

PRINCIPAL QUESTIONNAIRE

SCHOOLS AND STAFFING SURVEY

2003-04 SCHOOL YEAR



[Empty box for name, address, and ZIP code]

(Please correct any errors in name, address, and ZIP code.)

THIS SURVEY HAS BEEN ENDORSED BY:

American Counseling Association
American Federation of Teachers
Council of Chief State School Officers
Council of Great City Schools
National Association of Elementary School Principals
National Association of Secondary School Principals
National Center for Improving Science Education
National Education Association
National Middle School Association

NOTICE

This survey is authorized by Title I, Part E, Sections 151(b) and 153(a) of Public Law 107-279, the Education Sciences Reform Act of 2002.



DEAR PRINCIPAL:

The Schools and Staffing Survey is the largest sample survey of America's elementary and secondary schools. Your participation is important. Below are answers to some general questions.

WHAT IS THE PURPOSE OF THIS SURVEY?

The purpose of this survey is to obtain information about principals, such as professional background, training, and experience.

WHO IS CONDUCTING THIS SURVEY?

The U.S. Census Bureau is conducting this survey for the National Center for Education Statistics (NCES) of the U.S. Department of Education.

WHY SHOULD YOU PARTICIPATE IN THIS SURVEY?

Policymakers and educational leaders rely on data from this survey to inform their decisions concerning K-12 schools. Because it is a sample survey, your responses represent the responses of many. Higher response rates give us confidence that the findings are accurate.

WILL YOUR RESPONSES BE KEPT CONFIDENTIAL?

Your responses are protected from disclosure by federal statute (P.L. 107-279, Title I, Part E, 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 purposes, unless otherwise compelled by law.

HOW WILL YOUR INFORMATION BE REPORTED?

The information you provide will be combined with the information provided by others in statistical reports. No individual data that links your name, address, or telephone number with your responses will be included in the statistical reports.

WHERE SHOULD YOU RETURN YOUR COMPLETED QUESTIONNAIRE?

Please place your completed questionnaire in the enclosed envelope and follow the return instructions provided by your Census Bureau field representative.

WE HOPE YOU WILL PARTICIPATE IN THIS VOLUNTARY SURVEY.

SINCERELY,



**JEFFREY A. OWINGS
ASSOCIATE COMMISSIONER
NATIONAL CENTER FOR EDUCATION STATISTICS
ELEMENTARY/SECONDARY AND LIBRARY STUDIES DIVISION**



INSTRUCTIONS

- a. It is important that this questionnaire be completed by the school PRINCIPAL, not by anyone else.
- b. Please use black ink to complete this questionnaire. Do not write any comments near the answer spaces.
- c. If you are unsure about how to answer a question, please give the best answer you can rather than leave it blank.
- d. If you have any questions, call the Census Bureau at 1-800-221-1204. Someone will be available to take your call Monday through Friday, between 8:30 a.m. and 5:00 p.m. (Eastern Time). The Census Bureau is also available to answer your questions via e-mail at: dsd.sass@census.gov.
- e. **At the end of the survey, you will be asked how long it took to complete this questionnaire. Please record the time you begin.**

: Time started

YOUR COMMENTS


Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0598. The time required to complete this information collection is estimated to average 30 minutes per response, including the time spent to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, e-mail: dsd.sass@census.gov, or write directly to: Schools and Staffing Survey, National Center for Education Statistics, 1990 K Street, N.W., #9018, Washington, DC 20006.



EXPERIENCE, TRAINING, AND WORKING CONDITIONS

1. PRIOR to this school year, how many years did you serve as the principal of THIS OR ANY OTHER school?


 Count part of a year as 1 year. If none, please mark (X) the box.

0 None

0025

Year(s) as principal of this or any school

2. PRIOR to this school year, how many years did you serve as the principal of THIS school?


 Count part of a year as 1 year. If none, please mark (X) the box.

0 None

0026

Year(s) as principal of this school

3. Before you became a principal, how many years of elementary or secondary teaching experience did you have?


 Count part of a year as 1 year. If none, please mark (X) the box.

0 None

0027

Year(s) of teaching before becoming a principal

4. SINCE becoming a principal, how many years of elementary or secondary teaching experience have you had?

 Count part of a year as 1 year. If none, please mark (X) the box.

0 None → **GO TO item 6 on page 5.**

0028

Year(s) of teaching since becoming a principal

5. In addition to serving as principal, are you currently teaching in this school?

0029


1 Yes

2 No

YOUR COMMENTS



6. BEFORE you became a principal, did you hold the following school positions?

 *Include temporary positions.*

a. Department head

0030 1 Yes

2 No

b. Curriculum specialist or coordinator

0031 1 Yes

2 No

c. Assistant principal or program director

0032 1 Yes

2 No

d. Guidance counselor

0033 1 Yes

2 No

e. Library media specialist/Librarian

0034 1 Yes

2 No

f. Athletic coach/Athletic director

0035 1 Yes

2 No

g. Sponsor for student clubs, debate teams

0036 1 Yes

2 No

7. Before you became a principal, did you participate in a district or school training or development program for ASPIRING school principals?

0037 1 Yes

2 No

8. Have you ever participated in a training program for Indian education administration?

0038 1 Yes

2 No



9. What is the highest degree you have earned?

🍏 *Mark (X) only one box.*

- 0039
- 1 Associate degree
 - 2 Bachelor's degree (B.A., B.S., B.E., etc.)
 - 3 Master's degree (M.A., M.A.T., M.B.A., M.Ed., M.S., etc.)
 - 4 Education specialist or professional diploma (at least one year beyond master's level)
 - 5 Doctorate or first professional degree (Ph.D., Ed.D., M.D., L.L.B., J.D., D.D.S.)
 - 6 Do not have a degree

10. How many total hours do you spend on ALL school-related activities for this school during a typical FULL WEEK?

🍏 *Include hours spent working during the school day, before school, after school, and on weekends.*

0040 Total weekly hours

11. How many total hours do you spend interacting with students during a typical FULL WEEK at this school?

🍏 *Include both formal and informal interactions.*

0041 Total weekly hours

12. How many months is the contract year for your position as principal of this school?

🍏 *Mark (X) only one box.*

- 0042
- 1 Less than 9 months
 - 2 9 months
 - 3 9-1/2 months
 - 4 10 months
 - 5 10-1/2 months
 - 6 11 months
 - 7 11-1/2 months
 - 8 12 months

YOUR COMMENTS



13. Please indicate the extent to which you agree or disagree with each of the following statements.

🍏 *Mark (X) ONE box on each line.*

a. The stress and disappointments involved in serving as principal of this school aren't really worth it.

0043

Strongly agree

Somewhat agree

Somewhat disagree

Strongly disagree

1

2

3

4

b. The faculty and staff at this school like being here; I would describe them as a satisfied group.

0044

1

2

3

4

c. I like the way things are run in this district.

0045

1

2

3

4

d. If I could get a higher paying job, I'd leave education as soon as possible.

0046

1

2

3

4

e. I think about transferring to another school.

0047

1

2

3

4

f. I don't seem to have as much enthusiasm now as I did when I began my career as a principal.

0048

1

2

3

4

g. I think about staying home from school because I'm just too tired to go.

0049

1

2

3

4

YOUR COMMENTS





GOALS AND DECISION MAKING

14. We are interested in the importance you place on various educational goals. From the following nine goals, which do you consider the most important, the second most important, and the third most important?

1 - Building basic literacy skills (reading, math, writing, speaking)

2 - Encouraging academic excellence

3 - Promoting occupational or vocational skills

4 - Promoting good work habits and self-discipline

5 - Promoting personal growth (self-esteem, self-knowledge, etc.)

6 - Promoting human relations skills

7 - Promoting specific moral values

8 - Promoting multi-cultural awareness or understanding

9 - Fostering religious or spiritual development

0056 Most important

0057 Second most important

0058 Third most important

YOUR COMMENTS



15. How much ACTUAL influence do you think each group or person has on decisions concerning the following activities?

a. SETTING PERFORMANCE STANDARDS FOR STUDENTS AT THIS SCHOOL

🍏 *Mark (X) ONE box on each line.*

(1) State department of education or other state-level bodies (e.g., state board of education) 0059

No influence	Minor influence	Moderate influence	Major influence	Not applicable
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1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(2) Local school board 0060

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(3) School district staff 0061

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(4) Principal 0062

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
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(5) Teachers 0063

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
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(6) Curriculum specialists 0064

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(7) Parent association 0065

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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b. ESTABLISHING CURRICULUM AT THIS SCHOOL

(1) State department of education or other state-level bodies (e.g., state board of education) 0066

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(2) Local school board 0067

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(3) School district staff 0068

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(4) Principal 0069

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
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(5) Teachers 0070

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
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(6) Curriculum specialists 0071

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(7) Parent association 0072

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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YOUR COMMENTS



15. Continued –

How much ACTUAL influence do you think each group or person has on decisions concerning the following activities?

c. DETERMINING THE CONTENT OF IN-SERVICE PROFESSIONAL DEVELOPMENT PROGRAMS FOR TEACHERS AT THIS SCHOOL

Mark (X) ONE box on each line.

(1) State department of education or other state-level bodies (e.g., state board of education) 0073

No influence	Minor influence	Moderate influence	Major influence	Not applicable
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

(2) Local school board 0074

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(3) School district staff 0075

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(4) Principal 0076

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
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(5) Teachers 0077

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
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(6) Curriculum specialists 0078

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(7) Parent association 0079

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(8) College and university partners 0080

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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d. EVALUATING TEACHERS AT THIS SCHOOL

(1) State department of education or other state-level bodies (e.g., state board of education) 0081

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(2) Local school board 0082

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(3) School district staff 0083

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(4) Principal 0084

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
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(5) Teachers 0085

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
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(6) Curriculum specialists 0086

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(7) Parent association 0087

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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15. Continued –

How much ACTUAL influence do you think each group or person has on decisions concerning the following activities?

e. HIRING NEW FULL-TIME TEACHERS AT THIS SCHOOL

🍏 *Mark (X) ONE box on each line.*

(1) State department of education or other state-level bodies (e.g., state board of education) 0088

No influence	Minor influence	Moderate influence	Major influence	Not applicable
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1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(2) Local school board 0089

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(3) School district staff 0090

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(4) Principal 0091

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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(5) Teachers 0092

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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(6) Curriculum specialists 0093

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(7) Parent association 0094

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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f. SETTING DISCIPLINE POLICY AT THIS SCHOOL

(1) State department of education or other state-level bodies (e.g., state board of education) 0095

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(2) Local school board 0096

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(3) School district staff 0097

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(4) Principal 0098

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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(5) Teachers 0099

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
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(6) Curriculum specialists 0100

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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(7) Parent association 0101

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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YOUR COMMENTS



15. Continued –

How much ACTUAL influence do you think each group or person has on decisions concerning the following activities?

g. DECIDING HOW YOUR SCHOOL BUDGET WILL BE SPENT

Mark (X) ONE box on each line.

(1) State department of education or other state-level bodies (e.g., state board of education)

0102

No influence

Minor influence

Moderate influence

Major influence

Not applicable

1

2

3

4

5

(2) Local school board

0103

1

2

3

4

5

(3) School district staff

0104

1

2

3

4

5

(4) Principal

0105

1

2

3

4

(5) Teachers

0106

1

2

3

4

(6) Curriculum specialists

0107

1

2

3

4

5

(7) Parent association

0108

1

2

3

4

5

YOUR COMMENTS





TEACHER AND PRINCIPAL PROFESSIONAL DEVELOPMENT

16. Does this school have its own budget for professional development, that is, an amount of money that YOU control?

- 0115 1 Yes
2 No

17. Does this school provide INSTRUCTIONAL AIDES with time for professional development during regular contract hours?

(Instructional aides are sometimes called paraprofessionals.)

- 0116 1 Yes
2 No

18. Does this school provide TEACHERS with time for professional development during regular contract hours?

- 0117 1 Yes

2 No → *GO TO item 20 on page 14.*

19. Are the following used to provide teachers in this school with time for professional development during regular contract hours?

a. Substitute teachers to cover teachers' classes

- 0118 1 Yes
2 No

b. Early dismissal or late start for students

- 0119 1 Yes
2 No

c. Professional days built in before the beginning of the students' school year

- 0120 1 Yes
2 No

d. Professional days built in during the students' school year

- 0121 1 Yes
2 No

e. Professional days built in after the students' school year

- 0122 1 Yes
2 No

f. Common planning time for teachers for professional development

- 0123 1 Yes
2 No

g. Reduced teacher work loads (less time in the classroom with students or less time on assigned non-instructional duties) for professional development

- 0124 1 Yes
2 No



20. How often is professional development for teachers at this school –

🍏 *Mark (X) ONE box on each line.*

Never	Rarely	Sometimes	Frequently	Always
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a. Designed or chosen to support the school's improvement goals?	0125	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Designed or chosen to support the district's improvement goals?	0126	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Designed or chosen to support the implementation of state or local standards?	0127	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Evaluated for evidence of improvement in teacher classroom practice?	0128	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Evaluated for evidence of effects on student achievement?	0129	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Considered part of teachers' regular work?	0130	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Planned by teachers in this school or district?	0131	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Presented by teachers in this school or district?	0132	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Accompanied by the resources that teachers need (e.g., time and materials) to make changes in the classroom?	0133	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

YOUR COMMENTS



21. In the past 12 months, have YOU participated in the following kinds of professional development?

a. University course(s) related to your role as principal

- 0134 1 Yes
2 No
-

b. Visits to other schools designed to improve your own work as principal

- 0135 1 Yes
2 No
-

c. Individual or collaborative research on a topic of interest to you professionally

- 0136 1 Yes
2 No
-

d. Mentoring and/or peer observation and coaching of principals, as part of a formal arrangement that is recognized or supported by the school or district

- 0137 1 Yes
2 No
-

e. Participating in a principal network (e.g., a group of principals organized by an outside agency or through the Internet)

- 0138 1 Yes
2 No
-


f. Workshops, conferences, or training in which you were a presenter

- 0139 1 Yes
2 No
-

g. Other workshops or conferences in which you were not a presenter

- 0140 1 Yes
2 No
-

22. In the past 12 months, how often have you participated in professional development activities WITH TEACHERS from THIS school?

 Mark (X) only one box.

- 0141 1 Never
2 Once or twice
3 3–5 times
4 6 or more times
-

23. Are you a member of a national professional association of principals? (e.g., National Association of Elementary School Principals, National Association of Secondary School Principals, etc.)

- 0142 1 Yes
2 No



IV TEACHER AND SCHOOL PERFORMANCE

24. In your opinion, what percentage of teachers in this school are presently teaching to high academic standards?

0149 Percent

25. Are the following considered barriers to the dismissal of poor-performing or incompetent teachers at this school?

a. Personnel policies

0150 1 Yes
2 No

b. Termination decisions not upheld

0151 1 Yes
2 No

c. Length of time required for termination process

0152 1 Yes
2 No

d. Effort required for documentation

0153 1 Yes
2 No

e. Tight deadlines for completing documentation

0154 1 Yes
2 No

f. Tenure

0155 1 Yes
2 No

g. Teacher associations or unions

0156 1 Yes
2 No

h. Dismissal is too stressful and/or uncomfortable for you

0157 1 Yes
2 No

i. Difficulty in obtaining suitable replacements

0158 1 Yes
2 No

j. Resistance from parents

0159 1 Yes
2 No



26a. Does this school have a formal school improvement plan?

- 0160
- 1 Yes
- 2 No → **GO TO item 27a below.**

b. Do you use any of the following to assess this school's progress on that plan?

(1) State or national tests

- 0161
- 1 Yes
- 2 No

(2) Parent or student surveys

- 0162
- 1 Yes
- 2 No

(3) Student portfolios

- 0163
- 1 Yes
- 2 No

27a. Has either your district or state established school PERFORMANCE standards?

- 0164
- 1 Yes
- 2 No → **GO TO item 31a on page 20.**

b. LAST school year (2002-03), was this school evaluated on district or state PERFORMANCE standards?

- 0165
- 1 Yes
- 2 No

28. Which of the following best describes this school's performance last year?

🍏 *Mark (X) only one box.*

- 0166
- 1 Passed all district and state performance standards → **GO TO item 29 on page 18.**
- 2 Passed most district and state performance standards
- 3 Passed some district and state performance standards } → **GO TO item 30 on page 19.**
- 4 Passed no district and state performance standards

YOUR COMMENTS



29. As a result of meeting these goals LAST school year (2002-03), did this school –
a. Receive cash bonuses or additional resources that support schoolwide activities?

- 0167 1 Yes
2 No

b. Receive cash bonuses or additional resources to distribute to teachers?

- 0168 1 Yes
2 No

c. Receive non-monetary forms of recognition?

- 0169 1 Yes – *Please specify.* ⁵¹⁶⁹ →
2 No

STOP → **GO TO** *item 31a on page 20.*

YOUR COMMENTS



30. As a result of not meeting some or all of your district or state performance standards LAST school year (2002-03), was this school -

a. Required to write or modify a school or program improvement plan as a result of not meeting performance standards?

- 0170 1 Yes
2 No
-

b. Put on an evaluation cycle with required improvement by specific dates as a result of not meeting performance standards?

- 0171 1 Yes
2 No
-

c. Provided with additional resources to support instructional improvement?

- 0172 1 Yes
2 No
-

d. Penalized by a reduction in resources?

- 0173 1 Yes
2 No
-

e. Required to replace the principal with a new principal, an administrative director, or a manager?

- 0174 1 Yes
2 No
-

f. Subject to reconstitution or takeover regulations?

- 0175 1 Yes
2 No
-

g. Required to provide supplemental educational services (e.g., extra classes or tutoring by an outside provider) to students at no cost to themselves or their families?

- 0176 1 Yes
2 No
-

h. Required to provide a school "choice" program in which students can attend other schools within the district, schools in other districts, or private schools at no tuition cost to themselves or their families?

- 0177 1 Yes
2 No



V SCHOOL CLIMATE AND SAFETY

31a. Does this school currently have a drug, alcohol, or tobacco use prevention program?

0185

1 Yes

2 No → *GO TO item 32a below.*

b. Is there a formal procedure in place to assess the effectiveness of this prevention program?

0186

1 Yes

2 No

32a. Does this school currently have a violence prevention program?

0187

1 Yes

2 No → *GO TO item 33 below.*

b. Is there a formal procedure in place to assess the effectiveness of this prevention program?

0188

1 Yes

2 No

33. LAST school year (2002-03), how many students were expelled from this school, that is, removed or transferred for at least the remainder of the school year?

If none, please mark (X) the box.

0189

0 None

, Students

34. What was the total number of suspensions during the LAST school year (2002-03)?

Include in-school and out-of-school suspensions. If none, please mark (X) the box.

0190

0 None

, Suspensions

YOUR COMMENTS



35. THIS school year (2003-04), is it the practice of this school to do the following?

a. Control access to school buildings during school hours (e.g., locked or monitored doors)

- 0191 1 Yes
2 No
-

b. Control access to school grounds during school hours (e.g., locked or monitored gates)

- 0192 1 Yes
2 No
-

c. Require students to pass through metal detectors each day

- 0193 1 Yes
2 No
-

d. Perform random metal detector checks on students

- 0194 1 Yes
2 No
-

e. Require that all or most students stay on campus during lunch

- 0195 1 Yes
2 No
-

f. Use random dog sniffs to check for drugs

- 0196 1 Yes
2 No
-

g. Perform random sweeps for contraband (e.g., drugs or weapons), but not including dog sniffs

- 0197 1 Yes
2 No
-

h. Require students to wear uniforms

- 0198 1 Yes
2 No
-

i. Enforce a strict dress code

- 0199 1 Yes
2 No
-

j. Require clear book bags or ban book bags on school grounds

- 0200 1 Yes
2 No



35. Continued –
THIS school year (2003-04), is it the practice of this school to do the following?

k. Require students to wear badges or picture IDs

- 0201 1 Yes
 2 No


l. Use one or more security cameras to monitor the school

- 0202 1 Yes
 2 No

m. Maintain a daily presence of police or security personnel

- 0203 1 Yes
 2 No


36. To the best of your knowledge, how often do the following types of problems occur at this school?

 Mark (X) ONE box for each line.

		Happens daily	Happens at least once a week	Happens at least once a month	Happens on occasion	Never happens
a. Physical conflicts among students	0204	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Robbery or theft	0205	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Vandalism	0206	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Student use of alcohol	0207	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Student use of illegal drugs	0208	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Student possession of weapons	0209	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Physical abuse of teachers	0210	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Student racial tensions	0211	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Student bullying	0212	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Student verbal abuse of teachers	0213	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Widespread disorder in classrooms	0214	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Student acts of disrespect for teachers	0215	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Gang activities	0216	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



37. To what extent is each of the following a problem in this school?

 Mark (X) ONE box for each line.

		Not a problem	Minor problem	Moderate problem	Serious problem
a. Student tardiness	0217	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Student absenteeism	0218	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Student class cutting	0219	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Teacher absenteeism	0220	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Student pregnancy	0221	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Students dropping out	0222	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Student apathy	0223	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Lack of parent involvement	0224	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Poverty	0225	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Students come to school unprepared to learn	0226	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Poor student health	0227	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

YOUR COMMENTS



VI PARENT OR GUARDIAN INVOLVEMENT

38. LAST school year (2002-03), what percentage of students had at least one parent or guardian participating in the following events?

		Mark (X) ONE box for each line.				
		0-25%	26-50%	51-75%	76-100%	Not applicable
a. Open house or back-to-school night	0234	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. All regularly scheduled schoolwide parent-teacher conferences	0235	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. One or more special subject-area events (e.g., science fair, concerts, etc.)	0236	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

39. LAST school year (2002-03), were the following offered to parents or guardians?

a. Parent/Guardian education workshops or courses

- 0237 1 Yes
2 No

b. A written contract between the school and parent/guardian

- 0238 1 Yes
2 No

c. Opportunities for parents/guardians to serve as volunteers in the school on a regular basis

- 0239 1 Yes
2 No

YOUR COMMENTS



40. THIS school year (2003-04), does this school have the following?

a. A staff member assigned to work on parent involvement

- 0240 1 Yes
2 No
-

b. A log of parent participation maintained by parents or staff

- 0241 1 Yes
2 No
-

c. A reliable system of communication with parents, such as newsletters or phone trees

- 0242 1 Yes
2 No
-

d. Services to support parent participation, such as providing child care or transportation

- 0243 1 Yes
2 No
-

e. A parent drop-in center or lounge

- 0244 1 Yes
2 No
-

f. A requirement that teachers send information home to parents explaining school lessons

- 0245 1 Yes
2 No
-

g. A requirement that teachers provide suggestions for activities that parents can do at home with their child

- 0246 1 Yes
2 No
-

h. A requirement that teachers create homework assignments that involve parents

- 0247 1 Yes
2 No

YOUR COMMENTS



VII DEMOGRAPHIC INFORMATION

41. Are you male or female?

- 0254 1 Male
2 Female

42. Are you of Hispanic or Latino origin?

- 0255 1 Yes
2 No

43a. What is your race?

 Mark (X) one or more races to indicate what you consider yourself to be.

- 0256 1 White
0257 1 Black or African American
0258 1 Asian
0259 1 Native Hawaiian or Other Pacific Islander
0260 1 American Indian or Alaska Native




b. Are you enrolled in a state or federally recognized tribe?

- 0261 1 Yes
2 No

44. What is your year of birth?


0262 Year of birth

45. What is your current ANNUAL salary for your position at this school before taxes and deductions?

 If your position includes multiple duties (e.g., you teach a class and serve as principal at this school), please include your entire salary before taxes and deductions. Please report in whole dollars.


0263 \$, . Per year

46. How much time did it take you to complete this form, not counting interruptions?

 Please record the time in minutes, e.g., 25 minutes, 35 minutes, etc.

0264 Minutes

47. Please enter the date you completed this questionnaire.

 Report month as a number, i.e., 01 for January, 02 for February, etc.

0265 Month Day Year



Please place the questionnaire in the enclosed envelope and follow the return instructions provided by your Census Bureau field representative.

Thank you very much for your participation in this survey.

To learn more about this survey and to access reports from earlier collections, see the Schools and Staffing Survey (SASS) web site at:

<http://nces.ed.gov/surveys/sass>

Additional data collected by the National Center for Education Statistics (NCES) on a variety of topics in elementary, secondary, postsecondary, and international education are available from NCES' web site at:

<http://nces.ed.gov>

For additional data collected by various Federal agencies, including the Department of Education, visit the FedStats site at:

<http://www.fedstats.gov>



