


*Special Education Expenditure Project (SEEP)  
Sponsored by the U.S. Department of Education*

<i>Contact information</i>	
<i>Please complete the <b>required</b> information before returning this questionnaire</i>	
School (required)	_____
District (required)	_____
State (required)	_____
Respondent Name (optional)	_____
Phone (optional)	_____
Email (optional)	_____

## *School Questionnaire, Part I*

### *General Information and School Programs*

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 Once completed, please return this questionnaire to the designated study coordinator at your school.

**Thank you for your participation!**

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#### INFORMATION ABOUT REPORTING BURDEN

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 1820-0629. The time required to complete this information collection is estimated to average 20 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. 20202-2731. If you have comments or concerns regarding your individual submission of this form, write directly to: Scott Brown, Office of Special Education Programs, U.S. Department of Education, 400 Maryland Ave., SW, Washington, D.C. 20202.

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**AMERICAN INSTITUTES FOR RESEARCH**

# School Type and Enrollment

1. **School type.** Which of the following descriptions best characterizes this school? (Please check **one** box.)

- General elementary.....
- General middle or junior high school.....
- General high school.....
- Special education school.....
- Vocational school or center.....
- Juvenile justice facility.....
- Other school (e.g., continuation high school or alternative school).....

2. Is this school a **charter** school?

- Yes
- No

3. Other than preschool and kindergarten, what is the **lowest grade level** in this school?

- 1  2  3  4  5  6  7  8  9  10  11  12

4. Other than preschool and kindergarten, what is the **highest grade level** in this school?

- 1  2  3  4  5  6  7  8  9  10  11  12

5. **Enrollment.** What is the total enrollment for this school? **Exclude** any students who are served on your campus, but who are **not** part of your school, such as those served in intermediate educational units (IEUs). An IEU is a separate administrative unit established by the state that serves a regional group of school districts. Examples of these include the Intermediate Units (IUs) in Pennsylvania, the Administrative Educational Areas (AEAs) in Iowa, the Boards of Cooperative Educational Services (BOCES) in New York, and county offices of education.

### Enrollment

Grade level	1999-2000	1998-99 school year
Preschool	_____ or none <input type="checkbox"/>	_____ or none <input type="checkbox"/>
Kindergarten	_____ or none <input type="checkbox"/>	_____ or none <input type="checkbox"/>
All grades 1-12	_____ or none <input type="checkbox"/>	_____ or none <input type="checkbox"/>
Ungraded	_____ or none <input type="checkbox"/>	_____ or none <input type="checkbox"/>
<b>Total</b>	_____	_____

6. **Special education enrollment.** How many of the students reported in **Item 5** are in special education?

Grade level	Number of special education students	
Preschool enrollment	_____	or none <input type="checkbox"/>
Kindergarten enrollment	_____	or none <input type="checkbox"/>
All grades 1-12	_____	or none <input type="checkbox"/>
Ungraded	_____	or none <input type="checkbox"/>

7. **Limited English proficient.** How many students in this school were identified as English language learners (ELL) or limited English proficient (LEP)? (Report enrollment as of October 1, 1999, or the nearest date for which information is available.)

\_\_\_\_\_ limited English proficient students

8. **Migrant students.** How many of the students in this school were served by migrant education programs as of October 1, 1999, or the nearest date for which information is readily available?

\_\_\_\_\_ Migrant students

9. **Poverty.** How many students in this school met the following criteria as of October 1, 1999, or the nearest date for which information is available? Please report either the number **or** percentage of students in the appropriate column.)

	Number of Students (If NONE, enter "0")	OR Percentage of Students (If NONE, enter "0")
In families eligible for Aid for Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families (TANF).....	_____ or don't know <input type="checkbox"/>	_____ or don't know <input type="checkbox"/>
Participating in the National School Lunch Program (receiving free lunch or reduced price lunch).....	_____ or don't know <input type="checkbox"/>	_____ or don't know <input type="checkbox"/>

10. **Race/ethnicity.** Record the total school enrollment by race/ethnic background (as of October 1, 1999, or the nearest date for which information is readily available). Please do not count students in more than one category below. Record either the number **or** percentage of students, whichever is easiest for you.

Enrollment Classification	Number of Students	Percentage of Students
American Indian or Alaska Native	_____	or _____%

Asian	_____	or _____%
Black or African American	_____	or _____%
Hispanic or Latino	_____	or _____%
Native Hawaiian or other Pacific Islander	_____	or _____%
White	_____	or _____%

## Length of School Year and School Day

11. **How many days per year do students attend school?**

\_\_\_\_\_ days per year

12. **How long is the school day for students at this school?** Report the total number of minutes per day students spend in class (excluding lunch, recess, and passing time between classes). If the length of the school day varies during the week, please report the average. If the length of the day varies within one of the grade level groups below, use the minutes per day for students in the highest grade level within that group.

Grade level	Minutes per day for students	Not applicable
Preschool	_____	<input type="checkbox"/>
Kindergarten	_____	<input type="checkbox"/>
Grades 1-3	_____	<input type="checkbox"/>
Grades 4-6	_____	<input type="checkbox"/>
Grades 7-8	_____	<input type="checkbox"/>
Grades 9-12	_____	<input type="checkbox"/>

13. **How many days are in a teacher's work year?** (For example, if students are required to attend school for 180 days, and teachers are required to report 5 days prior to opening of school and are provided 2 days at the end of school for reporting and cleaning their classrooms, the total work year should be reported as 187 days.)

\_\_\_\_\_ teacher work days per year

# School Environment

14. **Teacher absenteeism.** Approximately how many of your teachers are absent on an average day?

\_\_\_\_\_ teachers absent each day

15. **Student absenteeism.** Approximately how many of your students are absent on an average day?

\_\_\_\_\_ students absent each day

16. **Student retention.** How many students were not advanced to the next grade level as of the beginning of this school year?

\_\_\_\_\_ students not advanced

17. **School problems.** Below is a list of problems that some schools have. Please indicate the degree to which each is a problem in your school. (Please check **one** box on **each** line.)

	<b>Not a Problem</b>	<b>Minor Problem</b>	<b>Moderate Problem</b>	<b>Serious Problem</b>
a. Student health problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Student discipline .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Student violence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Gang activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Being in a high crime neighborhood.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drug and alcohol abuse among students...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. In a typical month, about how many incidents of violence (e.g., student fights, attacks against school staff) occur at your school?

\_\_\_\_\_ incidents of violence per month

19. During the previous school year [1998-99], approximately how many of the following incidents occurred at your school?

**Number of Incidents**

Expulsions \_\_\_\_\_  
Out-of-school suspensions \_\_\_\_\_  
In-school suspensions \_\_\_\_\_  
Incidents of violence \_\_\_\_\_

# School Programs

20. Does your school currently (for the 1999-2000 school year) receive funds from the federal Title I program?

- Yes  → GO TO ITEM 21  
 No  → SKIP TO ITEM 22

21. What kind of Title I program does your school operate? (Please check **one** box.)

**Title I Schoolwide Program?**

A schoolwide program is one in which Title I funds are used to improve the entire education program of the school, rather than to provide special services to eligible students. Unless a waiver has been granted, schoolwide programs are restricted to schools enrolling more than 50 percent low-income students.

**Title I Targeted Assistance Program?**

If yes, how many students does the program serve? \_\_\_\_\_ students

22. Has your school implemented any of the following programs? (Please check **one** box on **each** line.)

	Yes	No
Success for All Schools (Slavin).....	<input type="checkbox"/>	<input type="checkbox"/>
Coalition of Essential Schools (Sizer).....	<input type="checkbox"/>	<input type="checkbox"/>
Comer School Development Model.....	<input type="checkbox"/>	<input type="checkbox"/>
Accelerated Schools (Levin).....	<input type="checkbox"/>	<input type="checkbox"/>
The Paideia Program (Adler).....	<input type="checkbox"/>	<input type="checkbox"/>
Reading Recovery (Clay or Pennell).....	<input type="checkbox"/>	<input type="checkbox"/>
Computer Curriculum Corporation (Suppes and Atkinson).....	<input type="checkbox"/>	<input type="checkbox"/>
Another New American Schools Model Program.....	<input type="checkbox"/>	<input type="checkbox"/>
Dimensions of Learning (Marzano).....	<input type="checkbox"/>	<input type="checkbox"/>

23. **Extended-time programs.** Please indicate whether your school provides and administers each of the following programs. If your school does NOT provide or administer such a program, please check the box in the last column. If it does, enter **1)** the total number of students served, **2)** the number of students with disabilities served, **3)** the number of hours per week that students are served, and **4)** the number of weeks per year that students are served.

	(1) Number of students served <i>(current enrollment)</i>	(2) Number of students with disabilities served	(3) Number of hours per week students with disabilities served	(4) Number of weeks per year students with disabilities served	Program not offered
a. <b>Before-school</b> tutorial or instructional program	_____	_____	_____	_____	<input type="checkbox"/>
b. <b>After-school</b> tutorial or instructional program	_____	_____	_____	_____	<input type="checkbox"/>
c. Before-school or after-school <b>child care</b> program	_____	_____	_____	_____	<input type="checkbox"/>
d. <b>Weekend</b> tutorial or instructional program	_____	_____	_____	_____	<input type="checkbox"/>
e. Before-school or after-school <b>clubs and recreation programs</b> <i>(Do not include school team sports.)</i>	_____	_____	_____	_____	<input type="checkbox"/>

24. Does your school offer any of the following **services or resources for parents**? (Please check **one** box on **each** line.)

Types of services and resources for parents:	Yes	No
a. Parent resource center.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Designated liaison staff to work with parents.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Home-based education activities used to reinforce classroom instruction.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Parent advisory council.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Family literacy programs.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

## Service Arrangements in the School

In this study, the term "district" refers to any local education agency (LEA) to which your school belongs (including intermediate education units, cooperatives, or consortiums).

25. **Special education programs operated by your central office.** Are there any special education programs (e.g., special education preschool programs) housed on your school campus that are operated by the central office directly and whose students are not counted as part of your school's enrollment? *Generally, such programs are administered by someone other than the principal of your school, are operated as part of the overall district program, and the enrollments are not counted as a regular part of the total enrollment of the school.*

- Yes  → GO TO ITEM A  
 No  → SKIP TO ITEM 26

A How many special education students are served in these programs? \_\_\_\_\_ students

26. **Special education programs operated by external educational agencies.** Are there any special education programs housed on your school campus that are operated by an intermediate education unit (IEU) such as a county office of education or board of cooperative educational services? *Generally, such programs are administered by someone other than the principal of your school, are operated as part of the special education program of an independent local education agency, and the enrollments are not counted as a regular part of the total enrollment of the school.*

- Yes  → GO TO ITEM A  
 No  → SKIP TO END

A How many special education students are enrolled in these programs? \_\_\_\_\_ students

**Once completed, please return this questionnaire to the designated SEEP study coordinator at your school.**

**Thank you for your participation!**

**IDENTIFICATION**

All responses provided for this study are kept confidential; however, sometimes we need to follow up to clarify a response. To help us make this contact, we request that you please fill in the information below. We probably will not need the information but would appreciate having it, just in case. Once the survey data are all entered, we will delete all identifying information from our files.

Respondent Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Best Day and Times to Reach You

Days: **M**      **T**      **W**      **Th**      **F** between \_\_\_\_\_ : \_\_\_\_\_ **AM** or **PM** (circle) and \_\_\_\_\_ : \_\_\_\_\_ **AM** or **PM** (circle)