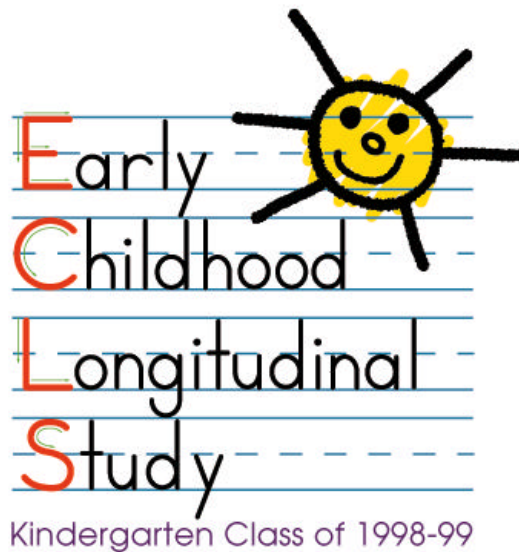


# SPRING 2000 SCHOOL ADMINISTRATOR QUESTIONNAIRE

## Returning Schools



**LABEL**

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

by Westat  
1650 Research Boulevard  
Rockville, Maryland 20850  
(301) 251-1500

### **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. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). 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. It is divided into nine sections. The first seven 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 two sections request judgmental evaluations about the school climate and factual information about the principal's background and experience. We ask that these two 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 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 language-minority (LM) students, limited-English-proficient (LEP) students, as well as English-as-a-Second-Language (ESL) and bilingual programs throughout the questionnaire. For this study, the following 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, 555 New Jersey Avenue, N.W., Washington, DC 20208.

**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. 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. WRITE IN THE 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, 1999, or the date nearest to that for which data are available? ..... \_\_\_\_\_
- b. Number of children who have enrolled in your school since October 1, 1999? ..... \_\_\_\_\_
- c. Number of children who have left your school since October 1, 1999 and have not returned?..... \_\_\_\_\_

4. 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 Q3a. THE TOTAL ON THE PERCENTAGE COLUMN SHOULD ADD TO 100%.

	<b>Number</b>	<b>OR</b>	<b>Percent</b>
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 Native Alaskan.....	_____		_____
f. Other (Please Specify) _____	_____		_____
g. TOTAL.....	_____		<u>100%</u>

5. How many children in your school were eligible for and participated in the following special services? WRITE IN NUMBERS BELOW. ENTER "0" IF SERVICE IS NOT PROVIDED.

	<b>Eligible Children</b>	<b>Participating Children</b>
a. Free breakfast? .....	_____	_____
b. Free school lunch program? .....	_____	_____
c. Reduced-price school lunch program?.....	_____	_____

6. Did your school receive federal Title 1 funds for this school year? CIRCLE ONE NUMBER.

- Yes..... 1 **(GO TO Q7)**
- No ..... 2 **(SKIP TO Q10)**
- Not applicable..... 3 **(SKIP TO Q10)**

7. Is your school operating a Title 1 school-wide program? CIRCLE ONE NUMBER.

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

8. Does your school use Title 1 for any of the following purposes? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
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 provide extended time learning opportunities before and/or after school for targeted children .....	1	2
d. To improve the entire educational program through a school-wide program.....	1	2
e. To provide professional development activities.....	1	2
f. To provide family literacy services.....	1	2

9. If your school is designated a targeted assistance school, how many students are served by the Title 1 program? WRITE IN NUMBER BELOW.

\_\_\_\_\_ Number of students

## II. SCHOOL FACILITIES AND RESOURCES

10. 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 have	Never adequate	Often not adequate	Sometimes not adequate	Always adequate
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

11. 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? ..... \_\_\_\_\_

12. Please indicate whether or not each type of equipment or service is available at this school. If the equipment or service is available, please indicate whether it is available for student use. Then provide the number of instructional **rooms** including classrooms, computer and other labs, library/media centers, etc., in which the equipment/service is available.

Equipment	<u>Available at school?</u>		<u>Available for student use?</u>	
	Yes	No	Yes	No
a. Computers with access to local area networks (LAN) .....	1	2 (GO TO Q12b)	1	2
b. Computers with CD-ROM (external or internal) .....	1	2 (GO TO Q12c)	1	2
c. Computers with wide area networks (WEB, Internet).....	1	2 (GO TO Q13)	1	2

13. About what percentage of the children enrolled in this school are from the surrounding neighborhood?  
WRITE IN PERCENTAGE BELOW.

\_\_\_\_\_ %

### III. COMMUNITY CHARACTERISTICS AND SCHOOL SAFETY

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

	Big problem	Somewhat of a problem	No problem	Don't know
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

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

	Yes	No
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



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

	<b>Yes</b>	<b>No</b>
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. Limits on going to the restrooms? .....	1	2
f. Teachers assigned to supervise the hallways? .....	1	2
g. Hall passes required to leave class? .....	1	2

#### IV. SCHOOL POLICIES AND PRACTICES

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

Yes..... 1  
No ..... 2

18. Based on recent standardized tests, 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 ..... %

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

	True	False
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 in kindergarten .....	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

20. How many **first grade** children were retained at their current grade levels last school year? WRITE IN NUMBER BELOW.

\_\_\_\_\_ Number of first graders retained last year

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

21. Which of the following are used to provide **first graders'** parents with information about their children's performance? **CIRCLE ONE NUMBER ON EACH LINE.**

	<b>Yes</b>	<b>No</b>
a. Standard Report Card (e.g., a letter grade assigned for each subject)?.....	1	2
b. Progress Report Form (narrative report)? .....	1	2
c. Competency Based Checklists? .....	1	2
d. Portfolio of Child's Work? .....	1	2
e. Standardized Test Scores? .....	1	2

22. Does this school have a school-based management committee or other decision-making body **other than** a school board, parent/teacher association (PTA), or parent/teacher organization? **CIRCLE ONE NUMBER.**

Yes.....	1	<b>(GO TO Q23)</b>
No .....	2	<b>(SKIP TO Q24)</b>

23. Are the following groups represented on your school-based management committee? **CIRCLE ONE NUMBER ON EACH LINE. FOR EACH "YES," WRITE THE NUMBER OF COMMITTEE MEMBERS FROM EACH GROUP IN THE SPACE PROVIDED.**

	<b>Yes</b>	<b>No</b>	<b>Number</b>
a. Administrators (e.g., principals, deans).....	1	2	_____
b. Teachers .....	1	2	_____
c. Personnel from district office or larger administration system.....	1	2	_____
d. School board members.....	1	2	_____
e. Parents.....	1	2	_____
f. Community representatives (from businesses, colleges and universities, civil rights groups, church groups, etc.).....	1	2	_____
g. Other (Please specify) _____	1	2	_____
_____			

**VI. SCHOOL PROGRAMS FOR SPECIAL POPULATIONS**

**ESL and Bilingual Education**

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

- Yes..... 1 **(GO TO Q25)**  
 No ..... 2 **(SKIP TO Q29)**

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

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

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

	<b>% Receiving Bilingual Services Only</b>	<b>% Receiving ESL Services Only</b>	<b>% Receiving Both ESL and Bilingual Services</b>
First Grade Children	_____	_____	_____

27. On average, how many years will a limited-English-proficient (LEP) first grader receive the following services at your school? WRITE IN THE YEARS BELOW.

	<b>Number of Years</b>
a. English-as-a-Second-Language (ESL) services .....	_____
b. Bilingual services .....	_____
c. Both ESL and bilingual services .....	_____

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

	<b>Yes</b>	<b>No</b>
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. Translation 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**

29. Where are children with disabilities typically served in this school? CIRCLE ONLY ONE NUMBER.

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

**VII. STAFFING AND TEACHER CHARACTERISTICS**

30. In terms of full-time equivalents (FTE), what is your total school staff? A person who works full time has an FTE of 1.0. A person who works half time for five days a week has an FTE of .5. WRITE IN NUMBER BELOW.

\_\_\_\_\_ TOTAL FULL-TIME FTE

31. For each of the following categories provide your best estimate of the number of full-time equivalent (FTE) staff in your school. Please include the FTE of any district-level staff providing services to the children you teach. If no staff are employed in a particular category, write "0". A person who works full time has an FTE of 1.0. A person who works half time for five days a week has an FTE of .5. If a single person acts in 2 or more positions, divide his/her time between these positions (for example .5 in one and .5 in the other).

**Full Time Equivalent Staff**

- a. Administrative staff ..... \_\_\_\_\_ . \_\_\_\_
- b. Regular classroom teachers..... \_\_\_\_\_ . \_\_\_\_
- c. Gym, drama, music, or art teachers ..... \_\_\_\_\_ . \_\_\_\_
- d. Compensatory education teachers (e.g., Title 1, teachers funded by state or local programs for poor or low-achieving children (DO NOT INCLUDE SPECIAL EDUCATION OR ESL/BILINGUAL)..... \_\_\_\_\_ . \_\_\_\_
- e. Teacher aides (DO NOT INCLUDE SPECIAL EDUCATION OR ESL/BILINGUAL) ..... \_\_\_\_\_ . \_\_\_\_
- f. Special education teachers ..... \_\_\_\_\_ . \_\_\_\_
- g. Special education aides ..... \_\_\_\_\_ . \_\_\_\_
- h. ESL/Bilingual teachers..... \_\_\_\_\_ . \_\_\_\_
- i. ESL/Bilingual aides ..... \_\_\_\_\_ . \_\_\_\_
- j. Librarians/media specialists ..... \_\_\_\_\_ . \_\_\_\_
- k. Speech therapists, and occupational or physical therapists ..... \_\_\_\_\_ . \_\_\_\_
- l. School nurses..... \_\_\_\_\_ . \_\_\_\_
- m. Reading Specialists ..... \_\_\_\_\_ . \_\_\_\_
- n. Math and Science specialists ..... \_\_\_\_\_ . \_\_\_\_
- o. Foreign Language specialists..... \_\_\_\_\_ . \_\_\_\_

32. 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. THE TOTAL ON THE PERCENTAGE COLUMN SHOULD ADD TO 100%.

	<b>Number OR</b>	<b>Percent</b>
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 Native Alaskan.....	_____	_____
f. Other (Please Specify) _____	_____	_____
g. TOTAL NUMBER OF TEACHERS.....	_____	<u>100%</u>

33. If a person other than the school principal has answered Sections I to VII, please provide the following information: PLEASE PRINT.

**IF YOU ARE THE PRINCIPAL, CHECK HERE**  **GO TO Q34.**

\_\_\_\_\_

Last Name	First Name	Middle Initial
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\_\_\_\_\_

Title

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

**SECTIONS VIII AND IX SHOULD BE COMPLETED BY THE SCHOOL PRINCIPAL ONLY**

**VIII. SCHOOL GOVERNANCE AND CLIMATE**

34. How many times a year do you conduct formal classroom observations of individual teachers in your school? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Number of observations per year</b>					
a. Non-tenured teachers.....	0	1	2	3	4	5+
b. Tenured teachers .....	0	1	2	3	4	5+

35. How much emphasis do you place on the following goals and objectives for your teachers and how successful are your teachers in meeting these goals? CIRCLE ONE NUMBER ON EACH LINE FOR "A" AND ONE NUMBER ON EACH LINE FOR "B".

	<b>A. Emphasis On Goal</b>			<b>B. Success of Your Teachers</b>		
	<b>No or Minor Emphasis</b>	<b>Moderate Emphasis</b>	<b>Major Emphasis</b>	<b>Not Very Successful</b>	<b>Somewhat Successful</b>	<b>Very Successful</b>
a. Facilitating children's progress in language and number skills .....	1	2	3	1	2	3
b. Facilitating children's progress in social or behavioral skills .....	1	2	3	1	2	3
c. Facilitating children's progress in fine and gross motor skills .....	1	2	3	1	2	3
d. Raising average performance on standardized tests, screeners or readiness instruments.....	1	2	3	1	2	3
e. Maintaining a quiet and orderly class environment ..	1	2	3	1	2	3
f. Providing challenging tasks for higher-achieving children.....	1	2	3	1	2	3
g. Providing help to lower-achieving children to keep up with the class.....	1	2	3	1	2	3
h. Communicating well with parents .....	1	2	3	1	2	3
i. Working well with other staff .....	1	2	3	1	2	3
j. Openness to new ideas and methods .....	1	2	3	1	2	3
k. Participation in professional development activities.....	1	2	3	1	2	3



36. Indicate the extent to which you agree or disagree with the following statements about staff development opportunities at your school. CIRCLE ONE NUMBER ON EACH LINE.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. We have an active professional development program for teachers....	1	2	3	4	5
b. Teachers are very active in planning staff development activities in this school.....	1	2	3	4	5
c. There is adequate time for teacher professional development.....	1	2	3	4	5
d. This school offers incentives for teachers to improve their classroom management and instructional techniques.....	1	2	3	4	5

37. 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.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. The school-based management committee has developed good plans or concrete suggestions for school improvement .....	1	2	3	4	5
b. The teachers' professional association (or union) and the school administration work together to improve the achievement of children in this school.....	1	2	3	4	5
c. Parents are actively involved in this school's programs .....	1	2	3	4	5
d. Teacher absenteeism is a problem at this school.....	1	2	3	4	5
e. Teacher turnover is a problem at this school.....	1	2	3	4	5
f. Child absenteeism is a problem at this school.....	1	2	3	4	5
g. The community served by this school is supportive of its goals and activities .....	1	2	3	4	5
h. There is a consensus among administrators and teachers on goals and expectations .....	1	2	3	4	5
i. Order and discipline are maintained satisfactorily in the building(s) .....	1	2	3	4	5
j. Overcrowding is a problem at this school .....	1	2	3	4	5
k. Parents of children in this school are welcome to observe classes any time they are in session .....	1	2	3	4	5
l. Parents frequently ask me to assign/reassign their children to particular classes, teachers, or programs .....	1	2	3	4	5
m. I usually grant parent requests for particular classes, teachers, or programs .....	1	2	3	4	5

38. How much influence do the following have on how your job performance is evaluated? CIRCLE ONE NUMBER ON EACH LINE.

	<b>No influence</b>	<b>Some influence</b>	<b>A great deal of influence</b>
a. Standardized test scores.....	1	2	3
b. Raising the performance level of lower-achieving students.....	1	2	3
c. Attendance .....	1	2	3
d. School safety .....	1	2	3
e. Parent and community support.....	1	2	3
f. Parent involvement in school activities .....	1	2	3
g. Teacher and staff support .....	1	2	3
h. Participation in professional development activities.....	1	2	3
i. Other (Please specify) _____	1	2	3
_____			

**IX. PRINCIPAL CHARACTERISTICS**

39. Is this your first year as the principal in this school?

- Yes ..... 1 **(GO TO Q40)**
- No ..... 2 **(SKIP TO Q50)**

40. What is your gender?

- Male ..... 1
- Female ..... 2

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

19 \_\_\_\_\_

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

- Yes ..... 1
- No ..... 2

43. Which best describes your race? CIRCLE ALL THAT APPLY.

- American Indian or Alaska Native ..... 1
- Asian ..... 2
- Black or African American..... 3
- Native Hawaiian or Other Pacific  
Islander..... 4
- White ..... 5

44. 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..... \_\_\_\_\_

45. How many years have you taught each of the following grades and programs? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.5). PLEASE INCLUDE PART-TIME TEACHING. WRITE "0" IF YOU HAVE NEVER TAUGHT THE GRADE OR PROGRAM LISTED.

	<b>Total Years Grade or Program Taught</b>	
a. Preschool or Head Start .....	_____	. _____
b. Kindergarten (including Transitional/Readiness Kindergarten and Transitional/pre-1st grade).....	_____	. _____
c. First grade.....	_____	. _____
d. Second through fifth grade .....	_____	. _____
e. Sixth grade or higher .....	_____	. _____
f. English as a Second Language (ESL) program .....	_____	. _____
g. Bilingual education program .....	_____	. _____
h. Special education program.....	_____	. _____
i. Physical education program .....	_____	. _____
j. Art or music program.....	_____	. _____

46. How many college courses have you completed in the following areas? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Number of Courses</b>							
a. Early childhood education .....	0	1	2	3	4	5	6+	
b. Elementary education .....	0	1	2	3	4	5	6+	
c. Special education .....	0	1	2	3	4	5	6+	
d. English as a Second Language (ESL)....	0	1	2	3	4	5	6+	
e. Child development.....	0	1	2	3	4	5	6+	
f. Methods of teaching reading.....	0	1	2	3	4	5	6+	
g. Methods of teaching mathematics.....	0	1	2	3	4	5	6+	
h. Methods of teaching science.....	0	1	2	3	4	5	6+	
i. School administration/management .....	0	1	2	3	4	5	6+	

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

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

48. Please estimate how many hours you spend on average per week in the following activities. WRITE IN NUMBER OF HOURS BELOW.

- |   | <b>Hours Per Week</b> |
|---|-----------------------|
| a. Working with teachers on instructional issues .....                              | _____                 |
| b. Internal school management (weekly calendars, vendors, office, memos, etc.)..... | _____                 |
| c. Student discipline/attendance .....  | _____                 |
| d. Monitoring hallways, playground, lunchroom .....                                 | _____                 |
| e. Teaching .....   | _____                 |
| f. Talking and meeting with parents .....   | _____                 |
| g. Meeting with students.....   | _____                 |
| h. Paperwork required by local, state, or federal authorities .....                 | _____                 |

49. What is your best estimate of the number of children you know by name? CIRCLE ONLY ONE NUMBER.

- Nearly every child ..... 1
- 76% or more..... 2
- 51% to 75%..... 3
- 26% to 50%..... 4
- 25% or less..... 5

50. DATE QUESTIONNAIRE COMPLETED:        /        /         
Month Day Year

51. QUESTIONNAIRE COMPLETED BY:

\_\_\_\_\_  
(Last Name)

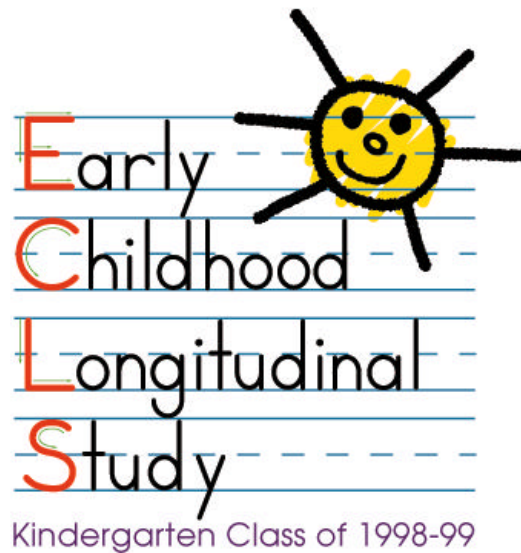
\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(MI)

THANK YOU FOR YOUR COOPERATION

# SPRING 2000 SCHOOL ADMINISTRATOR QUESTIONNAIRE

## New Schools



**LABEL**

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

by Westat  
1650 Research Boulevard  
Rockville, Maryland 20850  
(301) 251-1500

### **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. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). 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. It is divided into nine sections. The first seven 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 two sections request judgmental evaluations about the school climate and factual information about the principal's background and experience. We ask that these two 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 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.

### A. DEFINITIONS RELATED TO LANGUAGE

Reference is made to language-minority (LM) students, limited-English-proficient (LEP) students, as well as English-as-a-Second-Language (ESL) and bilingual programs throughout the questionnaire. For this study, the following 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.

### B. DEFINITIONS OF KINDERGARTEN PROGRAMS

Several questions refer to different types of **kindergarten programs**. For the purposes of this study, the following definitions apply:

- Kindergarten: Traditional year of school primarily for 5-year-olds prior to first grade.
- Transitional (or readiness) kindergarten: Extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten.
- Transitional first (or prefirst) grade: Extra year of school for children who have attended kindergarten but have been judged not ready for first grade.
- Multigrade: A classroom containing kindergartners and some combination of other grades (for example, a combination prekindergarten/kindergarten).
- Ungraded: A classroom containing kindergarten-aged-students (possibly in combination with other ages), not formally identified as a "kindergarten" class.

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, 555 New Jersey Avenue, N.W., Washington, DC 20208.

**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. 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. WRITE IN THE 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, 1999, or the date nearest to that for which data are available? ..... \_\_\_\_\_

b. Number of children who have enrolled in your school since October 1, 1999? ..... \_\_\_\_\_

c. Number of children who have left your school since October 1, 1999 and have not returned?..... \_\_\_\_\_

The following questions ask about the grade levels and grades taught together in your school.

4. **Circle all grade levels included in your school.** SEE COVER PAGE FOR DEFINITIONS OF KINDERGARTEN PROGRAMS.

Ungraded.....	1	4th .....	10
Programs for special needs children .....	2	5th .....	11
Prekindergarten .....	3	6th .....	12
Transitional (or readiness) kindergarten ..	4	7th .....	13
Kindergarten.....	5	8th .....	14
Transitional first (or prefirst) grade .....	6	9th .....	15
1st .....	7	10th .....	16
2nd .....	8	11th .....	17
3rd.....	9	12th .....	18

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

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

6. Is your school a ... CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
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. Early Childhood Center (school/center includes preschool and/or early elementary grades .....	1	2

**SKIP TO Q8.**

7. Is your school a ...CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
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 only)?.....	1	2

8. Does this school (or a program within the school) have a particular focus or emphasis (including magnet programs)? CIRCLE ONE NUMBER.

Yes .....	1	<b>(GO TO Q9)</b>
No .....	2	<b>(SKIP TO Q11)</b>

9. What is the emphasis of this school or program? CIRCLE ONLY ONE NUMBER.

The art .....	1
Mathematics and/or science .....	2
Foreign language .....	3
Special instructional philosophy (e.g., Montessori, Fundamentals, etc.).....	4
Other (Please specify) _____	5
Students with disabilities (Specify disabilities)_____	6
_____	

10. Please circle all grades that participate in the special program.

Prekindergarten .....	3	5th.....	11
Transitional (or readiness) kindergarten .....	4	6th.....	12
Kindergarten.....	5	7th.....	13
Transitional first (or prefirst) grade .....	6	8th.....	14
1st .....	7	9th.....	15
2 <sup>nd</sup> .....	8	10th.....	16
3 <sup>rd</sup> .....	9	11th.....	17
4 <sup>th</sup> .....	10	12th.....	18

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

	Number	OR	Percent
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 Native Alaskan.....	_____		_____
f. Other (Please Specify) _____	_____		_____
g. TOTAL .....	_____		<u>100%</u>

12. How many children in your school were eligible for and participated in the following special services? WRITE IN NUMBERS BELOW. ENTER "0" IF SERVICE IS NOT PROVIDED.

	Eligible Children	Participating Children
a. Free breakfast? .....	_____	_____
b. Free school lunch program? .....	_____	_____
c. Reduced-price school lunch program?.....	_____	_____

13. Did your school receive federal Title 1 funds for this school year? CIRCLE ONE NUMBER.

- Yes..... 1 (GO TO Q14)
- No ..... 2 (SKIP TO Q17)
- Not applicable..... 3 (SKIP TO Q17)

14. Is your school operating a Title 1 school-wide program? CIRCLE ONE NUMBER.

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

15. Does your school use Title 1 for any of the following purposes? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
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 provide extended time learning opportunities before and/or after school for targeted children .....	1	2
d. To improve the entire educational program through a school-wide program.....	1	2
e. To provide professional development activities.....	1	2
f. To provide family literacy services.....	1	2

16. If your school is designated a targeted assistance school, how many students are served by the Title 1 program? WRITE IN NUMBER BELOW.

\_\_\_\_\_ Number of students

**II. SCHOOL FACILITIES AND RESOURCES**

17. In addition to basic funding or resources provided by the district or from tuition, do you receive funding or resources from any of the following sources? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
a. State compensatory funds?.....	1	2
b. Community fund raising? .....	1	2
c. Parent organization (PTA) fund raising?.....	1	2
d. Local/National business(es)? .....	1	2
e. Special Education programs or agencies?.....	1	2
f. Income from auxiliary services or affiliated enterprises? .....	1	2
g. Medicaid?.....	1	2
h. Impact aid?.....	1	2
i. Bilingual aid? .....	1	2
j. Migrant aid?.....	1	2
k. Other grants?.....	1	2

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

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

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.

	Do not have	Never adequate	Often not adequate	Sometimes not adequate	Always adequate
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 whether or not each type of equipment or service is available at this school. If the equipment or service is available, please indicate whether it is available for student use. Then provide the number of instructional **rooms** including classrooms, computer and other labs, library/media centers, etc., in which the equipment/service is available.

Equipment	Available at <u>school</u> ?		Available for <u>student use</u> ?	
	Yes	No	Yes	No
a. Computers with access to local area networks (LAN) .....	1	2 (GO TO Q21b)	1	2
b. Computers with CD-ROM (external or internal) .....	1	2 (GO TO Q21c)	1	2
c. Computers with wide area networks (WEB, Internet).....	1	2 (GO TO Q22)	1	2



22. About what percentage of the children enrolled in this school are from the surrounding neighborhood?  
WRITE IN PERCENTAGE BELOW.

\_\_\_\_\_ %

### III. COMMUNITY CHARACTERISTICS AND SCHOOL SAFETY

23. Which of these best describes the community in which this school is located? CIRCLE ONLY ONE NUMBER.

- A rural or farming community?..... 01
- A small city or town of fewer than 50,000 people that is not a suburb of a larger city?..... 02
- A medium-sized city (50,000 to 100,000) people?..... 03
- A suburb of a medium-sized city? ..... 04
- A large city (100,001 to 500,000 people)?..... 05
- A suburb of a large city?..... 06
- A very large city (over 500,000 people)?..... 07
- A suburb of a very large city ..... 08
- Military base or station?..... 09
- Indian reservation?..... 10

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

	<b>Big problem</b>	<b>Somewhat of a problem</b>	<b>No problem</b>	<b>Don't know</b>
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

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

	<b>Yes</b>	<b>No</b>
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

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

	<b>Yes</b>	<b>No</b>
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. Limits on going to the restrooms? .....	1	2
f. Teachers assigned to supervise the hallways? .....	1	2
g. Hall passes required to leave class? .....	1	2

**IV. SCHOOL POLICIES AND PRACTICES**

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

Yes..... 1  
 No ..... 2

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

**IF NO GRADE TESTED, CHECK HERE  SKIP TO Q30.**

	<b>Grade</b>	<b>Yes</b>	<b>No</b>
a.	Pre-kindergarten?.....	1	2
b.	Transitional (or readiness) kindergarten? .....	1	2
c.	Kindergarten?.....	1	2
d.	Transition first (or pre-first) grade?.....	1	2
e.	1st? .....	1	2
f.	2nd?.....	1	2
g.	3rd? .....	1	2
h.	4th?.....	1	2
i.	5th?.....	1	2
j.	6th?.....	1	2
k.	7th?.....	1	2
l.	8th?.....	1	2
m.	9th?.....	1	2
n.	10th?.....	1	2
o.	11th?.....	1	2
p.	12th?.....	1	2

29. Based on recent standardized tests, 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 ..... \_\_\_\_\_ %

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

	<b>True</b>	<b>False</b>
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 in kindergarten .....	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

31. How many **first grade** children were retained at their current grade levels last school year? WRITE IN NUMBER BELOW.

\_\_\_\_\_ Number of first graders retained last year

## V. SCHOOL-FAMILY-COMMUNITY CONNECTIONS

32. Are any 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.

	<b>Yes</b>	<b>No</b>
a. Before-school child care? .....	1	2
b. After-school child care? .....	1	2
c. Summer school or summer child-care programs? .....	1	2
d. Programs for migrants during the school year? .....	1	2
e. Programs for migrants during the summer? .....	1	2
f. Hearing or vision screening? .....	1	2
g. Child care so that parents can attend school parent meetings or events? .....	1	2

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

	<b>Yes</b>	<b>No</b>
a. Parenting education programs (e.g., classes on child development, education in being a parent, understanding children with special needs)? .....	1	2
b. Adult literacy program (including Adult Basic Education)? .....	1	2
c. Family literacy program? .....	1	2
d. Health or social services offered collaboratively by service agencies such as hospitals? .....	1	2
e. Orientation to school setting for new families? .....	1	2

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

	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.....	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. Teacher-parent conferences .....	1	2	3	4	5
e. Home visits to do one-on-one parent education.....	1	2	3	4	5
f. School performances to which parents are invited .....	1	2	3	4	5
g. Classroom programs like class plays, book nights, or family math nights.....	1	2	3	4	5
h. Fairs or social events planned to raise funds for the school.....	1	2	3	4	5
i. Workshops for teachers that focus on parent involvement .....	1	2	3	4	5

35. Which of the following are used to provide **first graders'** parents with information about their children's performance? CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
a. Standard Report Card (e.g., a letter grade assigned for each subject)?.....	1	2
b. Progress Report Form (narrative report)? .....	1	2
c. Competency Based Checklists? .....	1	2
d. Portfolio of Child's Work? .....	1	2
e. Standardized Test Scores? .....	1	2

36. Does this school have a school-based management committee or other decision-making body **other than** a school board, parent/teacher association (PTA), or parent/teacher organization? CIRCLE ONE NUMBER.

Yes ..... 1 **(GO TO Q37)**  
 No ..... 2 **(SKIP TO Q38)**

37. Are the following groups represented on your school-based management committee? CIRCLE ONE NUMBER ON EACH LINE. FOR EACH "YES," WRITE THE NUMBER OF COMMITTEE MEMBERS FROM EACH GROUP IN THE SPACE PROVIDED.

	<b>Yes</b>	<b>No</b>	<b>Number</b>
a. Administrators (e.g., principals, deans).....	1	2	_____
b. Teachers .....	1	2	_____
c. Personnel from district office or larger administration system.....	1	2	_____
d. School board members.....	1	2	_____
e. Parents.....	1	2	_____
f. Community representatives (from businesses, colleges and universities, civil rights groups, church groups, etc.).....	1	2	_____
g. Other (Please specify) _____	1	2	_____
_____			



**VI. SCHOOL PROGRAMS FOR SPECIAL POPULATIONS**

**ESL and Bilingual Education**

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

- Yes..... 1 **(GO TO Q39)**  
 No ..... 2 **(SKIP TO Q43)**

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

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

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

	<b>% Receiving Bilingual Services Only</b>	<b>% Receiving ESL Services Only</b>	<b>% Receiving Both ESL and Bilingual Services</b>
First Grade Children	_____	_____	_____

41. On average, how many years will a limited-English-proficient (LEP) first grader receive the following services at your school? WRITE IN THE YEARS BELOW.

	<b>Number of Years</b>
a. English-as-a-Second-Language (ESL) services .....	_____
b. Bilingual services .....	_____
c. Both ESL and bilingual services .....	_____

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

	<b>Yes</b>	<b>No</b>
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. Translation 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**

43. Are there any children with disabilities in this school receiving special education on any of the following plans? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
a. On Individualized Education Plans (IEP)?.....	1	2
b. On 504 plans based on section 504 of the Rehabilitation Act? .....	1	2
c. On both IEP and 504 plans?.....	1	2

44. Where are children with disabilities typically served in this school? CIRCLE ONLY ONE NUMBER.

Children with disabilities are not served in this school .....	1
Children with disabilities typically spend most of their day in separate classes .....	2
Children with disabilities typical spend most of their day in the regular classroom.....	3

45. For about what percent of children with IEP's (Individualized Education Plans) or 504s do the following statements apply? CIRCLE ONE NUMBER ON EACH LINE.

	None	25% or less	26% to 50%	51% to 75%	76% or more
a. Children with IEPs are exposed to the regular curriculum in at least one subject.....	1	2	3	4	5
b. Children with IEPs are exposed to the regular curriculum in mathematics and language arts.....	1	2	3	4	5
c. Children with IEPs are evaluated by the same standards for grading and evaluating performance as are other children.....	1	2	3	4	5
d. Children with IEPs are included in school-wide grade-level standardized testing programs.....	1	2	3	4	5

**Gifted and Talented**

46. Is there a gifted and talented program at this school?

- Yes..... 1 **(GO TO Q47)**  
 No ..... 2 **(SKIP TO Q49)**

47. Do children participate in a gifted and talented program at this school in...

	Yes	No
a. Transitional (or readiness) kindergarten? .....	1	2
b. Kindergarten? .....	1	2
c. Transitional first (or prefirst) grade? .....	1	2
d. 1st? .....	1	2
e. 2nd? .....	1	2
f. 3rd? .....	1	2
g. 4th? .....	1	2
h. 5th or higher? .....	1	2

48. About how many children in your school are participating in the gifted and talented program? WRITE IN NUMBER BELOW.

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

**VII. STAFFING AND TEACHER CHARACTERISTICS**

49. In terms of full-time equivalents (FTE), what is your total school staff? A person who works full time has an FTE of 1.0. A person who works half time for five days a week has an FTE of .5. WRITE IN NUMBER BELOW.

\_\_\_\_\_ TOTAL FULL-TIME FTE

50. For each of the following categories provide your best estimate of the number of full-time equivalent (FTE) staff in your school. Please include the FTE of any district-level staff providing services to the children you teach. If no staff are employed in a particular category, write "0". A person who works full time has an FTE of 1.0. A person who works half time for five days a week has an FTE of .5. If a single person acts in 2 or more positions, divide his/her time between these positions (for example .5 in one and .5 in the other).

**Full Time Equivalent Staff**

- a. Administrative staff ..... \_\_\_\_\_ . \_\_\_\_
- b. Regular classroom teachers..... \_\_\_\_\_ . \_\_\_\_
- c. Gym, drama, music, or art teachers ..... \_\_\_\_\_ . \_\_\_\_
- d. Compensatory education teachers (e.g., Title 1, teachers funded by state or local programs for poor or low-achieving children (DO NOT INCLUDE SPECIAL EDUCATION OR ESL/BILINGUAL)..... \_\_\_\_\_ . \_\_\_\_
- e. Teacher aides (DO NOT INCLUDE SPECIAL EDUCATION OR ESL/BILINGUAL) ..... \_\_\_\_\_ . \_\_\_\_
- f. Special education teachers ..... \_\_\_\_\_ . \_\_\_\_
- g. Special education aides ..... \_\_\_\_\_ . \_\_\_\_
- h. ESL/Bilingual teachers..... \_\_\_\_\_ . \_\_\_\_
- i. ESL/Bilingual aides ..... \_\_\_\_\_ . \_\_\_\_
- j. Librarians/media specialists ..... \_\_\_\_\_ . \_\_\_\_
- k. Speech therapists, and occupational or physical therapists ..... \_\_\_\_\_ . \_\_\_\_
- l. School nurses..... \_\_\_\_\_ . \_\_\_\_
- m. Reading specialists..... \_\_\_\_\_ . \_\_\_\_
- n. Math and Science specialists..... \_\_\_\_\_ . \_\_\_\_
- o. Foreign Language specialists..... \_\_\_\_\_ . \_\_\_\_

51. What is the lowest annual base salary currently paid to full-time teachers in your school? CIRCLE ONLY ONE NUMBER.

- Less than \$15,000 ..... 1
- \$15,000 to \$20,000 ..... 2
- \$20,001 to \$25,000 ..... 3
- \$25,001 to \$30,000 ..... 4
- More than \$30,000 ..... 5

52. What is the highest annual base salary currently paid to full-time teachers in your school? CIRCLE ONLY ONE NUMBER.

- Less than \$25,000 ..... 1
- \$25,000 to \$35,000 ..... 2
- \$35,001 to \$45,000 ..... 3
- \$45,001 to \$60,000 ..... 4
- More than \$60,000 ..... 5

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

	<b>Number OR</b>	<b>Percent</b>
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 Native Alaskan.....	_____	_____
f. Other (Please Specify).....	_____	_____
_____		
g. TOTAL NUMBER OF TEACHERS.....	_____	<u>100%</u>

54. If a person other than the school principal has answered Sections I to VII, please provide the following information: PLEASE PRINT.

**IF YOU ARE THE PRINCIPAL, CHECK HERE  GO TO Q55.**

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

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

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

\_\_\_\_\_   
 Title

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

**SECTIONS VIII AND IX SHOULD BE COMPLETED BY THE SCHOOL PRINCIPAL ONLY**

**VIII. SCHOOL GOVERNANCE AND CLIMATE**

55. How many times a year do you conduct formal classroom observations of individual teachers in your school? CIRCLE ONE NUMBER ON EACH LINE.

**Number of  
observations per year**

- |                              |   |   |   |   |   |    |
|------------------------------|---|---|---|---|---|----|
| a. Non-tenured teachers..... | 0 | 1 | 2 | 3 | 4 | 5+ |
| b. Tenured teachers .....    | 0 | 1 | 2 | 3 | 4 | 5+ |

56. How much emphasis do you place on the following goals and objectives for your teachers and how successful are your teachers in meeting these goals? CIRCLE ONE NUMBER ON EACH LINE FOR "A" AND ONE NUMBER ON EACH LINE FOR "B".

	A. Emphasis On Goal			B. Success of Your Teachers		
	No or Minor Emphasis	Moderate Emphasis	Major Emphasis	Not Very Successful	Somewhat Successful	Very Successful
a. Facilitating children's progress in language and number skills .....	1	2	3	1	2	3
b. Facilitating children's progress in social or behavioral skills .....	1	2	3	1	2	3
c. Facilitating children's progress in fine and gross motor skills .....	1	2	3	1	2	3
d. Raising average performance on standardized tests, screeners or readiness instruments .....	1	2	3	1	2	3
e. Maintaining a quiet and orderly class environment .....	1	2	3	1	2	3
f. Providing challenging tasks for higher-achieving children.....	1	2	3	1	2	3
g. Providing help to lower-achieving children to keep up with the class .	1	2	3	1	2	3
h. Communicating well with parents..	1	2	3	1	2	3
i. Working well with other staff .....	1	2	3	1	2	3
j. Openness to new ideas and methods .....	1	2	3	1	2	3
k. Participation in professional development activities .....	1	2	3	1	2	3

57. Indicate the extent to which you agree or disagree with the following statements about staff development opportunities at your school. CIRCLE ONE NUMBER ON EACH LINE.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. We have an active professional development program for teachers....	1	2	3	4	5
b. Teachers are very active in planning staff development activities in this school.....	1	2	3	4	5
c. There is adequate time for teacher professional development.....	1	2	3	4	5
d. This school offers incentives for teachers to improve their classroom management and instructional techniques.....	1	2	3	4	5



58. 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.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. The school-based management committee has developed good plans or concrete suggestions for school improvement .....	1	2	3	4	5
b. The teachers' professional association (or union) and the school administration work together to improve the achievement of children in this school.....	1	2	3	4	5
c. Parents are actively involved in this school's programs .....	1	2	3	4	5
d. Teacher absenteeism is a problem at this school.....	1	2	3	4	5
e. Teacher turnover is a problem at this school.....	1	2	3	4	5
f. Child absenteeism is a problem at this school.....	1	2	3	4	5
g. The community served by this school is supportive of its goals and activities .....	1	2	3	4	5
h. There is a consensus among administrators and teachers on goals and expectations .....	1	2	3	4	5
i. Order and discipline are maintained satisfactorily in the building(s) .....	1	2	3	4	5
j. Overcrowding is a problem at this school .....	1	2	3	4	5
k. Parents of children in this school are welcome to observe classes any time they are in session .....	1	2	3	4	5
l. Parents frequently ask me to assign/reassign their children to particular classes, teachers, or programs .....	1	2	3	4	5
m. I usually grant parent requests for particular classes, teachers, or programs .....	1	2	3	4	5

59. How much influence do the following have on how your job performance is evaluated? CIRCLE ONE NUMBER ON EACH LINE.

	<b>No influence</b>	<b>Some influence</b>	<b>A great deal of influence</b>
a. Standardized test scores.....	1	2	3
b. Raising the performance level of lower-achieving students.....	1	2	3
c. Attendance .....	1	2	3
d. School safety .....	1	2	3
e. Parent and community support.....	1	2	3
f. Parent involvement in school activities .....	1	2	3
g. Teacher and staff support .....	1	2	3
h. Participation in professional development activities.....	1	2	3
i. Other (Please specify) _____	1	2	3
_____			

**IX. PRINCIPAL CHARACTERISTICS**

60. What is your gender?

- Male ..... 1
- Female ..... 2

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

19 \_\_\_\_\_

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

- Yes ..... 1
- No ..... 2

63. Which best describes your race? CIRCLE ALL THAT APPLY.

- American Indian or Alaska Native ..... 1
- Asian ..... 2
- Black or African American..... 3
- Native Hawaiian or Other Pacific  
Islander..... 4
- White ..... 5

64. 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..... \_\_\_\_\_

65. How many years have you taught each of the following grades and programs? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.5). PLEASE INCLUDE PART-TIME TEACHING. WRITE "0" IF YOU HAVE NEVER TAUGHT THE GRADE OR PROGRAM LISTED.

**Total Years Grade or Program Taught**

- a. Preschool or Head Start ..... \_\_\_\_\_ . \_\_\_\_\_
- b. Kindergarten (including Transitional/Readiness Kindergarten and Transitional/pre-1st grade)..... \_\_\_\_\_ . \_\_\_\_\_
- c. First grade..... \_\_\_\_\_ . \_\_\_\_\_
- d. Second through fifth grade ..... \_\_\_\_\_ . \_\_\_\_\_
- e. Sixth grade or higher ..... \_\_\_\_\_ . \_\_\_\_\_
- f. English as a Second Language (ESL) program ..... \_\_\_\_\_ . \_\_\_\_\_
- g. Bilingual education program ..... \_\_\_\_\_ . \_\_\_\_\_
- h. Special education program..... \_\_\_\_\_ . \_\_\_\_\_
- i. Physical education program ..... \_\_\_\_\_ . \_\_\_\_\_
- j. Art or music program..... \_\_\_\_\_ . \_\_\_\_\_

66. How many college courses have you completed in the following areas? CIRCLE ONE NUMBER ON EACH LINE.

	Number of Courses						
a. Early childhood education .....	0	1	2	3	4	5	6+
b. Elementary education .....	0	1	2	3	4	5	6+
c. Special education .....	0	1	2	3	4	5	6+
d. English as a Second Language (ESL)....	0	1	2	3	4	5	6+
e. Child development.....	0	1	2	3	4	5	6+
f. Methods of teaching reading.....	0	1	2	3	4	5	6+
g. Methods of teaching mathematics.....	0	1	2	3	4	5	6+
h. Methods of teaching science.....	0	1	2	3	4	5	6+
i. School administration/management .....	0	1	2	3	4	5	6+

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

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

68. Please estimate how many hours you spend on average per week in the following activities. WRITE IN NUMBER OF HOURS BELOW.

**Hours Per Week**

- a. Working with teachers on instructional issues ..... \_\_\_\_\_
- b. Internal school management (weekly calendars, vendors, office, memos, etc.)..... \_\_\_\_\_
- c. Student discipline/attendance ..... \_\_\_\_\_
- d. Monitoring hallways, playground, lunchroom ..... \_\_\_\_\_
- e. Teaching ..... \_\_\_\_\_
- f. Talking and meeting with parents ..... \_\_\_\_\_
- g. Meeting with students..... \_\_\_\_\_
- h. Paperwork required by local, state, or federal authorities ..... \_\_\_\_\_

69. What is your best estimate of the number of children you know by name? CIRCLE ONLY ONE NUMBER.

- Nearly every child ..... 1
- 76% or more ..... 2
- 51% to 75% ..... 3
- 26% to 50% ..... 4
- 25% or less ..... 5

70. DATE QUESTIONNAIRE COMPLETED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

71. QUESTIONNAIRE COMPLETED BY:

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(MI)

THANK YOU FOR YOUR COOPERATION