
* It is about the same
* It has increased a little
* It has increased a lot

**SchLun12**. For the 2024-25 school year, did your school collect household applications for free- or reduced-price school meals? {Display if *SchLun1* = “Students can participate in USDA…” or “Students can buy meals…”}

* Yes
* No
* Don’t Know

**SchLun3**. As of today, how does your school operate the school lunch and/or breakfast programs? *Select all that apply.* {Display if *SchLun1* = “Students can participate in USDA…” or “Students can buy meals…”}

1. Community Eligibility Provision (CEP) or other special provision
2. Other option through state or local initiative that offers all students free lunches and/or breakfasts
3. Standard school meal program operations
4. Partnerships or sponsorships with local food organizations
5. Other, please specify: \_\_\_\_\_
6. Don’t Know

**SchLun6**. How easy or difficult has it been for your school to operate USDA School Meal programs during this school year (2024-25) compared to last school year (2023-24) {Display if *SchLun1* = “Students can participate in USDA…”}

* Much more difficult
* A little more difficult
* About the same
* A little easier
* Much easier

**SchLun13.** What, if any, challenges have your school experienced with school meal program operations during the 2024-25 school year? *Select all that apply.* {Display if *SchLun1* = “Students can participate in USDA…” or “Students can buy meals…”}

* Decreased student participation **compared to last school year (2023-24)**
* Increased program costs
* School food service staffing shortages
* Challenges convincing parents to submit applications for free- or reduced-price meals
* Challenges processing applications for free- or reduced-price meals
* Challenges obtaining enough food, beverages and/or meal service supplies for students participating in the school meal programs
* Challenges serving specific types of foods that were planned to be on school meal program menus
* Difficulty maintaining compliance with meal pattern requirements
* Increased negative feedback or complaints about school meals from parents or students
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_
* Don’t Know
* My school has not experienced any challenges with school meal program operations this year

**SchLun15**. Does your school inform students or their families of the availability of the following U.S. Department of Agriculture nutrition programs?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| SNAP (or the Supplemental Nutrition Assistance Program, formerly known as Food Stamps) |  |  |
| WIC (or the Special Supplemental Food Program for Women, Infants, and Children) |  |  |
| Food Distribution Program on Indian Reservations |  |  |
| Summer Meal Programs (in-person, to go, and/or delivered meals) |  |  |
| Summer EBT (or Summer Electronic Benefit Transfer, also known as Sun Bucks) |  |  |
| Child and Adult Care Food Program (e.g., center is reimbursed for meals and snacks provided to children in afterschool care; CACFP) |  |  |

**SchLun11**. We’d like to learn more about schools’ experiences **providing your students with breakfast and/or lunch.** In the space below, please share any information you would like us to know on this topic.

*This item is optional.*

## Physical Education Programming

**PhysEd1.** Is a physical education course taught in any of the following grades in your school?

|  |  |  |
| --- | --- | --- |
| {Display based on responses to *Grades*} | Yes | No |
| Kindergarten |  |  |
| 1st |  |  |
| 2nd |  |  |
| 3rd |  |  |
| 4th |  |  |
| 5th |  |  |
| 6th |  |  |
| 7th |  |  |
| 8th |  |  |
| 9th |  |  |
| 10th |  |  |
| 11th |  |  |
| 12th |  |  |

**PhysEd2.** During the 2024-25 school year, will (or have) all, some, or none of the following types of staff attend(ed) professional development related to physical education or other strategies for integrating more physical activity into the school day?

*Please include workshops, conferences, continuing education, or any other kind of in-service.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | All | Some | None |
| Physical education teachers or specialists |  |  |  |
| Classroom teachers |  |  |  |
| Other school staff |  |  |  |

**PhysEd3.** Does your school engage in any of the following physical education practices?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Provide physical education teachers with a written physical education curriculum that aligns with national standards for physical education |  |  |
| Require physical education teachers to follow a written physical education curriculum |  |  |
| Allow other teachers to exclude students from a physical education class (e.g., to help them with classroom activities, for failure to complete classwork, because of behavior in their classroom) |  |  |
| Require physical education teachers to be certified, licensed, or endorsed by the state in physical education |  |  |
| Limit physical education class sizes so that they are the same size as other subject areas |  |  |
| Have a dedicated budget for physical education materials and equipment |  |  |
| Include students with disabilities in regular physical education courses as appropriate |  |  |
| Provide adapted physical education (i.e., special courses separate from regular physical education courses) for students with disabilities as appropriate |  |  |
| Allow the use of waivers, exemptions, or substitutions for physical education requirements for one grading period or longer |  |  |

**PhysEd4.** During the last year, has your school assessed opportunities available to students to be physically active before, during, or after school?

* Yes
* No

**PhysEd5.** Not including physical education courses, do teachers at your school incorporate physical activity in their classes during the school day?

* Yes
* No

**PhysEd6**. Not including physical education courses and classroom physical activity, does your school offer opportunities for students to be physically active **during the school day**?

*Include activities like recess, lunchtime intramural activities, or physical activity clubs.*

* Yes
* No

**PhysEd7**. Does your school offer interscholastic sports to students?

* Yes
* No

**PhysEd8**. Does your school offer opportunities for students to participate in organized physical activities or provide access to facilities or equipment for physical activity during the following times?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Organized physical activities **before** the school day |  |  |
| Organized physical activities **after** the school day |  |  |
| Access to facilities or equipment **before** the school day |  |  |
| Access to facilities or equipment **after** the school day |  |  |

**PhysEd9**. Does your school, either directly or through the school district, have a joint use agreement for shared use of the following school or community facilities?

*A joint use agreement is a formal agreement between a school or school district and another public or private entity to jointly use either school facilities or community facilities to share costs and responsibilities.*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Physical activity or sports facilities |  |  |
| Kitchen facilities and equipment |  |  |
| Gardens (e.g., herb or vegetable plots) |  |  |

**PhysEd10**. Does your school have a written plan for providing opportunities for students to be physically active before, during, **and** after school?

*This also may be referred to as a Comprehensive School Physical Activity Program plan.*

* Yes
* No

**PhysEd11**. We’d like to learn more about schools’ experiences **with physical education programming.** In the space below, please share any information you would like us to know on this topic.

*This item is optional.*

## Arts Education Programming

**ArtsEd1**. Please indicate which of the following performing and visual arts, if any, are taught at your school **as standalone classes** during the regular school day during the 2024-25 school year.

*If a standalone class could count in multiple categories of visual and performing arts, select the art form that is the primary subject of the class. For example, count a course on “set design,” which may include aspects of visual arts and media arts, in the “drama/theater” category.*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Music |  |  |
| Visual arts (e.g., painting, drawing, sketching, ceramics, pottery, textiles) |  |  |
| Media arts (e.g., film, photography, audio/video, computer/digital arts) |  |  |
| Dance |  |  |
| Drama/theater |  |  |

**ArtsEd2**. How adequate are the following types of support for **arts instruction** at this school?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very inadequate | Somewhat inadequate | Somewhat adequate | Very adequate |
| Funding |  |  |  |  |
| Facilities (e.g., classroom, storage, display) |  |  |  |  |
| Materials, equipment, tools, and instruments |  |  |  |  |
| Instructional time for the arts |  |  |  |  |
| Number of arts specialists |  |  |  |  |
| Arts professional development for teachers/specialists |  |  |  |  |
| Student interest or demand |  |  |  |  |
| Parent or community support |  |  |  |  |

**ArtsEd3**. Are students at your school **required** to take at least one performing or visual arts class while enrolled at your school? {display if any of *ArtsEd1* = yes}

* Yes
* No

**ArtsEd4**. On average, how many hours **per week** do students enrolled in these classes receive instruction?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| {Display rows based on “Yes” responses to *ArtsEdu1*} | Less than 1 hour | 1 to less than 2 hours | 2 to less than 3 hours | 3 to less than 4 hours | More than 5 hours |
| Music |  |  |  |  |  |
| Visual arts (e.g., painting, drawing, sketching, ceramics, pottery, textiles) |  |  |  |  |  |
| Media arts (e.g., film, photography, audio/video, computer/digital arts) |  |  |  |  |  |
| Dance |  |  |  |  |  |
| Drama/theater |  |  |  |  |  |

**ArtsEd5.** For each of the following subject areas, who teaches the standalone class(es) at your school? *Select all that apply.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| {Display rows based on “Yes” responses to *ArtsEdu1*} | Full-time arts teacher or specialist | Part-time arts teacher or specialist | Classroom teacher | Artist-in-residence | Volunteer |
| Music |  |  |  |  |  |
| Visual arts (e.g., painting, drawing, sketching, ceramics, pottery, textiles) |  |  |  |  |  |
| Media arts (e.g., film, photography, audio/video, computer/digital arts) |  |  |  |  |  |
| Dance |  |  |  |  |  |
| Drama/theater |  |  |  |  |  |

**ArtsEd6**. Please indicate whether the following arts instructional activities are provided by your school **outside of** theregular school day during the 2024-25 school year.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Individual or small-group music lessons |  |  |
| Choir/band/marching band practice |  |  |
| Dance lessons (e.g., lessons, team) |  |  |
| Media arts lessons (e.g., film, photography, audio/video, computer/digital arts) |  |  |
| School performances or presentations in the arts (e.g., concerts, plays, art shows) |  |  |
| Arts-related field trips (e.g., school trips to concerts, plays, museums) |  |  |
| Other instructional activities |  |  |

**ArtsEd6\_open.** Please describe the other arts instructional activities provided by your school outside of the regular school day. {Display if *ArtsEd6* = Other}

**ArtsEd7**. During the 2024-25 school year, does your school have (or will it have) partnerships or collaborations with any of the following entities to help meet your school’s arts education goals?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Working artists |  |  |
| Nonprofit arts and cultural organizations |  |  |
| Nonprofit organizations NOT focused on arts and culture |  |  |
| College or universities |  |  |
| Local businesses |  |  |
| Other partnerships or collaborations |  |  |

**ArtsEd7\_open.** Please describe the other partnerships or collaborations. {Display if *ArtsEd7* = Other}

**ArtsEd8**. We’d like to learn more about schools’ experiences **with arts education programming.** In the space below, please share any information you would like us to know on this topic.

*This item is optional.*

## National Park Service - WikipediaNational Park Service Education Programming

*The following questions are about the educational programming offered by the* ***National Park Service (NPS)****. The NPS is a federal agency that manages all national parks and many national monuments and historic sites.*

**NPS1**. Were you aware that the **National Park Service** (NPS) provides educational programming for students?

* Yes, I was aware the NPS provides educational programming
* No, I was not aware that the NPS provides educational programming

**NPS2**. During the 2024-25 school year, which of the following NPS educational programs, if any, will (or have) classes at your school participate(d) in? *Select all that apply*.

* Field trip to an NPS location (e.g., a national park or a national historic site) with a ranger-led program
* Self-guided field trip to NPS location (e.g., a national park or a national historic site)
* NPS ranger visiting classrooms at your school
* Online, interactive distance learning with an NPS ranger (e.g., “live” lessons)
* NPS pre-recorded online lessons
* NPS online resources/materials (e.g., live webcams, lesson plans, resource kits, etc.)
* Classes at my school will (or have) not participate(d) in any of these NPS programs during the 2024-25 school year

**NPS3**. Which of the following are reasons why your school has not participated in NPS educational programming? *Select all that apply.* {Display if *NPS2* = “Classes at my school will (or have) not…”}

* Using this programming is not a priority for our school
* Restrictions on what can be included in our curriculum
* Time limitations
* Lack of teacher awareness
* Lack of teacher interest
* Lack of student interest
* Lack of parental/guardian support
* Lack of funding
* Inability to arrange transportation to NPS location(s)
* Distance to NPS location(s)
* Lack of district-level support
* Other, please specify: \_\_\_\_\_\_\_\_\_\_

**NPS4**. How interested are YOU in the following NPS educational programs for your school?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No interest | Slight interest | Moderate interest | A lot of interest |
| Field trip to an NPS location (e.g., a national park or a national historic site) with a ranger-led program |  |  |  |  |
| Self-guided field trip to NPS location (e.g., a national park or a national historic site) |  |  |  |  |
| NPS ranger visiting classrooms at your school |  |  |  |  | |
| Online, interactive distance learning with an NPS ranger (e.g., “live” lessons) |  |  |  |  | |
| NPS pre-recorded online lessons |  |  |  |  | |
| NPS online resources/materials (e.g., live webcams, lesson plans, resource kits, etc.) |  |  |  |  | |

## 

## School Demographics | Conclusion

{Do not display section if answered in a previous month}

**TEACHER0**. Please enter an approximate total teachercount for your school as of today.

*Please enter the* ***number*** *of teachers, including full-time and part-time teachers.*

\_\_\_\_\_ total number of teachers

**STAFF0**. Please enter an approximate total non-teacher staff count for your school as of today.

*Please enter the* ***number*** *of non-teaching staff, including full-time and part-time non-teachers.*

\_\_\_\_\_ total number of non-teaching staff

**ENROLLMENT0**. As of today, please enter your total student enrollment count.

*Please enter the* ***number*** *of students.*

\_\_\_\_\_ total number of students

## Suggestions for Future Content

**FutCont**. We want to ensure we are continuing to collect information on topics that are relevant to the day-to-day functioning of U.S. public schools during the 2024-25 school year and beyond. In the space below, please share any topics you believe are important for us to know as we continue this monthly survey collection.

*This item is optional.*

# 

# School Pulse Panel December 2024 Survey

## School Demographics | Introduction

{Do not display section if answered in a previous month}

**Grades**. In which of the following grades or grade equivalent does your school have students enrolled?

* Kindergarten
* 1st grade
* 2nd grade
* 3rd grade
* 4th grade
* 5th grade
* 6th grade
* 7th grade
* 8th grade
* 9th grade/Freshman
* 10th grade/Sophomore
* 11th grade/Junior
* 12th grade/Senior
* Ungraded

**Inper**. Is your school offering in-person learning for students during the 2024-25 school year?

* Yes
* No

**Inper\_no**. Which of the following best describes how students are taught at your school? {Display if Inper = No}

* Fully virtual/online
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## School Facilities

**Fac22\_c**. How long ago was the last major **renovation** to your school’s instructional building(s)?

* We have **never** had a major renovation to the school’s instructional building(s)
* One or more of our instructional building(s) is **currently** under major renovation
* Within the last calendar year
* More than 1 year but less than 3 years ago
* More than 3 years but less than 5 years ago
* More than 5 years but less than 10 years ago
* More than 10 years but less than 20 years ago
* More than 20 years ago
* Don’t know

**Fac23\_c**. How long ago was the last major building **replacement or addition** made to you school?

* We have **never** had a major building replacement or addition
* We are **currently** undergoing a major building replacement or addition
* Within the last calendar year
* More than 1 year but less than 3 years ago
* More than 3 years but less than 5 years ago
* More than 5 years but less than 10 years ago
* More than 10 years but less than 20 years ago
* More than 20 years ago
* Don’t know

**Fac25**. Overall, what is the physical condition of each of the building features listed below for your school’s **main instructional building**? Please refer to the rating scale below to inform your selection for each building or part of a building’s feature listed.

**Excellent**: new or easily restorable to “like new” condition; only minimal routine maintenance required.

**Good**: some preventive maintenance and/or corrective repair required.

**Fair**: Does not meet functional requirements in some cases; extensive corrective maintenance and repair required.

**Poor**: consistent substandard performance; failure(s) are disruptive and costly; requires constant attention, major corrective repair or overhaul.

**Needs Replacement**: non-operational, replacement required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Needs Replacement | Poor | Fair | Good | Excellent |
| Roofs |  |  |  |  |  |
| Floors |  |  |  |  |  |
| Foundation |  |  |  |  |  |
| Exterior walls, windows, or doors |  |  |  |  |  |
| Interior walls, ceilings, or doors |  |  |  |  |  |
| Plumbing |  |  |  |  |  |
| Heating, ventilation, and/or air conditioning system(s) |  |  |  |  |  |
| Electrical power |  |  |  |  |  |
| Indoor lighting |  |  |  |  |  |
| Exterior lighting |  |  |  |  |  |

**Fac26**. Does your school have a formal way for teachers or staff to raise concerns about the condition of the building or classrooms?

* Yes
* No

**Fac27.** Overall, how would you rate the indoor air quality at your school?

* Excellent
* Good
* Fair
* Poor

**Fac28**. Which of the following types of cooling systems are used at your school? *Select all that apply.*

* Central air conditioning
* Individual thermostat-controlled cooling systems in certain rooms
* Window air conditioning unit(s)
* Portable air conditioning unit(s)
* Ceiling fan(s)
* Other fan(s) (e.g., box fans, standalone fans)
* Dehumidifiers or evaporative coolers
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_
* No types of cooling systems are used at my school

**Fac29**. Does your school’s main instructional buildinghave **central** **heating**?

* Yes, throughout the entire building
* Yes, in some but not all rooms
* No

**Fac30.** Can the windows at your school be easily opened and closed?

* Yes, all windows
* Yes, but not all windows
* No

**Fac31**. Does your school have high-speed internet available to students?

* Yes, only in some rooms of the school buildings
* Yes, within all school buildings but not on all school grounds
* Yes, across all school grounds and buildings
* No

**Fac32**. Is your school building(s) adequate for the size of your student population?

* Yes
* No

**Fac\_more**. We’d like to learn more about schools’ **building facilities and amenities**. In the space below, please share any information you would like us to know on this topic.

*This item is optional.*

## Technology (Digital Literacy + Artificial Intelligence)

**AI1a**. For this school year, please indicate whether the following groups were provided training from your school or district on the use of artificial intelligence (AI)?

***Artificial Intelligence (AI)*** *is a machine-based system that can make predictions, recommendations, or decisions through analysis in an automated manner.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | All | Only some | None | Don’t know |
| Teachers |  |  |  |  |
| Non-teaching staff |  |  |  |  |
| Administrators |  |  |  |  |

**AI1b**. Which of the following topics are addressed in the AI training provided by your school or district? *Select all that apply.* {Display if *AI1a* = “All” or “Only some” to at least one row}

* What is AI
* How to use AI to automate administrative tasks
* How to use AI to create tailored educational materials for students
* How to use AI to supplement instruction
* How to use AI to develop **diagnostic** assessments for students
* How to use AI to develop **formative** assessments for students
* How to teach students about and how to use AI
* Types of assignments where students are likely to **appropriately** use AI
* Types of assignments where students are likely to **inappropriately** use AI (i.e., cheating)
* How to identify student plagiarism conducted with AI
* Ethical or equity concerns around the use of AI
* Identifying misinformation that can be produced by AI
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know

**AI2**. How many **teachers** at your school use AI for the following tasks?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | None | A few | Several | Most | All | Don’t know |
| Creating lesson plans |  |  |  |  |  |  |
| Administrative tasks |  |  |  |  |  |  |
| Creating tailored educational materials for students |  |  |  |  |  |  |
| Supplementing instruction |  |  |  |  |  |  |
| Creating **diagnostic** assessments |  |  |  |  |  |  |
| Creating **formative** assessments |  |  |  |  |  |  |
| Grading and feedback |  |  |  |  |  |  |

**AI3**. Does your school have access to any AI-based tutoring systems?

*These systems may be referred to as Intelligent Tutoring Systems (ITS) or computer-aided instruction.*

* Yes
* No
* Don’t know

**AI4a**. Does your school or district have a written policy on students’ use of AI in school (e.g., standalone policy or incorporated into academic honesty policy or responsible use of technology policy)?

* Yes
* No
* Don’t know

**AI4b**. How familiar are you with your school or district policy on students’ use of AI in school? {Display if *AI4a* = Yes}

* Not at all familiar
* Slightly familiar
* Somewhat familiar
* Moderately familiar
* Extremely familiar

**AI4c.** Are you aware of any plans by your school or district to develop a policy about students’ use of AI in school? {Display if *AI4a* = No}

* Yes
* No

**AI5**. Please indicate whether the following topics regarding AI are taught to students at your school.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | All | Only some | None | Don’t know |
| Technical knowledge around the use of AI |  |  |  |  |
| Ethical/appropriate uses of AI |  |  |  |  |
| Identifying misinformation that can be produced by AI |  |  |  |  |
| Other topics regarding AI |  |  |  |  |

**AI5\_open.** Please indicate what other topics regarding AI are taught to students at your school. {Display if *AI5* “Other” = “All” or “Only some”}

**AI6a**. Do any teachers at your school use software to identify whether a student’s work has been AI-generated?

* Yes
* No
* Don’t know

**AI6b**. Are any of the following reasons why your school does not use this kind of software? *Select all that apply*. {Display if *AI6a* = “No” or “Don’t know”}

* We were not aware this type of software existed
* We do not have access to this kind of software
* We are concerned about the accuracy of the software
* Teachers at my school would not use this kind of software even if we had access to it
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_

**AI7.** How concerned are YOU about the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not concerned | Slightly concerned | Somewhat concerned | Moderately concerned | Extremely concerned |
| Lack of guidance on using AI at your school |  |  |  |  |  |
| Sharing of student and/or teacher data with AI systems  (e.g., personally-identifiable information, work products) |  |  |  |  |  |
| Potential for bias in AI |  |  |  |  |  |
| Availability of AI-focused professional development for your teachers and staff |  |  |  |  |  |
| Teachers at your school’s capability to effectively use AI |  |  |  |  |  |
| Students at your school’s capability to effectively use AI in the classroom or on assignments |  |  |  |  |  |
| Students at your school’s potential to misuse AI in the classroom or on assignments |  |  |  |  |  |

**AI8.** To what extent do you agree or disagree with the following statements: *“Integrating AI tools into teaching and learning will…”*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Moderately disagree | Neither agree nor disagree | Moderately agree | Strongly agree |
| enable students at my school to develop better critical thinking skills |  |  |  |  |  |
| lead to better educational outcomes for students at my school |  |  |  |  |  |
| enable teachers at my school to be more effective educators |  |  |  |  |  |
| enable teachers at my school to be more relevant with today’s teaching and learning needs |  |  |  |  |  |
| make life easier for teachers at my school |  |  |  |  |  |

**AI9**. When it comes to their education, how favorable or unfavorable is your view of your school’s **students** using AI?

* Very unfavorable
* Somewhat unfavorable
* Neither unfavorable nor favorable
* Somewhat favorable
* Very favorable

**AI10**. When it comes to their job duties, how favorable or unfavorable is your view of your school’s **teachers** using AI?

* Very unfavorable
* Somewhat unfavorable
* Neither unfavorable nor favorable
* Somewhat favorable
* Very favorable

**Tech1a**. For the 2024–25 school year, does your school have a 1-to-1 computing program that provides **every** student a school-issued device (e.g., laptop, tablet)?

* Yes
* No

**Tech1b**. Which type of device is available for these students? *Select all that apply.* {Display if *Tech1a* = Yes}

* Laptop
* Tablet
* Other device, please specify: \_\_\_\_\_\_\_\_\_

**Tech1c**. During the school year, when can most students bring their device home? {Display if *Tech1a* = Yes}

* Students are **not allowed** to bring their device home
* Only when they have assignments that require the device
* On school days
* On school days and weekends

**Tech2a**. Does your school or district have a policy on students’ cell phone usage during school hours?

* Yes
* No

**Tech2b**. Which of the following best describes your school’s or district’s policy on students **having** their cell phones in the classroom? {Display if *Techa2* = Yes}

* Students can have their cell phones during all classes
* Each teacher decides whether students can have their cell phone during class
* Students cannot have their cell phones during any classes

**Tech2c**. Please indicate whether students are allowed, based on your school’s or district’s policy, to **use** their cell phones in the following situations. {Display if *Tech2a* = Yes}

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not applicable – this is not a situation my students can experience |
| During meal periods (i.e., breakfast, lunch) |  |  |  |
| During “free periods” |  |  |  |
| Between periods |  |  |  |
| During extracurricular activities |  |  |  |
| Outside of school buildings while still on school grounds |  |  |  |
| Other situations not listed above |  |  |  |

**Tech3a.** Does your cell phone policy also apply to smartwatches? {Display if *Tech2a* = Yes}

* Yes, the same policy applies to smartwatches and cell phones
* No, smartwatches have a separate policy
* No, we have no policy around smartwatches

**Tech3b.** In general, how does the policy differ between smartwatches and cell phones? {Display if *Tech3a* = “… separate policy”}

* The policies around smartwatches are **more** restrictive than they are for cell phones
* The rules around smartwatches are **less** restrictive than they are for cell phones

**Tech3c**. Does your school or district have a policy on students’ smartwatch usage during school hours? {Display if *Tech2a* = “No”}

* Yes
* No

**Tech4**. Please indicate how students at your school have been impacted by cell phone use in the following areas.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Negatively | No impact | Positively |  |
| Academic performance |  |  |  |  |
| Mental health (socioemotional health) |  |  |  |  |
| Attention span |  |  |  |  |

**DL1**. Does your school offer training on digital literacy for your students?

*Please include standalone digital literacy courses or training, as well as the integration of digital literacy into other subject areas.*

*Digital literacy refers to being able to use technology to find, evaluate, organize, create, and communicate information.*

* Yes
* No

**DL1b**. Is this training at your school part of a formal or structured digital literacy curriculum? {Display if *DL1* = Yes}

* Yes
* No

**DL6**. Which grade levels in your school are offered digital literacy instruction? {Display if *DL1* = Yes}

|  |  |  |
| --- | --- | --- |
| { Rows display based on responses to *Grades*} | Yes | No |
| Kindergarten |  |  |
| 1st |  |  |
| 2nd |  |  |
| 3rd |  |  |
| 4th |  |  |
| 5th |  |  |
| 6th |  |  |
| 7th |  |  |
| 8th |  |  |
| 9th |  |  |
| 10th |  |  |
| 11th |  |  |
| 12th |  |  |

**DL4**. How do your students receive digital literacy instruction? *Select all that apply*. {Display if *DL1* = Yes}

* + In library or media lab (i.e., taught by a librarian, media specialist, computer teacher)
  + Embedded in core subject(s) (i.e., taught as part of core subjects, such as English language arts, social studies, math, and/or science)
  + Embedded in elective subject(s)
  + Embedded in health, wellness, and/or SEL (i.e., is integrated into social-emotional learning, health and wellness, character education, and/or sex education)
  + In after-school program(s)
  + Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DL5**. Please indicate whether your digital literacy instruction aligned to any of the following sets of standards. {Display if *DL1* = Yes}

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| State standards |  |  |
| District standards |  |  |
| Other set of standards |  |  |

**DL5open**. Please identify the other set of digital literacy standards. {Display if *DL5* = Yes to “other…”}

**DL3**. Does your school offer training on digital literacy for your students’ families?

* Yes
* No
* Don’t Know

**Tech\_more**. We’d like to learn more about your school’s experiences with **artificial intelligence, digital literacy, and students’ cell phone use**. In the space below please share any other information you would like us to know on this topic.

*This item is optional.*

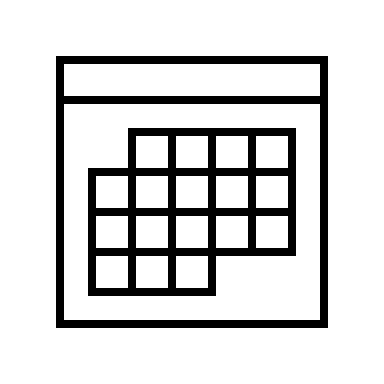
## Attendance

**Att1**. Today (or the most recent day you have data), what is your attendance rate?

*An attendance rate is the percentage of your students who are* ***present*** *for school.*

\_\_\_\_\_\_\_ %

Click in the box below to select the date in the calendar that you used for the attendance rate.



## School Demographics | Conclusion

{Do not display section if answered in a previous month}

**TEACHER0**. Please enter an approximate total teachercount for your school as of today.

*Please enter the number of teachers, including full-time and part-time teachers.*

\_\_\_\_\_ total number of teachers

**STAFF0**. Please enter an approximate total non-teacher staff count for your school as of today.

*Please enter the* ***number*** *of non-teaching staff, including full-time and part-time non-teachers.*

\_\_\_\_\_ total number of non-teaching staff

**ENROLLMENT0**. As of today, please enter your total student enrollment count.

*Please enter the* ***number*** *of students.*

\_\_\_\_\_ total number of students

## Suggestions for Future Content

**FutCont**. We want to ensure we are continuing to collect information on topics that are relevant to the day-to-day functioning of U.S. public schools during the 2024-25 school year and beyond. In the space below, please share any topics you believe are important for us to know as we continue this monthly survey collection.

*This item is optional.*

# 

# School Pulse Panel January 2025 Survey

## School Demographics | Introduction

{Do not display section if answered in a previous month}

**Grades**. In which of the following grades or grade equivalent does your school have students enrolled?

* Kindergarten
* 1st grade
* 2nd grade
* 3rd grade
* 4th grade
* 5th grade
* 6th grade
* 7th grade
* 8th grade
* 9th grade/Freshman
* 10th grade/Sophomore
* 11th grade/Junior
* 12th grade/Senior
* Ungraded

**Inper**. Is your school offering in-person learning for students during the 2024-25 school year?

* Yes
* No

**Inper\_no**. Which of the following best describes how students are taught at your school? {Display if Inper = No}

* Fully virtual/online
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SchType**. Which of the following best describes this school?

* REGULAR school – elementary or secondary
* SPECIAL PROGRAM EMPHASIS school – such as a science or math school, performing arts school, talented or gifted school, foreign language immersion school, etc.
* SPECIAL EDUCATION school – primarily serves students with disabilities
* CAREER/TECHNICAL/VOCATIONAL school – primarily serves students being trained for occupations
* ALTERNATIVE/OTHER school – offers a curriculum designed to provide alternative or nontraditional education; does not specifically fall into the categories of regular, special program emphasis, special education, or vocational school. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## College and Career Readiness

{Display AdvC1a and CCP items if 9th grade or above is selected in *Grades*}

**AdvC1a.** Does your school offer Advanced Placement (AP), Pre-Advanced Placement (Pre-AP), International Baccalaureate (IB), or dual enrollment courses?

* Yes
* No
* This type of coursework is not applicable to students at my school

**AdvC1b**. How many advanced courses are taught in your school? {Display if *AdvC1a* = Yes}

|  |  |  |  |
| --- | --- | --- | --- |
|  | Number of courses | We do not offer this program at our school |  |
| Advanced Placement (AP) |  |  |  |
| Pre-Advanced Placement (Pre-AP) |  |  |  |
| International Baccalaureate (IB) |  |  |  |
| Dual enrollment |  |  |  |

**AdvC1c**. To the best of your knowledge, what percentage of students at your school are enrolled in advanced coursework?

|  |  |  |
| --- | --- | --- |
| {Display based on > 0 responses to *AdvC1b}* | Percentage of students | Don’t know |
| Advanced Placement (AP) |  |  |
| Pre-Advanced Placement (Pre-AP) |  |  |
| International Baccalaureate (IB) |  |  |
| Dual enrollment |  |  |

**CCP1**. To the best of your knowledge, what percentage of students in your school participate in the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Percentage of students | We do not offer this | Don’t know |
| Work-based learning opportunities |  |  |  |
| Workforce credential training program (postsecondary recognized credential) |  |  |  |
| Personalized career and academic plan |  |  |  |
| Career and technical education (CTE) program |  |  |  |

**CCP2**. Does your school have a college and career readiness plan or goal?

* Yes
* No
* Don’t know

**CCP3**. Using the responses below, fill in the sentence that best describes your school: “My school does a(n) \_\_\_\_\_\_\_\_\_\_\_\_ job preparing students for college.”

* Poor
* Fair
* Good
* Very good
* Excellent
* Not applicable

**CCP4**. Using the responses below, fill in the sentence that best describes your school: “My school does a(n) \_\_\_\_\_\_\_\_\_\_\_\_ job preparing students for the workforce.”

* Poor
* Fair
* Good
* Very good
* Excellent
* Not applicable

**CCP5**. Do graduation requirements at your school include college and career milestones?

* Yes
* No
* Don’t know
* Not applicable – my school does not graduate students from high school

**CCP6.** Are graduation requirements at your school aligned to public postsecondary admissions requirements?

* Yes
* No
* Don’t know
* Not applicable – my school does not graduate students from high school

**CCP7.** Does your school employ any of the following staff to support college and career readiness? *Select all that apply.*

* Work-based learning coordinator
* Career advisors
* Counselors
* Workforce intermediary
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_
* We do not employ any staff to support college and career readiness
* Don’t know
* Not applicable

**CCP8.** Does your school offer career and technical education?

* Yes
* No
* Don’t know
* Not applicable

**CCP9.** To what degree does your school counseling office use your students’ college and career readiness data to inform their work and outreach to students and their families?

* Never
* Rarely
* Sometimes
* Often
* Always
* Don’t know
* Not applicable

**CCP10**. Does your school partner with any of the following for your CTE program? *Select all that apply.* {Display if *CCP1*, “CTE program ‘Percentage of students’” > 0}

* Other school districts or local education agencies
* Technical or magnet schools within our school district
* Community or technical colleges
* Four-year college or university
* Other, please specify: \_\_\_\_\_\_\_\_\_\_

**CCP\_more**. We’d like to learn more about schools’experiences with **college and career readiness.** In the space below, please share any information you would like us to know on this topic.

*This item is optional.*

## Sources of Information

**SOI1a**. When deciding on whether to write, implement, or revise a program or policy at your school, how often do you use the following sources of information?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Sometimes | Often | Always |
| Education-focused peer reviewed journal articles or empirical studies |  |  |  |  |
| Education-focused news articles or blogs |  |  |  |  |
| Education-focused podcasts or other digital media |  |  |  |  |
| Data from your school, district, institution, and/or state |  |  |  |  |
| Your own experience and expertise |  |  |  |  |
| Colleague input, feedback, or consultation |  |  |  |  |
| Other schools or districts |  |  |  |  |
| Feedback and concerns from students |  |  |  |  |
| Feedback and concerns from parents or community members |  |  |  |  |
| Professional organizations or technical assistance resources |  |  |  |  |
| Other source of information |  |  |  |  |

**SOI1a\_open.** What other source of information do you use? {Display if *SOI1a* “*Other*” ≠ Never}

**SOI1b**. Please identify the top three most important sources of information you rely on when deciding on whether to write, implement, or revise a program or policy at your school.

Education-focused peer reviewed journal articles or empirical studies

Education-focused news articles or blogs

Education-focused podcasts or other digital media

Data from your school, district, institution, and/or state

Your own experience and expertise

Colleague input, feedback, or consultation

Other schools or districts

Feedback and concerns from students

Feedback and concerns from parents or community members

Professional organizations or technical assistance resources

Other source of information

\_\_\_\_\_\_\_ 1st most important

\_\_\_\_\_\_\_ 2nd most important

\_\_\_\_\_\_\_ 3rd most important

**SOI2**. To what extent do you agree or disagree with the following statements that describe the current environment for you and the leadership team in your school?

*Research evidence is the result of empirical studies, which may be found in reports, journal articles, and research summaries, or embedded in practice tools and assessments.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Moderately disagree | Neither agree nor disagree | Moderately agree | Strongly agree |
| We have sufficient access to research evidence |  |  |  |  |  |
| We have adequate time to access and review research evidence |  |  |  |  |  |
| There are formal processes to help us engage critically with different information sources |  |  |  |  |  |
| There are processes in place to support collaborative learning |  |  |  |  |  |

**SOI3**. Please rate your confidence level for the following statements: “*When deciding about a program or policy at my school, I feel confident that I have the knowledge and skills to…”*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all confident | Somewhat confident | Mostly confident | Very confident |
| find research evidence to inform practice, policy, or program development |  |  |  |  |
| evaluate the quality of research |  |  |  |  |
| interpret the results of research |  |  |  |  |
| apply research evidence to practice, policy, or program development |  |  |  |  |
| design evaluations of practices, policies, or programs |  |  |  |  |
| partner with others to generate research evidence |  |  |  |  |

**SOI\_more**. We’d like to learn more about **the information schools use** to inform policies and practices at their school**.** In the space below, please share any information you would like us to know on this topic.

*This item is optional.*

## Family Engagement

**ParEng5.** Please indicate how frequently your school uses the following to engage with families during this school year.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Daily | Weekly | Twice a month | Monthly | Less than monthly | Never |
| Open house/back to school nights |  |  |  |  |  |  |
| Parent-teacher conferences |  |  |  |  |  |  |
| Collaboration with parent organizations (e.g., PTA/ PTO/ PTSA, engagement-focused groups) |  |  |  |  |  |  |
| Contact with individual families (e.g., through phone calls, text messages, emails, a dedicated app) |  |  |  |  |  |  |
| School-wide communication with families (e.g., newsletters/emails, social media posts, website updates) |  |  |  |  |  |  |
| Family input survey(s) from the school or district |  |  |  |  |  |  |
| Events held **during** school hours that families can attend |  |  |  |  |  |  |
| Events held **outside** school hours that families can attend |  |  |  |  |  |  |
| Provide opportunities for families to volunteer at the school |  |  |  |  |  |  |
| Other method or event not mentioned above |  |  |  |  |  |  |

**ParEng10.** Does your school require families to participate in a certain number of hours/events during this school year?

* **Yes**
* **No**

**ParEng2**. Do you have a parent/family engagement specialist or outreach worker at your school? This may be a school or district employee or an employee designated to serve in this role.

* Yes
* No

**ParEng2b**. Approximately how much time does this person spend working on duties associated with this position at your school? {Display if *ParEng2* = Yes}

* This is their full-time job at our school
* About ¾ of their time
* About ½ of their time
* About ¼ of their time
* Less than ¼ of their time

**ParEng6**. Approximately what percentage of students at your school have families you would characterize as “actively engaged” with the school?

\_\_\_\_\_ percent of students with actively engaged families

**ParEng7**. Overall, how easy or difficult is it to engage your students’ families with your school?

* Very difficult
* Somewhat difficult
* Somewhat easy
* Very easy

**ParEng8**. How responsive are families to your school’s efforts to increase their involvement with the student’s education?

* Not at all responsive
* Somewhat responsive
* Mostly responsive
* Completely responsive

**ParEng9**. To what extent, if any, do the following factors limit your school’s efforts to engage families?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Limits in a major way | Limits in a minor way | Does not limit |
| Lack of interest from families |  |  |  |
| Family constraints (e.g., work schedule conflicts, transportation, childcare) |  |  |  |
| Lack of staff that can focus on family engagement |  |  |  |
| Lack of or inadequate funding to support family engagement |  |  |  |
| Language barriers between families and your school |  |  |  |

**ParEng\_more**. We’d like to learn more about schools’ **strategies to engage parents.** In the space below, please share any information you would like us to know on this topic.

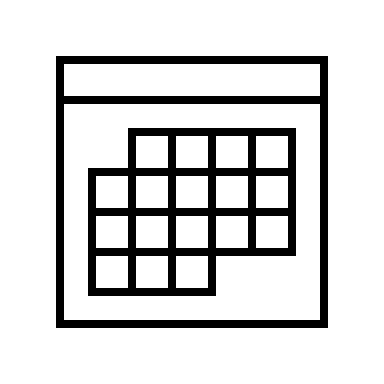
*This item is optional.*

## Attendance

**Att1**. Today (or the most recent day you have data), what is your attendance rate?

*An attendance rate is the percentage of your students who are* ***present*** *for school.*

\_\_\_\_\_\_\_ %

Click in the box below to select the date in the calendar that you used for the attendance rate.

## School Demographics | Conclusion

{Do not display section if answered in a previous month}

**TEACHER0**. Please enter an approximate total teachercount for your school as of today.

*Please enter the number**of teachers, including full-time and part-time teachers.*

\_\_\_\_\_ total number of teachers

**STAFF0**. Please enter an approximate total non-teacher staff count for your school as of today.

*Please enter the number of non-teaching staff, including full-time and part-time non-teachers.*

\_\_\_\_\_ total number of non-teaching staff

**ENROLLMENT0**. As of today, please enter your total student enrollment count.

*Please enter the number of students.*

\_\_\_\_\_ total number of students

## Suggestions for Future Content

**FutCont**. We want to ensure we are continuing to collect information on topics that are relevant to the day-to-day functioning of U.S. public schools during the 2024-25 school year and beyond. In the space below, please share any topics you believe are important for us to know as we continue this monthly survey collection.

*This item is optional.*

# School Pulse Panel February 2025 Survey

## School Demographics | Introduction

{Do not display section if answered in a previous month}

**Grades**. In which of the following grades or grade equivalent does your school have students enrolled?

* Kindergarten
* 1st grade
* 2nd grade
* 3rd grade
* 4th grade
* 5th grade
* 6th grade
* 7th grade
* 8th grade
* 9th grade/Freshman
* 10th grade/Sophomore
* 11th grade/Junior
* 12th grade/Senior
* Ungraded

**Inper**. Is your school offering in-person learning for students during the 2024-25 school year?

* Yes
* No

**Inper\_no**. Which of the following best describes how students are taught at your school? {Display if Inper = No}

* Fully virtual/online
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Concerns

**ParCon24 1-1**. How many **parents/guardians**, if any, have expressed concerns about the following during the 2024-25 school year?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I have not heard this concern expressed by parents/guardians | Only one or two parents/guardians have expressed this concern | Several parents/guardians have expressed this concern | Many parents/guardians have expressed this concern |
| The school’s ability to meet their child’s academic needs |  |  |  |  |
| The school’s ability to meet their child’s developmental needs (e.g., speech development, behavioral development) |  |  |  |  |
| Threats or acts of violence by other students in the school |  |  |  |  |
| Bullying and/or cyberbullying |  |  |  |  |
| Their child’s mental health |  |  |  |  |
| Reliable transportation to and from school |  |  |  |  |
| The availability of extra-curricular activities for their children |  |  |  |  |
| The availability of academic assistance and/or enrichment offerings **outside** of regular school hours (e.g., after-school programs, summer programs) |  |  |  |  |
| The availability of academic assistance offerings **during** regular school hours (e.g., tutoring, pull-out services) |  |  |  |  |
| Issues related to staffing shortages (e.g., increased class sizes, disruptions or reductions in student services) |  |  |  |  |
| Quality of communication from the school |  |  |  |  |
| School curriculum |  |  |  |  |

**Confilter. 1-2** Are you the principal, assistant/vice principal, or some other similar position, at your school?

* Yes, principal or similar position
* Yes, assistant/vice principal or similar position
* No, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AdmnCon24 1-3**. What level of concern do YOU have about the following issues during the 2024-25 school year? {Display if Confilter ≠ No}

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No concern | Slightly concerned | Somewhat concerned | Moderately concerned | Extremely concerned |
| Students meeting academic standards |  |  |  |  |  |
| Students meeting developmental milestones (e.g., speech development, behavioral development) |  |  |  |  |  |
| Threats or acts of violence by students in the school |  |  |  |  |  |
| Bullying and/or cyberbullying |  |  |  |  |  |
| The mental health of STUDENTS at your school |  |  |  |  |  |
| Reliable transportation to and from school for students |  |  |  |  |  |
| The availability of extra-curricular activities for students |  |  |  |  |  |
| The availability of academic assistance and/or enrichment offerings **outside** of regular school hours (e.g., after-school programs, summer programs) |  |  |  |  |  |
| The availability of academic assistance offerings **during** regular school hours (e.g., tutoring, pull-out services) |  |  |  |  |  |
| Issues related to staffing shortages (e.g., increased class sizes, staff doing work outside their intended duties) |  |  |  |  |  |
| The mental health of TEACHERS or STAFF at your school |  |  |  |  |  |
| YOUR own mental health |  |  |  |  |  |
| The influence of individuals or groups outside of your school or district on school curriculum |  |  |  |  |  |

**Con24\_more 1-4.** We’d like to learn more about the concerns you have heard around your school during the 2024-25 school year. In the space below, please share any other information you would like us to know on this topic.

*This item is optional.*

## 

## State Assessment Perceptions

**SA\_math 3-1**. Does your school participate in state-mandated testing for mathematics?

* Yes
* No

**SA1 3-2**. To what extent do you agree or disagree with the following statements related to the main state-mandated **mathematics** test that your students will be given during the 2024-25 school year? {Display if SA\_math = Yes}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree | Don’t know |
| Results from state-mandated mathematics tests will provide useful data to inform classroom instruction |  |  |  |  |  |  |
| I support use of the current statewide tests to measure student mastery of state mathematics standards |  |  |  |  |  |  |
| The work we will do to prepare our students for the state-mandated mathematics test will take time away from other more important classroom work |  |  |  |  |  |  |
| The state-mandated mathematics test will not accurately measure the ability of students with IEPs |  |  |  |  |  |  |
| The state-mandated mathematics test will not accurately measure the ability of English Learner (EL/ELL/ESL) students |  |  |  |  |  |  |

**SA2 3-3**. What impact, if any, do you think the COVID-19 pandemic and its lingering effects will have on your students’ performance on state-mandated mathematics testing **this school year**? {Display if SA\_math = Yes}

* No negative impact
* Small negative impact
* Moderate negative impact
* Large negative impact
* Don’t know

**SA\_ELA 3-4**. Does your school participate in state-mandated testing for English language arts (ELA) and literacy?

* Yes
* No

**SA3 3-5**. To what extent do you agree or disagree with the following statements related to the main state-mandated **ELA/literacy** test that your students will be given during the 2024-25 school year? {Display if SA\_ELA = Yes}

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree | Don’t know |
| Results from state-mandated ELA/literacy tests will provide useful data to inform classroom instruction |  |  |  |  |  |  |
| I support use of the current statewide tests to measure student mastery of state ELA/literacy standards |  |  |  |  |  |  |
| The work we will do to prepare our students for the state-mandated ELA/literacy test will take time away from other more important classroom work |  |  |  |  |  |  |
| The state-mandated ELA/literacy test will not accurately measure the ability of students with IEPs |  |  |  |  |  |  |
| The state-mandated ELA/literacy test will not accurately measure the ability of English Learner (EL/ELL/ESL) students |  |  |  |  |  |  |

**SA4 3-6**. What impact, if any, do you think the COVID-19 pandemic and its lingering effects will have on your students’ performance on state-mandated ELA/literacy testing **this school year**? {Display if SA\_ELA = Yes}

* No negative impact
* Small negative impact
* Moderate negative impact
* Large negative impact
* Don’t know

**SA5.** What challenges, if any, has your school had related to state-mandated testing? *Select all that apply.* {Display if *SA1* or *SA3* = “Yes”}

* Inadequate resources or materials for effective test preparation
* Insufficient materials or resources for testing
* Inadequate technology for testing
* Physical space constraints for administering tests
* Disruptions to students’ engagement in class or activities due to testing
* Disruptions to regular classes or activities due to staff covering testing
* Securing accommodations for students with diverse learning needs
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_
* We have not experienced any challenges related to state-mandated testing

**SA\_more 3-7**. We’d like to learn more about schools’ experiences with state assessments. In the space below, please share any other information you would like us to know on this topic. {Display if SA\_math OR SA\_ELA = Yes}

*This item is optional.*

## Climate Impacts on Educational Operations

**CI1**. Please indicate whether your school has enacted any of the following strategies designed to reduce greenhouse gas emissions during the 2024-25 school year.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| Energy efficiency measures (e.g., changing to more efficient fixtures or equipment) |  |  |  |
| On-site use of energy generated by renewable power (i.e., solar, wind, geothermal) |  |  |  |
| Purchase of off-site energy generated by renewable power (i.e., solar, wind, geothermal) |  |  |  |
| Transportation efficiency measures |  |  |  |
| Waste reduction, recycling, reuse, and/or composting |  |  |  |
| Other ways to reduce greenhouse gas emissions |  |  |  |

**CI1open.** Please identify the other ways to reduce greenhouse gas emissions that are used by your school. {Display if *CI1* = other}

**CI2a**. Does your school or district have a written strategic plan for greenhouse gas emissions reduction?

* Yes
* No
* Don’t know

**CI2b**. How familiar are you with your school or district’s plan for greenhouse gas emissions reduction? {Display if *CI2a* = Yes}

* Not at all familiar
* Slightly familiar
* Somewhat familiar
* Moderately familiar
* Extremely familiar

**CI3a**. Does your school have a designated staff person working on reducing greenhouse gas emissions?

*This role is sometimes referred to as a Sustainability Coordinator.*

* Yes
* No

**CI3b**. Approximately how much time does this person spend working on duties associated with this position at your school? {Display if *CI3a* = Yes}

* This is their full-time job at our school
* About ¾ of their time
* About ½ of their time
* About ¼ of their time
* Less than ¼ of their time

**CI4**. During the 2024-25 school year, has your school received requests from students or families to reduce greenhouse gas emissions?

* Yes
* No

**CI5**. Is environmental science offered as a standalone course at your school? {Display if Grades = 5th or above}

* Yes
* No

**CI6a**. Please indicate whether the following environmental topics are included in any curriculum or instruction at your school.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| Energy efficiency |  |  |  |
| Renewable energy |  |  |  |
| Transportation |  |  |  |
| Waste reduction, recycling, reuse, and/or composting |  |  |  |
| Grounds and the outdoors |  |  |  |
| Atmospheric science |  |  |  |
| Earth systems |  |  |  |
| Food systems |  |  |  |
| Conservation education |  |  |  |
| Climate change |  |  |  |
| Careers in environmental science or related fields (i.e., green and blue careers) |  |  |  |

**CI7.** Does your school conduct any environmentally focused civic engagement activities?

*These activities could include things like service learning, community service, or action projects.*

* Yes
* No

**CI9**. Does your school have an environmental education graduation requirement? {Display if *Grades* = 11th or 12th}

* Yes
* No
* Not applicable – we do not graduate students

**CI10**. Have any teachers at your school received professional development on environmental education?

* Yes
* No

**CI11a.** Please indicate whether your school has experienced any of the following severe environmental or weather events since February 2024.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Extreme heat |  |  |
| Extreme cold |  |  |
| Extreme storms (e.g., hurricane, tornado) |  |  |
| Poor air quality due to an environmental event |  |  |
| Other severe environmental or weather events |  |  |

**CI11aopen.** Please identify the other severe environmental or weather events your school has experienced since February 2024. {Display if *CI11a* = “Yes” to “Other”}

**CI11heat**. Please indicate if **extreme heat** has resulted in any of the following disruptions to learning since February 2024. {Display if any of *CI11a “extreme heat”*  = “Yes”}

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Loss of at least one day but less than 1 school week of instructional hours |  |  |
| Loss of more than 1 school week of instructional hours |  |  |
| Reduction in classroom space due to closed classrooms |  |  |
| Increase in student absenteeism |  |  |
| Increase in teacher or staff absenteeism |  |  |
|  |  |  |

**CI11cold**. Please indicate if **extreme cold** has resulted in any of the following disruptions to learning since February 2024. {Display if any of *CI11a “extreme cold”* = “Yes”}

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Loss of at least one day but less than 1 school week of instructional hours |  |  |
| Loss of more than 1 school week of instructional hours |  |  |
| Reduction in classroom space due to closed classrooms |  |  |
| Increase in student absenteeism |  |  |
| Increase in teacher or staff absenteeism |  |  |

**CI11storm.** Please indicate if **extreme storms** have resulted in any of the following disruptions to learning since February 2024. {Display if any of *CI11a “extreme storms”* = “Yes”}

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Loss of at least one day but less than 1 school week of instructional hours |  |  |
| Loss of more than 1 school week of instructional hours |  |  |
| Reduction in classroom space due to closed classrooms |  |  |
| Increase in student absenteeism |  |  |
| Increase in teacher or staff absenteeism |  |  |

**CI11aq.** Please indicate if **poor air quality due to an environmental event** has resulted in any of the following disruptions to learning since February 2024. {Display if any of *CI11a “poor air quality due to an environmental event”* = “Yes”}

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Loss of at least one day but less than 1 school week of instructional hours |  |  |
| Loss of more than 1 school week of instructional hours |  |  |
| Reduction in classroom space due to closed classrooms |  |  |
| Increase in student absenteeism |  |  |
| Increase in teacher or staff absenteeism |  |  |

**CI11c**. Please indicate whether any of the following events at your school have experienced the following issues due to severe weather since February 2024. {Display if any of *CI11a* = Yes}

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Flooding in a school building |  |  |
| Flooding on school grounds |  |  |
| Wildfires that reach school grounds |  |  |
| Loss of water in a school building |  |  |
| Loss of electrical power in a school building for half a day or more |  |  |
| Equipment malfunctioning or replacements needed |  |  |
| School building closures |  |  |
| Unsafe/unhealthy indoor and outdoor environmental quality |  |  |
| Other issues |  |  |

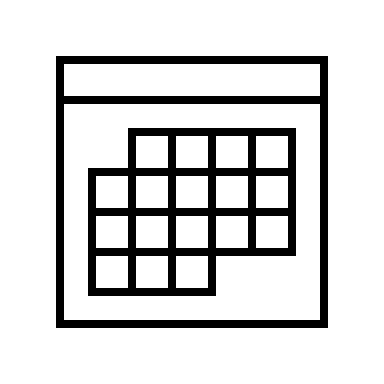
**CI11copen**. Please identify the other issues. {Display if *CI11c* = “Yes” to “Other”}

## Attendance

**Att1**. Today (or the most recent day you have data), what is your attendance rate?

*An attendance rate is the percentage of your students who are* ***present*** *for school.*

\_\_\_\_\_\_\_ %

Click in the box below to select the date in the calendar that you used for the attendance rate.

*Next, we are interested in chronic absenteeism at your school during the 2024-25 school year. You may either report the* percentage *or* number *of students who were chronically absent this school year. Please only respond to one of the next two items you see.*

**ABS1\_p**. During the 2024-25 school year, approximately what percentage of students at your school have been **chronically** **absent**? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

* \_\_\_\_ percent of students chronically absent

OR

**ABS1\_c**. During the 2024-25 school year, approximately how many students at your school have been chronically absent for the 2024-25 school year? {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

\_\_\_\_ number of students chronically absent

**ABS2b 3-2b**. Compared to the **LAST school year (2023-24)**, how has chronic absenteeism changed at your school during the 2024-25 school year? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

* Chronic student absenteeism has decreased a lot
* Chronic student absenteeism has decreased a little
* Chronic student absenteeism has remained about the same
* Chronic student absenteeism has increased a little
* Chronic student absenteeism has increased a lot
* Don’t Know

*Next, we are interested in chronic absenteeism at your school during the 2024-25 school year. You may either report the* percentage *or* number *of students who were chronically absent this school year. Please only respond to one of the next two items you see.*

**ABS1\_p\_v2**. During the 2024-25 school year, approximately what percentage of students at your school are on track to be **chronically** **absent**? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

* \_\_\_\_ percent of students chronically absent

**ABS1\_c\_v2**. During the 2024-25 school year, approximately how many students at your school are on track to be chronically absent for the 2024-25 school year? {plan to display either version 1 or version 2, starting in February 2025, based on cognitive testing feedback}

* *Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*
* \_\_\_\_ number of students chronically absent

**ABS2b\_v2 3-2b**. Thinking about students on track to be chronically absent, compared to the **LAST school year (2023-24)**, how has chronic absenteeism changed at your school during the 2024-25 school year? Include excused and unexcused absences. {plan to display either version 1 or version 2, starting in February 2025, based on cognitive testing feedback}

* Chronic student absenteeism has decreased a lot
* Chronic student absenteeism has decreased a little
* Chronic student absenteeism has remained about the same
* Chronic student absenteeism has increased a little
* Chronic student absenteeism has increased a lot
* Don’t Know

## School Demographics | Conclusion

{Do not display section if answered in a previous month}

**TEACHER0**. Please enter an approximate total teachercount for your school as of today.

*Please enter the number**of teachers, including full-time and part-time teachers.*

\_\_\_\_\_ total number of teachers

**STAFF0**. Please enter an approximate total non-teacher staff count for your school as of today.

*Please enter the number of non-teaching staff, including full-time and part-time non-teachers.*

\_\_\_\_\_ total number of non-teaching staff

**ENROLLMENT0**. As of today, please enter your total student enrollment count.

*Please enter the number of students.*

\_\_\_\_\_ total number of students

## Suggestions for Future Content

**FutCont**. We want to ensure we are continuing to collect information on topics that are relevant to the day-to-day functioning of U.S. public schools during the 2024-25 school year and beyond. In the space below, please share any topics you believe are important for us to know as we continue this monthly survey collection.

*This item is optional.*

# School Pulse Panel March 2025 Survey

## School Demographics | Introduction

{Do not display section if answered in a previous month}

**Grades**. In which of the following grades or grade equivalent does your school have students enrolled?

* Kindergarten
* 1st grade
* 2nd grade
* 3rd grade
* 4th grade
* 5th grade
* 6th grade
* 7th grade
* 8th grade
* 9th grade/Freshman
* 10th grade/Sophomore
* 11th grade/Junior
* 12th grade/Senior
* Ungraded
* Adult education

**Grades\_adult**. Does your school ONLY educate adult students over the age of 19? {Display if *Grades* = Adult education}

* Yes
* No

**Inper**. Is your school offering in-person learning for students during the 2024-25 school year?

* Yes
* No

**Inper\_no**. Which of the following best describes how students are taught at your school? {Display if Inper = No}

* Fully virtual/online
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

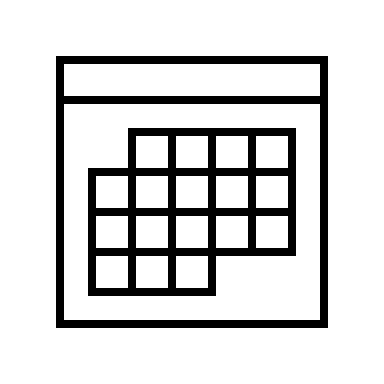
## Attendance

**Att1**. Today (or the most recent day you have data), what is your attendance rate?

*An attendance rate is the percentage of your students who are* ***present*** *for school.*

\_\_\_\_\_\_\_ %

Please select the date in the calendar that you used for the attendance rate.



*Next, we are interested in chronic absenteeism at your school during the 2024-25 school year. You may either report the* percentage *or* number *of students who were chronically absent this school year. Please only respond to one of the next two items you see.*

**ABS1\_p**. During the 2024-25 school year, approximately what percentage of students at your school have been **chronically** **absent**? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

* \_\_\_\_ percent of students chronically absent

OR

**ABS1\_c**. During the 2024-25 school year, approximately how many students at your school have been chronically absent for the 2024-25 school year? {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

\_\_\_\_ number of students chronically absent

**ABS2b 3-2b**. Compared to the **LAST school year (2023-24)**, how has chronic absenteeism changed at your school during the 2024-25 school year? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

* Chronic student absenteeism has decreased a lot
* Chronic student absenteeism has decreased a little
* Chronic student absenteeism has remained about the same
* Chronic student absenteeism has increased a little
* Chronic student absenteeism has increased a lot
* Don’t Know

*Next, we are interested in chronic absenteeism at your school during the 2024-25 school year. You may either report the* percentage *or* number *of students who were chronically absent this school year. Please only respond to one of the next two items you see.*

**ABS1\_p\_v2**. During the 2024-25 school year, approximately what percentage of students at your school are on track to be **chronically** **absent**? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

* \_\_\_\_ percent of students chronically absent

**ABS1\_c\_v2**. During the 2024-25 school year, approximately how many students at your school are on track to be chronically absent for the 2024-25 school year? {plan to display either version 1 or version 2, starting in February 2025, based on cognitive testing feedback}

* *Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*
* \_\_\_\_ number of students chronically absent

**ABS2b\_v2 3-2b**. Thinking about students on track to be chronically absent, compared to the **LAST school year (2023-24)**, how has chronic absenteeism changed at your school during the 2024-25 school year? Include excused and unexcused absences. {plan to display either version 1 or version 2, starting in February 2025, based on cognitive testing feedback}

## Mental Health and Well-Being

**MH\_ly 1-1a.** Did you work at [SCHOOL NAME] prior to this school year?

* Yes
* No

*The following items focus on mental health services provided to* ***STUDENTS during the 2024-25 school year****.*

**MH1 1-1b**. During the 2024-25 school year, which of the following, if any, school-based mental health services have been provided to STUDENTS? *Select all that apply.*

* Outreach (e.g., a screening of all students for mental health concerns)
* Case management (e.g., identifying and coordinating mental health support for individual students)
* Needs assessment (e.g., evaluating the gaps in resources for an individual student’s well-being)
* Individual-based intervention (e.g., providing one-on-one counseling or therapy to student)
* Group-based intervention (e.g., providing services to a group of students who are all seeking help for the same issue)
* Family-based intervention (e.g., providing resources to caregivers for supporting their student’s health)
* Telehealth delivery (e.g., meeting between mental service provider and students via video or phone at school)
* External referrals (e.g., referring students to mental health professionals outside of school)
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_
* We have not provided any school-based mental health services during the 2024-25 school year

**MH22 1-2.** Approximately what percentage of students at your school utilize **school-based** mental health services? {Display if *MH1* ≠ “We have not provided any…”}

\_\_\_\_\_\_\_\_ percent of students

**MH2 1-3**. Who provides the formal mental health services offered at your school? *Select all that apply.* {Display if *MH1* ≠ “We have not provided any…”}

* School- or district-employed licensed mental health professional (e.g., school psychologist, social worker)
* School counselor (e.g., academic or general counselor)
* School nurse
* Outside practice or program that provides services at your school (e.g., university programs, contracted services)
* Other, please specify: \_\_\_\_\_\_\_\_\_\_

**MH23a 1-4a**. Did your school implement any changes to the daily or yearly academic calendar in order to mitigate potential mental health issues for students and staff during the COVID-19 pandemic (school years 2020-21 through 2022-23)? {Display if *MHly* = Yes}

*Include actions like designating time during the school day to focus on mental wellness and adding designated days off for students and staff to focus on their mental health. Please do not include changes due to physical health concerns.*

* Yes
* No

**MH23b 1-4b**. For the 2024-25 school year, are you still implementing any of these actions? {Display if *MH23a* = Yes}

* Yes, these changes have become part of our regular daily or yearly academic calendar
* Yes, but we have reduced the amount of time or number of days dedicated to mitigating mental health concerns
* No, our daily or yearly academic calendar has reverted back to the pre-COVID era

**MH24 1-5**. During the 2024-25 school year, has your school done (or will it do) any of the following to support students’ social/emotional/mental well-being? *Select all that apply.*

* Created new positions to support student social/emotional/mental well-being
* Encouraged existing staff to support student social/emotional/mental well-being
* Added student classes to support social/emotional/mental well-being
* Created or expanded a program to support student social/emotional/mental well-being
* Offered guest speakers to support student social/emotional/mental well-being
* Offered professional development to train teachers to support student social/emotional/mental well-being
* Held assemblies to support student social/emotional/mental well-being
* Created community events and partnerships to support student social/emotional/mental well-being
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* We have not implemented any practices or procedures designed to support student social/emotional/mental well-being

**MH12a 1-6**. To what extent do you agree or disagree with the following statement: “My school is able to effectively provide mental health services to all students in need.”

* Strongly disagree
* Moderately disagree
* Neither agree nor disagree
* Moderately agree
* Strongly agree

**MH12b 1-7**. Which of the following factors, if any, limit your school’s efforts to effectively provide mental health services to all students in need? *Select all that apply*.

* Inadequate access to licensed mental health professionals
* Insufficient mental health professional staff coverage to manage caseload
* Inadequate funding
* Potential legal issues for school or district (e.g., malpractice, insufficient supervision, confidentiality)
* Concerns about reactions from parents
* Lack of community support for providing mental health services to students in your school
* Requirements that the school pay for the mental health services
* Reluctance among school staff to label students with mental health disordersto avoid stigmatizing the child
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_
* My school has not experienced any limitations to effectively providing mental health services to all students in need

**MH25 1-8**. For the 2024-25 school year, which of the following sources of funding, if any, have been used to support mental health services for students? *Select all that apply.*

* Federal grants or other federal programs
* State grants or other state programs
* District or school financial funding
* Partnerships or sponsorships with organizations
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above
* Don’t know

**MH26 1-9.** In which of the following areas related to accessing/utilizing federal funds for student support services, if any, has your school experienced challenges? *Select all that apply.*{display if *MH25*= “federal grants or…”}

* Grant execution
* Distribution of funds
* Documentation of funds usage
* Needs analysis
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_
* We have not experienced any challenges in these areas
* Don’t know

*The following items focus on mental health services provided to* ***STUDENTS compared to last school year (2023-24)****.*

**MH27 1-10**. Compared to last school year (2023-24), how has the percentage of students who have **sought** school-based mental health services changed? {Display if *MHly* = Yes}

* It has decreased a lot
* It has decreased a little
* It has remained the same
* It has increased a little
* It has increased a lot

**MH28 1-11**. Compared to last school year (2023-24), how has the amount of school-based mental health services **provided** to students changed? {Display if *MHly* = Yes}

* It has decreased a lot
* It has decreased a little
* It has remained the same
* It has increased a little
* It has increased a lot

**MH29 1-12**. Compared to last school year (2023-24), how has the percentage of staff expressing concerns with students exhibiting depression, anxiety, trauma, or emotional dysregulation/disturbance changed? {Display if *MHly* = Yes}

* It has decreased a lot
* It has decreased a little
* It has remained the same
* It has increased a little
* It has increased a lot

*The following items focus on mental health services provided to* ***STAFF during the 2024-25 school year****.*

**MH30 1-13**. During the 2024-25 school year, which of the following, if any, mental health services are available to **staff**? *Select all that apply.*

* Group-based or peer support interventions
* Referrals to mental health services outside of school
* Mental health-related professional development
* Regular staff self-assessments
* Proactive outreach to staff members
* Employee assistance programs (EAPs) that have a mental health component
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* There are no mental health services available for staff

**MH31 1-14**. For the 2024-25 school year, which of the following sources of funding, if any, have been used to support mental health services for staff? *Select all that apply.*

* Federal grants or other federal programs
* State grants or other state programs
* District or school financial funding
* Partnerships or sponsorships with organizations
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above
* Don’t know

*The following items focus on mental health services available to* ***STAFF compared to the last school year (2023-24)****.*

**MH32 1-15**. Compared to last school year (2023-24), how has the amount of mental health services available to staff changed? {Display if *MHly* = Yes}

* It has decreased a lot
* It has decreased a little
* It has remained the same
* It has increased a little
* It has increased a lot

**MH33 1-16**. Compared to last school year (2023-24), how has the percentage of staff expressing concerns with themselves or their colleagues exhibiting depression, anxiety, trauma, or emotional dysregulation/disturbance changed? {Display if *MHly* = Yes}

* It has decreased a lot
* It has decreased a little
* It has remained the same
* It has increased a little
* It has increased a lot

**MH\_more 1-17**. We’d like to learn more about schools’ experiences with **student and staff mental health during the 2024-25 school year**. In the space below, please share any other information you would like us to know on this topic.

*This item is optional.*

## Drug Overdose Prevention

**DOP1 2-1**. Does your school or district provide formal training to teachers and staff on how to recognize the signs of a potential drug overdose?

* Yes
* No

**DOP2 2-2**. Please indicate whether your school included (or will include) information about the dangers of fentanyl in the following:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Classroom instruction |  |  |
| Assemblies/guest speakers held during school hours |  |  |
| Events for students held outside of school hours |  |  |
| Events for families held outside of school hours |  |  |
| Other |  |  |

**DOP2\_open 2-3**. Please describe the other ways that information about the dangers of fentanyl have been shared. {Display if *DOP2\_5* “Other” = Yes}

**DOP3 2-4**. Is naloxone (Narcan) kept at your school?

*Naloxone is a medication that can reverse an overdose from opioids—including heroin, fentanyl, and prescription opioid medications—when given in time.*

* Yes
* No

**DOP4a 2-5.** Are any of the following individuals at your school trained to administer naloxone? *Select all that apply.*

* School nurse or nurse’s aide
* Mental health professional
* School security personnel (i.e., School Resource Officers [SRO], sworn law enforcement officers, or other security officers)
* Classroom teachers
* Non-teaching staff (e.g., tutors, coaches, support staff)
* Administrative staff
* Students
* Other, please specify: \_\_\_\_\_\_
* No one at my school is trained to administer naloxone

**DOP4b 2-6**. Are all or only some of these individuals trained to administer naloxone?

|  |  |  |
| --- | --- | --- |
| {Rows display based on responses to DOP#a} | All | Only some |
| School nurse or nurse’s aide |  |  |
| Mental health professional |  |  |
| School security personnel (i.e., School Resource Officers [SRO], sworn law enforcement officers, or other security officers) |  |  |
| Classroom teachers |  |  |
| Non-teaching staff (e.g., tutors, coaches, support staff) |  |  |
| Administrative staff |  |  |
| Students |  |  |

**DOP5 2- 7**. During this school year, has anyone from your school administered naloxone on school grounds or at school-sponsored events?

* Yes
* No

## School and District Vaccine Requirements

**Vac1 3-1**. When does your school collect vaccination information about your students? *Select all that apply.*

* During initial enrollment or registration
* At the start of each academic year
* After the student reaches the age of a required immunization
* At regular intervals throughout the school year
* Before specific events, such as school field trips and sports activities
* As needed, such as when health concerns or outbreaks occur
* Not applicable, our students’ vaccine information is maintained by an outside organization (e.g., health department, state agency)
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vac2 3-2**. How does your school collect vaccination information about your students? *Select all that apply.* {Display if *Vac1* ≠ not applicable}

* Paper forms completed by families
* Digital forms submitted through an online portal
* Direct communication with healthcare providers
* Electronic health records integrated with school systems
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vac3 3-3**. Who at your school is responsible for making sure that students are up to date on their vaccinations? *Select all that apply.* {Display if *Vac1* ≠ not applicable}

* School nurse or nurse’s aide
* Principal
* Administrative staff other than the principal
* School counselor
* District-level staff or district-level health officials
* Other staff, please specify: \_\_\_\_\_\_\_\_\_

**Vac4 3-4**. What does your school do if a student is not up-to-date on their vaccinations? *Select all that apply.*

* Notify families about the vaccination requirements
* Provide information on where to obtain vaccinations
* Restrict the student’s participation in certain activities or events
* Temporarily exclude the student from school until vaccinations are up to date
* Implement a formal disciplinary review process
* Report the situation to local health authorities
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vac5 3-5**. How does your school provide information to families about required vaccines? *Select all that apply.*

* Direct communication with families (e.g., emails, phone calls)
* Newsletters or other handouts
* Offer on-site vaccination clinics or services
* Information sessions with healthcare professionals
* Discussions at parent-teacher conferences
* Dedicated campaigns (e.g., posters around the school)
* School website and social media
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_
* We do not communicate with families about required vaccines

**Vac6a 3-6**. How easy or difficult has it been for you to get **all** students at your school to be up to date on their vaccinations?

* Very easy
* Somewhat easy
* Somewhat difficultVery difficult

**Vac6b 3-7**

. How easy or difficult has it been for your school to get required vaccine records for **all** students at your school?

* Very easy
* Somewhat easy
* Somewhat difficult
* Very difficult

**Vac7a 3-8**. What barriers, if any, has your school experienced when collecting required vaccination records for all students? *Select all that apply.*

* Insufficient communication with parents or guardians
* Inadequate student tracking and follow-up systems
* Limited school resources or funding for vaccination programs
* Family language or cultural barriers affecting vaccination compliance
* Families concerned about vaccine safety or misinformation
* Resistance or reluctance from families to vaccinate their children for reasons other than safety or misinformation
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_
* We have not faced any barriers getting required vaccination records for all students

**Vac7b 3-9**. What barriers has your school faced in getting all students up-to-date on their vaccinations? *Select all that apply.*

* Lack of access to vaccination services or clinics
* Insufficient communication with parents or guardians
* Resistance or reluctance from families to vaccinate their children
* Limited school resources or funding for vaccination programs
* Inadequate tracking and follow-up systems
* Language or cultural barriers affecting vaccination compliance
* Concerns about vaccine safety or misinformation
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_
* We have not faced any barriers getting all students up-to-date on their vaccinations

**Vac8 3-10**. Does your school or district provide families information about eligibility or enrollment in the following programs?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Vaccines for Children (VFC) Program |  |  |
| Medicaid |  |  |
| Free or reduced cost vaccinations for students |  |  |

**Vac9 3-11**. Does your school or district have partnerships with any of the following public health agencies to promote or provide vaccinations for your students? *Select all that apply.*

* Local health department
* State health department
* Federal health agencies (e.g., Center for Disease Control, Department of Health and Human Services)
* Community health clinics
* Non-profit health organizations
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_
* We do not have partnerships with any public health agency to promote or provide vaccinations to our students

**Vac10 3-12**. To what extent do you agree or disagree with the following statement: “My school should be responsible for promoting vaccinations to all of our students.”

* Strongly disagree
* Disagree
* Neither agree nor disagree
* Agree
* Strongly agree

**Vac11 3-13**. To what extent do you agree or disagree with the following statement: “My school should be responsible for promoting preventative health activities other than vaccinations (e.g., healthy eating, physical activity, adequate sleep) to our students.”

* Strongly disagree
* Disagree
* Neither agree nor disagree
* Agree
* Strongly agree

## School Demographics | Conclusion

{Do not display section if answered in a previous month}

**TEACHER0**. Please enter an approximate total teachercount for your school as of today.

*Please enter the number**of teachers, including full-time and part-time teachers.*

\_\_\_\_\_ total number of teachers

**STAFF0**. Please enter an approximate total non-teacher staff count for your school as of today.

*Please enter the number of non-teaching staff, including full-time and part-time non-teachers.*

\_\_\_\_\_ total number of non-teaching staff

**ENROLLMENT0**. As of today, please enter your total student enrollment count.

*Please enter the number of students.*

\_\_\_\_\_ total number of students

## Suggestions for Future Content

**FutCont**. We want to ensure we are continuing to collect information on topics that are relevant to the day-to-day functioning of U.S. public schools during the 2024-25 school year and beyond. In the space below, please share any topics you believe are important for us to know as we continue this monthly survey collection.

*This item is optional.*

# School Pulse Panel April 2025 Survey

## School Demographics | Introduction

{Do not display section if answered in a previous month}

**Grades**. In which of the following grades or grade equivalent does your school have students enrolled?

* Kindergarten
* 1st grade
* 2nd grade
* 3rd grade
* 4th grade
* 5th grade
* 6th grade
* 7th grade
* 8th grade
* 9th grade/Freshman
* 10th grade/Sophomore
* 11th grade/Junior
* 12th grade/Senior
* Ungraded
* Adult education

**Grades\_adult**. Does your school ONLY educate adult students over the age of 19? {Display if *Grades* = Adult education}

* Yes
* No

**Inper**. Is your school offering in-person learning for students during the 2024-25 school year?

* Yes
* No

**Inper\_no**. Which of the following best describes how students are taught at your school? {Display if Inper = No}

* Fully virtual/online
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

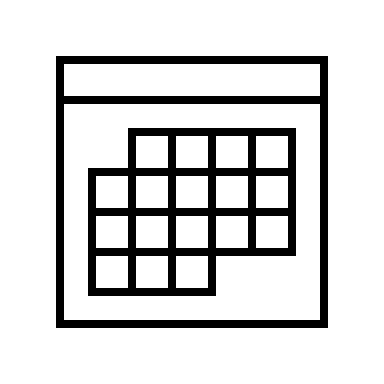
## Attendance

**Att1**. Today (or the most recent day you have data), what is your attendance rate?

*An attendance rate is the percentage of your students who are* ***present*** *for school.*

\_\_\_\_\_\_\_ %

Please select the date in the calendar that you used for the attendance rate.



*Next, we are interested in chronic absenteeism at your school during the 2024-25 school year. You may either report the* percentage *or* number *of students who were chronically absent this school year. Please only respond to one of the next two items you see.*

**ABS1\_p**. During the 2024-25 school year, approximately what percentage of students at your school have been **chronically** **absent**? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

* \_\_\_\_ percent of students chronically absent

OR

**ABS1\_c**. During the 2024-25 school year, approximately how many students at your school have been chronically absent for the 2024-25 school year? {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

\_\_\_\_ number of students chronically absent

**ABS2b 3-2b**. Compared to the **LAST school year (2023-24)**, how has chronic absenteeism changed at your school during the 2024-25 school year? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

* Chronic student absenteeism has decreased a lot
* Chronic student absenteeism has decreased a little
* Chronic student absenteeism has remained about the same
* Chronic student absenteeism has increased a little
* Chronic student absenteeism has increased a lot
* Don’t Know

*Next, we are interested in chronic absenteeism at your school during the 2024-25 school year. You may either report the* percentage *or* number *of students who were chronically absent this school year. Please only respond to one of the next two items you see.*

**ABS1\_p\_v2**. During the 2024-25 school year, approximately what percentage of students at your school are on track to be **chronically** **absent**? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

* \_\_\_\_ percent of students chronically absent

**ABS1\_c\_v2**. During the 2024-25 school year, approximately how many students at your school are on track to be chronically absent for the 2024-25 school year? {plan to display either version 1 or version 2, starting in February 2025, based on cognitive testing feedback}

* *Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*
* \_\_\_\_ number of students chronically absent

**ABS2b\_v2 3-2b**. Thinking about students on track to be chronically absent, compared to the **LAST school year (2023-24)**, how has chronic absenteeism changed at your school during the 2024-25 school year? Include excused and unexcused absences. {plan to display either version 1 or version 2, starting in February 2025, based on cognitive testing feedback}

## Transportation

{Display section if *Inper\_Resp* or *Inper* = Yes}

**Tran\_gate .** Please indicate which of the following modes of transportation are available for your students to travel to and from school.

|  |  |  |
| --- | --- | --- |
|  | Yes, this mode of transportation is available to our students | No, this mode of transportation is not available to our students |
| By school bus |  |  |
| By public transportation (e.g., subway, metro, city bus) |  |  |
| By bike, scooter, skateboard, or other similar means |  |  |
| By walking to school |  |  |
| By being dropped off/picked up by car |  |  |
| By driving their own car |  |  |
| Other |  |  |

**Tran11a**. Is free or subsidized public transportation offered to students? {Display if *Tran\_gate* = By public transportation}

* Yes, to all students
* Yes, to some students
* No

**Tran11b**. Which of the following sources of funding have been used to provide free or subsidized public transportation to students? *Select all that apply.* {Display if *Tran11a* ≠ No}

* Federal grants or other federal programs
* State grants or other state programs
* City, county or other local grants or other city, county, or local programs
* District or school financial funding
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above
* Don’t know

**Tran5\_v2.** Which of the following traffic calming measures immediately surround your school? *Select all that apply*.

* Traffic calming measures are intended to encourage drivers to reduce speed.
* Speed humps/tables
* [Speed safety cameras](https://highways.dot.gov/safety/proven-safety-countermeasures/speed-safety-cameras)
* Raised intersection crossings or other [crosswalk visibility enhancements](https://highways.dot.gov/safety/proven-safety-countermeasures/crosswalk-visibility-enhancements)
* Mid-block crossings with [pedestrian hybrid beacons](https://highways.dot.gov/safety/proven-safety-countermeasures/pedestrian-hybrid-beacons) or [rapid rectangular flashing beacons](https://highways.dot.gov/safety/proven-safety-countermeasures/rectangular-rapid-flashing-beacons-rrfb)
* Mid-block crossings without [pedestrian hybrid beacons](https://highways.dot.gov/safety/proven-safety-countermeasures/pedestrian-hybrid-beacons) or [rapid rectangular flashing beacons](https://highways.dot.gov/safety/proven-safety-countermeasures/rectangular-rapid-flashing-beacons-rrfb)
* Curb extensions
* Chicanes (diversions or shifts in vehicle travel lanes in order to reduce vehicle speeds)
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* There are not traffic calming measures immediately surrounding our school

**Tran6\_v2.** Which of the following bike infrastructure immediately surround your school? *Select all that apply*.

* Sharrow (painted lane marking indicating that bicycles and vehicles share a travel lane)
* Bike Lane with a painted stripe
* Buffered Bike Lane (i.e., painted buffer, bollard buffer)
* Protected Bike Lane (i.e., median/curb separated, parking separating car and bike lanes)
* Shared use path, off-street Bike Lane, or other trail
* Raised/grade separated intersection crossings
* Bike light (time separated crossing)
* Other, please specify: \_\_\_\_\_\_
* We have no bike infrastructure surrounding our school

**Tran7a\_v2**. Which of the following bicycle parking are available on your school grounds? *Select all that apply*.

* Bicycle racks
* Bicycle lockers
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Bicycle parking is not available on school grounds

**Tran7c.** Which of the following types of bicycle racks are available at your school? *Select all that apply.* {Display if *Tran7a\_v2* = Bicycle racks}

* Bicycle racks that are mounted into the ground and hold the bicycle firmly
* Bicycle racks that are mounted into the wall and hold the bicycle firmly
* Bicycle racks that do not adequately secure the bicycle (e.g., bicycle racks that are not mounted, racks that do not allow bicycle locks, etc.)
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tran13**. What is the furthest distance students travel to your school?

* Less than 1 mile
* 1 to less than 5 miles
* 5 to less than 20 miles
* 20 miles or more

**Tran14**. To what extent do you agree of disagree with the following statement: “If the areas around my school had safer walking or biking infrastructure, more of my students would walk or bike to school.”

*This infrastructure may include improved sidewalks, separated bicycle lanes, or additional traffic calming measures.*

* Strongly disagree
* Moderately disagree
* Neither agree nor disagree
* Moderately agree
* Strongly agree

**Tran15**. Which of the following concerns have your students or their families expressed about traveling by school bus during the 2024-25 school year? *Select all that apply.* {Display if *Tran\_gate* = By school bus}

* Not available when needed
* Unreasonable travel times
* Unreliable
* Safety
* Accessibility or accommodations for students with disabilities
* We have not heard any concerns about students traveling by school bus

**Tran16**. What level of concern do you have about the following risks to your students’ safety commuting to and from school?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No concern | Slightly concerned | Somewhat concerned | Moderately concerned | Extremely concerned |
| Vehicle operating speeds on the roads surrounding your school |  |  |  |  |  |
| Reckless driving |  |  |  |  |  |
| Volume or traffic on roads surrounding your school |  |  |  |  |  |
| Number of lanes students cross to get to school |  |  |  |  |  |
| Visibility at crossing |  |  |  |  |  |
| Proximity of crossing |  |  |  |  |  |
| Crime around the school |  |  |  |  |  |

**Tran17**. How familiar are you with the requirements listed in the *Elementary and Secondary Education Act* (ESEA) to support transportation for students living outside of their original district due to their **experiencing homelessness**?

* Not at all familiar
* Slightly familiar
* Moderately familiar
* Very familiar

**Tran1719\_open**. Please tell us what you know about the Elementary and Secondary Education Act (ESEA) requirements to support transportation for students living outside of their original district due to their experiencing homelessness or foster care? {Display if *Tran17*≠ Not at all familiar}

**Tran18.** Do your school or district have a way of identifying students experiencing homelessness who are eligible for transportation provisions under ESEA?

* Yes
* No
* Don’t know

**Tran19**. How familiar are you with the requirements listed in ESEA to support transportation for students living outside of their original district due to their **being in foster care?**

* Not at all familiar
* Slightly familiar
* Moderately familiar
* Very familiar

**Tran20.** Do your school or district have a way of identifying students in foster care who are eligible for transportation provisions under ESEA

* Yes
* No
* Don’t know

**Tran21**. Does your school or district have a person who is responsible for coordinating transportation for your students experiencing homelessness or foster care?

* Yes
* No
* Don’t know

**Tran21\_open**. Tell us about the person who is responsible for coordinating transportation for your students experiencing homelessness or foster care including their position and whether they coordinate for students experiencing homelessness, foster care, or both?

**Tran22.** Does your school or district coordinate with your local child welfare agency to ensure your student(s) in foster care remain in their school of origin if it is determined it is in the best interest of the student?

* Yes
* No – my school does not have students in foster care
* No – my school does have students in foster care, but the school or district does not coordinate with the local child welfare agency

## Housing Instability

**Hins1a**. Have you received training by the school or district to identify students experiencing homelessness?

* + Yes
  + No

**Hins1b**. Did any of the following staff at your school receive training by the school or district to identify students experiencing homelessness?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes – all | Yes – some | No | This position is not offered at my school |
| Other school administrators (excluding yourself) |  |  |  |  |
| Teachers |  |  |  |  |
| Guidance counselors |  |  |  |  |
| Homeless liaisons |  |  |  |  |
| Other Staff |  |  |  |  |

**Hins2**. How effective has the training you attended been at strengthening your school’s ability to serve students experience homelessness? {Display if *Hins1a* = yes}

* + Not at all effective
  + Slightly effective
  + Moderately Effective
  + Very Effective

**Hins3**. To what extent do you agree or disagree with the following statement: “My school is able to effectively identify students who may be experiencing homelessness.”?

* + Strongly disagree
  + Disagree
  + Neither agree nor disagree
  + Agree
  + Strongly agree

**Hins4**. Compared to last school year (2023-24), how has the percentage of students at your school who are experiencing homelessness changed?

* It has decreased a lot
* It has decreased a little
* It has remained the same
* It has increased a little
* It has increased a lot
* Not applicable – my school did not have any students experiencing homelessness this year or last

## School Preparedness and Safety Procedures

**Prep1 2-1.** How often does your school update its emergency operations plan (EOP)?

* Never
* Only after an emergency occurs
* Every few years
* Annually
* Twice a year
* More than twice a year

**Prep2 2-2.** How often does your school collaborate with local public/private health agencies to evaluate the school's emergency prevention measures?

* Never
* Only after an emergency occurs
* Every few years
* Annually
* Twice a year
* More than twice a year

**Prep3 2-3.** How often do you send communications to parents about emergency operations plans?

* Never
* Annually
* Monthly
* Twice a month
* Weekly

**Prep4 2-4.** Please indicate whether your school receives input from any of the following local community partners regarding your emergency operation plan.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Healthcare providers (e.g., local physicians, nurses) |  |  |
| Law enforcement groups (e.g., local police or bureau of investigation) |  |  |
| Local or state department of health representatives |  |  |
| Local media groups |  |  |
| Local emergency management services |  |  |
| Local social services providers |  |  |
| Other, please specify: \_\_\_\_\_\_\_\_ |  |  |

**Prep5 2-5.** Does your school website include a page where parents/guardians can review the school's emergency operations plan, response protocols, and/or procedures?

* Yes
* No

**Prep6 2-6.** Does your school have a dedicated person who is responsible for coordinating and managing emergency preparedness?

* Yes
* No

**CS3 2-7a**. Does your school have a written plan (e.g., emergency operations plans (EOP)) that describes procedures to be performed in the following scenarios?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Active Shooter |  |  |
| Natural disasters (e.g., earthquakes, tornadoes) |  |  |
| Hostages |  |  |
| Bomb threats or incidents |  |  |
| Chemical, biological, or radiological threats or incidents  (e.g., release of mustard gas, anthrax, smallpox, or radioactive materials) |  |  |
| Suicide threats or incidents |  |  |
| Pandemic disease |  |  |
| Post-crisis reunification of students with their families |  |  |

**CS3a 2-7b.** How often does your school review each of the following written planswith staff?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| {Display rows *CS3a* selections} | Never | Only after an emergency | Every few years | Annually | Twice a year | More than twice a year |
| Active Shooter |  |  |  |  |  |  |
| Natural disasters (e.g., earthquakes, tornadoes) |  |  |  |  |  |  |
| Hostages |  |  |  |  |  |  |
| Bomb threats or incidents |  |  |  |  |  |  |
| Chemical, biological, or radiological threats or incidents (e.g., release of mustard gas, anthrax, smallpox, or radioactive materials) |  |  |  |  |  |  |
| Suicide threats or incidents |  |  |  |  |  |  |
| Pandemic disease |  |  |  |  |  |  |
| Post-crisis reunification of students with their families |  |  |  |  |  |  |

**CS4a 2-8a**. During the 2024-25 school year, has your school drilled (or will it drill) students on the use of the following emergency procedures or drills?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Evacuation (i.e., students and staff are required to leave the building due to an incident) |  |  |
| Lockdown (i.e., securing the school building and grounds during incidents that pose an immediate threat of violence) |  |  |
| Shelter-in-place (i.e., students and staff are required to remain indoors because it is safer inside the building or a room than outside) |  |  |
| Active assailant drill (i.e., a real-time simulation of someone on campus who poses a serious threat of violence) |  |  |

**CS4b 2-8b.** How often does (or will) your school drill students in these emergency procedures?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| {Display based on responses to *CS4a*} | Every other school year or less frequently | Once a school year | Twice a school year | 3-5 times a school year | 6 – 8 times a school year | Nine or more times a school year |
| Evacuation (i.e., students and staff are required to leave the building due to an incident) |  |  |  |  |  |  |
| Lockdown (i.e., securing the school building and grounds during incidents that pose an immediate threat of violence) |  |  |  |  |  |  |
| Shelter-in-place (i.e., students and staff are required to remain indoors because it is safer inside the building or a room than outside) |  |  |  |  |  |  |
| Active assailant drill (i.e., a real-time simulation of someone on campus who poses a serious threat of violence) |  |  |  |  |  |  |

**CS13 2-9.** How prepared do you feel your school is to deal with the following emergency events?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very prepared | Somewhat prepared | Somewhat unprepared | Very unprepared |
| Active shooters |  |  |  |  |
| Active armed individuals with a weapon other than a firearm |  |  |  |  |
| Intruders (e.g., unauthorized persons entering the premises) |  |  |  |  |
| Shooting threats (e.g., in-person verbal threats, threats made via social media) |  |  |  |  |
| Bomb threats or incidents |  |  |  |  |
| Suicide threats or incidents |  |  |  |  |
| Pandemic diseases |  |  |  |  |
| Natural disasters (e.g., earthquakes, tornadoes, hurricanes, floods, wildfires) |  |  |  |  |
| Inclement weather (e.g., extreme heat, snowstorms, ice storms) |  |  |  |  |
| Chemical or industrial hazards (e.g., industrial plant explosions, hazardous materials within or outside of the school, gas leaks) |  |  |  |  |
| Utility or systems failures (e.g., power or water outages, air conditioning outages) |  |  |  |  |

**CS1 2-10**. During the 2024-25 school year, is it a practice at your school to do the following?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Require visitors to sign or check in and wear badges |  |  |
| Control access to school buildings during school hours (e.g., locked or monitored doors, loading docks) |  |  |
| Control access to school grounds during school hours (e.g., locked or monitored gates) |  |  |
| Equip classrooms with locks so that doors can be locked from the inside |  |  |
| Close the campus for most or all students during lunch |  |  |
| Have “panic button(s)” or silent alarm(s) that directly connect to law enforcement in the event of an incident |  |  |
| Provide an electronic notification system that notifies parents in case of a school-wide emergency |  |  |
| Require faculty and staff to wear badges or picture IDs |  |  |
| Use one or more security cameras to monitor the school |  |  |
| Provide two-way radios to all or select staff |  |  |
| Require metal detector checks on all or most students every day |  |  |
| Perform random metal detector checks on students |  |  |
| Perform one or more random sweeps (e.g., locker checks, dog sniffs) for contraband (e.g., drugs or weapons) |  |  |
| Require students to wear uniforms |  |  |
| Enforce a strict dress code |  |  |
| Require clear book bags or ban book bags on school grounds |  |  |
| Provide a structured anonymous or confidential threat reporting system (e.g., tip line, online submission, telephone hotline, or written submission via drop box) |  |  |
| Require students to wear badges or picture IDs |  |  |
| Prohibit non-academic use of cell phones or smartphones during school hours |  |  |

**CS5a 2-11a**. During the 2024–25 school year, does your school have a behavioral threat assessment team or any other formal group of persons to identify students who might be a potential risk for violent or harmful behavior (toward themselves or others)?

* Yes
* No

**CS5b 2-11b.** Have any students been found to be a potential risk for violent or harmful behavior (toward themselves or others)? {Display if *CS5a* = YES}

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Toward themselves |  |  |
| Toward others |  |  |

**CS\_more 2-12**. We’d like to learn more about you school’s emergency preparedness and safety procedures for the 2024-25 school year. In the space below, please share any other information you would like us to know about this topic.

*This item is optional.*

## School Demographics | Conclusion

{Do not display section if answered in a previous month}

**TEACHER0**. Please enter an approximate total teachercount for your school as of today.

*Please enter the number**of teachers, including full-time and part-time teachers.*

\_\_\_\_\_ total number of teachers

**STAFF0**. Please enter an approximate total non-teacher staff count for your school as of today.

*Please enter the number of non-teaching staff, including full-time and part-time non-teachers.*

\_\_\_\_\_ total number of non-teaching staff

**ENROLLMENT0**. As of today, please enter your total student enrollment count.

*Please enter the number of students.*

\_\_\_\_\_ total number of students

## Suggestions for Future Content

**FutCont**. We want to ensure we are continuing to collect information on topics that are relevant to the day-to-day functioning of U.S. public schools during the 2024-25 school year and beyond. In the space below, please share any topics you believe are important for us to know as we continue this monthly survey collection.

*This item is optional.*

# School Pulse Panel May 2025 Survey

## School Demographics | Introduction

{Do not display section if answered in a previous month}

**Grades**. In which of the following grades or grade equivalent does your school have students enrolled?

* Kindergarten
* 1st grade
* 2nd grade
* 3rd grade
* 4th grade
* 5th grade
* 6th grade
* 7th grade
* 8th grade
* 9th grade/Freshman
* 10th grade/Sophomore
* 11th grade/Junior
* 12th grade/Senior
* Ungraded
* Adult education

**Grades\_adult**. Does your school ONLY educate adult students over the age of 19? {Display if *Grades* = Adult education}

* Yes
* No

**Inper**. Is your school offering in-person learning for students during the 2024-25 school year?

* Yes
* No

**Inper\_no**. Which of the following best describes how students are taught at your school? {Display if Inper = No}

* Fully virtual/online
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

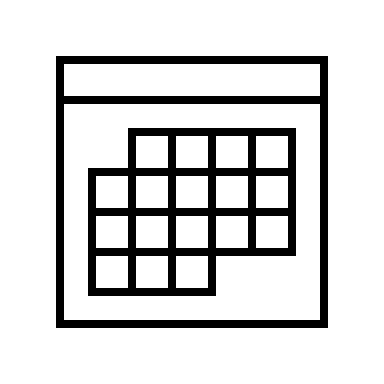
## Attendance

**Att1**. Today (or the most recent day you have data), what is your attendance rate?

*An attendance rate is the percentage of your students who are* ***present*** *for school.*

\_\_\_\_\_\_\_ %

Please select the date in the calendar that you used for the attendance rate.



*Next, we are interested in chronic absenteeism at your school during the 2024-25 school year. You may either report the* percentage *or* number *of students who were chronically absent this school year. Please only respond to one of the next two items you see.*

**ABS1\_p**. During the 2024-25 school year, approximately what percentage of students at your school have been **chronically** **absent**? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

* \_\_\_\_ percent of students chronically absent

OR

**ABS1\_c**. During the 2024-25 school year, approximately how many students at your school have been chronically absent for the 2024-25 school year? {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

\_\_\_\_ number of students chronically absent

**ABS2b 3-2b**. Compared to the **LAST school year (2023-24)**, how has chronic absenteeism changed at your school during the 2024-25 school year? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

* Chronic student absenteeism has decreased a lot
* Chronic student absenteeism has decreased a little
* Chronic student absenteeism has remained about the same
* Chronic student absenteeism has increased a little
* Chronic student absenteeism has increased a lot
* Don’t Know

*Next, we are interested in chronic absenteeism at your school during the 2024-25 school year. You may either report the* percentage *or* number *of students who were chronically absent this school year. Please only respond to one of the next two items you see.*

**ABS1\_p\_v2**. During the 2024-25 school year, approximately what percentage of students at your school are on track to be **chronically** **absent**? Include excused and unexcused absences. {plan to display either version 1 or version 2, based on cognitive testing feedback}

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

* \_\_\_\_ percent of students chronically absent

**ABS1\_c\_v2**. During the 2024-25 school year, approximately how many students at your school are on track to be chronically absent for the 2024-25 school year? {plan to display either version 1 or version 2, starting in February 2025, based on cognitive testing feedback}

* *Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*
* \_\_\_\_ number of students chronically absent

**ABS2b\_v2 3-2b**. Thinking about students on track to be chronically absent, compared to the **LAST school year (2023-24)**, how has chronic absenteeism changed at your school during the 2024-25 school year? Include excused and unexcused absences. {plan to display either version 1 or version 2, starting in February 2025, based on cognitive testing feedback}

## Student Behavior

**SB2\_24 1-1**. To what extent do you agree or disagree with the following statement:

“The COVID-19 pandemic and its lingering effects continue to negatively impact the **behavioral development** of students at my school.”

* Strongly disagree
* Disagree
* Neither agree nor disagree
* Agree
* Strongly agree

**SB3\_24 1-2**. To what extent do you agree or disagree with the following statement:

“The COVID-19 pandemic and its lingering effects continue to negatively impact the **socioemotional development** of students at my school.”

* Strongly disagree
* Disagree
* Neither agree nor disagree
* Agree
* Strongly agree

**SB11\_24 1-3**. Compared to your typical behavioral expectations for students in their grade, please indicate how MOST students in each grade or grade equivalent at your school behaved during this school year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| {Display based on responses to *Grades*} | We do not enroll students in this grade | Behaved worse than expected | Behaved as expected | Behaved better than expected |
| 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 |  |  |  |  |

**SB8 1-4**. To the best of your knowledge, how often did the following types of student behaviors occur at your school during the 2024-25 school year?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Happened daily | Happened at least one a week | Happened at least once a month | Happened on occasion | Never happened |
| Physical attacks or fights between students |  |  |  |  |  |
| Threats of physical attacks or fights between students |  |  |  |  |  |
| Bullying |  |  |  |  |  |
| Distribution, possession, or use of illegal drugs |  |  |  |  |  |
| Distribution, possession, or use of alcohol |  |  |  |  |  |
| Distribution, possession, or use of tobacco products (cigarettes, vapes, e-cigarettes) |  |  |  |  |  |
| Vandalism |  |  |  |  |  |

**SB9 1-5**. To the best of your knowledge, how often did the following student behaviors directed at teachers or staffoccur at your school during the 2024-25 school year?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Happened daily | Happened at least one a week | Happened at least once a month | Happened on occasion | Never happened |
| Student threats to injure a teacher or staff member |  |  |  |  |  |
| Student physical attacks of a teacher or staff member |  |  |  |  |  |
| Student verbal abuse of teachers or staff members |  |  |  |  |  |
| Student acts of disrespect towards teachers or staff members other than verbal abuse |  |  |  |  |  |

**CS14 1-6.** To the best of your knowledge, thinking about how problems that can occur anywhere (both at your school and away from school), how often does cyberbullying among students who attend your school occur?

* Happens daily
* Happens at least once a week
* Happens at least once a month
* Happens on occasion
* Never happens

*The next two items will ask you about how certain student behaviors have impacted 1) teacher and staff morale and then 2) student learning at your school during the 2024-25 school year.*

**SB10 1-7.** To what extent, if any, have the following student behaviors negatively impacted **teacher and staff morale** at your school this year?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No negative impact | Limited negative impact | Moderate negative impact | Severe negative impact |
| Students cutting class |  |  |  |  |
| Student tardiness |  |  |  |  |
| Use of cell phones, computers and other electronic devices when not permitted |  |  |  |  |
| Students being disruptive **outside** of the classroom (e.g., yelling or running in the hallways, lunchroom) |  |  |  |  |
| Students being disruptive **in** **the classroom** (e.g., calling out, talking to others during instruction, getting out of seat when not allowed, leaving classroom) |  |  |  |  |
| Lack of focus or inattention from students |  |  |  |  |
| Students having trouble working with partners or in small groups |  |  |  |  |
| Students not doing individual work |  |  |  |  |
| Students being **academically** unprepared for school (e.g., not doing homework, not bringing necessary supplies) |  |  |  |  |
| Students being **physically** unprepared for school (e.g., lack of sleep, not eating before school) |  |  |  |  |

**SB11 1-8.** To what extent, if any, have the following student behaviors negatively impacted **learning** at your school this year?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No negative impact | Limited negative impact | Moderate negative impact | Severe negative impact |
| Students cutting class |  |  |  |  |
| Student tardiness |  |  |  |  |
| Use of cell phones, computers and other electronic devices when not permitted |  |  |  |  |
| Students being disruptive **outside** of the classroom (e.g., yelling or running in the hallways, lunchroom) |  |  |  |  |
| Students being disruptive **in** **the classroom** (e.g., calling out, talking to others during instruction, getting out of seat when not allowed, leaving classroom) |  |  |  |  |
| Lack of focus or inattention from students |  |  |  |  |
| Students having trouble working with partners or in small groups |  |  |  |  |
| Students not doing individual work |  |  |  |  |
| Students being **academically** unprepared for school (e.g., not doing homework, not bringing necessary supplies) |  |  |  |  |
| Students being **physically** unprepared for school (e.g., lack of sleep, not eating before school) |  |  |  |  |

**CS2 1-9.** As of today, have any of the following contraband items been confiscated from students at your school during the 2024-25 school year?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Firearms |  |  |
| Explosive devices |  |  |
| Tasers or stun guns |  |  |
| Knives or other sharp objects that are used as a weapon |  |  |
| Blunt objects that can be used as weapon (e.g., brass knuckles) |  |  |
| Aerosol sprays (e.g., Mace, pepper spray) |  |  |
| Other weapons |  |  |
| Illegal drugs or drug paraphernalia |  |  |
| Prescription drugs |  |  |
| Alcohol |  |  |
| Tobacco products or paraphernalia (e.g., cigarettes, vaping products) |  |  |

**SB6 1-10**. Does your school need more of any of the following to better support student behavior and development? *Select all that apply.*

* More training on classroom management strategies
* More training on supporting students’ socioemotional development
* More teachers and/or staff need to be hired
* More support for student and/or staff mental health
* Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above

**SB\_more 1-11**. We’d like to learn more about schools’experiences with **student behavior and discipline.** In the space below, please share any information you would like us to know on this topic.

## Tutoring

**Tutoring\_gate 2-1**. At any time during this school year, which of the following types of tutoring, if any, were students at your school provided? *Select all that apply.*

* **High-dosage tutoring** (also known as evidence-based or high-quality tutoring): A method of tutoring in which the same student(s) receive(s) tutoring:
  + three or more times per week
  + for at least 30 minutes per session,
  + in sessions that are one-on-one or with small groups,
  + that is provided by educators or well-trained tutors who have received specific training in tutoring practices,
  + that aligns with evidence-based core curriculum or programs, AND
  + is NOT drop-in homework help {display HDT items if selected}
* **Standard tutoring:** A less intensive method of tutoring in which the same student(s) receive(s) tutoring:
  + any number of times per week OR on an as-needed (drop-in) basis
  + in sessions with no minimum length of time
  + in sessions that may be one-on-one or involve any number of other students, and
  + that is provided by educators who may or may not have received specific training in tutoring practices {display SDT items if selected}
* **Self-paced tutoring**: A method of tutoring in which a student works on their own, typically online, where they are provided guided instruction that allows them to move on to new material after displaying mastery of content. {display SPT items if selected}
* **On-demand online tutoring:** A method of tutoring in which a school partners with or contracts out services to an external online tutoring program or company that offers 24/7 support, is led by qualified tutors (e.g., certified teachers, subject-matter experts), and is available on-demand for students to access. {display ODT items if selected}
* **Other method(s) of tutoring**, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No tutoring was provided to students by our school

*The following items ask about* ***high-dosage*** *tutoring at your school during the 2024-25 school year.*

*If your school offers multiple types of tutoring programs, we will ask about those programs separately later in the survey.*

**HDTf1 2-2.** Compared to the beginning of the school year, has the number of **students who needed** high-dosage tutoring…?

* Increased
* Decreased
* Remained the same

**HDTf2 2-3.** Compared to the beginning of the school year, has your school’s **ability to provide** high-dosage tutoring…?

* Increased
* Decreased
* Remained the same

**HDTf3 2-4.** Which of the following factors have led to the increase in your school’s ability to provide high-dosage tutoring? *Select all that apply*. {Display if *HDTf2* = “increased”}

* Changes in the number of students who need high-dosage tutoring
* Changes in the number of staff available to support high-dosage tutoring
* Changes in the funding used to support high-dosage tutoring
* Changes in the amount of time available for high-dosage tutoring
* Changes in the amount of space available for high-dosage tutoring
* Changes in the availability of materials and resources needed to support high-dosage tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_

**HDTf4 2-5.** Which of the following factors have led to the decrease in your school’s ability to provide high-dosage tutoring? *Select all that apply.* {Display if *HDTf2* = “decreased”}

* Changes in the number of students who need high-dosage tutoring
* Changes in the number of staff available to support high-dosage tutoring
* Changes in the funding used to support high-dosage tutoring
* Changes in the amount of time available for high-dosage tutoring
* Changes in the amount of space available for high-dosage tutoring
* Changes in the availability of materials and resources needed to support high-dosage tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_

*The following items ask about* ***standard*** *tutoring at your school during the 2024-25 school year.*

*If your school offers multiple types of tutoring programs, we will ask about those programs separately later in the survey.*

**SDTf1 2-6.** Compared to the beginning of the school year, has the number of **students who needed** standard tutoring…?

* Increased
* Decreased
* Remained the same

**SDTf2 2-7.** Compared to the beginning of the school year, has your school’s **ability to provide** standard tutoring…?

* Increased
* Decreased
* Remained the same

**SDTf3 2-8.** Which of the following factors have led to the increase in your school’s ability to provide standard tutoring? *Select all that apply.* {Display if *SDTf2* = “increased”}

* Changes in the number of students who need standard tutoring
* Changes in the number of staff available to support standard tutoring
* Changes in the funding used to support standard tutoring
* Changes in the amount of time available for standard tutoring
* Changes in the amount of space available for standard tutoring
* Changes in the availability of materials and resources needed to support standard tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_

**SDTf4 2-9.** Which of the following factors have led to the decrease in your school’s ability to provide standard tutoring? *Select all that apply.* {Display if *SDTf2* = “decreased”}

* Changes in the number of students who need standard tutoring
* Changes in the number of staff available to support standard tutoring
* Changes in the funding used to support standard tutoring
* Changes in the amount of time available for standard tutoring
* Changes in the amount of space available for standard tutoring
* Changes in the availability of materials and resources needed to support standard tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_

*The following items ask about* ***self-paced*** *tutoring at your school during the 2024-25 school year.*

*If your school offers multiple types of tutoring programs, we will ask about those programs separately later in the survey.*

**SPTf1 2-10.** Compared to the beginning of the school year, has the number of **students who needed** self-paced tutoring…?

* Increased
* Decreased
* Remained the same

**SPTf2 2-11.** Compared to the beginning of the school year, has your school’s **ability to provide** self-paced tutoring…?

* Increased
* Decreased
* Remained the same

**SPTf3 2-12.** Which of the following factors have led to the increase in your school’s ability to provide self-paced tutoring? *Select all that apply.* {Display if *SPTf2* = “increased”}

* Changes in the number of students who need self-paced tutoring
* Changes in the funding used to support self-paced tutoring
* Changes in the amount of time available for self-paced tutoring
* Changes in the amount of space available for self-paced tutoring
* Changes in the availability of materials and resources needed to support self-paced tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_

**SPTf4 2-13.** Which of the following factors have led to the decrease in your school’s ability to provide self-paced tutoring? *Select all that apply.* {Display if *SPTf2* = “decreased”}

* Changes in the number of students who need self-paced tutoring
* Changes in the funding used to support self-paced tutoring
* Changes in the amount of time available for self-paced tutoring
* Changes in the amount of space available for self-paced tutoring
* Changes in the availability of materials and resources needed to support self-paced tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_

*The following items ask about* ***on-demand online*** *tutoring at your school during the 2024-25 school year.*

**ODTf1 2-14.** Compared to the beginning of the school year, has the number of **students who needed** on-demand online tutoring…?

* Increased
* Decreased
* Remained the same

**ODTf2 2-15.** Compared to the beginning of the school year, has your school’s **ability to provide** on-demand online tutoring…?

* Increased
* Decreased
* Remained the same

**ODTf3 2-16.** Which of the following factors have led to the increase in your school’s ability to provide on-demand online tutoring? *Select all that apply.* {Display if *ODTf2* = “increased”}

* Changes in the number of students who need on-demand online tutoring
* Changes in the funding used to support on-demand online tutoring
* Changes in the amount of time available for on-demand online tutoring
* Changes in the amount of space available for on-demand online tutoring
* Changes in the availability of materials and resources needed to support on-demand online tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_

**ODTf4 2-17.** Which of the following factors have led to the decrease in your school’s ability to provide on-demand online tutoring? *Select all that apply.* {Display if *ODTf2* = “decreased”}

* Changes in the number of students who need on-demand online tutoring
* Changes in the funding used to support on-demand online tutoring
* Changes in the amount of time available for on-demand online tutoring
* Changes in the amount of space available for on-demand online tutoring
* Changes in the availability of materials and resources needed to support on-demand online tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_

**Tutoring4 2-18**. How effective has each tutoring program been in improving student outcomes during this school year?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| {Display based on Tutoring\_gate responses} | Not at all effective | Slightly effective | Moderately effective | Very effective | Extremely effective |
| High-dosage tutoring |  |  |  |  |  |
| Standard tutoring |  |  |  |  |  |
| Self-paced tutoring |  |  |  |  |  |
| On-demand online tutoring |  |  |  |  |  |
| Other methods of tutoring |  |  |  |  |  |

**HDTno 2-19**. Which of the following are reasons why your school has not implemented **high-dosage tutoring** at this time? *Select all that apply.* {Display if Tutoring\_gate ≠ HDT}

* Implementing high-dosage tutoring is not a priority for our school
* There are not enough students at my school who require high-dosage tutoring
* Time limitations (i.e., cannot find enough time to support high-dosage tutoring)
* Space limitations (i.e., do not have the physical space to support high-dosage tutoring)
* Lack of educational materials to support high-dosage tutoring
* Cannot find staff to support high-dosage tutoring
* Lack of, or reductions in, funding to support high-dosage tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SDTno 2-20**. Which of the following are reasons why your school has not implemented **standard tutoring** at this time? *Select all that apply.* {Display if Tutoring\_gate ≠ SDT}

* Implementing standard tutoring is not a priority for our school
* There are not enough students at my school who require standard tutoring
* Time limitations (i.e., cannot find enough time to support standard tutoring)
* Space limitations (i.e., do not have the physical space to support standard tutoring)
* Lack of educational materials to support standard tutoring
* Cannot find staff to support standard tutoring
* Lack of, or reductions in, funding to support standard tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPTno 2-21**. Which of the following are reasons why your school has not implemented **self-paced tutoring** at this time? *Select all that apply.* {Display if Tutoring\_gate ≠ SPT}

* Implementing self-paced tutoring is not a priority for our school
* There are not enough students at my school who require self-paced tutoring
* Time limitations (i.e., cannot find enough time to support self-paced tutoring)
* Space limitations (i.e., do not have the physical space to support self-paced tutoring)
* Lack of educational materials to support self-paced tutoring
* Lack of, or reductions in, funding to support self-paced tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ODTno 2-22**. Which of the following are reasons why your school has not implemented **on-demand online tutoring** at this time? *Select all that apply.* {Display if Tutoring\_gate ≠ ODT}

* Implementing on-demand online tutoring is not a priority for our school
* There are not enough students at my school who require on-demand online tutoring
* Time limitations (i.e., cannot find enough time to support on-demand online tutoring)
* Space limitations (i.e., do not have the physical space to support on-demand online tutoring)
* Lack of educational materials to support on-demand online tutoring
* Lack of, or reductions in, funding to support on-demand online tutoring
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tutoring\_more 2-23**. We’d like to learn more about your school’s experiences **offering tutoring programs** during the 2024-25 school year. In the space below, please share any other information you would like us to know on this topic.

*This item is optional*.

## School Demographics | Conclusion

{Do not display section if answered in a previous month}

**TEACHER0**. Please enter an approximate total teachercount for your school as of today.

*Please enter the number**of teachers, including full-time and part-time teachers.*

\_\_\_\_\_ total number of teachers

**STAFF0**. Please enter an approximate total non-teacher staff count for your school as of today.

*Please enter the number of non-teaching staff, including full-time and part-time non-teachers.*

\_\_\_\_\_ total number of non-teaching staff

**ENROLLMENT0**. As of today, please enter your total student enrollment count.

*Please enter the number of students.*

\_\_\_\_\_ total number of students

## Suggestions for Future Content

**FutCont**. We want to ensure we are continuing to collect information on topics that are relevant to the day-to-day functioning of U.S. public schools during the 2024-25 school year and beyond. In the space below, please share any topics you believe are important for us to know as we continue this monthly survey collection.

*This item is optional.*

# School Pulse Panel June 2025 Survey

## School Demographics | Introduction

{Do not display section if answered in a previous month}

**Grades**. In which of the following grades or grade equivalent does your school have students enrolled?

* Kindergarten
* 1st grade
* 2nd grade
* 3rd grade
* 4th grade
* 5th grade
* 6th grade
* 7th grade
* 8th grade
* 9th grade/Freshman
* 10th grade/Sophomore
* 11th grade/Junior
* 12th grade/Senior
* Ungraded
* Adult education

**Grades\_adult**. Does your school ONLY educate adult students over the age of 19? {Display if *Grades* = Adult education}

* Yes
* No

**Inper**. Is your school offering in-person learning for students during the 2024-25 school year?

* Yes
* No

**Inper\_no**. Which of the following best describes how students are taught at your school? {Display if Inper = No}

* Fully virtual/online
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

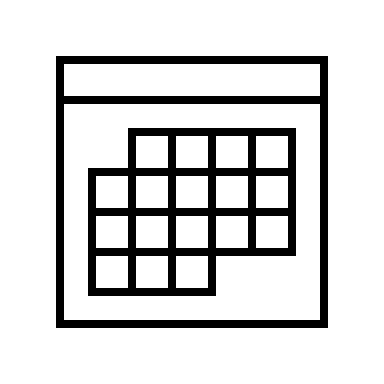
## Attendance

**Att1**. Today (or the most recent day you have data), what is your attendance rate?

*An attendance rate is the percentage of your students who are* ***present*** *for school.*

\_\_\_\_\_\_\_ %

Please select the date in the calendar that you used for the attendance rate.



**ABS1\_p**. During the 2024-25 school year, approximately what percentage of students at your school have been **chronically** **absent**? Include excused and unexcused absences.

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

* \_\_\_\_ percent of students chronically absent

OR

**ABS1\_c**. During the 2024-25 school year, approximately how many students at your school have been chronically absent for the 2024-25 school year?

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

\_\_\_\_ number of students chronically absent

## Absenteeism

**ABS7end.** What is (or was) the **average daily attendance** rate for your school for the 2024-25 school year?

*An attendance rate is the percentage of your students who are* ***present*** *for school.*

* \_\_\_\_\_%

*Next, we are interested in chronic absenteeism at your school during the 2024-25 school year. You may either report the* percentage *or* number *of students who were chronically absent this school year. Please only respond to one of the next two items you see.*

**ABS1\_p**. During the 2024-25 school year, approximately what percentage of students at your school have been **chronically** **absent**? Include excused and unexcused absences.

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

* \_\_\_\_ percent of students chronically absent

OR

**ABS1\_c**. During the 2024-25 school year, approximately how many students at your school have been chronically absent for the 2024-25 school year?

*Chronic absenteeism is defined as students who are absent for at least 10 percent of the school year*

\_\_\_\_ number of students chronically absent

**ABS2z**. Compared to **LAST school year (2023-24)**, how have student absences at your school changed during the 2024-25 school year? Include excused and unexcused absences.

* Student absences have decreased a lot
* Student absences have decreased a little
* Student absences have remained about the same
* Student absences have increased a little
* Student absences have increased a lot

**ABS3b**. Compared to **LAST school year (2023-24)**, how have teacher absences at your school changed during the 2024-25 school year? Include planned and unplanned absences.

* Teacher absences have decreased a lot
* Teacher absences have decreased a little
* Teacher absences have remained about the same
* Teacher absences have increased a little
* Teacher absences have increased a lot

**ABS4b**. Compared to **LAST school year (2023-24)**, how easy or difficult has it been for your school to get substitute teachers during the 2024-25 school year?

* Much easier
* Somewhat easier
* About the same
* Somewhat more difficult
* Much more difficult

**ABS5a**. During the 2024-25 school year, how has your school covered classes when there are teacher absences and you cannot find a substitute teacher? *Select all that apply*.

* Administrators cover classes
* Staff who are not regular classroom teachers (e.g., media specialists, paraprofessionals, coaches, interventionists, etc.) cover classes
* Other teachers cover classes during their prep periods
* Separate sections or classes are combined into one room
* Cancel classes
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Applicable – my school has always been able to find substitute teachers

**ABS5b**. During the 2024-25 school year, how frequently has your school needed to use the alternative class coverage strategies you indicated above? {Display if ABS5a ≠ N/A}

* Very Rarely
* Rarely
* Occasionally
* Very Frequently
* Always

**ABS6**. We’d like to learn more about schools’ experiences with **student, teacher, and staff absences.** In the space below, please share any information you would like us to know on this topic.

*This item is optional.*

**ABS16**. Which of the following, if any, were reasons that students at your school missed too much school this year? *Select all that apply.*

* Students at my school did **not** miss too much school
* Bullying
* Food insecurity
* Instruction was perceived to not be interesting or relevant
* Lack of access to health care
* Lack of relationships to adults at the school
* Lack of relationships to peers at school
* Lack of routine
* Mental health issue
* Physical illness
* Staying home unnecessarily for minor symptoms
* Student apathy
* Taking care of siblings
* Transportation issues
* Unstable housing
* Violence in the community
* Work schedule conflicts with school
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABS17a**. Does your school use a universal screening tool\* that utilizes student-level data to systematically identify students at-risk?

*\*Universal screening tools may be referred to as Early Warning Systems (EWS), Early Identification Systems (EIS), or Early Warning Intervention and Monitoring System (EWIMS), among other similar titles.*

* Yes
* No

**ABS17b**. Which of the following data are used in your school’s universal screening tool to identify students who might be at-risk and require intervention? {Display if *ABS17a* = Yes}

* Poor attendance
* Poor course performance (i.e., low grades)
* Low achievement test scores
* Signs or symptoms of mental health or socio-emotional issues
* Behavioral issues or referrals
* Signs of high mobility (i.e., frequent address changes)
* Interactions with the criminal justice system
* Other, please specify: \_\_\_\_\_\_\_\_\_

**ABS17c**. Which of the following actions occur when a student has been identified **for poor attendance** in your school’s early warning system? {Display if *ABS17b* = poor attendance}

* Notification sent to parent/guardian about student’s poor attendance
* Meeting of teachers and administrators
* Meeting of parents and school staff
* Develop an intervention plan
* Assign a case manager
* Assign an adult mentor
* Arrange access to social services
* Refer to student support team
* Assign to a dropout prevention program
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_

**ABS11a.** Did your school use any of the following strategies to improve **student** **attendance** during the 2024-25 school year?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No |  |
| Incentives for students (e.g., perfect attendance awards, school-wide recognition) |  |  |  |
| Increased communication with parents when the days a student is absent reaches a certain number |  |  |  |
| At-home visits by school or district personnel |  |  |  |
| Increased communication about the importance of school attendance to students and parents (e.g., through newsletters, text messages, postcards) |  |  |  |
| Use of support services (e.g., Positive Behavioral Interventions and Supports [PBIS] team, attendance teams) |  |  |  |
| Adult-student mentoring programs |  |  |  |
| Peer mentoring programs |  |  |  |
| Use of legal system services (e.g., truancy officers, department of child services, wellness checks) |  |  |  |
| Efforts to build a supportive environment for students (e.g., improving school culture/morale, implementing wellness programs) |  |  |  |
| Changes to school calendar (e.g., 4-day school week, extended school breaks) |  |  |  |

**ABS11b**. How effective was each strategy at improving **student** **attendance**?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| {display rows based on responses to ABS11a} | Not at all effective | Slightly effective | Moderately Effective | Very Effective | Extremely Effective |
| Incentives for students (e.g., perfect attendance awards, school-wide recognition) |  |  |  |  |  |
| Increased communication with parents when the days a student is absent reaches a certain number |  |  |  |  |  |
| Increased communication about the importance of school attendance to students and parents (e.g., through newsletters, text messages, postcards) |  |  |  |  |  |
| Use of support services (e.g., PBIS team, attendance teams) |  |  |  |  |  |
| Adult-student mentoring programs |  |  |  |  |  |
| Peer mentoring programs |  |  |  |  |  |
| Use of legal system services (e.g., truancy officers, department of child services, wellness checks) |  |  |  |  |  |
| Efforts to build a supportive environment for students (e.g., improving school culture/morale, implementing wellness programs) |  |  |  |  |  |
| Changes to school calendar (e.g., 4-day school week, extended school breaks) |  |  |  |  |  |

**ABS12a**. Did your school use any of the following strategies to improve **teacher and non-teaching staff attendance** during the 2024-25 school year?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Incentives for staff (e.g., financial bonuses or rewards, school-wide recognition, “jeans days”) |  |  |
| Efforts to build a supportive environment for staff (e.g., improving school culture/morale, implementing wellness programs, reducing paperwork) |  |  |
| Allowing more flexibility with leave time (e.g., partial day leave, mental health days use as sick days) |  |  |
| Disciplinary actions (e.g., implement performance improvement plan, letter in personnel file) |  |  |
| Changes to school calendar (e.g., 4-day school week) |  |  |
| Changes to daily work schedule (e.g., more dedicated prep time, reduced teaching time) |  |  |

**ABS12b.** How effective was each strategy at improving **teacher and non-teaching staff** **attendance**?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| {display rows based on responses to ABS12a} | Not at all effective | Slightly effective | Moderately Effective | Very Effective | Extremely Effective |
| Incentives for staff (e.g., financial bonuses or rewards, school-wide recognition, “jeans days”) |  |  |  |  |  |
| Efforts to build a supportive environment for staff (e.g., improving school culture/morale, implementing wellness programs, reducing paperwork) |  |  |  |  |  |
| Allowing more flexibility with leave time (e.g., partial day leave, mental health days use as sick days) |  |  |  |  |  |
| Changes to school calendar (e.g., 4-day school week) |  |  |  |  |  |
| Changes to daily work schedule (e.g., more dedicated prep time, reduced teaching time) |  |  |  |  |  |

**ABS13.** Approximately how often does your school share absence data with your district or state?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | We do not share absence data with this entity | Daily | Weekly | Twice a month | Less than monthly |
| Share with district |  |  |  |  |  |
| Share with state |  |  |  |  |  |

**ABS14a.** Does your school collect details on the reason(s) for a student’s absence, beyond whether the absence was excused versus unexcused?

* Yes
* No

**ABS14b.** Does your school collect information on the following medical reasons why students are absent? {Display if *ABS14a* = Yes}

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Fever (alone or in conjunction with any of the below illnesses) |  |  |
| General respiratory illness (i.e., student has a cough/runny nose, but no specific diagnosis) |  |  |
| COVID-19 |  |  |
| Gastrointestinal illness (e.g., nausea/vomiting and/or diarrhea) |  |  |
| Mental health |  |  |
| Other excused medically related absence (e.g., doctor appointment) |  |  |

**ABS14c.** Does your school share data on **reasons** why students are absent (beyond excused versus unexcused totals) with any of the following entities? {Display if *ABS14a* = Yes}

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| The school district |  |  |
| The state education agency |  |  |
| The state department of health |  |  |
| The county department of health |  |  |
| Local healthcare systems/clinics |  |  |

**ABS15.** Does your school collaborate with any health entities (e.g., the department of health or a local hospital/clinic) to collect data on student health, for example, reasons for absence?

* Yes
* No

## Learning Modes

**Learning24gate.** Did your school offer in-person learning for students during the 2024-25 school year?

* Yes
* No

**Learning24a**. During this school year, did any of the following reasons cause your school to cancel in-person learning on short or unexpected notice for at least one day? {Display if *Learning24gate* = Yes}

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Excessive illness among students |  |  |
| Excessive illness among staff |  |  |
| Excessive illness in the general community (e.g., COVID-19, Influenza) |  |  |
| Excessive staff absence (non-illness related) |  |  |
| Excessive student absence (non-illness related) |  |  |
| Safety concerns due to violence (e.g., threats made against the school) |  |  |
| Safety concerns due to other factors (e.g., fire at nearby building, industrial issue impacting air quality) |  |  |
| Weather event or natural disaster |  |  |
| Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Learning24b.** When you had to cancel in-person learning, how many days did you do the following? {Display if ANY of *Learning24a* = yes}

* Switch to virtual learning: \_\_\_\_\_\_\_\_\_ days
* Not hold any classes: \_\_\_\_\_\_\_\_days

**Learning25.** Do you use any of the following methods to inform families and staff of unplanned closures or a change to virtual learning? {Display if *Learning24gate* = Yes}

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Automated phone calling system or school telephone tree |  |  |
| Email |  |  |
| Facebook |  |  |
| Instagram |  |  |
| Local news media |  |  |
| School text messaging service |  |  |
| X (formerly Twitter) |  |  |
| Other dedicated school app |  |  |

## School Demographics | Conclusion

{Do not display section if answered in a previous month}

**TEACHER0**. Please enter an approximate total teachercount for your school as of today.

*Please enter the number**of teachers, including full-time and part-time teachers.*

\_\_\_\_\_ total number of teachers

**STAFF0**. Please enter an approximate total non-teacher staff count for your school as of today.

*Please enter the number of non-teaching staff, including full-time and part-time non-teachers.*

\_\_\_\_\_ total number of non-teaching staff

**ENROLLMENT0**. As of today, please enter your total student enrollment count.

*Please enter the number of students.*

\_\_\_\_\_ total number of students

## Suggestions for Future Content

**FutCont**. We want to ensure we are continuing to collect information on topics that are relevant to the day-to-day functioning of U.S. public schools. In the space below, please share any topics you believe are important for us to know as we continue this monthly survey collection.

*This item is optional.*

## Operations Follow-up

*As this is the last month for 2024-25 School Pulse Panel (SPP), we are interested in learning about your experiences as a participant in the School Pulse Panel.*

**Par2**. Were any of the following motivating factors for why you responded to a monthly SPP survey? *Select all that apply.*

* The survey seemed to be a reasonable length
* I was interested in the monthly topics
* The reimbursement {Display if SCHFLAG = 1 OR 2}
* I wanted to contribute to educational research
* I wanted to provide data that could inform educational policy decisions
* Other, please specify: \_\_\_\_\_\_\_\_\_
* None of the above

**Par1**. If you did not participate in every monthly collection (August 2024-June 2025), why did you participate in one or some monthly collections but not others? *Select all that apply*.

* My school participated in every monthly collection between August 2024 and June 2025
* Time constraints
* I did not receive the communications
* The monthly question topics determined my interest in participating for a given month
* I was tired of participating
* I did not see the benefit to me or my school for participating
* I was advised to stop participating by our district
* I did not receive reimbursement in a timely manner {Display if SCHFLAG = 1 OR 2}
* The monthly reimbursement amount of $200 was not high enough {Display if SCHFLAG = 1 OR 2}
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sur1**. Overall, how easy or difficult was it for you to complete an SPP monthly survey?

* Very easy
* Easy
* Neither easy nor difficult
* Difficult
* Very difficult

**Sur1a**. What challenges, if any, did you experience completing the monthly surveys? *Select all that apply.*

* I did not experience any challenges completing monthly surveys
* Finding time to complete the survey
* Difficulty answering items because data were not readily available
* The two-week collection window was not long enough
* Required coordination with other school or district staff to answer items
* Difficulty finding the communications which contained the URL link to the survey
* Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_

**DC1**. You were given two weeks to complete each monthly survey. Was this a long enough timeframe to complete the survey?

* Yes
* No

**DC2**. Did you feel the length of the surveys and the time necessary to complete each one was reasonable to do **on a monthly basis**?

* Yes
* No