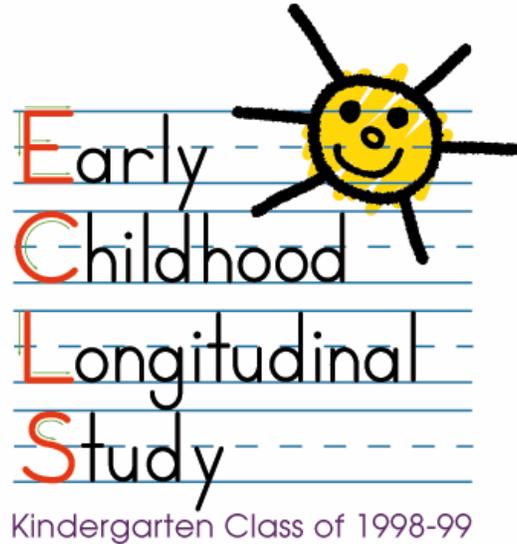


SPRING 2004 SCHOOL ADMINISTRATOR QUESTIONNAIRE



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 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). 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 (PL 107-279, Title I, Part C, Sec. 183). 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, unless otherwise compelled 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.

INTRODUCTION

Dear Principal or Headmaster,

This questionnaire is an important part of the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99 (ECLS-K), 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 2003-2004 by one or more children participating in the study. The questionnaire is divided into 9 sections:

The first sections request 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 two sections request judgmental evaluations about school governance and climate and information about the principal's background and experience. The school principal or headmaster should complete the last two sections of the questionnaire. If a designee is chosen, please be sure that the background and education characteristics provided are about the school's principal or headmaster.

Some questions request information that is not readily available from school records (e.g., the percent of children in your school who are members of various racial and ethnic groups). **Informed estimates 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.

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. How many days are children required to attend school this academic year? WRITE IN NUMBER BELOW.

_____ Number of School Days

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 AND THEN MULTIPLY BY 100.

_____ % Average Daily Attendance

(i. e., $\left(\frac{\text{number of students attending on an average day}}{\text{number of students enrolled}} \right) \times 100$)

OR

_____ Average Number Attending Daily

3. 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, 2003, or the date nearest to that for which data are available? _____
- b. Number of children who have enrolled in your school since October 1, 2003? _____
- c. Number of children who have left your school since October 1, 2003, and have not returned? _____

4. Circle all grade levels included in this school.

- a. Ungraded..... 1
- b. Programs for special needs children..... 2
- c. Prekindergarten..... 3
- d. Kindergarten..... 4
- e. 1st..... 5
- f. 2nd 6
- g. 3rd 7
- h. 4th 8
- i. 5th 9
- j. 6th 10
- k. 7th 11
- l. 8th 12
- m. 9th 13
- n. 10th 14
- o. 11th 15
- p. 12th 16

5. Is this a public school? CIRCLE ONE NUMBER.

- a. Yes 1 **(GO TO Q6)**
- b. No..... 2 **(SKIP TO Q7)**

6. Is this public school a... CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Regular public school (do not include a magnet school or school of choice)?.....	1	2
b. School with a magnet program (e.g., science/math school, foreign language immersion school)?	1	2
c. School of choice (charter school, open enrollment, non-specialized curriculum)?	1	2
d. Bureau of Indian Affairs (BIA) or tribal school?	1	2
e. Special Education school – primarily serves children with disabilities?	1	2
f. An Early Childhood Center (school or center includes preschool and/or early elementary grades)?	1	2

SKIP TO Q8

7. Is this private school ... CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Catholic?	1	2
Diocesan?	1	2
Parish?	1	2
Private order?	1	2
b. Private, other religious affiliation?	1	2
c. Private school accredited by NAIS?	1	2
d. Other private?	1	2
e. Special Education school—primarily serves children with disabilities?	1	2
f. An Early Childhood Center (school or center includes preschool and/or early elementary grades)?	1	2

8. Approximately, what percentage of the children in your school belongs to each of the following racial/ethnic groups? WRITE NUMBER OR PERCENT ON EACH LINE. ENTER "0" ON THE LINE IF YOUR SCHOOL HAS NO CHILDREN OF THAT RACIAL/ETHNIC GROUP. THE TOTAL ON THE PERCENT 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>	%

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

	<u>Percent</u>
a. LEP in entire school.....	_____ %
b. LEP in Fifth Grade	_____ %

10. What are the start and end dates for this school for the 2003-2004 school year?

START ____ / ____ / 2003
 MONTH DAY YEAR

END ____ / ____ / 2004
 MONTH DAY YEAR

Morning School Schedule

11. What time does the first bus usually arrive in the morning? WRITE IN TIME BELOW.

_____ AM

12. What time does the last bus usually arrive in the morning? WRITE IN TIME BELOW.

_____ AM

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

_____ AM

School-Level Breakfast and Lunch Eligibility and Participation

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

- a. Yes 1 **(SKIP TO Q16)**
- b. No..... 2 **(GO TO Q15)**

15. 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 Q20

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

Start Time _____AM End Time _____AM

17. Where is the breakfast typically served for fifth 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

18. 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

19. How many children in your school were (a) eligible for and (b) participating in the school breakfast program as of October 2003? WRITE IN NUMBERS BELOW.

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

20. How many children in your school were (a) eligible for and (b) participating in the school lunch program as of October 2003? WRITE IN NUMBERS BELOW. IF SERVICE IS NOT PROVIDED, WRITE ZERO.

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

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

- a. Yes 1 **(GO TO Q22)**
- b. No..... 2 **(SKIP TO Q24)**
- c. Not applicable 3 **(SKIP TO Q24)**

PLEASE NOTE THE FOLLOWING DEFINITIONS THAT ARE RELEVANT TO QUESTIONS 21 AND 22 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.

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

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

23. 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

24. 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.

	Do not <u>have</u>	Never <u>adequate</u>	Often not <u>adequate</u>	Sometimes not <u>adequate</u>	Always <u>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

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

_____ Number of portable classrooms

Food Consumption Questions

26. At this school, can students purchase food or beverages from...CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. One or more vending machines at the school?	1	2
b. A school store, canteen, or snack bar?	1	2

27. Does this school offer a la carte lunch or breakfast items to students, that is, items not sold as part of the NSLP School Lunch or the School Breakfast Program? CIRCLE ONE NUMBER

YES.....	1
NO	2

28. Can students purchase, either from vending machines, school store, canteen, snack bar or a la carte items from the cafeteria during school hours... CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Chocolate candy?	1	2
b. Other kinds of candy?	1	2
c. Cookies, crackers, cakes, pastries, or other baked goods that are not low in fat?	1	2
d. Salty snacks that are not low in fat, such as regular potato chips?	1	2
e. Ice cream or frozen yogurt that is not low in fat?	1	2
f. 2% or whole milk?	1	2
g. Fruits or vegetables, not juice?	1	2
h. Low-fat cookies, crackers, cakes, pastries, or other low-fat baked goods?	1	2
i. Salty snacks that are low in fat, such as pretzels, baked chips, or other low-fat chips?	1	2
j. Bread sticks, rolls, bagels, pita bread, or other bread products?	1	2
k. Low-fat or fat-free ice cream, frozen yogurt, or sherbet?	1	2
l. Low-fat or non-fat yogurt?	1	2
m. 1% or skim milk?	1	2
n. Bottled water?	1	2
o. 100% fruit juice?	1	2
p. 100% vegetable juice?	1	2
q. Soda pop, sports drinks, or fruit drinks that are not 100% juice?	1	2

29. At your peak meal time, how full is the cafeteria compared to the maximum seating capacity? Would you say it is...CIRCLE ONE

- Less than 50% full, 1
- 50 to 75% full, 2
- 76 to 100% full, or 3
- Over capacity? 4

III. COMMUNITY CHARACTERISTICS AND SCHOOL SAFETY

30. 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

31. Have any of the following types of problems 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
d. Children bringing in or using alcohol at school?	1	2
e. Children bringing in or using illegal drugs at school?	1	2
f. Vandalism of school property?	1	2

32. 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 school staff escort visitors?	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

33. 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. CIRCLE ONE NUMBER ON EACH LINE.

	<u>SERIOUS problem</u>	<u>MODERATE problem</u>	<u>MINOR problem</u>	<u>NOT a problem</u>
a. Student tardiness?	1	2	3	4
b. Student absenteeism?	1	2	3	4

IV. SCHOOL POLICIES AND PRACTICES

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

IF NO GRADE TESTED, CHECK HERE (SKIP TO Q36)

<u>Grade</u>	<u>Yes</u>	<u>No</u>
a. 3rd?	1	2
b. 4th?	1	2
c. 5th?	1	2
d. 6th?	1	2
e. 7th?	1	2
f. 8th?	1	2

35. 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? _____%

36. 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

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

- a. Yes 1
- b. No 2

V. STAFFING AND TEACHER CHARACTERISTICS

38. 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)	(2)
	Number who work full time in the school	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 nurses or health professionals	_____	_____
h. School psychologists or social workers	_____	_____
i. Paraprofessionals (e.g., classroom aides).....	_____	_____
j. Library media specialists/librarians.....	_____	_____

39. If a person other than the **school principal** or **head master** has answered the previous questions, please provide the following information: PLEASE PRINT.

IF YOU ARE THE PRINCIPAL, CHECK HERE GO TO Q40.

Last Name

First Name

Middle Initial

Title

How long employed at this school? _____

<p>THE REMAINING QUESTIONS SHOULD BE COMPLETED ONLY BY THE SCHOOL PRINCIPAL OR HEAD MASTER.</p>
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The school principal or headmaster should complete the remainder of this questionnaire. If a designee is chosen, please be sure that the background and education characteristics provided are about the school's principal or headmaster.

VI. SCHOOL GOVERNANCE AND CLIMATE

40. 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

41. Indicate how much you agree or disagree with the following statements about the school's climate. 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

VII. PRINCIPAL CHARACTERISTICS

42. What is your gender? CIRCLE ONE NUMBER.

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

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

19 _____

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

- a. Yes 1
- b. No 2

45. 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

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

- Number of years
- 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..... _____

47. 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

48. 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
-

49. Date questionnaire completed:

____ / ____ / ____
MONTH DAY YEAR

50. Questionnaire Completed By:

Last Name First Name Middle Initial

Title

THANK YOU FOR YOUR COOPERATION.

Please give this questionnaire to the ECLS-K field supervisor at your school or the school coordinator.

OFFICE USE ONLY

C, NO DR	1
C, DR C	2
C, DR R	3
R	4