

THE NATIONAL LONGITUDINAL TRANSITION STUDY-2 (NLTS2)

School Characteristics Survey

School Name

School ID Number

Your school district is participating in the National Longitudinal Transition Study-2 (NLTS2), an important U.S. Department of Education study. One or more students in your school are among the 13,000 students nationwide who are taking part in NLTS2. The School Characteristics Survey is the only source of information that provides an overview of the schools attended by students (other surveys address students' academic instruction and overall school programs). Because of this, your participation is vitally important.

Please complete this School Characteristics Survey questionnaire and return it in the attached postage-paid envelope. Your answers will be completely confidential, and no information will be reported that identifies you or this school. . At the end of the survey period, you could be chosen to receive a "thank-you" gift, <specify incentive>.

If you have questions about the study or the survey, please call the NLTS2 hotline toll free at 1-800-XXX-XXXX, send e-mail to XXX@XXX.XXX>, or visit the NLTS2 Web site at www.XXX.XXX.

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

1. 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 receive special education or have "504 plans."
2. 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 and who have less than 3 years teaching experience.
3. The number of suspensions, expulsions, and incidents of violence during the previous school year.
4. If your school includes students in grade 12, the number of general and special education students who graduated and dropped out during the previous school year.

Thank you in advance for your contribution to this very important study.

PLEASE TURN THE PAGE TO BEGIN → → → → → → →

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 xxx-xxxx. The time required to complete this information collection is estimated to average 33 minutes per response, including the time to review instructions, search existing data resources, 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.

A. SCHOOL CHARACTERISTICS

PLEASE FEEL FREE TO ESTIMATE PERCENTAGES OR NUMBERS.

A1. Which of the following best describes this school? *PLEASE CIRCLE ONE NUMBER.*

- 1 Regular school that serves a wide variety of students
- 2 School that serves only students with disabilities
- 3 Magnet school that specializes in a particular subject area or theme
- 4 Vocational-technical school
- 5 Alternative school
- 6 Charter school
- 7 Juvenile justice facility
- 8 Hospital school
- 9 Another kind of school (please describe): _____

A2. Is this school a ... *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Public school
- 2 Private school
- 3 Residential/boarding school
- 4 Year-round school
- 5 School serving a single gender of students

A3. Please circle all the grade levels that are taught at this school.

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

A4. Around October 1 of this school year, how many students were enrolled at this school?

_____ Number of students enrolled

A5. 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

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

_____ Number of days students expected to attend school

A7. In your opinion, how much pressure is placed on your school to increase and/or improve student test scores for **all** students? *PLEASE CIRCLE ONE NUMBER.*

- 1 No pressure at all
- 2 A little pressure
- 3 A fair amount of pressure
- 4 A great deal of pressure

A8. 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 ONE NUMBER OR CIRCLE "00" ON EACH LINE

| Number | OR | Not applicable; no classes of this kind | |
|--------|-----------|--|--|
| _____ | | 00 | a. General education academic classes |
| _____ | | 00 | b. Vocational education, career education, or applied academics classes |
| _____ | | 00 | c. Special education resource rooms |
| _____ | | 00 | d. Self-contained special education classes |

A9. 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 CIRCLE ONE NUMBER.*

- 1 None
- 2 Some
- 3 Most
- 4 All

A10. During the previous school year (YEAR), approximately how many of the following occurred at your school?

PLEASE RECORD ONE NUMBER ON EACH LINE. ENTER "0" IF NONE.

Number of Incidents

- _____ a. In-school suspensions
- _____ b. Out-of-school suspensions
- _____ c. Expulsions
- _____ d. Incidents of violence
- _____ e. Arrests resulting from incidents at school or school activities

B. STUDENT CHARACTERISTICS

PLEASE FEEL FREE TO ESTIMATE PERCENTAGES OR NUMBERS.

B1. Around October 1, about how many students receiving special education with IEPs were in each of the following disability categories?

*PLEASE ENTER **ONE** NUMBER ON **EACH** LINE FOR THE PRIMARY DISABILITY OF STUDENTS. PLEASE COUNT EACH STUDENT ONLY ONCE.*

Number of students with IEPs
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. Hearing impairment
- _____ g. Deafness
- _____ 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 impairment
- _____ o. Traumatic brain injury
- _____ p. Visual impairment/blindness
- _____ q. Other: _____

B2. Around October 1, about how many students with disabilities who did **not** have IEPs had a written accommodation plan as required by Section 504 of the Vocational Rehabilitation Act?

_____ Number of students with a "504 plan"

B3. Around October 1, 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?

_____ Number of ELL (LEP or ESL) students

B4. Around October 1, about how many students in the school belonged to each of the following ethnic groups?

PLEASE INDICATE PERCENTAGE OR NUMBER FOR EACH LINE.

| Percentage of students | OR | Number of students | |
|---------------------------|----|-----------------------|--|
| _____ | | _____ | a. African-American or Black |
| _____ | | _____ | b. American Indian or Alaska Native |
| _____ | | _____ | c. Asian |
| _____ | | _____ | d. Caucasian or White |
| _____ | | _____ | e. Hispanic or Latino |
| _____ | | _____ | f. Native Hawaiian or other Pacific Islander |
| _____ | | _____ | g. Other |

B5. About what percentage of your school's students are eligible for the free or reduced-price lunch program?

PLEASE CIRCLE ONE NUMBER.

- 1 Less than 25%
- 2 26% to 50%
- 3 51% to 75%
- 4 More than 75%

B6. About what percentage of the students enrolled in your school last year (YEAR) 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.*

C1. About how many FTE teachers in your school ...
PLEASE ENTER ONE NUMBER FOR EACH LINE.

| | |
|--------------|---|
| 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 |

C2. How many of the following personnel (including those contracted for services) work in your school during a typical week (in FTE units)?

Approximate Total
FTE

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

C3. What is the average student caseload of each of the following kinds of school staff?
PLEASE ENTER A NUMBER OR CIRCLE "00" ON EACH LINE.

- | Average
Number of
Students | OR | Have No Staff
of this Kind | |
|----------------------------------|-----------|-------------------------------|--|
| _____ | | 00 | a. Consulting teachers who support students with disabilities who are in a general education setting |
| _____ | | 00 | b. Guidance counselors |
| _____ | | 00 | c. Case managers who coordinate services for students with disabilities (e.g., inclusion specialist) |
| _____ | | 00 | d. School psychologists |

- C4. Which of the following best describe the transportation to and from school that your school or school district provides at no cost to students? *PLEASE CIRCLE ALL THAT APPLY.*

Our school or school district provides free transportation to or from school for...

- 1 No students.
- 2 All students.
- 3 Any student living within established boundaries or a specified distance from the school.
- 4 Students involved in school desegregation.
- 5 All special education students.
- 6 Special education students with special transportation needs.
- 0 Not applicable; this is a residential school.

- C5a. For **each** setting below, please circle in Column A whether this school has computers available **for student use**.

- b. For each setting in which students have access to computers, please circle in Column B whether the computers are connected to the Internet.

| | A | | B | |
|--|---------------------------------------|-------|--|----|
| | Have computers available to students? | | Computers are connected to the Internet? | |
| | No | Yes | Yes | No |
| a. In a library, media center, or computer lab | 1 | 2 → → | 1 | 2 |
| b. In all academic classes | 1 | 2 → → | 1 | 2 |
| c. In only some academic classes | 1 | 2 → → | 1 | 2 |
| d. In all vocational education or applied academics classes | 1 | 2 → → | 1 | 2 |
| e. In only some vocational education or applied academics classes | 1 | 2 → → | 1 | 2 |
| f. In all special education classes | 1 | 2 → → | 1 | 2 |
| g. In only some special education classes | 1 | 2 → → | 1 | 2 |

- C6. Which of the following best describe the times of day when students can use computers at your school? *PLEASE CIRCLE ALL THAT APPLY.*

Our school has computers available for student use...

- 1 At no time during the school day.
- 2 During class time .
- 3 During lunch.
- 4 Before and/or after school.
- 5 During the evenings.
- 6 On weekends.
- 7 During school vacations.

C7. What proportion of general education and special education students does your school require to do community service (no students, some students, all students)?

PLEASE CIRCLE ONE NUMBER IN EACH COLUMN.

| General Education Students | | Special Education Students | |
|----------------------------|------|----------------------------|------|
| 1 | None | 1 | None |
| 2 | Some | 2 | Some |
| 3 | All | 3 | All |

C8. Is there a formal, systematic procedure for providing alternatives to students **not** receiving special education services who have learning and/or other problems (e.g., pre-referral interventions)?

2 No → **PLEASE GO TO QUESTION C9, BELOW.**

1 Yes

b. Which of the following are involved in this procedure? **PLEASE CIRCLE ALL THAT APPLY.**

1 School team conference (e.g., multidisciplinary team, student study team)

2 Individual consultation provided to teachers by a specialist

3 Special education pre-referral intervention team

4 Parent conferences

5 Other: _____

C9. Which of the following does your school offer to promote parent involvement?

PLEASE CIRCLE ALL THAT APPLY.

1 Open house or “back-to-school night”

2 Regularly scheduled school-wide parent-teacher conferences

3 School events to which parents are invited (e.g., science fairs, concerts)

4 Workshops or courses on parenting

5 Written contract between school and parent

6 Parent-student learning activities at school (e.g., “Family Math”)

7 Parents as volunteers in the school

8 Newsletter for parents

9 Parents involved in instructional issues (e.g., materials selection)

10 Parents involved in governance (e.g., on school site management council)

11 School-wide e-mail list, Web page, or “homework hotline” for communicating information to parents

12 Services to support parent involvement (e.g., child care for school events)

13 Translation into languages other than English of information for parents

14 Educational programs for parents (e.g., a family literacy program, ESL classes)

13 Parent liaison

15 Family resource center or drop-in center

00 None of these

C10. 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 CIRCLE ALL THAT APPLY.

Additional academic programs

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

Enrichment and recreation programs

- 8 Enrichment or recreational clubs or activities outside of classes (e.g., literary magazine, cultural activity groups, pep club)
- 9 Weekend program for students
- 10 Band, chorus, drama, or other performing opportunities for students
- 11 Organized school sports activities

Adolescent support services

- 12 School-based health clinic
- 13 Counseling or pupil services
- 14 Reproductive health/pregnancy prevention **education**
- 15 Reproductive health/pregnancy prevention **services** (e.g., contraceptive distribution, STD testing or treatment)
- 16 Drop out prevention program or services
- 17 Substance abuse **education**
- 18 Substance abuse treatment **services**
- 19 Teen parenting program
- 20 Child care for children of parenting teens
- 21 Conflict resolution/conflict management program
- 22 Services for out-of-school youth (e.g., GED program)
- 23 School-to-work activities and employment services

Other programs/initiatives

- 24 Title I
- 25 Bilingual or ESL classes
- 26 A class size reduction initiative
- 27 A school-wide reform project (e.g., Success for All, Comer Schools, Accelerated Schools)
- 28 An Obey-Porter grant to support a school-wide reform model (i.e., a grant from the federal Comprehensive School Reform Demonstration Program)

D. SPECIAL EDUCATION POLICIES AND PRACTICES

**If your school does not have any students with disabilities,
PLEASE GO TO SECTION E, PAGE 15.**

D1. Which of the following placement options are available for students with disabilities at your school? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 General education/inclusion program with services or supports provided in general education classroom
- 2 Part-time resource room for special education students
- 3 Self-contained special education classrooms
- 4 Classes co-taught by general and special education teachers
- 5 Individual instruction
- 6 Other : _____

D2. Which of the following are available to general education teachers in your school when students with disabilities are included in their classes?

PLEASE CIRCLE ALL THAT APPLY.

- 1 Consultation or technical assistance by special education or other staff
- 2 Special equipment or materials to use with students with disabilities
- 3 In-service training on the needs of students with disabilities
- 4 Teacher aides, instructional assistants, or aides for individual students
- 5 Smaller student load or class size
- 6 Co-teaching/team teaching with a special education teacher
- 7 Other: _____
- 0 None of these

D3. Which of the following statements describe your school's practice regarding mandated standardized tests for students with disabilities? *PLEASE CIRCLE ALL THAT APPLY.*

“When standardized tests are mandated, students with disabilities are ... ”

- 1 Required to follow the same procedures and meet the same standards for successful completion as regular education students.
- 2 Provided special accommodations in taking the test (e.g., reader, dictation, more time).
- 3 Provided with a modified version of the test (e.g., shortened version, different test materials covering same content).
- 4 Given the option to complete an alternate assessment.
- 5 Not included in the mandate. → → → → → **PLEASE GO TO**
- 0 Not applicable, standardized tests are not → → **QUESTION D7a.**
mandated for any students.

D4. How are exemptions from standardized tests granted for individual students with disabilities? *PLEASE CIRCLE ALL THAT APPLY.*

- 0 Not applicable; no students with disabilities are exempted from these tests
- 1 Principal decision
- 2 IEP committee decision
- 3 Individual general education teacher decision
- 4 Individual special education teacher decision
- 5 Parental request
- 6 Other: _____

D5. In the most recent reporting of your school's standardized test scores, to what extent were the scores of students with disabilities included in those reported for your school?

- 1 Scores of **all** students with disabilities were.
- 2 Scores of **some** students with disabilities were included.
- 3 Scores of **no** students with disabilities were included.

D6. Does your school have a peer support program that provides social and/or academic support to students with disabilities, such as a "peer buddy" program?

- 1 Yes
- 2 No

D7a. Standards-based reform is being implemented in various ways around the country. Are students with disabilities addressed in your school's academic content standards (e.g., for math, reading)?

- 0 Not applicable; our school does not have specific content standards
- 2 No
- 1 Yes

PLEASE GO TO QUESTION D8.



b. How are students with disabilities addressed in these content standards?

PLEASE CIRCLE ONE NUMBER.

- 1 General policy statement (e.g., "standards will apply to all students")
- 2 Specific references to students with disabilities (e.g., "standards will apply to students with a diversity of learning styles, including students with disabilities")
- 3 Specific written accommodations and adaptations
- 4 Individual students handled on a case-by-case basis
- 5 No special references to students with disabilities
- 6 Other: _____

D8. At what age or grade level does your school begin developing Individualized Transition Plans for students with disabilities?

_____ Age of students **OR** _____ Grade level

D9. For student with disabilities, does your school offer instruction that specifically focuses on transition planning (e.g., a specialized curriculum designed to help students assess options and develop strategies for leaving secondary school and transitioning to adult life)?

- 1 Yes
- 2 No

D10. Does your school or school district receive any Medicaid funds for providing services to students with disabilities at your school?

- 1 Yes
- 2 No

E. COMMUNITY CHARACTERISTICS

E1. Which of the following best describes the community in which this school is located?
PLEASE CIRCLE ONE NUMBER.

- | | |
|--|---|
| 1 Rural community | 6 A suburb of a large city |
| 2 Small city or town of fewer than 50,000 people that is not a suburb of a larger city | 7 A very large city (over 500,000 people) |
| 3 A medium-sized city (50,000 to 99,999 people) | 8 A suburb of a very large city |
| 4 A suburb of a medium-sized city | 9 A military base or station |
| 5 A large city (100,000 to 500,000 people) | 10 An Indian reservation |

E2. Which of the following are available in your community or nearby (e.g., within 20 miles)?
PLEASE CIRCLE ALL THAT APPLY.

| Yes | No | Don't Know | |
|-----|----|---------------|---|
| 1 | 2 | -1 | a. Community college or other public 2-year college |
| 1 | 2 | -1 | b. Postsecondary vocational school (public or private) |
| 1 | 2 | -1 | c. Magnet secondary school emphasizing a particular theme |
| 1 | 2 | -1 | d. Special education school serving secondary-age students with disabilities |
| 1 | 2 | -1 | e. Alternative or continuation school, such as a school for potential dropouts or for dropouts to earn a GED |
| 1 | 2 | -1 | f. Vocational technical school for secondary school students |
| 1 | 2 | -1 | g. Independent living center for persons with disabilities |
| 1 | 2 | -1 | h. Work facilities for adults with disabilities, such as a sheltered workshop or a work activity center |
| 1 | 2 | -1 | i. Group home or halfway house for adults with disabilities |
| 1 | 2 | -1 | j. Publicly-supported job training programs (e.g., Job Training Partnership Act, Projects with Industry) |
| 1 | 2 | -1 | k. City bus service or other generally available public transportation (other than taxis) |
| | | | l. Special accommodations for those with physical disabilities on public transportation, such as kneeling buses or special vans |
| 1 | 2 | -1 | m. Advocacy groups for persons with disabilities |
| 1 | 2 | -1 | n. Support groups or social groups for persons with disabilities or their families |

F. ABOUT SCHOOLS SERVING 12TH GRADE STUDENTS

NOTE: This section will not be included in the questionnaire of schools known to be middle or junior high schools.

F1. For how many semesters or quarters must students in your school take each of the following subjects to graduate with a regular diploma?

000 Not applicable; the school does not have these graduation requirements.

| Number of Semesters | OR | Number of Quarters | |
|------------------------|-----------|-----------------------|-----------------------------|
| _____ | | _____ | a. English or language arts |
| _____ | | _____ | b. Mathematics |
| _____ | | _____ | c. Science |
| _____ | | _____ | d. Social studies |
| _____ | | _____ | e. Foreign language |

If your school does not serve students with disabilities, PLEASE ANSWER ONLY COLUMN "A" FOR QUESTIONS F2 AND F3.

FEEL FREE TO ESTIMATE NUMBERS.

| | A | B |
|---|-----------------------------|---|
| | Total number of students | Number of students with disabilities |
| F2. During the previous school year [YEAR], about how many 12 th 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 | _____ | _____ |
| F3. About how many students who had been enrolled in your school last year in any grade 9 th through 12 th were considered to be dropouts by the end of the year? | _____ | _____ |
| F4. About what percentage of your school's 12 th grade students or those of equivalent age take college entrance examinations (i.e., SAT, ACT)? <i>PLEASE CIRCLE ONE NUMBER.</i> | | |
| 1 Less than 50% | | |
| 2 50% to 75% | | |
| 3 76% to 90% | | |
| 4 More than 90% | | |
| F5. About what percentage of your school's graduates are accepted into 2-year or 4-year colleges upon graduation? <i>PLEASE CIRCLE ONE NUMBER.</i> | | |
| 1 Less than 50% | | |
| 2 50% to 75% | | |
| 3 76% to 90% | | |
| 4 More than 90% | | |

Thank you for your help! You are eligible to be chosen randomly for one of several "thank you" gifts. These include (describe incentives). To whom should we send the gift, if you are chosen as a recipient?

Name: _____

Street address: _____

City/state/zip code: _____

THANK YOU AGAIN!
Please return the questionnaire in the postage-paid envelope to:
The National Longitudinal Transition Study-2 (NLTS2)
(contractor address)