



U.S. Department of Education SEELS/NLTS2 Longitudinal Studies

School Characteristics Survey

Marking Instructions

Please use a No. 2 pencil or black or blue ink only.

Print legible numbers and capital block letters in the boxes.

Correct Numbers and Letters

1	2	3	A	B	C
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Correct Mark



Incorrect Marks



Thank you for your help in completing this survey – it is vitally important to the success of these significant U.S. Department of Education studies. Study findings will be critical as federal, state and local agencies work to improve the quality of services and results for youth.

Be assured that your answers will be completely confidential; no information will be reported that identifies you, this student, or this school. The NLTS2 and SEELS studies are authorized to collect data under law 20 U.S.C. 123g;34CFR Part 99.

Gathering the following information will help you complete the questionnaire more quickly:

- Student body demographic information, including the estimated number of students who: are eligible for free or reduced-price lunches, are English language learners, are in each ethnic/racial category, and have different kinds of disabilities.
- School personnel numbers, such as the number of teachers and other school personnel working in your school and the number of teachers who are new to your school the number who have less than 3 years teaching experience.
- The number of suspensions, expulsions, and incidents of violence during the 2000-2001 school year.
- If your school includes students in grade 12, the number of students who graduated and the number who dropped out during the 2000-2001 school year.

If you have questions about the studies or the survey, please:
e-mail us at seels-nlts2@sri.com,
or call our hotline toll-free at 1-866-438-8490,
or visit our web sites at www.SEELS.net and www.NLTS2.org.

Again, thank you!

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 numbers for this information collection are 1820-0632 and 1820-0635. The time required to complete this information collection is estimated to average 32 minutes per response, including the time 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, D.C. 20202-4651.

2857101

SERIAL #

School Characteristics Survey

Today's Date:

A. SCHOOL CHARACTERISTICS

PLEASE FEEL FREE TO ESTIMATE PERCENTAGES OR NUMBERS.

A1. Is this school a ...

PLEASE MARK ALL THAT APPLY.

- Public school
- Private school
- Residential/boarding school
- Year-round school
- School serving a single gender of students

A2. What grade levels are taught at this school?

PLEASE MARK ALL THAT APPLY.

- pre-K
- K
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- Un-graded
- Adult School

A3. Around October 1 of this school year, how many students were enrolled at this school?

Number of students enrolled

A4. About what percentage of enrolled students are absent from school on a typical day?

PLEASE INCLUDE BOTH EXCUSED AND UNEXCUSED ABSENCES.

Percentage of students absent on a typical day

A5. Which of the following best describes the community in which this school is located?

PLEASE MARK ONE BOX.

- Rural community
- Small city or town of fewer than 50,000 people that is not a suburb of a larger city
- A medium-sized city (50,000 to 99,999 people)
- A suburb of a medium-sized city
- A large city (100,000 to 500,000 people)
- A suburb of a large city
- A very large city (over 500,000 people)
- A suburb of a very large city
- A military base or station
- An Indian reservation

A6. How many days are students expected to attend school this academic school year?

Number of days students expected to attend school

A7. What is the average class size for the following kinds of classes? Please give your best estimate of what is typical in your school.

PLEASE ENTER A NUMBER, OR INDICATE NOT APPLICABLE, ON EACH LINE.

Number **OR** Not applicable; no classes of this kind

a. Academic classes

b. Vocational education, career education, or applied academics classes

A8. What proportion of buildings on the school campus are fully accessible to students with physical disabilities (i.e., have ramps, elevators if more than one floor, accessible restrooms)?
PLEASE MARK ONE BOX.

- None
- Some
- Most
- All

A9. During the previous school year (2000-2001), approximately how many of the following occurred at your school?
PLEASE ENTER A NUMBER ON EACH LINE. ENTER "0" IF NONE.

Number of incidents

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a. Expulsions

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b. Out-of-school suspensions

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c. In-school suspensions

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d. Incidents of violence

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e. Arrests resulting from incidents at school or school activities

B. STUDENT CHARACTERISTICS

B1. Around October 1 this year, about how many students were identified as English language learners (ELL), that is, limited-English-proficient (LEP) or English-as-a-second-language (ESL) students?

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Number of ELL (LEP or ESL) students

B2. Around October 1 this year, about how many students in the school belonged to each of the following ethnic groups? PLEASE ENTER PERCENTAGE OR NUMBER FOR EACH LINE.

Percentage of students

OR

Number of students

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%

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a. African-American or Black

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%

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b. American Indian or Alaska Native

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%

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c. Asian

--	--	--

%

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d. Native Hawaiian or other Pacific Islander

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%

--	--	--	--

e. Caucasian or White

--	--	--

%

--	--	--	--

f. Hispanic or Latino

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%

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g. Other

PLEASE FEEL FREE TO ESTIMATE PERCENTAGES OR NUMBERS.

**B3. Around October 1 this year, about how many students had the following primary disability?
PLEASE ENTER ONE NUMBER ON EACH LINE FOR THE PRIMARY DISABILITY OF STUDENTS.
PLEASE COUNT EACH STUDENT ONLY ONCE. ENTER "0" IF NONE.**

**Number of students
with the following
primary disability**

a. Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)

b. Autism

c. Deaf-blindness

d. Developmental delay

e. Serious emotional disturbance or behavior disorder

f. Deafness

g. Hearing impairment

h. Learning disability

i. Speech or language impairment

j. Mild mental retardation/cognitive impairment

k. Moderate/severe mental retardation/cognitive impairment

l. Multiple disabilities

m. Other health impairment

n. Orthopedic or physical impairment

o. Traumatic brain injury

p. Visual impairment/blindness

q. Other: _____

B4. About what percentage of your school's students are eligible for the free or reduced-price lunch program?

PLEASE MARK ONE BOX.

- Less than 25%
- 26% to 50%
- 51% to 75%
- More than 75%

B5. About what percentage of the students enrolled in your school last year (2000-2001) moved away from your school during the school year (student mobility rate)?

% Student mobility rate

C. STAFF, PROGRAMS, AND RESOURCES

PLEASE REPORT STAFF IN FULL TIME EQUIVALENT UNITS (FTES).

FEEL FREE TO ESTIMATE PERCENTAGES OR NUMBERS. PLEASE ENTER ONE NUMBER ON EACH LINE.

PLEASE ENTER "0" IF NONE.

C1. How many of the following personnel (including those contracted for services) work in your school during a typical week (in FTE units)?

(e.g., 25.5 teachers would be 25.5)

Approximate
Total FTE

- . a. Classroom teachers
- . b. Bilingual or ESL teachers
- . c. Reading specialists
- . d. Speech/communication therapists or pathologists
- . e. Nursing/medical personnel
- . f. School psychologists or other diagnostic personnel
- . g. Guidance counselors
- . h. Social workers
- . i. Other related services personnel (e.g., occupational or physical therapist or aide)
- . j. Paid teacher aides/instructional assistants
- . k. Librarians, library aides, or other library/media center staff
- . l. Itinerant or special-subject staff not accounted for above (e.g., district staff who teach at multiple schools or come to the school for one subject)
- . m. Administrators

C2. About how many FTE teachers in your school ...

PLEASE ENTER ONE NUMBER FOR EACH GROUP OF BOXES. (e.g., 25.5 teachers would be)

FTE Teachers

.

a. Are fully credentialed for their primary teaching assignment

.

b. Are in their first year at this school

.

c. Have less than 3 years teaching experience

C3. What is the average student caseload of each of the following kinds of school staff?

PLEASE ENTER NUMBER OF STUDENTS, OR INDICATE YOUR SCHOOL DOES NOT HAVE THIS TYPE OF STAFF

Average Number of Students

OR

Have No Staff of this Kind

a. Guidance counselors

b. Case managers who coordinate services for students with disabilities

c. School psychologists

C4. For each setting below, please mark in Column A whether this school has computers available for student use.

For each setting in which students have access to computers, please mark in Column B whether any of the computers are connected to the Internet.

Are computers available in:	Column A				Column B	
	None of the classes	Some classes	All classes	Not applicable	If there are any computers, are any of them connected to the internet?	
					Yes	No
Academic classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocational education classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A library, media center, or computer lab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C5. Which of the following best describe the times of day when students can use computers at your school?

PLEASE MARK ALL THAT APPLY.

Our school has computers available for student use ...

- At no time during the school day
- During class time
- During lunch
- Before and/or after school
- During the evenings
- On weekends
- During school vacations

C6. Which of the following services, resources, or programs does your school have available to students, either as part of the curriculum or before or after school hours?
PLEASE MARK ALL THAT APPLY.

Additional academic programs

- Academic supports, such as homework clubs, tutoring or mentoring assistance outside of regular classes, or Saturday academies
- Diagnostic and prescriptive services provided by professionals to identify learning problems and plan programs
- Programs for gifted and talented students
- Summer school
- College and career awareness and preparation activities
- Supplemental instructional services in reading or language arts
- Supplemental instructional services in math

Enrichment and recreation programs

- Enrichment or recreational clubs or activities outside of classes (e.g., literary magazine, cultural activity groups, pep club)
- Program for students during the weekend sponsored by the school
- Band, chorus, drama, or other performing opportunities for students
- Organized school sports activities

Health and Support services

- School-based health clinic
- Counseling or pupil services
- Reproductive health/pregnancy prevention **education**
- Reproductive health/pregnancy prevention **services** (e.g., contraceptive distribution, STD testing or treatment)
- Drop out prevention program or services
- Substance abuse **education**
- Substance abuse treatment **services**
- Teen parenting program
- Child care for children of parenting teens

Other programs/initiatives

- Conflict resolution/conflict management program
- Services for out-of-school youth (e.g., GED program)
- School-to-work activities and employment services
- Title I
- Bilingual or ESL classes
- A class size reduction initiative
- A school-wide reform project (e.g., Success for All, Comer Schools, Accelerated Schools)
- An Obey-Porter grant to support a school-wide reform model (i.e., a grant from the federal Comprehensive School Reform Demonstration Program)

- D1. Does your school have a policy that prohibits the promotion of students who are performing poorly (i.e., social promotion)?
- Yes
 - No
- D2. What proportion of students at your school are required to do community service?
PLEASE MARK ONE BOX.
- None
 - Some
 - All
- D3. Which of the following does your school offer to promote parent involvement?
PLEASE MARK ALL THAT APPLY.
- Open house or "back-to-school night"
 - Regularly scheduled school-wide parent-teacher conferences
 - Parents are given interim reports or report cards on student performance or attendance.
 - School events to which parents are invited (e.g., science fairs, concerts)
 - Workshops or courses on parenting
 - Written contract between school and parent
 - Parents are given examples of work that meets high standards.
 - Parents are asked to sign off on homework.
 - Parents are given positive phone calls or notes from teachers.
 - Parent-student learning activities at school (e.g., "Family Math")
 - Parents as volunteers in the school
 - Newsletter for parents
 - Parents involved in instructional issues (e.g., materials selection)
 - Parents involved in governance (e.g., on school site management council)
 - School-wide e-mail list, Web page, or "homework hotline" for communicating information to parents
 - Services to support parent involvement (e.g., child care for school events)
 - Translation into languages other than English of information for parents
 - Educational programs for parents (e.g., a family literacy program, ESL classes)
 - Parent liaison
 - Family resource center or drop-in center
 - None of these
- D4. To what extent do you agree or disagree with the following statement: "This school does a good job of reaching out to parents who are typically not involved at the school."
PLEASE MARK ONE BOX.
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree

F1. Which of the following are available in your community or nearby (e.g., within 20 miles)?

PLEASE MARK ALL THAT APPLY.

Yes	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Community college or other public 2-year college
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Postsecondary vocational school (public or private)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Magnet secondary school emphasizing a particular theme
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Alternative or continuation school, such as a school for potential dropouts or for dropouts to earn a GED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Vocational technical school for secondary school students
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Independent living center for persons with disabilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Work facilities for adults with disabilities, such as a sheltered workshop or a work activity center
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Group home or halfway house for adults with disabilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Publicly-supported job training programs (e.g., Job Training Partnership Act, Projects with Industry)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. City bus service or other generally available public transportation (other than taxis)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Special accommodations for those with physical disabilities on public transportation, such as kneeling buses or special vans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l. Advocacy groups for persons with disabilities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m. Support groups or social groups for persons with disabilities or their families

FEEL FREE TO ESTIMATE NUMBERS.

F2. During the previous school year (2000-2001), about how many 12th grade students or those of equivalent age...

a. Were enrolled at your school

b. Graduated with a **regular diploma** from your school

c. Graduated with a **special diploma** or certificate of completion from your school

A
Total number
of students

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--	--	--	--

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F3. About how many students who had been enrolled in your school last year, in any grade (9th through 12th) were considered to be dropouts by the end of the year?

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F4. For how many semesters or quarters must students in your school take each of the following subjects to graduate with a regular diploma?

Not applicable; the school does not have graduation requirements.

Number of Semesters

OR

Number of Quarters

a. English or language arts

b. Mathematics

c. Science

d. Social studies

e. Foreign language

F5. About what percentage of your school's 12th grade students, or those of equivalent age, take college entrance examinations (i.e., SAT, ACT)?

PLEASE MARK ONE BOX.

- Less than 50%
- 50% to 75%
- 76% to 90%
- More than 90%

F6. About what percentage of your school's graduates are accepted into 2-year or 4-year colleges upon graduation?

PLEASE MARK ONE BOX.

- Less than 50%
- 50% to 75%
- 76% to 90%
- More than 90%

THANK YOU AGAIN!

Please return the questionnaire in the postage-paid envelope to:

SRI International
PO Box 6050
Hopkins, MN 55305-9970