

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)**
11-95-93

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



THIS SURVEY HAS BEEN ENDORSED BY:

American Association of School Administrators	American Montessori Society
American Counseling Association	Christian Schools International
American Federation of Teachers	Council for American Private Education
Council of Chief State School Officers	Evangelical Lutheran Church in America
Council of the Great City Schools	Executive Assistant to the Secretary for Private Education
National Association of Elementary School Principals	Friends Council on Education
National Association of Secondary School Principals	General Conference of the Seventh-Day Adventist Church
National Center for Improving Science Education	Lutheran Church – Missouri Synod
National Education Association	National Association of Episcopal Schools
National Science Foundation	National Association of Independent Schools
American Indian Higher Education Consortium	National Association of Private Schools for Exceptional Children
Association of Community Tribal Schools	National Catholic Educational Association
Bureau of Indian Affairs	National Independent Private School Association
National Advisory Council on Indian Education	Oral Roberts University Educational Fellowship
National Indian Education Association	Solomon Schechter Day School Association
National Indian School Board Association	Torah Umesorah – National Society for Hebrew Day Schools
Navajo Area School Board Association	United States Catholic Conference
Office of Indian Education Programs	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.

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100

1 Yes

2 No → **GO to item 2a**

140

1 Yes

2 No → **GO to item 3a**

180

1 Yes

2 No → **GO to item 4**

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

?

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

?

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

?

PGM 3

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

105 1 Yes → **GO to item 2a**

2 No

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

145 1 Yes → **GO to item 3a**

2 No

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

185 1 Yes → **GO to item 4**

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.

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Class name	Meetings per week	Class name	Meetings per week	Class name	Meetings per week
110	115	150	155	190	195
120	125	160	165	200	205
130	135	170	175	210	215

<p>12. What is the primary language spoken in this student's home? Mark (X) only one box.</p> <p>340 1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> American Indian or Alaska Native language 4 <input type="checkbox"/> Other</p>	<p>17. At this school, which of the following types of counseling services is this student currently receiving? Mark (X) all that apply.</p> <p>470 1 <input type="checkbox"/> School or academic counseling 475 2 <input type="checkbox"/> Career counseling 480 3 <input type="checkbox"/> Family counseling 485 4 <input type="checkbox"/> Alcohol or drug abuse counseling 490 5 <input type="checkbox"/> Psychological or mental health counseling 495 6 <input type="checkbox"/> American Indian or Alaska Native counseling 500 7 <input type="checkbox"/> Other counseling 505 8 <input type="checkbox"/> None</p>
<p>13. Is this student classified as limited English proficient (LEP)? (See definition below)</p> <p>345 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>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?</p> <p>510 _____ Total days in grading period</p> <p>b. Of those days, how many days was this student absent?</p> <p>515 _____ Days absent</p>
<p>14. Does this student receive free or reduced-price lunches through the National School Lunch Program?</p> <p>370 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>19a. Has this student ever been retained in a grade?</p> <p>520 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know } → GO to item 20</p> <p>b. In what grades has this student been retained? Mark (X) all that apply.</p>
<p>15. Which of the following services does this student receive? Mark (X) all that apply.</p> <p>375 1 <input type="checkbox"/> Gifted and talented 380 2 <input type="checkbox"/> Remedial education 385 3 <input type="checkbox"/> Chapter 1 390 4 <input type="checkbox"/> Before-school or after-school care 395 5 <input type="checkbox"/> Indian Education Act (Title V) 400 6 <input type="checkbox"/> English as a Second Language (ESL)/English for Speakers of Other Languages (ESOL) (See definition below) 405 7 <input type="checkbox"/> Bilingual education (See definition below) 410 8 <input type="checkbox"/> None of the above</p>	<p>525 1 <input type="checkbox"/> Ungraded 530 1 <input type="checkbox"/> Prekindergarten 535 1 <input type="checkbox"/> Kindergarten 540 1 <input type="checkbox"/> 1st 545 1 <input type="checkbox"/> 2nd 550 1 <input type="checkbox"/> 3rd 555 1 <input type="checkbox"/> 4th 560 1 <input type="checkbox"/> 5th 565 1 <input type="checkbox"/> 6th 570 1 <input type="checkbox"/> 7th 575 1 <input type="checkbox"/> 8th 580 1 <input type="checkbox"/> 9th 585 1 <input type="checkbox"/> 10th 590 1 <input type="checkbox"/> 11th 595 1 <input type="checkbox"/> 12th</p>
<p>16a. Is this student receiving special education services under the Individuals with Disabilities Education Act (IDEA)?</p> <p>415 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → GO to item 17</p> <p>b. Which of the following disabilities does this student have? Mark (X) all that apply.</p> <p>420 1 <input type="checkbox"/> Learning disability 425 2 <input type="checkbox"/> Emotional disturbance 430 3 <input type="checkbox"/> Mental retardation 435 4 <input type="checkbox"/> Speech or language impairment 440 5 <input type="checkbox"/> Hearing impairment 445 6 <input type="checkbox"/> Visual impairment 450 7 <input type="checkbox"/> Orthopedic impairment 455 8 <input type="checkbox"/> Autism 460 9 <input type="checkbox"/> Traumatic brain injury 465 10 <input type="checkbox"/> Other health impairment</p>	<p style="text-align: center;">DEFINITIONS</p> <p>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.</p> <p>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.</p> <p>Bilingual Education – Native language is used to varying degrees in instructing students with limited English proficiency.</p>

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

- 600 1 Ungraded
- 2 Kindergarten
- 605 1 1st
- 2 2nd
- 3 3rd
- 4 4th
- 5 5th
- 6 6th
- 7 7th
- 8 8th
- 9 9th
- 10 10th
- 11 11th
- 12 12th

GO to next student

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

28. YOUR NAME:

800 _____

TITLE:

805 _____

AREA CODE: TELEPHONE NUMBER:

810

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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.)

