

Form Approved
OMB No: 1850-0652
App. Exp: 12/31/2005

EDUCATION LONGITUDINAL STUDY OF 2002



ABBREVIATED SCHOOL ADMINISTRATOR QUESTIONNAIRE

First Follow-up

Sponsored by:

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

Conducted by:

RTI

USES OF THE DATA

The data from this survey will be used by educators and by federal and state policy makers to address important issues facing the nation's schools: educational standards, high school course-taking patterns, dropping out of school, the education of the disadvantaged, the needs of language minority students, and the features of effective schools.

ASSURANCE OF CONFIDENTIALITY

The collection of information in this survey is authorized by Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382 and continued under the auspices of the Education Sciences Reform Act of 2002, Public Law 107-279. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. 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 purpose, unless otherwise compelled by law. Information will be protected from disclosure by federal statute (20 USC 9003a-9007, as amended). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be reported.

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 1850-0652. The time required to complete this information collection is estimated to average 5 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. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** National Center for Education Statistics, ESLSD, 1990 K Street, N.W., Washington, D.C., 20006.

Educational Organizations That Have Endorsed ELS:2002

American Association of School Administrators
American Association of School Librarians
American Federation of Teachers
Council of Chief State School Officers
Council of the Great City Schools
National Association of Independent Schools
National Association of Secondary School Principals
National Catholic Educational Association Department of Secondary Schools
National Education Association
National Parent Teacher Association
National Resource Center for Safe Schools
National School Boards Association
National School Safety Center

INTRODUCTION

This questionnaire is divided into three sections. The sections request factual information about this school and its programs. These sections can be answered either by the principal or by a designee who is able to provide the desired information.

Some factual questions may request information that is not readily available from school reports. Informed estimates are acceptable for such questions. Please answer directly on the questionnaire by marking the appropriate response or by writing your response in the space provided.

We realize that you are very busy; however, we hope that you can complete the questionnaire and return it to RTI within the next two weeks. Your responses will be kept in confidence. If you have any questions, please call Cathy Coleman toll-free at 1-877-226-0150 between 9:00 a.m. – 5:00 p.m. Eastern Time, Monday through Friday. You may also e-mail questions to: ELS@rti.org. In the subject line, please type School Administrator Questionnaire.

THANK YOU VERY MUCH FOR YOUR HELP.

MARKING INSTRUCTIONS

1. For your selected answer, fill in the O.

Example:

What is today's weather forecast?

(MARK ONE RESPONSE)

- Full sun
- Partial sun
- Cloudy



If your answer is "Full sun"
mark your response as shown.

2. For numeric answers, write your response in the boxes.

Example:

How many days are in a calendar year?

3	6	5
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days in calendar year

NOTE: This questionnaire contains selected questions from the full-length School Administrator Questionnaire. Therefore, the question numbers in this shortened version are not sequential.

PART I. CHARACTERISTICS, STRUCTURE, AND POLICIES

3. What kind of academic calendar does your high school have?

(MARK ONE RESPONSE)

- Semester system
- Trimester system
- Quarter system
- Block schedule (such as 4 x 4 or A/B)
- Other

5. Which of the following describe admission practices for students in your school?

(MARK ONE RESPONSE ON EACH LINE)

- | | Yes | No |
|---|------------|-----------|
| a. Students in a particular geographic area (or district) attend this school | O | O |
| b. Students in a particular geographic area (or district) are generally assigned to this school, but transfers are allowed..... | O | O |
| c. Students are assigned from particular areas to achieve desired racial or ethnic composition in the school | O | O |
| d. Students are admitted to this school based on their achievement entrance tests, auditions, or other criteria. ... | O | O |
| e. Students are admitted to this school based on a lottery or random selection..... | O | O |
| f. Admittance is determined on a first-come first-serve basis. | O | O |

7. How much coursework is required in each of the following subjects to meet high school graduation requirements in your school district or school? Please answer with this year's graduating 12th grade class in mind.

(MARK ONE RESPONSE ON EACH LINE)

	Course not offered	None	Less than 1 year	At least 1 year, but less than 2	At least 2 years, but less than 3	At least 3 years, but less than 4	4 years
a. English	O	O	O	O	O	O	O
b. Mathematics	O	O	O	O	O	O	O
c. Science	O	O	O	O	O	O	O
d. History/social studies	O	O	O	O	O	O	O
e. Computer education	O	O	O	O	O	O	O
f. Foreign language	O	O	O	O	O	O	O
g. Fine Arts (art, music, dance, theater, etc.)	O	O	O	O	O	O	O
h. Physical education and health	O	O	O	O	O	O	O

8. What kinds of graduation credentials are conferred by or through your school?

(MARK ONE RESPONSE ON EACH LINE)

	Yes	No
a. Regular or honors diploma.....	O	O
b. International Baccalaureate diploma.....	O	O
c. Diploma with special education adjustments	O	O
d. Diploma with vocational/technical skills certificate	O	O
e. Certificate of attendance	O	O
f. GED or other equivalency	O	O

9. Does your school have a policy requiring students to maintain a minimum grade point average in order to participate in school activities such as organized team sports or theatrical productions?

(MARK ONE RESPONSE)

- Yes
- No
- Does not apply

10. Can students in your school take a vocational/technical program of study, either at this school or at an area or regional vocational school?

(MARK ALL THAT APPLY)

- Yes, at this school O
- Yes, at an area or regional vocational school . O
- No..... O

14. Are the students in the graduating class of 2004 required to pass a minimum competency or proficiency test in order to receive a high school diploma?

- Yes O → GO TO QUESTION 15
- No..... O → SKIP TO QUESTION 19 ON PAGE 4

15. Which of the following subjects are covered on the test?

(MARK ONE RESPONSE ON EACH LINE)

- | | Yes | No |
|---------------------------------------|---------|---------|
| a. Mathematics | O | O |
| b. Science | O | O |
| c. Reading | O | O |
| d. Composition or writing..... | O | O |
| e. History/civics/social studies..... | O | O |
| f. Computer skills | O | O |

16. In the most recent test administration, what percentage of students taking the competency test failed (or were found to be below an acceptable level of proficiency in) at least one subject area on their first attempt? Round to the nearest whole percent.

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% failed on their first attempt

PART II. STUDENT CHARACTERISTICS & PROGRAMS

19. What percentage of the graduating class of 2003...

(MARK ONE RESPONSE ON EACH LINE)

- | | None | 1-10% | 11-24% | 25-49% | 50-74% | 75-100% |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. went to 4-year colleges? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. went to 2-year colleges
or vocational/technical
schools? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. entered the labor market
or the military? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. other (homemaker,
unemployed)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

22. What percentage of the total student body in your school... (If none, write "000.")

- | | | | | |
|---|----------------------|----------------------|----------------------|---|
| a. receive free or reduced-price lunch? | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| b. are Limited English Proficient (LEP)
or Non-English Proficient? | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| c. receive Special Education services
for students with disabilities? | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| f. are enrolled in College Board
Advanced Placement (AP) courses? | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| g. are enrolled in an International
Baccalaureate program (IB program) | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |

PART III. TEACHER CHARACTERISTICS

26. How many full-time teachers work in your school?

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full-time teachers

28. How many of your full-time high school teachers left at the end of the 2002-2003 school year for reasons other than death or retirement? If none, write "000."

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full-time teachers

29. How many members of your full-time regular teaching staff have the following degrees? The sum of a, b, c, d, and e should equal the total number of full-time teaching staff at your school. If none, write in "000."

a. Less than Bachelor's degree (some college)	<table border="1"><tr><td></td><td></td><td></td></tr></table>			
b. Bachelor's	<table border="1"><tr><td></td><td></td><td></td></tr></table>			
c. Master's	<table border="1"><tr><td></td><td></td><td></td></tr></table>			
d. Ed.D. or Ph.D.	<table border="1"><tr><td></td><td></td><td></td></tr></table>			
e. Don't know their degree	<table border="1"><tr><td></td><td></td><td></td></tr></table>			

THE FOLLOWING SERIES OF QUESTIONS ASKS YOU TO ESTIMATE THE PERCENTAGE OF TEACHERS IN VARIOUS STATUSES.

32. What percentage of your full-time regular teaching staff are Hispanic?

a.

--	--	--

 % of full-time regular teaching staff are Hispanic

b.

--	--	--

 % don't know whether Hispanic

33. What percentage of your full-time regular teaching staff are members of the following groups? If none, write in "000." A teacher may be counted in more than one group.

a. White

--	--	--

 %

b. Black/African American

--	--	--

 %

c. Asian

--	--	--

 %

d. Native Hawaiian or other Pacific Islander

--	--	--

 %

e. American Indian or Alaska Native

--	--	--

 %

f. Don't know their race

--	--	--

 %

34. What percentage of full-time teachers in your school are certified? If none, write in "000."

a. regular or standard state certificate or advanced professional certificate

--	--	--

 %

b. Probationary certificate (all requirements satisfied except completion of probationary period)

--	--	--

 %

c. Provisional certification via a state alternative certification program

--	--	--

 %

d. Temporary certificate or emergency certificate

--	--	--

 %

36. Please provide the information requested below so we can reach you if any clarification of your responses is needed.

Name:

--	--	--

Last Name

First Name

Middle Initial

Title:

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Telephone:

()

Area Code

Number

Extension

Is this an office or home telephone number? Office Home

What is the best time of day to call you at this telephone number?

<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>	AM	<input type="radio"/>	PM	<input type="radio"/>
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Email address:

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42. What is today's date?

<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day		2	0	0	4
			Year			

THANK YOU FOR YOUR COOPERATION.

PLEASE RETURN THIS QUESTIONNAIRE USING THE ENCLOSED ENVELOPE