

(PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM)

<p><i>This paper form should not be returned to SED.</i></p> <p>This paper form must only be used for the local gathering of data. Data represented in this form are required to be submitted to SED via the On-line BEDS IMF Application. Your BOCES BEDS Coordinator or District Superintendent will have details for entering data into the On-line BEDS IMF Application and your BOCES' protocol for doing so.</p>
<p>BOCES Name:</p>

1. FULL-TIME BOCES ENROLLMENT

a. Race/ethnic and gender distribution of the enrollment for Prekindergarten and Students with Disabilities:

Grade	American Indian or Alaska Native		Black or African American (not Hispanic origin)		Asian or Pacific Islander		Hispanic or Latino		White (not Hispanic origin)		Multi-Racial (not Hispanic origin)		Total Enrollment
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Prekindergarten (all Pre-K programs)													
Ungraded Elementary Students with Disabilities (Under age 12)													
Ungraded Secondary Students with Disabilities (Age 12 or Over)													
TOTAL													

b. Distribute the total number of Pre-K students reported in item 1a (above) into the following Pre-K program areas:

	Universal Pre-K Programs (including former TPK programs)	Other Prekindergarten Programs
Half-Day		
Full-Day		

c. Enter the enrollment for any students in grades 7-12 enrolled full time in this BOCES in alternative programs leading to a Local or Regents high school diploma. (Students to be reported here are not on the register of a home district and are not included in Item 1a above.)

Grade-7	Grade-8	Grade-9	Grade-10	Grade-11	Grade-12

2. PROFESSIONAL STAFF IN THIS BOCES. Total staff reported in this item must equal the number of persons completing BEDS personnel forms. Persons who complete a teaching form and a non-teaching form should be counted only once in the category that accounts for the greater portion of their time. Distribute the professional staff according to the appropriate racial/ethnic category.

Staff Category		American Indian or Alaska Native	Black or African American (not Hispanic origin)	Asian or Pacific Islander	Hispanic or Latino	White (not Hispanic origin)	Multi-Racial (not Hispanic origin)	TOTAL
Full-time	Principals							
	Assistant principals							
	Teachers							
	Other professional staff							
Part-time	Principals							
	Assistant principals							
	Teachers							
	Other professional staff							

3. OTHER STAFF IN THIS BOCES

Type of Staff	Full-time	Part-time	Full-time Equivalence Of Part-time Only
Teaching Assistants*	Programs for students with disabilities		•
	Programs for students with limited English proficiency		•
	Occupational education programs		•
	All other programs		•
Teacher Aides	Programs for students with disabilities		•
	Programs for students with limited English proficiency		•
	Occupational education programs		•
	All other programs		•
Pupil personnel service aides			•
Library support staff			•
Health services staff			•
Other paraprofessional staff			•
Secretaries, typists, clerks			•
Maintenance workers, custodians			•
Bus drivers, mechanics			•
School lunch workers			•
Other support staff			•

*Report as teaching assistants only persons who actually hold licenses or certificates as teaching assistants.

4. PREKINDERGARTEN TEACHERS

How many full- and part-time teachers reported in Item 2 teach exclusively at the Prekindergarten level?

a. Full - time b. Part - time

5. TITLE 1 PARAPROFESSIONALS

a. Enter the total number of **Title 1** paraprofessionals employed by this BOCES as of October 7, 2009

b. Enter the number of "qualified" **Title 1** paraprofessionals employed by this BOCES as of October 7, 2009

6. OFFICE OF THE DISTRICT SUPERINTENDENT

Provide for the **Office of the District Superintendent**:

E-Mail Address: _____

FAX Number: _____

7. WORLD WIDE WEB ADDRESS

Provide, if one exists, the address (URL) for this BOCES:

http://www._____

CONTACT PERSON

Person to contact if clarification of any item(s) is necessary:

Name: _____ Telephone: _____
(area code) (number)

Title: _____

CERTIFICATION

Signature of District Superintendent: _____

Date: _____