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Spring 2014 School Administrator Questionnaire Questionnaire B

Prepared for the U.S. Department of Education
National Center for Education Statistics by:

Westat
Rockville, Maryland

Use a black or blue ball point pen to complete this questionnaire.

RETURN THIS COMPLETED QUESTIONNAIRE IN THE SEALED TYVEK® ENVELOPE DIRECTLY TO YOUR SCHOOL COORDINATOR OR AN ECLS-K:2011 STAFF MEMBER. DO NOT MAIL THIS QUESTIONNAIRE UNLESS YOU ARE ASKED TO DO SO BY STUDY STAFF AND ARE PROVIDED WITH AN ENVELOPE FOR MAILING.

S_ID

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. Approval expires 12/31/2016. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Room 9086, Washington, D.C. 20006-5574.

The collection of information in this survey is authorized by 20 U.S. Code, Section 9543. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (20 U.S. Code, Section 9573). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.



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Dear School Administrator,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. You have received this questionnaire because one or more of the children in your school are participants in this study.

This questionnaire contains several brief sections:

- a) School characteristics
- b) School-family-community connections
- c) School policies and practices
- d) School programs for particular populations
- e) Federal programs: Title I, Adequate Yearly Progress (AYP), and Title III (if applicable)
- f) Staffing and teacher characteristics
- g) School administrator characteristics

This information is vital to the study. Please feel free to ask other knowledgeable members of your staff to provide the information necessary to complete various sections of the questionnaire. However, we ask that you, yourself, please complete the final section, which is about your own background and characteristics. Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. Although we realize you are very busy, we urge you to complete this questionnaire as completely and accurately as possible. The information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

Please record your answers directly on the questionnaire by marking the appropriate answer (as described in the instructions on page 6) or by writing your responses in the space provided. Your best estimates are acceptable answers.



DEFINITIONS

For the purposes of this study, the following definitions apply:

Special programs. Reference is made in this questionnaire to Title I and Title III programs, individualized education programs (IEP), individualized family service plans (IFSP), Section 504 plans, and Response to Intervention (RtI). For this study, the following definitions apply:

- **Title I: "Improving the Academic Achievement of the Disadvantaged."** Title I is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the No Child Left Behind Act of 2001. The purpose of this program is to ensure that all children have a fair, equal, and significant opportunity to obtain a high-quality education and reach, at a minimum, proficiency on state academic achievement standards and state academic assessments.
- **Title III: "Language Instruction for Limited English Proficient and Immigrant Students."** Title III is a program of the Elementary and Secondary Education Act (ESEA) of 1965, as reauthorized under the No Child Left Behind Act of 2001. One of the main purposes of this program is to help ensure that children who have limited proficiency in English, including immigrant children and youth, attain English proficiency, develop high levels of academic attainment in English, and meet the same state academic content and student academic achievement standards as all students are expected to meet.
- **Individualized Education Program (IEP):** A written statement of the educational program designed to meet the individual needs of a school-aged child with a disability that is judged to affect the child's educational performance. Children who receive special education services under the Individuals with Disabilities Education Act (IDEA) are expected to have an IEP or an IFSP.
- **Individualized Family Service Plan (IFSP):** A written statement of the educational program and other services designed to enhance the family's capacity to meet the developmental needs of an infant or toddler (preschool-aged) with a disability. The plan includes a description of the appropriate services needed to assist transition into elementary school.
- **Section 504 plan:** A written plan to provide appropriate services to a child with a disability, whether or not the disability is judged to affect the child's educational performance. Speech therapy services may often be specified as part of a Section 504 plan.
- **Response to Intervention (RtI):** A multi-step approach to providing early and progressively intensive intervention and monitoring within the general education setting. In principle, RtI begins with research-based instruction and behavioral support provided to students in the general education classroom, followed by screening of all students to identify those who may need systematic progress monitoring, intervention, or support. Students who are not responding to the general education curriculum and instruction are provided with increasingly intensive interventions through a "tiered" system, and they are regularly monitored to assess their progress and inform the choice of future interventions, including possibly special education for students determined to have a disability.

Language. Reference is made to English language learners (ELL), as well as to instructional programs for ELL students in this questionnaire. For this study, the following definitions apply:

- **Language-minority (LM) student:** A student in whose home a non-English language typically is spoken. This group includes students whose English is fluent enough to benefit from instruction in academic subjects offered in English as well as students who are English language learners.
- **English language learner (ELL):** A student whose native language is one other than English and whose skills in listening, speaking, reading, or writing English are such that he or she has difficulty understanding school instruction in English.

THANK YOU VERY MUCH FOR YOUR HELP.



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MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE PENCIL OR FELT-TIP PEN.

MARKING BOXES

It is important that you mark an "X" in the box next to your answers and print clearly.

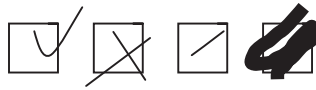
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



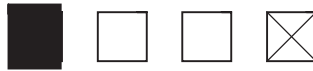
Incorrect Marks:

Light and thin, outside the box, thick or scrawled.



How to Change an Answer:

Completely black out the box of the incorrect answer and mark an "X" in the box next to the correct answer.



PRINTING ANSWERS IN BOXES

Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0̄, and do not write a seven with a line through it like this – 7̄.

Write one number per box like this:



Write words like this:





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SECTION A. SCHOOL CHARACTERISTICS

A1. How many instructional days will this school provide during this academic year? WRITE IN NUMBER BELOW. IF THIS IS A YEAR-ROUND SCHOOL, PLEASE PROVIDE THE NUMBER OF INSTRUCTIONAL DAYS A GIVEN CHILD WOULD ATTEND.

Number of instructional days

A2. School enrollment. WRITE IN THE APPROXIMATE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL DURING THE SCHOOL YEAR, WRITE "0" ON THE APPLICABLE LINE.

	Number of children
a. Total enrollment in <u>third grade</u> in your school around October 1, 2013, or the date nearest to that for which data are available	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Total enrollment in your school (across all grades) around October 1, 2013, or the date nearest to that for which data are available	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Number of children who have enrolled in your school since October 1, 2013	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Number of children who have left your school since October 1, 2013, and have not returned	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

A3. Approximately what is the Average Daily Attendance for your school this year? WRITE IN PERCENT OR NUMBER BELOW. TO CALCULATE PERCENT, DIVIDE THE NUMBER OF STUDENTS ATTENDING ON AN AVERAGE DAY BY THE NUMBER OF STUDENTS ENROLLED AND THEN MULTIPLY BY 100.

% Average Daily Attendance

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

OR

Average Number Attending Daily

A4. About what percentage of the children enrolled in this school are eligible for free or reduced-price lunch? WRITE IN PERCENTAGE BELOW. IF NONE, WRITE "0."

Percentage of children



SECTION B. SCHOOL-FAMILY-COMMUNITY CONNECTIONS

B1. Please indicate how often each of the following activities is provided by your school. MARK ONE RESPONSE ON EACH ROW.

	Never	Once a year	2 to 3 times a year	4 to 6 times a year	7 or more times a year
a. PTA, PTO, or Parent-Teacher-Student organization meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reports (report cards) of child's performance provided to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Information on the child's standardized assessment scores provided to parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher-parent conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. School performances to which parents are invited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Classroom programs like class plays, book nights, or family math nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2. Indicate how much you agree or disagree with the following statements about the school's community and parents. MARK ONE RESPONSE ON EACH ROW.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Parents are actively involved in this school's programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The community served by this school is supportive of its goals and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents of children in this school are welcome to observe classes any time they are in session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B3. To the best of your knowledge how often do the following types of problems occur at your school? *MARK ONE RESPONSE ON EACH ROW.*

	Happens daily	Happens at least once a week	Happens at least once a month	Happens on occasion	Never happens
a. Children bringing weapons to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical conflicts among students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Student bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Widespread disorder in classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4. Does your school take any of the following measures to ensure the safety of children? *MARK YES OR NO ON EACH ROW.*

	Yes	No
a. Security guards, unarmed	<input type="checkbox"/>	<input type="checkbox"/>
b. Security guards, armed	<input type="checkbox"/>	<input type="checkbox"/>
c. Metal detectors	<input type="checkbox"/>	<input type="checkbox"/>
d. Locked doors during the school day	<input type="checkbox"/>	<input type="checkbox"/>
e. A requirement that visitors sign in	<input type="checkbox"/>	<input type="checkbox"/>
f. Intercoms or telephones in classrooms	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; width: 50%; margin: 0 auto; height: 30px;"></div>		

B5. To what extent is each of the following matters a problem in this school? Indicate whether each is a **SERIOUS** problem, a **MODERATE** problem, a **MINOR** problem, or **NOT** a problem in this school. *MARK ONE RESPONSE ON EACH ROW.*

	Serious problem	Moderate problem	Minor problem	Not a problem
a. Student tardiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Student absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Student aggressive or disruptive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Teacher turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overcrowding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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B6. During the past year, to what extent did any of the following changes occur at your school? MARK ONE RESPONSE ON EACH ROW.

	<u>Not at all</u>	<u>Small extent</u>	<u>Moderate extent</u>	<u>Large extent</u>
a. Funding levels decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The number of students receiving free or reduced-price lunch increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There has been a reduction in staffing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Class sizes increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Class sizes decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Salaries increased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Salaries decreased	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B7. During the past year, did any of the following changes occur at your school? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Salaries were frozen	<input type="checkbox"/>	<input type="checkbox"/>
b. Changes were made to the school's assigned attendance area (IF YOURS IS A PRIVATE, CHARTER, OR MAGNET SCHOOL, PLEASE SKIP ITEM b.)	<input type="checkbox"/>	<input type="checkbox"/>



SECTION C. SCHOOL POLICIES AND PRACTICES

C1. How many second-grade children were retained at their current grade level last school year? WRITE NUMBER BELOW. IF NONE, WRITE "0." IF YOUR SCHOOL DOES NOT HAVE SECOND-GRADE STUDENTS, MARK THE "NOT APPLICABLE" BOX.

Number of second-grade children retained last year [] [] [] Not applicable []

C2. How many third-grade children were retained at their current grade level last school year? WRITE NUMBER BELOW. IF NONE, WRITE "0."

Number of third-grade children retained last year [] [] []

C3. Is a school-wide positive behavioral intervention and support program (for example, Positive Behavioral Support, Positive Behavioral Intervention System) implemented at your school? MARK ONE RESPONSE.

Yes [] No []

C4. For each of the following statements about READING and MATH, indicate how strongly you agree or disagree. MARK ONE RESPONSE ON EACH ROW.

Table with 7 columns: For READING, For MATH, Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree, Don't know. Rows a, b, c, d.



C5. Is Response to Intervention (RtI) currently used at your school in third grade, either partially or fully implemented? MARK ONE RESPONSE.

RESPONSE TO INTERVENTION (RTI) IS A MULTI-STEP APPROACH TO PROVIDING EARLY AND PROGRESSIVELY INTENSIVE INTERVENTION AND MONITORING WITHIN THE GENERAL EDUCATION SETTING. SEE PAGE 4 FOR A COMPLETE DEFINITION OF RTI.

Yes

No (SKIP TO Q D1)

C6. Is RtI currently implemented at your school in third grade in the following areas? MARK ONE RESPONSE ON EACH ROW.

	Yes, fully implemented in third grade	Yes, partially implemented in third grade	No, not implemented in third grade
a. Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behavior/Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7. Approximately how many years ago did your school begin implementing RtI in third grade in any subject? MARK ONE RESPONSE.

Less than 1 year ago

1 to 2 years ago

More than 2 years ago

C8. For the 2013-2014 school year, how has your school made information available to parents/guardians to help them understand how RtI is being implemented in your school? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Communication through written materials such as letters, email, school website, or newsletters	<input type="checkbox"/>	<input type="checkbox"/>
b. Communication through workshops, discussion groups, or other meetings such as PTA meetings	<input type="checkbox"/>	<input type="checkbox"/>
c. Communication through individual meetings with parents or phone calls	<input type="checkbox"/>	<input type="checkbox"/>
d. Information is not distributed on this topic	<input type="checkbox"/>	<input type="checkbox"/>



SECTION D. SCHOOL PROGRAMS FOR PARTICULAR POPULATIONS

Language-Minority Students and Families

D1. Do any of the children in this school come from a home where a language other than English is spoken? MARK ONE RESPONSE.

Yes

No (SKIP TO Q D3)

D2. What percentage of children in this school and in third grade are English language learners (ELL)?

SEE PAGES 4 AND 5 FOR DEFINITIONS RELATED TO LANGUAGE. WRITE IN THE PERCENTAGES BELOW.

% ELL among all students in school

% ELL among all students in third grade

Children with Special Needs

D3. Since the beginning of this school year (2013-2014), how many students have been NEWLY evaluated at your school to determine if they are eligible for an IEP? WRITE NUMBER IN BOX.

Total number of newly evaluated students at your school

D4. Of those students who have been NEWLY evaluated at your school this school year (2013-2014), how many were found eligible for an IEP, including those who may have an IEP for speech only? WRITE NUMBER IN BOX.

Total number of newly evaluated students found eligible at your school



D5. What method(s) are used in your school to determine special education ELIGIBILITY for students with learning disabilities? MARK YES OR NO ON EACH ROW. IF A COMBINATION OF THESE METHODS IS USED AT YOUR SCHOOL, MARK YES FOR BOTH A AND B.

	<u>Yes</u>	<u>No</u>
a. IQ-achievement discrepancy model which shows whether there is a discrepancy between <i>expected</i> performance and <i>actual</i> performance	<input type="checkbox"/>	<input type="checkbox"/>
b. Response to Intervention (RtI) model	<input type="checkbox"/>	<input type="checkbox"/>

D6. Approximately what percentage of your third-graders are in each of the following instructional programs? WRITE PERCENTAGES IN BOXES. IF NONE, WRITE "0" AND INDICATE IF THE PROGRAM IS NOT OFFERED IN THIRD GRADE OR IN ANY GRADE IN YOUR SCHOOL.

	<u>Percent</u>	<u>Not offered in <u>third grade</u></u>	<u>Not offered in any grade</u>			
a. Special education with an Individualized Education Program (IEP)	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> %				<input type="checkbox"/>	<input type="checkbox"/>
b. Receive accommodations through a 504 plan	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> %				<input type="checkbox"/>	<input type="checkbox"/>
c. Reading instruction for students performing below grade level in reading	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> %				<input type="checkbox"/>	<input type="checkbox"/>
d. Math instruction for students performing below grade level in math	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> %				<input type="checkbox"/>	<input type="checkbox"/>
e. A gifted and talented program	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> %				<input type="checkbox"/>	<input type="checkbox"/>



SECTION E. TITLE I AND TITLE III¹

The following items pertain to public schools only.

IF YOURS IS A PRIVATE SCHOOL CHECK HERE. (SKIP TO Q F1)

Title I Funding and Programs

E1. Did your school receive Federal Title I funds for this school year? MARK ONE RESPONSE.

Yes

No (SKIP TO Q E3)

**PLEASE NOTE THE FOLLOWING DEFINITIONS
THAT ARE RELEVANT TO QUESTION E2 BELOW:**

- **A targeted assistance program** uses Title I funds to provide supplemental academic services (usually in reading and/or math) to specific students, sometimes referred to as "Title I students," who have been identified as low achieving.
- **A schoolwide program** may use Title I funds to improve the quality of educational programs and services throughout the school. A school may use Title I funds for a schoolwide program if at least 40 percent of its students are from low-income families, or if it receives a waiver permitting it to operate a schoolwide program.

E2. Is your school operating a Title I targeted assistance or schoolwide program? MARK ONE RESPONSE.

Targeted assistance program

Schoolwide program

Title III Funding and Programs

E3. Did your school receive Federal Title III funds for this school year? (Title III is "Language Instruction for Limited English Proficient and Immigrant Students.") MARK ONE RESPONSE.

Yes

No

¹ Title I and Title III and their accompanying requirements are programs of the Elementary and Secondary Education Act of 1965 (ESEA), as reauthorized by the No Child Left Behind Act of 2001. See the introductory section of this questionnaire for more information on these programs.



SECTION F. STAFFING AND TEACHER CHARACTERISTICS

F1. Approximately how many staff members does your school currently have in the following categories?

PLEASE PROVIDE RESPONSES IN COLUMN (1) FOR STAFF MEMBERS WHO WORK FULL TIME AT YOUR SCHOOL AND IN COLUMN (2) FOR STAFF WHO WORK PART TIME AT YOUR SCHOOL. IF A STAFF MEMBER IS SHARED WITH OTHER SCHOOLS, COUNT THAT PERSON AS "PART TIME" IN YOUR SCHOOL.

PLACE EACH STAFF MEMBER IN ONLY ONE STAFF CATEGORY; IF A STAFF MEMBER FITS MORE THAN ONE CATEGORY, PICK THE CATEGORY MOST DESCRIPTIVE OF HIS/HER WORK.

WRITE NUMBERS IN BOXES. IF THERE ARE NO STAFF IN YOUR SCHOOL IN A CATEGORY, WRITE "0."

	(1) Number who work full time in your school	(2) Number who work part time in your school
a. Regular classroom teachers	□ □ □	□ □ □
b. ESL/bilingual education/language immersion/ELL instruction teachers	□ □ □	□ □ □
c. Drama, music, or art teachers	□ □ □	□ □ □
d. Gym/PE or health teachers	□ □ □	□ □ □
e. Special education teachers and related service providers (for example, speech therapist, physical therapist, adaptive physical education, etc.)	□ □ □	□ □ □
f. Paraprofessionals (for example, classroom aides)	□ □ □	□ □ □



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F2. Does your school currently have any staff members (full- or part-time) in the following categories? MARK YES OR NO ON EACH ROW. INCLUDE THOSE WHO ARE FULL- OR PART-TIME STAFF MEMBERS AT YOUR SCHOOL.

	<u>Yes</u>	<u>No</u>
a. Teachers of gifted/talented students	<input type="checkbox"/>	<input type="checkbox"/>
b. Reading specialists and interventionists	<input type="checkbox"/>	<input type="checkbox"/>
c. Math specialists and interventionists	<input type="checkbox"/>	<input type="checkbox"/>
d. School nurses or health professionals	<input type="checkbox"/>	<input type="checkbox"/>
e. School psychologists or social workers	<input type="checkbox"/>	<input type="checkbox"/>
f. Guidance counselors	<input type="checkbox"/>	<input type="checkbox"/>
g. Library media specialists/librarians	<input type="checkbox"/>	<input type="checkbox"/>
h. Computer/technology teachers or support staff	<input type="checkbox"/>	<input type="checkbox"/>

F3. Does your school currently have any staff members who do the following as their primary role or one of their primary roles? MARK YES OR NO ON EACH ROW. INCLUDE THOSE WHO ARE FULL- OR PART-TIME STAFF MEMBERS AT YOUR SCHOOL.

	<u>Yes</u>	<u>No</u>
a. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective READING instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective MATH instruction	<input type="checkbox"/>	<input type="checkbox"/>
c. A school staff member who provides ongoing training or support to classroom teachers in the delivery of effective behavioral supports	<input type="checkbox"/>	<input type="checkbox"/>
d. A school staff member who supports teachers in collecting, organizing, and managing assessment data	<input type="checkbox"/>	<input type="checkbox"/>
e. A school staff member who supports teachers in the interpretation and use of assessment data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>

F4. Please indicate the number of regular classroom teachers who have joined or left your school since October 1, 2013. WRITE IN THE APPROXIMATE NUMBERS FOR EACH OF THE FOLLOWING. IF NO TEACHERS HAVE LEFT OR STARTED AT YOUR SCHOOL DURING THE SCHOOL YEAR, WRITE "0" ON THE APPLICABLE LINE.

	<u>Number of teachers</u>			
a. Number of regular classroom teachers who have begun teaching in your school since October 1, 2013	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			
b. Number of regular classroom teachers who have left your school since October 1, 2013, and have not returned	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			



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F5. Are monetary incentives such as cash bonuses, salary increases, or different steps on the salary schedule used in your school to reward teachers for... MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Improved student performance on state tests?	<input type="checkbox"/>	<input type="checkbox"/>
b. Reaching target goals on state tests?	<input type="checkbox"/>	<input type="checkbox"/>

F6. If a person other than the school administrator has completed the previous sections, please write in the name and title of the person who completed the majority of the sections. PLEASE PRINT.

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		

F7. How long has the individual listed above been employed at this school? WRITE YEARS AND MONTHS BELOW.

		YEAR(S)			MONTH(S)
--	--	---------	--	--	----------

The principal or head administrator should complete the remainder of this questionnaire. If a designee is chosen to complete this in his or her place, please be sure that the background and education characteristics provided are about the school's principal or head administrator.



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SECTION G. SCHOOL ADMINISTRATOR CHARACTERISTICS

G1. What is your gender? MARK ONE RESPONSE.

Male

Female

G2. In what year were you born? WRITE IN YEAR BELOW.

1	9		
---	---	--	--

YEAR

G3. Are you Hispanic or Latino? MARK ONE RESPONSE.

Yes

No

G4. Which best describes your race? MARK ONE OR MORE RESPONSES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

G5. How many years of experience do you have in each of the following positions, including years in which you worked part time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."

**Number
of years**

a. Years as a teacher before becoming a school administrator

--	--

b. Total number of years as a school administrator

--	--

c. Number of years as school administrator at this school

--	--



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G6. Through which, if any, of the types of training programs below did you receive preparation for fulfilling your role as a school administrator? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Traditional university-based training and certification program	<input type="checkbox"/>	<input type="checkbox"/>
b. District-based training program (for example, the Boston Principal Fellowship, New York City Leadership Academy's Aspiring Principals Program, Chicago's LAUNCH program)	<input type="checkbox"/>	<input type="checkbox"/>
c. City-based training program (for example, Cleveland's First Ring Leadership Academy)	<input type="checkbox"/>	<input type="checkbox"/>
d. State-based training program (for example, New Jersey EXCEL)	<input type="checkbox"/>	<input type="checkbox"/>
e. Training and/or certification program run by a national non-profit organization (for example, KIPP School Leadership Program, New Leaders for New Schools)	<input type="checkbox"/>	<input type="checkbox"/>
f. Another school administration preparation program	<input type="checkbox"/>	<input type="checkbox"/>

G7. What is the highest level of education you have completed? MARK ONE RESPONSE.

- High school diploma or equivalent/GED
- Associate's degree
- Bachelor's degree
- At least one year of coursework beyond a Bachelor's degree but not a graduate degree
- Master's degree
- Education specialist or professional diploma based on at least one year of coursework past a Master's degree level
- Doctorate or an advanced professional degree beyond a Master's degree (for example, MD)

G8. What was your major field(s) of study in the highest degree you completed? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
c. Education administration/management	<input type="checkbox"/>	<input type="checkbox"/>
d. Special education	<input type="checkbox"/>	<input type="checkbox"/>
e. Other education-related major (such as secondary education, educational psychology, science education, music education, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
f. Non-education major (such as history, English, etc.)	<input type="checkbox"/>	<input type="checkbox"/>



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G9. What is your best estimate of the percentage of children in your school you know by name?
MARK ONE RESPONSE.

- Nearly every child
- 76% or more
- 51% to 75%
- 26% to 50%
- 25% or less

G10. During school hours, do you speak a language other than English with students at your school whose native language is not English? *MARK ONE RESPONSE.*

- Yes
- No

G11. Do you speak a language other than English with students' families whose native language is not English? *MARK ONE RESPONSE.*

- Yes
- No

G12. If you do not speak a language other than English with EITHER students OR students' families whose native language is not English, mark here and SKIP TO Q G14.

G13. What language(s) other than English do you speak with students at your school or with their families? *MARK ALL THAT APPLY.*

- Spanish
- Vietnamese
- A Chinese language
- Japanese
- Korean
- A Filipino language
- Arabic
- Other (PLEASE SPECIFY)



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G14. Date Questionnaire Completed:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH		DAY		YEAR			

Questionnaire completed by:

LAST NAME

FIRST NAME

MIDDLE INITIAL

THANK YOU FOR YOUR COOPERATION!



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For Office Use Only			
C - No DR	<input type="checkbox"/>	C - DR Comp	<input type="checkbox"/>
C - DR Ref	<input type="checkbox"/>	Ref	<input type="checkbox"/>

RETURNING





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