

School Characteristics Inventory

2000-2001

Place school label here

Do NOT put barcode label here

This questionnaire will help us understand the staffing, students, and programs in your school.

Your responses are voluntary and confidential. If there is a question you do not wish to answer, simply skip it. We hope you will answer as many questions as possible. No individual schools or teachers will be identified in any reports.



Marking Instructions

Please use a No. 2 pencil only

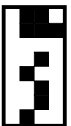
Erase unwanted marks completely

Make no stray marks

Mark only one response to a question,
unless other directions are given

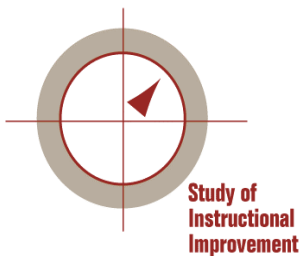
Correct Marks:

Incorrect Marks:



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Carefully place school barcode label here

School Calendar

- Does your school operate on a "year-round" schedule? Mark (X) ONE box.
 - Yes
 - No - *Skip to Question 3*
- Please indicate the nature of the calendar you use. Mark (X) ONE box.
 - Multi track
 - Single track
 - Other _____
- Please indicate the number of instructional days your school is scheduled to be in session this academic year. (Print number of days in the boxes below.)

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 Days
- What was the first date of student attendance in the 2000-2001 school year? (Please enter a zero for leading blank spaces. E.g., August would be "08")

Month	Day	Year								
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- What will be the last date of student attendance in the 2000-2001 school year? (Please enter a zero for leading blank spaces. E.g., August would be "08")

Month	Day	Year								
<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			/	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			/	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		
- Please indicate (in hours and minutes) the amount of time per day this school is in session for students in: (Fill in number of hours and minutes for EACH item below.)

Hours: Minutes						
<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		:	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			Pre-K
<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		:	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			K
<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>		:	<table border="1" style="display: inline-table;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			Grades 1-5

Enrollment

- Which of the following best describes your school? Mark (X) ONE box.
 - Charter school (release from some or all district or state requirements)
 - Magnet school (offers enhancements such as special curricular themes or methods of instruction to attract students from outside their normal attendance area)
 - School of choice (open enrollment, but not necessarily a programmatic focus)
 - Regular elementary school
- Which statement best describes the enrollment policy of your school? Mark (X) ONE box.
 - Enrollment is mainly limited to students from a single attendance area
 - Students from outside the local attendance area are permitted to attend the school
- Does this school have any special requirements for admission other than proof of immunization, age, or residency? Mark (X) ONE box.
 - Yes
 - No - *Skip to Question 11 on page 4*
- Which of the following are considered when determining whether or not to admit a student to the school? Mark (X) ALL that apply.
 - Test scores
 - Previous academic record
 - Special needs (e.g., students with particular disabilities)
 - Special aptitudes, skills, or talents
 - Recommendations
 - Personal interview

Funding and Programs

11. For the current school year, please report your district's current per pupil expenditure. Do not include capital expenditures. (Print dollar amount in the boxes below.)

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12. For the current school year, approximately how much did your school spend on professional development? (Print dollar amount in the boxes below.)

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13. For the current school year, approximately how much did your school spend to purchase curriculum materials and instructional supplies? (Print dollar amount in the boxes below.)

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14. Does your school participate in any of the following comprehensive and/or research based model(s) of school reform? Mark (X) ALL that apply.

Whole-School Models

- | | |
|--|--|
| <input type="checkbox"/> Accelerated Schools Project | <input type="checkbox"/> School Development Program |
| <input type="checkbox"/> America's Choice | <input type="checkbox"/> Success for All |
| <input type="checkbox"/> ATLAS Communities | <input type="checkbox"/> The Learning Network |
| <input type="checkbox"/> Audrey Cohen College:
Purpose Centered Education | <input type="checkbox"/> Urban Learning Centers |
| <input type="checkbox"/> Center for Effective Schools | <input type="checkbox"/> Ventures Initiative and Focus [®] System |
| <input type="checkbox"/> Child Development Project | |
| <input type="checkbox"/> Coalition of Essential Schools | |
| <input type="checkbox"/> Community for Learning | |
| <input type="checkbox"/> Community Learning Centers | |
| <input type="checkbox"/> Co-NECT Schools | |
| <input type="checkbox"/> Core Knowledge | |
| <input type="checkbox"/> Different Ways of Knowing | |
| <input type="checkbox"/> Direct Instruction | |
| <input type="checkbox"/> Edison Project | |
| <input type="checkbox"/> Expeditionary Learning Outward Bound | |
| <input type="checkbox"/> Foxfire Fund | |
| <input type="checkbox"/> High/Scope Primary Grades
Approach to Education | |
| <input type="checkbox"/> Integrated Thematic Instruction | |
| <input type="checkbox"/> League of Professional Schools | |
| <input type="checkbox"/> MicroSociety [®] | |
| <input type="checkbox"/> Modern Red Schoolhouse | |
| <input type="checkbox"/> Montessori | |
| <input type="checkbox"/> Onward to Excellence | |
| <input type="checkbox"/> Paideia | |
| <input type="checkbox"/> QuEST | |
| <input type="checkbox"/> Roots & Wings | |

Reading/Language Arts Models

- | |
|--|
| <input type="checkbox"/> Accelerated Reading |
| <input type="checkbox"/> Breakthrough to Literacy |
| <input type="checkbox"/> Carbo Reading Styles Program |
| <input type="checkbox"/> CELL/ExLL |
| <input type="checkbox"/> Cooperative Integrated Reading
and Composition |
| <input type="checkbox"/> CORE |
| <input type="checkbox"/> Early Intervention in Reading |
| <input type="checkbox"/> Exemplary Center for Reading Instruction |
| <input type="checkbox"/> First Steps [™] |
| <input type="checkbox"/> Junior Great Books |
| <input type="checkbox"/> Literacy Collaborative |
| <input type="checkbox"/> National Writing Project |
| <input type="checkbox"/> Reading Recovery |
| <input type="checkbox"/> Strategic Teaching and Reading Project |

Mathematics Models

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| <input type="checkbox"/> Comprehensive School Mathematics Program |
| <input type="checkbox"/> Growing with Mathematics |
| <input type="checkbox"/> University of Chicago School
Mathematics Project |


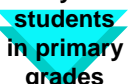




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15. Does your school offer any of the following kinds of programs? Mark (X) ALL that apply.

- | | |
|---|--|
| <input type="checkbox"/> Title I Targeted Assistance | <input type="checkbox"/> Gifted and Talented Program |
| <input type="checkbox"/> Title I School-Wide Program | <input type="checkbox"/> Medical Health Care Services |
| <input type="checkbox"/> Other Compensatory Education Program | <input type="checkbox"/> Mental Health Care Services |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Before- or After-School Day Care Programs |
| <input type="checkbox"/> Bilingual Education | <input type="checkbox"/> Parenting Education Programs |
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> School Breakfast/Lunch Program |

16. Does this school take any of the following steps for students who need extra assistance in reading/language arts? Mark (X) EACH item.

	 Not at all	 Only for students in primary grades	 Only for students in intermediate grades	 For students in all grades
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Tutoring in reading/language arts is available to low-achieving students during the regular school day

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Instructional aides work in classrooms to provide assistance in reading/language arts to low-achieving students

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Instructional specialists work in classrooms to provide assistance in reading/language arts to low-achieving students

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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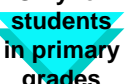


Instructional aides provide low-achieving students with pullout instruction in reading/language arts during the regular school day

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional support in reading/language arts is provided to low-achieving students outside the regular school day (e.g., in before- or after-school programs, summer school programs)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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17. Does this school take any of the following steps for students who need extra assistance in mathematics? Mark (X) EACH item.

	 Not at all	 Only for students in primary grades	 Only for students in intermediate grades	 For students in all grades
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Mathematics tutoring is available to low-achieving students during the regular school day

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Instructional aides work in classrooms to provide assistance in mathematics to low-achieving students

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Instructional specialists work in classrooms to provide assistance in mathematics to low-achieving students

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Instructional aides provide low-achieving students with pullout instruction in mathematics during the regular school day

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

Additional support in mathematics is provided to low-achieving students outside the regular school day (e.g., in before- or after-school programs, summer school programs)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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18. During the current school year, did your school receive funding from any of the following sources to support school improvement? (Mark (X) for YES or NO for EACH item.)

Received Funding

Yes No

Comprehensive School Reform Demonstration Act

Special school improvement funds set aside by your school district

Special school improvement funds set aside by your state

Eisenhower Professional Development

Technology Literacy Challenge

Innovative Education Program Strategies

Goals 2000

State Compensatory Education funds

Title I, part C (migrant) funds

Title 7 bilingual education funds

Title 9 funds for Indian Education services

Private sources (foundations, community, parents)

Students

19. Around October 1, what was the total number of students enrolled at your school?

(Print number of students in the boxes below.)

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Number of students

20. During the past school year, how many students transferred into this school?

(Print number of students in the boxes below.)

Number of students

21. During the past school year, how many students transferred out of this school?

(Print number of students in the boxes below.)

Number of students

22. Around October 1, approximately what percentage of students in this school were eligible for free or reduced price lunches?

(Print percentage (%) of students in the boxes below.)

% of students

23. Around October 1, approximately what percentage of students in this school were identified as limited-English proficient?

(Print percentage (%) of students in the boxes below.)

% of students

24. Please indicate the percentage of students in this school who have IEPs.

(Print percentage (%) of students in the boxes below.)

% of students

25. Around October 1, approximately what percentage of students from each of the following racial/ethnic groups attended this school?

(Print percentage (%) of students in EACH group below.)

Percentage of students

Hispanic, regardless of race

American Indian / Alaskan Native

Asian or Pacific Islander

Black (non-Hispanic)

White (non-Hispanic)



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Thanks again for completing this questionnaire.

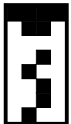
Please place this questionnaire in the postage paid envelope provided
and mail to the address on the envelope.



Please return your completed questionnaire
in the enclosed envelope to:

**The Study of Instructional Improvement
Survey Services Lab
University of Michigan
426 Thompson Street
Ann Arbor, MI 48106-1248**

If you have any questions, please feel free to
call our toll-free number at: **1-877-397-2374**



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