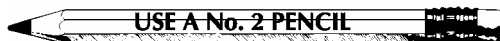


School Administrator Questionnaire

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

Westat
1650 Research Boulevard
Rockville, Maryland 20850

Use a #2 pencil to complete this questionnaire.



L A B E L

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 01/31/2009. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instruction, 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, D.C. 20202-4700. 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, D.C. 20006-5650.

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 education experiences beginning with kindergarten and continuing through middle school.

This questionnaire is divided into seven sections. The first five sections mainly request factual information about this school and its programs. These sections can be answered either by the principal or by a designee who is able to provide the desired information.

The last two sections ask about the school policies and governance, and information about the principal. We ask that the principal complete these sections.

Some factual questions may request information that is not readily available from school records. Informed estimates are acceptable for such questions. We realize that you are very busy; however, we hope that you can complete the questionnaire as accurately as possible. The information you provide is being collected for research purposes. 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.

THANK YOU VERY MUCH FOR YOUR HELP.

MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE.

CHECKING BOXES

It is important that you check the box next to your answers and print clearly.

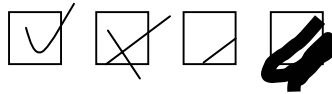
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



Incorrect Marks:

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



PRINTING ANSWERS IN BOXES:

Print entire answer in box. 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 – \ominus , and do not write a seven with a line through it like this – \neq .

Write digits like this:

1 2 3 4 5 6 7 8 9 0

Write words like this:

John Smith

PLEASE GO TO THE NEXT PAGE TO BEGIN THE QUESTIONNAIRE.

SCHOOL CHARACTERISTICS

1. As of October 1, 2006, what was the total student enrollment in your school?
WRITE IN THE NUMBER OF STUDENTS.

NUMBER OF STUDENTS

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.

WRITE IN THE PERCENT.

% Average Daily Attendance

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

OR

Average Number Attending Daily

3. Write the date this school year began.

MONTH

DAY

2006

4. Write the date this school year ends.

MONTH

DAY

2007

5. **How many days are students required to attend this academic year? WRITE IN NUMBER BELOW.**

NUMBER OF SCHOOL DAYS

6. **What are the LOWEST and HIGHEST grade levels in your school? MARK THE TWO GRADE LEVELS.**

- Pre-K
- K
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- Ungraded

7. Which of the following characterizes your school? MARK ALL THAT APPLY.

- Comprehensive public school (not including magnet school or school of choice)
- Public magnet school
- Public school of choice (open enrollment)

- Catholic school
- Other private school, religious affiliation
- Private school, no religious affiliation

- High school served by an area or regional vocational school/center (part-time or part-day)
- Full-time technical or vocational school
- Other technical or vocational school

- Year-round school
- Boarding school
- Indian reservation school
- Military academy
- Alternative/Stay-in-school/Dropout prevention school/Continuation school
- Charter school
- Special education school (primarily serves students with disabilities)

8. Is this school co-educational? MARK ONE.

- Yes
- No, it is an all-female school
- No, it is an all-male school

9. [For private schools only] What is the highest ANNUAL tuition charged by this school for a full-time 8th grade student? (Do not include boarding fees.)

\$
ANNUAL TUITION

10. What is the average starting salary for full-time first year teachers at this school?

\$
SALARY

11. Approximately, what percentage of the students in your school belongs to each of the following racial/ethnic groups? COMPLETE THE NUMBER COLUMN OR THE PERCENT COLUMN. WRITE NUMBER OR PERCENT ON EACH LINE. ENTER "0" ON THE LINE IF YOUR SCHOOL HAS NO STUDENTS OF THAT RACIAL/ETHNIC GROUP. THE PERCENT COLUMN SHOULD ADD TO 100%.

	Number	OR	Percent
a. Asian or Pacific Islander	<input type="text"/>		<input type="text"/>
b. Hispanic	<input type="text"/>		<input type="text"/>
c. Black, not of Hispanic origin	<input type="text"/>		<input type="text"/>
d. White, not of Hispanic origin	<input type="text"/>		<input type="text"/>
e. American Indian or Alaska Native	<input type="text"/>		<input type="text"/>
f. Other	<input type="text"/>		<input type="text"/>
TOTAL	<input type="text"/>		100%

12. Of the students currently enrolled in this school (and in Grade 8), what percentage has been identified as limited-English proficient (LEP)? WRITE THE PERCENT. IF THERE ARE NO STUDENTS IN A CATEGORY WRITE "0."

	Percent
a. LEP in entire school	<input type="text"/>
b. LEP in Grade 8	<input type="text"/>

13. Does your school participate in USDA's (U.S. Dept. of Agriculture) school breakfast program?

- Yes (GO TO QUESTION 15)
 No (GO TO QUESTION 14)

14. What are the reasons why your school does not participate in USDA's school breakfast program? MARK ONE ON EACH ROW.

	Yes	No
a. Too few eligible students	<input type="checkbox"/>	<input type="checkbox"/>
b. Program too costly	<input type="checkbox"/>	<input type="checkbox"/>
c. School starts too late to serve breakfast	<input type="checkbox"/>	<input type="checkbox"/>
d. School lacks facilities to serve breakfast	<input type="checkbox"/>	<input type="checkbox"/>
e. School lacks staff to serve breakfast	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (PLEASE SPECIFY) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

AM
Start Time

AM
End Time

16. Where is the breakfast typically served for eighth graders? MARK ONE.

- Cafeteria
- Classroom
- School bus (as a bag breakfast)
- In some other common area of school (as a bag breakfast)
- Other (PLEASE SPECIFY)

17. Are students who are served breakfast in the cafeteria allowed to take it to the classroom? MARK ONE.

- Yes
- No

18. How many students in your school were (a) eligible for and (b) participating in the school breakfast program as of October 2006? WRITE IN NUMBERS BELOW.

	(a) Eligible Students	(b) Participating Students
a. Any school breakfast?	All Enrolled	<input type="text"/>
b. Free school breakfast?	<input type="text"/>	<input type="text"/>
c. Reduced-price breakfast?	<input type="text"/>	<input type="text"/>

19. How many students in your school were (a) eligible for and (b) participating in the school lunch program as of October 2006? WRITE IN NUMBERS BELOW. IF SERVICE IS NOT PROVIDED, WRITE ZERO.

	(a) Eligible Students	(b) Participating Students
a. Any school lunch?	All Enrolled	<input type="text"/>
b. Free school lunch?	<input type="text"/>	<input type="text"/>
c. Reduced-price lunch?	<input type="text"/>	<input type="text"/>

20. At this school, can students purchase food or beverages from... MARK ONE ON EACH ROW.

	Yes	No
a. One or more vending machines at the school?	<input type="checkbox"/>	<input type="checkbox"/>
b. A school store, canteen, or snack bar?	<input type="checkbox"/>	<input type="checkbox"/>

21. 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? MARK ONE.

- Yes
 No

22. Can students purchase, either from vending machines, school store, canteen, snack bar or a la carte items from the cafeteria during school hours... MARK ONE ON EACH ROW.

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

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

- Less than 50% full,
- 50 to 75% full,
- 76 to 100% full, or
- Over capacity?

ACADEMIC OPTIONS/COURSE OFFERINGS

24. Approximately what percentage of your 8th grade students is in each of the following instructional programs? WRITE PERCENTAGES BELOW (WRITE "0" IF NO 8th GRADE STUDENTS ARE IN A GIVEN PROGRAM AND CHECK BOX IF PROGRAM IS NOT OFFERED). THESE PERCENTAGES ARE INDEPENDENT AND THEREFORE DO NOT NEED TO SUM TO 100%.

	Percent	Not offered
a. Special education (with Individualized Education Plan (IEP))	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/>
b. Bilingual education (instruction in both English and students' native language)	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/>
c. English as a second language	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/>
d. Reading instruction for students performing below grade level in reading	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/>
e. Math instruction for students performing below grade level in math	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/>
f. After school/summer outreach program	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/>
g. Gifted and talented	<input style="width: 50px; height: 20px;" type="text"/>	<input type="checkbox"/>

25. Approximately what percentage of the 8th grade students at this school are enrolled in each of these mathematics courses? WRITE THE PERCENTAGE ON EACH LINE. THE FOUR LINES SHOULD SUM TO 100.

	Percent
a. Eighth-grade mathematics	<input style="width: 50px; height: 20px;" type="text"/>
b. Pre-algebra	<input style="width: 50px; height: 20px;" type="text"/>
c. Algebra	<input style="width: 50px; height: 20px;" type="text"/>
d. Other mathematics class	<input style="width: 50px; height: 20px;" type="text"/>
TOTAL	100%

SCHOOL SAFETY

26. How much of a problem are the following in the neighborhood where this school is located? **MARK ONE ON EACH ROW.**

	Big problem	Somewhat of a problem	No problem
a. Tensions based on racial, ethnic, or religious differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Selling or using drugs or excessive drinking in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gangs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Vacant houses and buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Crime in the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Happens daily	Happens at least once a week	Happens at least once a month	Happens on occasion	Never happens
a. Class cutting	<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. Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use of illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Student bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Widespread disorder in classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Indicate how much you agree or disagree with the following statements. **MARK ONE 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. Teacher turnover is a problem at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gang activities are a problem at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Racial tensions among students are a problem at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Overcrowding is a problem at this school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL FACILITIES AND RESOURCES

29. In general, how adequate is each of the following school facilities for meeting the needs of the students in your school? **MARK ONE ON EACH ROW.**

	Do not have	Never adequate	Often not adequate	Sometimes not adequate	Always adequate
a. Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computer lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Library/media center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Art room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Gymnasium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Music room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Playground/school yard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Multi-purpose room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

NUMBER OF PORTABLE CLASSROOMS

EVALUATION

31. Based on recent standardized tests, what percent of 8th grade students in this school tested at or above grade level on.... WRITE PERCENTS.

	Percent
a. Reading or verbal skills, Nationally-normed tests?	<input type="text"/>
b. Reading or verbal skills, State tests?	<input type="text"/>
c. Mathematics or quantitative skills, Nationally-normed tests?	<input type="text"/>
d. Mathematics or quantitative skills, State tests?	<input type="text"/>

32. Is competency testing a state, district, or school requirement? MARK ONE.

- State requirement
- District requirement
- School requirement
- Other (PLEASE SPECIFY)

33. Is the competency testing program tied to explicit content standards or curriculum frameworks? MARK ONE.

- Yes
- No

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.

SCHOOL POLICIES AND GOVERNANCE

34. Which of the following statements best describes your school's approach to providing instruction in your core curriculum to students who come to you with different abilities, learning rates, interests, or motivations (do not include Special Education students when considering your answer)? (If any of the terms are unclear to you, see the definitions below.)

DEFINITIONS

Ability levels – the distinction among students, or courses, on the basis of the students' learning aptitudes or past academic achievements, or each course's adaptation to students' levels of readiness and learning rates.

Core curriculum – courses in English, Math, Science, and Social Studies that students can choose from in order to fulfill the school district's graduation requirements.

Differentiated courses – courses that fulfill the same requirements in the core curriculum but differ in terms of content, quantity and/or intensity of work, or expectations regarding independent work.

Differentiated grouping – a school's approach to providing instruction to students who have been grouped because of similar learning aptitudes or past academic achievements for the purpose of providing them instruction in core curriculum areas that is geared to their abilities in terms of content, quantity and/or intensity of work, or expectations regarding independent work.

Undifferentiated courses – courses that are equivalent in terms of content, quantity and/or intensity of work, or expectations regarding independent work, and are open to students who may have widely differing learning aptitudes or past academic achievements.

MARK ONE.

- We offer differentiated courses in our core curriculum but students have open access to any course provided they have taken the required prerequisite(s).
- We offer differentiated courses and do differentiated grouping in our core curriculum.
- We offer a variety of undifferentiated courses in our core curriculum, and students have open access to any course provided they have taken the required prerequisite(s).
- Other (PLEASE SPECIFY)

35. Some states and districts have recently initiated school improvement efforts directed at issues such as adequate yearly progress and state accountability standards. These activities are usually led by personnel from outside the particular school. During the last two years have you participated in such activities: **MARK ONE ON EACH ROW.**

	Yes	No
a. Within your school?	<input type="checkbox"/>	<input type="checkbox"/>
b. As part of a team outside your school?	<input type="checkbox"/>	<input type="checkbox"/>

36. How much emphasis do you place on the following goals and objectives for your teachers? **MARK ONE ON EACH ROW.**

	No or Minor Emphasis	Moderate Emphasis	Major Emphasis
a. Assisting all students to achieve high standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Using curricula aligned with high standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Using instructional strategies (e.g., hands-on activities, cooperative learning) aligned with high standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Participation in professional development activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCHOOL ADMINISTRATOR CHARACTERISTICS

37. What is your gender?

- Male
 Female

38. In what year were you born?

19
ENTER YEAR

39. Are you of Hispanic or Latino origin?

- Yes
 No

40. Which best describes your race? MARK ONE OR MORE.

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

41. How many years of experience do you have in each of the following positions?

	Years
a. Years as a teacher before becoming a principal	<input type="text"/>
b. Total number of years as a principal	<input type="text"/>
c. Number of years as principal at this school	<input type="text"/>

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

- Bachelor's degree
- At least one year of course work 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 course work past a Master's degree level
- Doctorate

43. Date questionnaire completed:

		2007
MONTH	DAY	YEAR

44. Questionnaire Completed By:

LAST NAME	FIRST NAME	MIDDLE INITIAL
TITLE		

THANK YOU FOR YOUR COOPERATION.