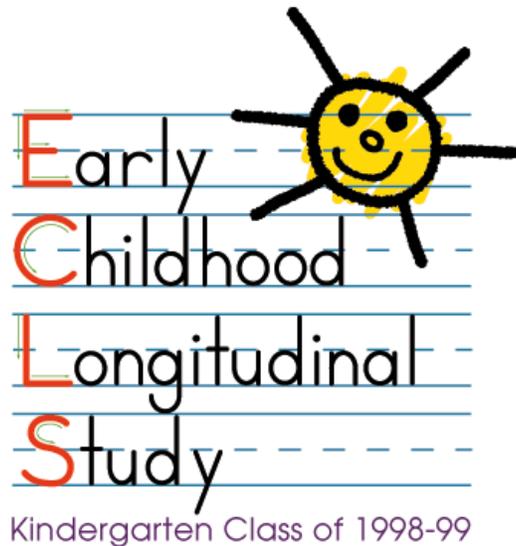


# SPRING 2002 SCHOOL ADMINISTRATOR QUESTIONNAIRE



L A B E L

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

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### **Assurance of Confidentiality**

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. 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. The information you provide will be kept confidential and will be protected to the fullest extent allowable under law. Information will be protected from disclosure by federal statute (20 USC 9003a —9007 as amended). 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 reported.

## INTRODUCTION

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.

This questionnaire is directed to the school principal in schools attended in 2001-2002 by one or more children participating in the study. The questionnaire is divided into 9 sections:

- The first 7 sections request mainly factual information about the school and its programs. These sections can be answered **either by the principal or by a designee** who is able to provide the requested information.
- The final 2 sections request information about the principal's background and experience. We ask that these sections be completed **by the principal personally**.

Some factual questions may request information that is not readily available from school records (e.g., the average number of years a limited-English-proficient first grader receives English-as-a-Second-Language services). Informed estimates—that is, approximate answers—are acceptable for such questions.

Please answer directly on the questionnaire by circling the appropriate number or by writing your response in the space provided.

Thank you very much for your help.

### DEFINITIONS RELATED TO LANGUAGE

Reference is made to the following groups and programs. These definitions apply:

- Language-Minority (LM) Students: 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 whose English proficiency is limited.
- Limited-English-proficient (LEP) students: A student whose native language is other than English and whose skills in listening to, speaking, reading, or writing English are such that he/she derives little benefit from school instruction in English.
- English-as-a-second-language (ESL) program: An instructional program designed to teach listening, speaking, reading, and writing English language skills to limited-English-proficient students.
- Bilingual education program: A program in which native language is used to varying degrees in instructing students with limited English proficiency.

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. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. 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, DC 20202-4651. 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., Washington, DC 20006.

## I. SCHOOL CHARACTERISTICS

1. School enrollment. WRITE IN THE APPROXIMATE NUMBER OF CHILDREN FOR EACH OF THE FOLLOWING. IF NO CHILDREN HAVE LEFT OR ENROLLED IN YOUR SCHOOL, ENTER "0" ON THAT LINE.

Number  
of Children

- a. Total enrollment in your school around October 1, 2001, or the date nearest to that for which data are available? ..... \_\_\_\_\_
- b. Number of children who have enrolled in your school since October 1, 2001? ..... \_\_\_\_\_
- c. Number of children who have left your school since October 1, 2001, and have not returned? ..... \_\_\_\_\_

2. 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.

\_\_\_\_\_ % Average Daily Attendance  
(e.g.,  $\frac{\text{number of students attending on an average day}}{\text{number of students enrolled}}$ )

**OR**

\_\_\_\_\_ Average Number Attending Daily

3. Approximately, what percentage of the children in your school belongs to each of the following racial-ethnic groups? WRITE NUMBER OR PERCENTAGE ON EACH LINE. ENTER "0" ON THE LINE IF YOUR SCHOOL HAS NO CHILDREN OF THAT RACIAL-ETHNIC GROUP. NUMBER SHOULD SUM TO TOTAL SCHOOL ENROLLMENT IN Q1a. THE TOTAL ON THE PERCENTAGE COLUMN SHOULD ADD TO 100%.

	<u>Number</u>	OR	<u>Percent</u>
a. Asian or Pacific Islander .....	_____		_____ %
b. Hispanic, regardless of race .....	_____		_____ %
c. Black, not of Hispanic origin .....	_____		_____ %
d. White, not of Hispanic origin .....	_____		_____ %
e. American Indian or Alaska Native.....	_____		_____ %
f. Other (Please specify) .....	_____		_____ %
g. TOTAL .....	_____		<u>100</u> %

**Morning School Schedule**

4. What time does the FIRST bus usually arrive at school in the morning? WRITE IN TIME BELOW.

\_\_\_\_\_ AM

5. What time does the LAST bus usually arrive at school in the morning? WRITE IN TIME BELOW.

\_\_\_\_\_ AM

6. What time does school officially start in the morning? WRITE IN TIME BELOW.

\_\_\_\_\_ AM

**School-Level Breakfast and Lunch Eligibility and Participation**

7. Does your school participate in USDA's (U.S. Dept. of Agriculture) school breakfast program? CIRCLE ONE NUMBER.

- a. Yes ..... 1 **(SKIP TO Q9)**
- b. No..... 2 **(GO TO Q8)**

8. What are the reasons why your school does not participate in USDA's school breakfast program? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Too few eligible students .....	1	2
b. Program too costly .....	1	2
c. School starts too late to serve breakfast .....	1	2
d. School lacks facilities to serve breakfast .....	1	2
e. School lacks staff to serve breakfast .....	1	2
f. Other (Please specify) _____	1	2

**SKIP TO Q13**

9. What time is breakfast served at the school? WRITE IN TIME BELOW.

Start Time \_\_\_\_\_ AM

End Time \_\_\_\_\_ AM

10. Where is the breakfast typically served for third graders? CIRCLE ONE NUMBER.

- a. Cafeteria ..... 1
- b. Classroom..... 2
- c. School bus (as a bag breakfast)..... 3
- d. In some other common area of school  
(as a bag breakfast)..... 4
- e. Other (Please specify) \_\_\_\_\_ 5

11. Are children who are served breakfast in the cafeteria allowed to take it to the classroom? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No..... 2
- c. Not applicable ..... 3

12. How many children in your school were (a) eligible for and (b) participating in the school breakfast program as of October 2001? WRITE IN NUMBERS BELOW. IF SERVICE IS NOT PROVIDED, WRITE ZERO.

	(a) <b>Eligible Children</b>	(b) <b>Participating Children</b>
a. Any school breakfast?.....	All Enrolled	_____
b. Free school breakfast?.....	_____	_____
c. Reduced-price breakfast?.....	_____	_____

13. How many children in your school were (a) eligible for and (b) participating in the school lunch program as of October 2001? WRITE IN NUMBERS BELOW. IF SERVICE IS NOT PROVIDED, WRITE ZERO.

	(a) <b>Eligible Children</b>	(b) <b>Participating Children</b>
a. Any school lunch? .....	All Enrolled	_____
b. Free school lunch?.....	_____	_____
c. Reduced-price school lunch?.....	_____	_____

14. Did your school receive Federal Title I funds for this school year? CIRCLE ONE NUMBER.

- a. Yes ..... 1 (GO TO Q15)
- b. No..... 2 (SKIP TO Q17)
- c. Not applicable ..... 3 (SKIP TO Q17)

PLEASE NOTE THE FOLLOWING DEFINITIONS THAT ARE RELEVANT TO QUESTIONS 15 AND 16 BELOW:

A **targeted assistance** program uses Title I funds to provide supplemental academic services (usually in reading and/or math) to specific "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 50 percent of its students are from low-income families, or if it receives a waiver permitting it to operate a schoolwide program.

15. Is your school operating a Title I targeted assistance or schoolwide program? CIRCLE ONE NUMBER.

- a. Targeted assistance program ..... 1
- b. Schoolwide program ..... 2

16. Does your school use Title I funds for any of the following purposes? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. To serve targeted children in a pull-out setting.....	1	2
b. To serve targeted children in an in-class setting .....	1	2
c. To reduce class sizes .....	1	2
d. To provide extended time learning opportunities before and/or after school for targeted children.....	1	2
e. To improve the entire educational program through a schoolwide program .....	1	2
f. To provide professional development activities.....	1	2
g. To provide family literacy services.....	1	2
h. To provide summer learning opportunities .....	1	2

## II. SCHOOL FACILITIES AND RESOURCES

17. How many children is this school site designed to accommodate? WRITE IN NUMBER BELOW.

\_\_\_\_\_ Number of children

18. How many portable classrooms are on your school grounds? WRITE IN NUMBER BELOW. IF NONE, WRITE ZERO.

\_\_\_\_\_ Number of portable classrooms

19. In general, how adequate is each of the following school facilities for meeting the needs of the children in your school? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Do not have</u>	<u>Never adequate</u>	<u>Often not adequate</u>	<u>Sometimes not adequate</u>	<u>Always adequate</u>
a. Cafeteria?.....	1	2	3	4	5
b. Computer lab?.....	1	2	3	4	5
c. Library/media center? ..	1	2	3	4	5
d. Art room? .....	1	2	3	4	5
e. Gymnasium? .....	1	2	3	4	5
f. Music room?.....	1	2	3	4	5
g. Playground? .....	1	2	3	4	5
h. Classrooms? .....	1	2	3	4	5
i. Auditorium? .....	1	2	3	4	5
j. Multi-purpose room? ....	1	2	3	4	5

20. How many computers in this school are used for....WRITE IN NUMBERS BELOW.

Number of Computers

- a. Instructional purposes only? ..... \_\_\_\_\_
- b. Both instructional and administrative purposes? ..... \_\_\_\_\_
- c. Total number of computers? ..... \_\_\_\_\_

21. Please indicate (1) whether or not each type of equipment or service is available at this school. If the equipment or service is available, please indicate (2) whether it is available for student use. CIRCLE ONE NUMBER IN PART (1) ON EACH LINE. IF PART (1) IS YES, CIRCLE ONE NUMBER IN PART (2) ON THE SAME LINE.

<u>Equipment</u>	<u>(1)</u> Available at <u>school?</u>		<u>(2)</u> Available for <u>student use?</u>	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
a. Computer(s) with access to local area networks (LAN) .....	1	2 ( <b>GO TO Q21b</b> )	1	2
b. Computer(s) with multimedia capabilities (e.g., CD-ROM, speakers) ..	1	2 ( <b>GO TO Q21c</b> )	1	2
c. Computer(s) with connection or access to the Internet.....	1	2 ( <b>GO TO Q22</b> )	1	2

### III. COMMUNITY CHARACTERISTICS AND SCHOOL SAFETY

22. How much of a problem are the following in the neighborhood where this school is located? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Big problem</u>	<u>Somewhat of a problem</u>	<u>No problem</u>	<u>Don't know</u>
a. Tensions based on racial, ethnic, or religious differences? .....	1	2	3	8
b. Garbage, litter, or broken glass in the street or road, on the sidewalks, or in yards? .....	1	2	3	8
c. Selling or using drugs or excessive drinking in public? .....	1	2	3	8
d. Gangs? .....	1	2	3	8
e. Heavy traffic? .....	1	2	3	8
f. Violent crimes like drive-by shootings?.....	1	2	3	8
g. Vacant houses and buildings?.....	1	2	3	8
h. Crime in the neighborhood? .....	1	2	3	8

23. Have any of the following things happened **during this school year** at this school? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Children bringing weapons to school?.....	1	2
b. Things being taken directly from children or teachers by force or threat of force at school or on the way to or from school?.....	1	2
c. Children or teachers being physically attacked or involved in fights? .....	1	2

24. Does your school take any of the following measures to ensure the safety of children? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Security guards?.....	1	2
b. Metal detectors? .....	1	2
c. Locked exterior doors during the day? .....	1	2
d. A requirement that visitors sign in?.....	1	2
e. A requirement that visitors be escorted by school staff?.....	1	2
f. Limits on going to the restrooms?.....	1	2
g. Teachers assigned to supervise the hallways? .....	1	2
h. Hall passes required to leave class? .....	1	2
i. Intercoms or telephones in classrooms? .....	1	2

**IV. SCHOOL POLICIES AND PRACTICES**

25. Are third graders at this school required to wear a school uniform? Do not include required physical education uniforms. CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No..... 2

26. What grades are tested with standardized tests? CIRCLE ONE NUMBER ON EACH LINE.

**IF NO GRADE TESTED, CHECK HERE  (SKIP TO Q28)**

<u>Grade</u>	<u>Yes</u>	<u>No</u>
a. Kindergarten? .....	1	2
b. 1st grade? .....	1	2
c. 2nd? .....	1	2
d. 3rd? .....	1	2
e. 4th? .....	1	2
f. 5th? .....	1	2
g. 6th? .....	1	2
h. 7th? .....	1	2
i. 8th? .....	1	2
j. 9th? .....	1	2
k. 10th? .....	1	2
l. 11th? .....	1	2
m. 12th? .....	1	2

27. Based on recent standardized tests, approximately what percent of elementary children currently enrolled in this school tested at or above grade level nationally in...WRITE IN PERCENTAGES BELOW.

- a. Reading or verbal skills? ..... \_\_\_\_\_%
- b. Mathematics or quantitative skills? ..... \_\_\_\_\_%

28. Can children be retained in grade in your school? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No..... 2 **(SKIP TO Q31)**

29. Which of the following statements describe your school's grade promotion and retention practices or policies? CIRCLE ONE NUMBER ON EACH LINE.

	<u>True</u>	<u>False</u>
a. Children can be retained at any grade .....	1	2
b. Children can be retained for maturational reasons (e.g., social/emotional immaturity).....	1	2
c. Children can be retained at the request of their parents .....	1	2
d. Children can be retained due to academic deficiencies (e.g., below grade level) .....	1	2
e. Children can be retained due to failing a school-wide standardized test .....	1	2
f. Children can be retained more than once in each grade .....	1	2
g. Children can be retained more than once in elementary school .....	1	2
h. Children can be retained without their parents' permission...	1	2
i. Children with disabilities can be retained .....	1	2
j. This school has a formal retention policy .....	1	2
k. Children can be promoted for social reasons (e.g., physical size).....	1	2

30. Are any of the following programs or support services provided by your school or district for children who are retained or who might be retained if they do not participate? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Summer program (mandatory attendance) .....	1	2
b. Summer program (optional attendance).....	1	2
c. Extra support during the school year, during school hours ...	1	2
d. Extra support during the school year, before or after school.	1	2

**V. SCHOOL-FAMILY-COMMUNITY CONNECTIONS**

31. Are either of the following programs or services for children available at your school site? Please include programs run by the school and those run by outside groups. CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Before-school child care? .....	1	2
b. After-school child care? .....	1	2

32. Please indicate how often each of the following activities is provided by your school. CIRCLE ONE NUMBER ON EACH LINE.

	<u>Never</u>	Once a year	2 to 3 times <u>a year</u>	4 to 6 times <u>a year</u>	7 or more times <u>a year</u>
a. PTA, PTO, or Parent-Teacher-Student organization meetings...	1	2	3	4	5
b. Letters, calendars, newsletters, etc., sent home to provide parents with information about the school .....	1	2	3	4	5
c. Written reports (report cards) of child's performance sent home.....	1	2	3	4	5
d. Information on the child's standardized assessment scores sent home .....	1	2	3	4	5
e. Teacher-parent conferences .....	1	2	3	4	5
f. Home visits to do one-on-one parent education.....	1	2	3	4	5
g. School performances to which parents are invited.....	1	2	3	4	5
h. Classroom programs like class plays, book nights, or family math nights.....	1	2	3	4	5

## VI. SCHOOL PROGRAMS FOR SPECIAL POPULATIONS

### Language Minority

33. Are any of the children in this school limited-English-proficient (LEP)? SEE INSIDE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No..... 2 **(SKIP TO Q37)**

34. What percent of children in this school and in third grade are limited-English-proficient (LEP)? WRITE IN THE PERCENTS BELOW.

- a. \_\_\_\_\_ % LEP in entire school
- b. \_\_\_\_\_ % LEP in Third Grade

35. What percent of third grade children receive bilingual or ESL services or both? SEE INSIDE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. WRITE IN THE PERCENTS BELOW. WRITE "0" IF SERVICE IS NOT PROVIDED.

	<u>% Receiving Bilingual Services Only</u>	<u>% Receiving ESL Services Only</u>	<u>% Receiving Both ESL and Bilingual Services</u>
Third Grade Children	_____ %	_____ %	_____ %

36. Are any of the following special services provided to families of Language-Minority/Limited-English-Proficient (LM-LEP) children? SEE INSIDE COVER PAGE FOR DEFINITIONS RELATED TO LANGUAGE. CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Translators are made available to parents for parent/teacher and parent/school staff meetings and/or meetings are conducted in the parents' non-English language .....	1	2
b. Translations of written communications are provided to LM-LEP families .....	1	2
c. Home visits are made to families of LM-LEP children .....	1	2
d. An outreach worker assists in enrolling children first entering school .....	1	2
e. The school conducts special parent meetings for non-English background families.....	1	2
f. Other (Please specify) _____ _____	1	2

**Special Education and Related Services**

37. Where are children with Individual Education Plans (IEPs) typically served in this school? CIRCLE ONE NUMBER.

- a. Children with IEPs are not served in this school ..... 1
- b. Children with IEPs typically spend most of their day in separate classes ..... 2
- c. Children with IEPs typically spend most of their day in the regular classroom ..... 3

**Gifted and Talented**

38. Is there a gifted and talented program at this school? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No..... 2 (SKIP TO Q40)

39. Do children participate in a gifted and talented program at this school in... CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Kindergarten? .....	1	2
b. 1st grade? .....	1	2
c. 2nd? .....	1	2
d. 3rd? .....	1	2
e. 4th? .....	1	2
f. 5th or higher? .....	1	2

**VII. STAFFING AND TEACHER CHARACTERISTICS**

40. 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. PLACE EACH STAFF MEMBER IN ONLY ONE STAFF CATEGORY. IF THERE ARE NO STAFF IN YOUR SCHOOL IN A CATEGORY, WRITE ZERO.

Staff category		(1) Number who work full time in the school	(2) Number who work part time in the school
a.	Regular classroom teachers .....	_____	_____
b.	Gym, drama, music or art teachers .....	_____	_____
c.	Special education and related service providers .....	_____	_____
d.	ESL/Bilingual education teachers .....	_____	_____
e.	Reading teachers/specialists .....	_____	_____
f.	Teachers of gifted/talented .....	_____	_____
g.	School nurse or health professional .....	_____	_____
h.	School psychologist or social worker .....	_____	_____
i.	Paraprofessionals (e.g., classroom aides) .....	_____	_____
j.	Library media specialists/librarians .....	_____	_____

41. About what percentage of your teachers are members of the following groups? WRITE NUMBER OR PERCENTAGE ON EACH LINE. ENTER "0" ON THE LINE IF YOUR SCHOOL HAS NO TEACHERS OF THAT RACIAL-ETHNIC GROUP. IF YOU ENTER PERCENTAGES, THE TOTAL ON THE PERCENTAGE COLUMN SHOULD ADD TO 100%.

	<u>Number</u>	OR	<u>Percent</u>
a. Asian or Pacific Islander .....	_____		_____ %
b. Hispanic, regardless of race .....	_____		_____ %
c. Black, not of Hispanic origin .....	_____		_____ %
d. White, not of Hispanic origin .....	_____		_____ %
e. American Indian or Alaska Native .....	_____		_____ %
f. Other (Please specify) _____	_____		_____ %
g. TOTAL NUMBER OF TEACHERS .....	_____		<u>100</u> %

42. If a person other than the school principal has answered the questions up to now, please provide the following information: PLEASE PRINT.

**IF YOU ARE THE PRINCIPAL, CHECK HERE  GO TO Q43.**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Title

How long employed at this school? \_\_\_\_\_

**THE REMAINING QUESTIONS SHOULD BE COMPLETED ONLY BY THE SCHOOL PRINCIPAL.**

### VIII. SCHOOL GOVERNANCE AND CLIMATE

43. How much emphasis do you place on the following goals and objectives for your teachers? CIRCLE ONE NUMBER ON EACH LINE.

	<u>No or Minor Emphasis</u>	<u>Moderate Emphasis</u>	<u>Major Emphasis</u>
a. Assisting all children to achieve high standards .....	1	2	3
b. Using curricula aligned with high standards .....	1	2	3
c. Maintaining a quiet and orderly class environment .....	1	2	3
d. Providing challenging tasks for higher-achieving children.....	1	2	3
e. Using instructional strategies (e.g., hands-on activities, cooperative learning) aligned with high standards .....	1	2	3
f. Communicating well with parents .....	1	2	3
g. Working well with other staff.....	1	2	3
h. Openness to new ideas and methods .....	1	2	3
i. Participation in professional development activities .....	1	2	3

44. Indicate how much you agree or disagree with the following statements about the school's climate in the early grades. CIRCLE ONE NUMBER ON EACH LINE.

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree nor Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. Parents are actively involved in this school's programs.....	1	2	3	4	5
b. Teacher absenteeism is a problem at this school.....	1	2	3	4	5
c. Teacher turnover is a problem at this school .....	1	2	3	4	5
d. Child absenteeism is a problem at this school .....	1	2	3	4	5
e. The community served by this school is supportive of its goals and activities.....	1	2	3	4	5
f. There is a consensus among administrators and teachers on goals and expectations.....	1	2	3	4	5
g. Order and discipline are maintained satisfactorily in the building(s) .....	1	2	3	4	5
h. Overcrowding is a problem at this school..	1	2	3	4	5
i. Parents of children in this school are welcome to observe classes any time they are in session.....	1	2	3	4	5

**IX. PRINCIPAL CHARACTERISTICS**

45. What is your gender? CIRCLE ONE NUMBER.

- a. Male..... 1
- b. Female ..... 2

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

19 \_\_\_\_\_

47. Are you of Hispanic or Latino origin? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No ..... 2

48. Which best describes your race? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. American Indian or Alaska Native.....	1	2
b. Asian .....	1	2
c. Black or African American .....	1	2
d. Native Hawaiian or Other Pacific Islander .....	1	2
e. White .....	1	2

49. How many years of experience do you have in each of the following positions? WRITE IN THE YEARS BELOW.

	<u>Number of years</u>
a. Years as a teacher before becoming a principal .....	_____
b. Total number of years as a principal.....	_____
c. Number of years as principal at this school.....	_____

50. What is the highest level of education you have completed? CIRCLE ONE NUMBER.

- a. High school diploma ..... 1
- b. Associate’s degree..... 2
- c. Bachelor’s degree ..... 3
- d. At least one year of course work beyond a Bachelor’s degree but not a graduate degree ..... 4
- e. Master’s degree ..... 5
- f. Education specialist or professional diploma based on at least one year of course work past a Master’s degree level . 6
- g. Doctorate ..... 7

51. What was your major field of study in the highest degree you completed? CIRCLE ONE NUMBER.

- a. Early childhood education..... 1
  - b. Elementary education ..... 2
  - c. Special education..... 3
  - d. English as a Second Language (ESL)..... 4
  - e. Child development ..... 5
  - f. Methods of teaching reading ..... 6
  - g. Methods of teaching mathematics ..... 7
  - h. Methods of teaching science ..... 8
  - i. School administration/management ..... 9
  - j. Other (Please specify) ..... 10
- 

52. Date questionnaire completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 MONTH DAY YEAR

53. Questionnaire Completed By:

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 (Last Name)                      (First Name)                      (MI)

**THANK YOU FOR YOUR COOPERATION.**

Please return this completed questionnaire in the envelope provided to:

Galen McKeever  
 Westat  
 9274 Gaither Road, W-14  
 Gaithersburg, Maryland 20877-1420

Or you may give it to the ECLS-K field supervisor at your school.

OFFICE USE ONLY

C.....	1
DR C.....	2
DR R.....	3
R.....	4