OMB No. 1850-0598: Approval Expires 12/31/94

NOTICE – This report is authorized by law (20 U.S. Code 1221e). Your answers will be kept strictly **confidential.** Results from this survey will appear in summary or statistical form only, so that individuals cannot be identified.

FORM **SASS-5(C)**
(11-15-93)

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

STUDENT RECORDS QUESTIONNAIRE

SCHOOLS AND STAFFING SURVEY

1993–94 SCHOOL YEAR

Conducted by:

U.S. Department of Commerce
Bureau of the Census

SASS

THIS SURVEY HAS BEEN ENDORSED BY:

American Association of School Administrators
American Counseling Association
American Federation of Teachers
Council of Chief State School Officers
Council of the 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 Science Foundation
American Indian Higher Education Consortium
Association of Community Tribal Schools
Bureau of Indian Affairs
National Advisory Council on Indian Education
National Indian Education Association
National Indian School Board Association
Navajo Area School Board Association
Office of Indian Education Programs

American Montessori Society
Christian Schools International
Council for American Private Education
Evangelical Lutheran Church in America
Executive Assistant to the Secretary for Private Education
Friends Council on Education
General Conference of the Seventh-Day Adventist Church
Lutheran Church – Missouri Synod
National Association of Episcopal Schools
National Association of Independent Schools
National Association of Private Schools for Exceptional Children
National Catholic Educational Association
National Independent Private School Association
Oral Roberts University Educational Fellowship
Solomon Schechter Day School Association
Torah Umesorah – National Society for Hebrew Day Schools
United States Catholic Conference
Wisconsin Evangelical Lutheran Synod

1. WHO SHOULD COMPLETE THIS SURVEY

This survey should be completed by the school principal or other school staff member who is familiar with the students' school records.

2. DESCRIPTION OF SURVEY PACKET

This survey packet consists of several individual questionnaires bound together. On page 1 of each questionnaire, we have provided the student's name and name of the teacher and class period from which the student was selected.

3. HOW TO FILL THE INDIVIDUAL STUDENT QUESTIONNAIRES

(a) Complete each questionnaire with information ONLY about the student named at the top of page 1.

(b) Above each student's name, we have listed the teacher's name and class period from which the student was selected. If two or more students in this school have the same name, please verify that you are answering for the correct student.

(c) The questions on page 1 ask if the student was taught by each of three selected teachers. Every student may not have been taught by every teacher. Please do NOT cross out the teachers' names or substitute another teacher.

(d) If a student is no longer at this school, complete items 1–9 and indicate the student's current status in item 10 on page 2. Please do NOT substitute another student.

(e) Please use the "Notes" space for any explanations or comments.

4. IF YOU HAVE QUESTIONS

If you have any questions, please call the Bureau of the Census at 1–800–221–1204. Someone will be available to take your call Monday through Friday, between 8:00 a.m. and 4:30 p.m. (Eastern Time).

5. TIME REQUIRED

Please keep count of the time required to complete this survey packet. At the end, you are asked to record the amount of time spent.

6. HOW TO RETURN THE SURVEY PACKET

Please return the completed survey packet in the enclosed envelope to:

Bureau of the Census
Current Projects Branch
1201 East 10th Street
Jeffersonville, IN 47132-0001

Please return it within two weeks.

U.S. DEPARTMENT OF EDUCATION
OFFICE OF EDUCATIONAL RESEARCH AND IMPROVEMENT

SASS-5-L2
(10-93)

NATIONAL CENTER FOR EDUCATION STATISTICS

DEAR PRINCIPAL:

Enclosed is the Student Records Questionnaire for the students' names you recently provided by telephone to the U.S. Bureau of the Census.

WHO IS CONDUCTING THIS SURVEY?

The National Center for Education Statistics (NCES), of the U.S. Department of Education, requests your participation in the Student Records Survey. The U.S. Bureau of the Census is conducting this survey for NCES by the authority of Section 406(b) of the General Education Provisions Act, as amended (20 USC 1221e).

WHY IS NCES SPONSORING THIS SURVEY?

The purpose of this survey is to provide nationwide information on the types of services students receive, the types of math and science courses they are enrolled in, and the relationships between students and their schools and teachers.

WHY SHOULD YOUR SCHOOL PARTICIPATE IN THIS SURVEY?

We are conducting this survey with only a sample of students. Therefore, it is important to receive responses for each student selected to be in the sample since he/she represents many other students nationally. We will treat your data as confidential and will report it only in statistical summaries, so that individual students cannot be identified. Therefore, I encourage you to participate in this voluntary survey.

WHERE SHOULD YOU MAIL YOUR COMPLETED SURVEY PACKET?

Mail your completed survey packet in the enclosed envelope to:

Bureau of the Census
Current Projects Branch
1201 East 10th Street
Jeffersonville, IN 47132-0001

THANK YOU FOR YOUR COOPERATION IN THIS VERY IMPORTANT EFFORT.

SINCERELY,

EMERSON J. ELLIOTT
COMMISSIONER

INFORMATION ABOUT REPORTING BURDEN

Public reporting burden for this collection of information is estimated to average 90 minutes, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, Information Management and Compliance Division, Washington, DC 20202-4651 and to the Office of Management and Budget, Paperwork Reduction Project 1850-0598, Washington, DC 20503.

WASHINGTON, DC 20208-5652

NOTICE – This report is authorized by law (20 U.S. Code 1221e). Your answers will be kept strictly **confidential**. Results from this survey will appear in summary or statistical form only, so that individuals cannot be identified.

1a. Excluding homeroom, study halls, and free periods, was this student taught by

?

PGM 3

100
1 ☐ Yes
2 ☐ No → GO to Item 2a

b. Did he/she teach this student all or most of the day?

105
1 ☐ Yes → GO to Item 2a
2 ☐ No

c. List the classes that he/she taught this student on or about the date shown above. Record the number of times per week that each class met. Do not include homeroom, study halls, and free periods.

Class name	Meetings per week
110	115
120	125
130	135

2a. Excluding homeroom, study halls, and free periods, was this student taught by

?

140
1 ☐ Yes
2 ☐ No → GO to Item 3a

b. Did he/she teach this student all or most of the day?

145
1 ☐ Yes → GO to Item 3a
2 ☐ No

c. List the classes that he/she taught this student on or about the date shown above. Record the number of times per week that each class met. Do not include homeroom, study halls, and free periods.

Class name	Meetings per week
150	155
160	165
170	175

3a. Excluding homeroom, study halls, and free periods, was this student taught by

?

180
1 ☐ Yes
2 ☐ No → [redacted]

b. Did he/she teach this student all or most of the day?

185
1 ☐ Yes → [redacted]
2 ☐ No

c. List the classes that he/she taught this student on or about the date shown above. Record the number of times per week that each class met. Do not include homeroom, study halls, and free periods.

Class name	Meetings per week
190	195
200	205
210	215

4. Is this student male or female?

- ☐ Male
- ☐ Female

5. What is this student's date of birth?

Month	Day	Year
		1 9

6. What is this student's country of birth?

- ☐ USA
- ☐ Other

7a. What is this student's race or ethnicity?

- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Hispanic, regardless of race
- ☐ Black, not of Hispanic origin
- ☐ White, not of Hispanic origin

→ ***GO to item 8a***

b. What American Indian tribe or Alaska Native village is this student a member of?
Specify →

240 ☐☐☐☐
(Office Use Only)

245 ☐ Don't know

c. Is this student enrolled in that tribe or village?

250
- ☐ Yes
- ☐ No
- ☐ Don't know

d. Is this student currently enrolled in a class taught by an American Indian or Alaska Native teacher?

255
- ☐ Not currently enrolled at this school
- ☐ Yes
- ☐ No

e. At this school, is this student currently receiving counseling from an American Indian or Alaska Native counselor?

- ☐ Not currently enrolled at this school
- ☐ Yes
- ☐ No

8a. Has this student ever dropped out of or withdrawn from this school?
Do not include transfers to another school.

265
- ☐ Yes
- ☐ No → ***GO to item 9***

b. For which of the following reasons did this student drop out or withdraw?
Mark (X) all that apply.

270 1 ☐ Alcohol or drug abuse
275 2 ☐ Alienation or isolation
280 3 ☐ Did not like school, teachers, or other students
285 4 ☐ Discrimination
290 5 ☐ Employment
295 6 ☐ Family problems
300 7 ☐ Friends withdrew or dropped out
305 8 ☐ Parenthood or pregnancy
310 9 ☐ Poor grades
315 10 ☐ Other –*Specify*

316 _____

320 11 ☐ Don't know

9. Has this student ever been suspended or expelled from this school due to alcohol or drug abuse?

PGM 5

325
- 1 ☐ Yes
- 2 ☐ No

10. What is this student's CURRENT status at this school?

330
- 1 ☐ Enrolled
- 2 ☐ Suspended
- 3 ☐ Expelled
- 4 ☐ Transferred to another school
- 5 ☐ Withdrawn/Dropout/Chronic truant *(See definition below)*
- 6 ☐ Deceased

→ ***GO to next student***

11. Prior to this school, which of the following types of schools did this student attend?
Mark (X) all that apply.

335 1 ☐ Public school
340 2 ☐ Private school
345 3 ☐ Bureau of Indian Affairs-funded school
350 4 ☐ No other school attended
355 5 ☐ Don't know

DEFINITION

Question 10 – Withdrawn/Dropout/Chronic Truant – An individual who has not been in school for 4 consecutive weeks or more and is not absent due to illness or injury.

12. What is the primary language spoken in this student's home? *Mark (X) only one box.*

360
- 1 ☐ English
- 2 ☐ Spanish
- 3 ☐ American Indian or Alaska Native language
- 4 ☐ Other

13. Is this student classified as limited English proficient (LEP)? *(See definition below)*

365
- 1 ☐ Yes
- 2 ☐ No

14. Does this student receive free or reduced-price lunches through the National School Lunch Program?

370
- 1 ☐ Yes
- 2 ☐ No

15. Which of the following services does this student receive? *Mark (X) all that apply.*

375 1 ☐ Gifted and talented
380 2 ☐ Remedial education
385 3 ☐ Chapter 1
390 4 ☐ Before-school or after-school care
395 5 ☐ Indian Education Act (Title V)
400 6 ☐ English as a Second Language (ESL)/ English for Speakers of Other Languages (ESOL) *(See definition below)*
405 7 ☐ Bilingual education *(See definition below)*
410 0 ☐ None of the above

16a. Is this student receiving special education services under the Individuals with Disabilities Education Act (IDEA)?

415
- 1 ☐ Yes
- 2 ☐ No → ***GO to item 17***

b. Which of the following disabilities does this student have? *Mark (X) all that apply.*

420 1 ☐ Learning disability
425 2 ☐ Emotional disturbance
430 3 ☐ Mental retardation
435 4 ☐ Speech or language impairment
440 5 ☐ Hearing impairment
445 6 ☐ Visual impairment
450 7 ☐ Orthopedic impairment
455 8 ☐ Autism
460 9 ☐ Traumatic brain injury
465 10 ☐ Other health impairment

17. At this school, which of the following types of counseling services is this student currently receiving? *Mark (X) all that apply.*

470 ☐ School or academic counseling
475 2 ☐ Career counseling
480 3 ☐ Family counseling
485 4 ☐ Alcohol or drug abuse counseling
490 5 ☐ Psychological or mental health counseling
495 6 ☐ American Indian or Alaska Native counseling
500 7 ☐ Other counseling
505 0 ☐ None

18a. How many days were in the last completed grading period, that is, the last quarter, semester, or other unit this school uses to designate a grading period?

510 _____ Total days in grading period

b. Of those days, how many days was this student absent?

515 _____ Days absent

19a. Has this student ever been retained in a grade?

520
- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

→ ***GO to item 20***

b. In what grades has this student been retained? *Mark (X) all that apply.*

525 1 ☐ Ungraded
530 1 ☐ Prekindergarten
535 1 ☐ Kindergarten
540 1 ☐ 1st
545 1 ☐ 2nd
550 1 ☐ 3rd
555 1 ☐ 4th
560 1 ☐ 5th
565 1 ☐ 6th
570 1 ☐ 7th
575 1 ☐ 8th
580 1 ☐ 9th
585 1 ☐ 10th
590 1 ☐ 11th
595 1 ☐ 12th

DEFINITIONS

Question 13 – Limited English Proficient – Students whose native or dominant language is other than English and who have sufficient difficulty speaking, reading, writing, or understanding the English language as to deny them the opportunity to learn successfully in an English-speaking-only classroom.

Question 15 – English as a Second Language (ESL)/English for Speakers of Other Languages (ESOL) – Students with limited English proficiency are provided with intensive instruction in English.

Bilingual Education – Native language is used to varying degrees in instructing students with limited English proficiency.

20. What is this student's CURRENT grade level?

500 1 ☐ Ungraded
2 ☐ Kindergarten

505 1 ☐ 1st
2 ☐ 2nd
3 ☐ 3rd
4 ☐ 4th
5 ☐ 5th
6 ☐ 6th

→ ***GO to next student***

7 ☐ 7th
8 ☐ 8th
9 ☐ 9th
10 ☐ 10th
11 ☐ 11th
12 ☐ 12th

21. In which math course is this student CURRENTLY enrolled? *Mark only **one** box. If this student is currently enrolled in more than one math course, mark the box for the highest level in which this student is currently enrolled.*

610 1 ☐ Remedial math
2 ☐ General or regular math
3 ☐ Business or consumer math
4 ☐ Pre-algebra or enriched math
5 ☐ Algebra I
6 ☐ Geometry
7 ☐ Algebra II
8 ☐ Trigonometry
9 ☐ Algebra II/Trigonometry
10 ☐ Pre-calculus
11 ☐ Calculus
12 ☐ Advanced Placement (AP) Calculus
13 ☐ Other
0 ☐ None

22. In which science course(s) is this student CURRENTLY enrolled? *Mark (X) all that apply.*

615 1 ☐ General science
620 2 ☐ Earth science
625 3 ☐ Environmental science
630 4 ☐ Physical science
635 5 ☐ Anatomy/Physiology
640 6 ☐ Biology
645 7 ☐ Advanced Placement (AP) Biology
650 8 ☐ Chemistry
655 9 ☐ Advanced Placement (AP) Chemistry
660 10 ☐ Physics
665 11 ☐ Advanced Placement (AP) Physics
670 12 ☐ Other
675 0 ☐ None

23. At this school, including this school year, which of the following types of courses has this student EVER been enrolled in? *Mark (X) all that apply.*

680 1 ☐ American Indian or Alaska Native history
685 2 ☐ American Indian or Alaska Native language
690 3 ☐ American Indian or Alaska Native culture
695 4 ☐ American Indian or Alaska Native arts and crafts
700 5 ☐ American Indian tribal government or Alaska Native village government
705 6 ☐ Multicultural education with an American Indian or Alaska Native emphasis
710 7 ☐ Social studies with an American Indian or Alaska Native emphasis
715 8 ☐ 2 or more of the above topics are integrated into the entire curriculum
720 0 ☐ None of the above

If this student is in grade 9 or above, CONTINUE with item 24. Otherwise, GO to the next student.

24. How many Advanced Placement (AP) courses is this student CURRENTLY enrolled in?

725 0 ☐ None or _____ AP courses

25. How many Advanced Placement (AP) courses has this student COMPLETED?

730 0 ☐ None or _____ AP courses

26a. What is this student's cumulative grade point average (GPA) for the current school year? *Report answer to the nearest tenth.*

735 ___ . ___ GPA

b. What grading scale is used to compute this student's GPA?

740 1 ☐ 0.0 to 4.0
2 ☐ 0.0 to 5.0
3 ☐ 0 to 100
4 ☐ A to E or A to F
5 ☐ Other

27. How many transcripts have been sent to colleges or universities for this student?

745 0 ☐ None or _____ Transcripts

*U.S.GPO:1993-550-060/80354

28. YOUR NAME:

800 _____

TITLE:

805 _____

AREA CODE: TELEPHONE NUMBER:

810 | | | | – | | | | – | | | | |

29. Not counting interruptions, how long did it take to complete this questionnaire?

815 _____ Hours

AND

820 _____ Minutes

30. Please record the date you completed this form.

825 | | | | | | 1 | 9 | 9 | 4 |

Month Day Year

Notes

(Please correct any error in name, address, and ZIP Code.)

SASS

*U.S.GPO:1993-550-060/80355