

**BASIC EDUCATIONAL DATA SYSTEM  
CHARTER SCHOOL DATA FORM  
FALL 2009**

**SCHOOL NAME AND CODE**

***This paper form should not be returned to SED.***

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 school's BEDS Coordinator or Principal will have details for entering data into the On-line BEDS IMF Application and your school's protocol for doing so.

**PERSON COMPLETING THIS FORM**

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Phone** \_\_\_\_\_

Area Code                      Number

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Information and Reporting Services  
Albany, New York 12234

## Records Retention and Disposition

*Pursuant to Regulations of the Commissioner of Education (Appendix I: Records Retention and Disposition Schedule), school districts and Boards of Cooperative Educational Services must retain student attendance records (registers), including but not limited to each student's name, date of birth, names of parents or guardians, address, and daily attendance, absence or tardiness, for a minimum of six years. These records cannot be legally disposed of before that time.*

### 1. SCHOOL IDENTIFICATION

<b>a. BEDS CODE</b>													
<b>b. SCHOOL NAME</b>													

### 2. SCHOOL TYPE

What is the primary focus or type of this school? (Check one)	
	Regular School
	Special Education School
	Vocational Education School
	Alternative Education School
	Reportable Program

**3. ENROLLMENT IN THIS SCHOOL**

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													
Kindergarten (1/2-day)													
Kindergarten (full-day)													
First													
Second													
Third													
Fourth													
Fifth													
Sixth													
Ungraded Elementary													
Seventh													
Eighth													
Ninth													
Tenth													
Eleventh													
Twelfth													
Ungraded Secondary													

*Note: Ungraded Elementary and Ungraded Secondary refer to students with disabilities. Non-graded students who are not students with disabilities should be assigned, according to age, to a grade above. (see Instructions)*

**4. STUDENTS SUSPENDED\***

	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 Students Suspended
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Number of Students													

*\*Report the number of students who were suspended from this school for at least one day during the 2008-2009 school year. Suspension is the temporary exclusion of a student from school for disciplinary reasons for one full school day or longer. Count each student **once** regardless of the number of times he or she was suspended. Do not include in-school suspensions.*

### 3i. COUNT OF STUDENTS BY DISTRICT OF RESIDENCE

#### School Name and Code

District of Residence	District Code (see enclosed list)	Number of Pupils				
		Half-Day K	Full-Day K	Grades 1-3	Grades 4-6	Grades 7-12
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
<b>TOTAL COUNT OF STUDENTS</b>						

*Ungraded students with disabilities and nongraded general education students should be placed in the age appropriate category as follows: ages 4-5 should be placed in Kindergarten; ages 6-9 should be placed in grades 1 through 3; ages 10-12 should be placed in grades 4 through 6; ages 13 and over should be placed in grades 7 through 12. The total count of K-12 students reported in this item must match the total K-12 enrollment reported in Item 3 on page 4 of this form.*

Directions: These data are being collected to enable the State Education Department to appropriate proper amounts of aid for public school districts. Using the alphabetical listing of public school districts, enter the six-digit district code for each district for which you have any students in Kindergarten through grade 12. New York City, as a district of residence, should be reflected using the general New York City code of 30-00-00.





**11. ALTERNATIVE EDUCATION PROGRAMS**

Alternative Education Programs are designed for students who wish to pursue individualized approaches to achieving academic standards. Alternative Education Program methods meet Part 100 requirements of Commissioner’s Regulations for credit toward a local or Regents high school diploma.

Are Alternative Education Programs offered to students enrolled in this school? ..... Yes \_\_\_\_ No \_\_\_\_

If **YES**, enter the number of students enrolled in Alternative Education Programs operated by:

a.. This school  b. Another school in this district\*  c. A BOCES\*  d. Other\*

*\*Students attending an Alternative Education Program on a full-time basis operated by another school, a BOCES or other educational entity should not be counted as enrolled in this school, and therefore should not be counted in this item or in item 3, Enrollment in This School.*

*Note: If this school is an alternative school or contains an alternative program, report all or a portion of your enrolled students accordingly.*

**12. GRADES OFFERED**

PK <input type="checkbox"/>	K <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	UE <input type="checkbox"/>
		7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	US <input type="checkbox"/>

*Note: You may report students enrolled in grades not offered in this school.*

**13. PERCENTAGE OF ATTENDANCE**

Enter the percentage of attendance in this school for the 2008-09 school year.

(Express the percentage to the nearest tenth.) ..... %

**14. LUNCH, BREAKFAST AND MILK PROGRAMS**

A. Do students in this school qualify for the federal free and/or reduced-price lunch program?..... Yes \_\_\_\_ No \_\_\_\_

B. Do students in this school participate in a free and/or reduced-price-lunch program?..... Yes \_\_\_\_ No \_\_\_\_

C. If either “A” or “B” above is Yes,

1. For students enrolled in this school, enter by grade level the number of approved applicants for free and reduced-price lunches. (Enter zeros where appropriate.)

Free lunch  
Reduced-price lunch

	Pre-K	K-6*	7-12**
Free lunch	NA		
Reduced-price lunch	NA		

2. Is the program available to half-day kindergarten students? ..... Yes \_\_\_\_ No \_\_\_\_ NA \_\_\_\_

D. If this school does not offer a free lunch program (i.e. item 14B = No), does this school offer:

1. A free breakfast program (not including the reduced-price-breakfast program)?.....

Yes \_\_\_\_ No \_\_\_\_

a. Enter the number of students in this school with approved applications for the free breakfast program.....

2. A free-milk program? .....

Yes \_\_\_\_ No \_\_\_\_

a. Enter the number of students in this school with approved applications for the free-milk program.....

*\* Including ungraded elementary. \*\* Including ungraded secondary*



**20. DISTANCE LEARNING**

A. Does this school use distance learning?..... Yes  No

If you have answered **YES** to Part "A" above:

B. Which of the following does this school use for distance learning:

1. E-mail correspondence? ..... Yes  No

2. Internet content (e.g., connected University)? ..... Yes  No

3. One-to-one, real-time video conferencing (e.g., CUSeeMe, I-chat)?..... Yes  No

4. Synchronous, multi-point (one to many or many to many) real-time video conferencing? ..... Yes  No

5. Other: (please specify) \_\_\_\_\_

C. Approximately what percentage of total courses use distance learning?  
 \_\_\_\_\_ None    \_\_\_\_\_ 1-9 Percent    \_\_\_\_\_ 10 to 25 Percent    \_\_\_\_\_ 26 to 50 Percent    \_\_\_\_\_ Over 50 Percent

D. Which standard areas use distance learning to meet diploma/credit requirements? (check all that apply)

<input type="checkbox"/> English Language Arts	<input type="checkbox"/> Career Dev & Occupational Studies (CDOS)
<input type="checkbox"/> Math, Science & Technology (MST)	<input type="checkbox"/> The Arts (Dance, Music, Theatre, Visual Arts)
<input type="checkbox"/> Social Studies	<input type="checkbox"/> Health, Phys Ed, Family & Consumer Science
<input type="checkbox"/> Languages Other than English (LOTE)	<input type="checkbox"/> Other

E. 1. Is credit offered for courses taken 100 percent online?.....Yes \_\_\_\_\_ No \_\_\_\_\_

2. If Yes, how many students are currently enrolled in courses offered 100 percent online?..... \_\_\_\_\_

**21. LIBRARY/LIBRARY MEDIA CENTER (LMC)**

**A. Facility**

1. Does this school have a school library/LMC or access to a shared school library/LMC in this building?(√) Yes  No

**[If NO, skip to Item 22 on the next page.]**

2. Is this LMC shared with another school in this building?..... (√) Yes  No

**B. Resources as of October 7, 2009**

1. Total number of **books** in the LMC (traditional paper copy).....

2. Total number of **electronic books** that are cataloged in the LMC .....

3. Total number of **non-book materials** that are cataloged and processed in the LMC.....

4. Total number of **database subscriptions**, including those provided by NOVEL (statewide) regional library council, School Library System, or other library consortia .....

5. Total number of computers with **Internet access** in the LMC .....

6. a. Does the library have an **automated system** to access library resources?..... (√) Yes  No

b. If yes, is this school's library catalog available on the Internet? ..... Yes  No

7. Is this school a member of a School Library System (SLS)? .....(√) Yes  No

8. Does the library have a Web presence in the form of a Web page or Web Portal?..... Yes  No

9. Is this library equipped with an LCD projector?..... Yes  No

10. Is this library equipped with an interactive white (SMART) board?..... Yes  No

**C. Staffing**

1. Does this school have one or more **certified Library Media Specialists (LMS)**?..... (√) Yes  No

If Yes, which most closely approximates the portion of a full-time position devoted to library functions? (check one) (√)

a) 1/2 time or less     b) full-time     c) full-time plus a 1/2 time     d) 2 full-time LMS     e) More than 2 full-time LMS

2. How many professional staff **other than a certified LMS** are assigned to the library? (Enter 0 if none.) .....

3. How many paid **Support Staff** are assigned to the library? (Enter 0 if none.)

**D. Program**

1. How many hours is the library media center **staffed and open for student use?** (check one) (√)

a) fewer than 10 hours a week       b) 10-20 hours a week       c) open during all school hours       d) open during all school hours and before and/or after school

2. How many hours per week is the library available for use by teachers and students without prior scheduling?

a) 0 hours (none)       b) fewer than 10 hours a week       c) 10-20 hours a week       d) At any time

3. Collaboration and integration

a) Does the LMS **collaborate and plan** with classroom teachers for instruction?..... (√)      Yes       No

b) Do classroom teachers accompany students to the library for whole-class instruction? (√)      Yes       No

c) Are **library and information literacy skills** taught and **integrated** into core academic areas to meet the NYS Learning Standards? (Check all that apply.) (√)

1. English/Reading       2. Social Studies       3. Math       4. Science

4. Does the library promote **Inquiry- or Problem-based learning activities?**.....Yes       No

**22. CAREER PLANS - 2009-10 SCHOOL YEAR**

**A. Individual Career Plans**

1. Do students in this school develop Individual Career Plans that are kept in:

Written form? Yes       No       Electronic form?      Yes       No

**B. If Yes** to either part above:

1. Do Individual Career Plans follow students from grade-to-grade? .....      Yes       No

2. Enter the number of students documenting self- and career-awareness information and career exploration activities at the following grade levels:      K-1       Grades 2-3

3. Enter the number of students who are developing a Career Plan at the following grade levels: (include ungraded students in age-appropriate grade levels) .....      Grades 4-5       Grades 6-8       Grades 9-12

4. Of the students reported in (3), how many have been identified as disabled (have IEPs)

**C. Career Plan Training Workshops**

Enter the number of professional staff (classroom, non-classroom and administrators) who participated in career plan training workshops between September 2008 and August 2009.....

**23. BUSINESS/EMPLOYER/COMMUNITY INVOLVEMENT** (Complete this item if this school contains Grade 7 or above)

**A.** For each of the following 2008-2009 school year work-based learning experiences, enter the number of participating employers and the number of participating students.

Work-Based Experience (see instructions)	Number of Participating Employers	Number of Participating Students						
		Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	*Students with Disabilities
Worksite tours								
Job shadowing								
School-year internships								
Summer internships								
Workplace mentors								
Youth apprenticeships								
Co-op work study								
Community service/ learning								

*\*Any student identified as disabled by the district's Committee on Special Education. Some or all of these students may have been previously and properly reported in the Grade 7 through Grade 12 columns.*

**B.** Does this school have a staff person or persons responsible for coordinating the work-based experiences indicated above? ..... Yes \_\_\_\_\_ No \_\_\_\_\_ NA \_\_\_\_\_  
(no program)

If Yes, which most closely approximates the portion of a full-time job that is devoted to these coordinating activities?

(1) ¼ time or less      (2) ½ time      (3) ¾ time      (4) Full-time      (5) More than full-time

                      

**C.** Enter the total (unduplicated) number of employers who participated in the work-based experiences above ..

**D.** How many employers contributed to your school in the following ways:

1. Served on curriculum development committees .....

2. Served on shared-decision-making committees.....

3. Donated equipment/technology .....

**24. HOMELESS CHILDREN**

a. Enter by grade the number of homeless children enrolled in this school during the 2008-09 school year.

Grade Level	Number of Homeless	Grade Level	Number of Homeless	Grade Level	Number of Homeless
Pre-School (age 3)	NA	Grade-4		Grade-9	
Pre-Kindergarten	NA	Grade-5		Grade-10	
Kindergarten		Grade-6		Grade-11	
Grade-1		Ungr. Elem.		Grade-12	
Grade-2		Grade-7		Ungr. Sec.	
Grade-3		Grade-8			

b. For the total number of homeless children reported above, provide the estimated number who had the following as their primary nighttime residence: (The sum of counts in part "a" should equal the sum of counts in part "b".)

Primary Nighttime Residence	Number of Homeless Children
Shelters	
Doubled-up	
Hotels/Motels	
Transitional Housing	
Awaiting Foster Care	
Unsheltered (cars, parks, campgrounds, etc.)	11

**25. CONTACT INFORMATION FOR THE OFFICE OF THE PRINCIPAL**

Provide, if one exists, for the Office of the Principal:

E-mail Address \_\_\_\_\_

Fax ( ) - \_\_\_\_\_

Number \_\_\_\_\_

**26. APPLICATIONS AND ADMISSIONS**

For the 2009-10 school year, enter the number of students who applied to enroll in this school and the number of students admitted.

a. Number of students who applied  b. Number of students admitted

**27. TRANSFERS OUT**

Between October 1, 2008 and the end of the school year, enter the number of students who transferred out of the Charter School to:

a. A public school district  b. A nonpublic or home school setting

**28. RETENTIONS IN GRADE**

Enter the number of students, by grade, who were retained in grade (not promoted) at the end of the 2008-09 school year.

Kindergarten	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Ungr Elem*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12	Ungr Sec*
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Students with disabilities

**Please Continue to the Arts Survey on the Next Page**

**Arts Education Survey – Fall 2009**  
(a collaboration between NYSED and the NYS Alliance for Arts Education)

**ARTS INSTRUCTION**

**29. Instructional Time**

Indicate on a scale of “1 to 5” the number of hours of instruction on average that students are scheduled to receive over the course of this school year in each arts discipline at the grade levels indicated. The “1 to 5” scale should reflect the following:  
1 = none – 5 hours      2 = 6 - 19 hours      3 = 20 – 39 hours      4 = 40-59 hours      5 = 60 or more hours

	Kindergarten	Grade-1	Grade-2	Grade-3	Grade-4	Grade-5	Grade-6	Grade-7	Grade-8
Dance									
Music									
Theatre									
Visual Arts									

**30. Regents Sequence**

- a) If this school contains high school grades, are students offered the opportunity to complete a Regents sequence in the Arts?  
 YES       NO       School does not contain HS grades
- b) If YES, how many students completed a five unit sequence in the Arts during the 2008-09 school year?.....

**31. Grade 8 Acceleration**

How many eighth grade students took the following courses during the 2008-09 school year (please enter zero if this school does not contain the eighth grade):  
 Studio in Art       Music Theory       Other HS level Arts courses

**32. Supplemental Arts Instruction**

Indicate whether or not your school utilizes the following types of individuals to supplement either curricular or extra curricular Arts instruction. Indicate with a 1, 2 or 0 where 1 = curricular      2 = extra-curricular      0 = neither

	Dance	Music	Theatre	Visual Arts
An Artist in Residence				
Another District Teacher (non Art) or Administrator				
A Volunteer from the Community				

**33. Artist in Residence Obstacles**

If this school does not have an Artist in Residence program, which of the following would you identify as **the** greatest obstacle to such a program? (select only **one**)

<input type="checkbox"/>	Competing Priorities (e.g., testing, remediation)	<input type="checkbox"/>	Budget or Fiscal Constraints
<input type="checkbox"/>	Lack of time in the School Day	<input type="checkbox"/>	Lack of Information on Available Programs
<input type="checkbox"/>	Insufficient or Inappropriate Space or Facilities	<input type="checkbox"/>	No Obstacles

**ARTS SUPERVISION**

34. a) Select the best description for the person who is responsible for the implementation and evaluation of Arts Education Programs. (Consider the terms supervisor, director, coordinator, department head or chair, and facilitator as being comparable.)

<input type="checkbox"/>	Full-time Supervisor Dedicated Solely to the Arts	<input type="checkbox"/>	Part-time Arts Supervisor Who Also Teaches
<input type="checkbox"/>	Full-time Supervisor with duties Other than the Arts	<input type="checkbox"/>	No Arts Supervisor

- b) If this school has an Arts supervisor, is this person certified in an Arts discipline?..... YES  NO  NA
- c) If this school has an Arts supervisor, is this person certified as an administrator or supervisor?..... YES  NO  NA

**ARTS FUNDING**

35. a) Funding for Arts programs in this school is generally:...  Abundant  Sufficient  Insufficient  NA
- b) Funding for Arts programs in this school over the past three years has:  Increased  Decreased  Remained Steady
- c) Indicate which, if any, of the following sources have provided funds to support Arts education in this school:

<input type="checkbox"/>	Local District Foundation	<input type="checkbox"/>	<input type="checkbox"/>	State or National Foundations
<input type="checkbox"/>	Local Business or Corporation	<input type="checkbox"/>	<input type="checkbox"/>	Federal Grants
<input type="checkbox"/>	Parent/Teacher Association (PTA)	<input type="checkbox"/>	<input type="checkbox"/>	State, County, or Local Arts Councils or Agencies
<input type="checkbox"/>	Booster Club	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	Education Associations	<input type="checkbox"/>	<input type="checkbox"/>	

**ARTS FACILITIES**

36. Indicate the number of rooms designed and used solely for the Arts (Arts-dedicated) and the number of multi-purpose or general education classrooms used for Arts education in this school:

	Dance	Music	Theatre	Visual Arts	Media Arts
Arts-dedicated Classrooms					
Multi-purpose or General Education Classrooms					

**PROFESSIONAL DEVELOPMENT**

37. Which of the following professional development opportunities related specifically to the Arts disciplines were available to Arts faculty in this school during the 2008-09 school year: (check all that apply)

<input type="checkbox"/>	In-district In-service Programs	<input type="checkbox"/>	<input type="checkbox"/>	Programs Offered by Professional Organizations
<input type="checkbox"/>	Multi-district In-service Programs	<input type="checkbox"/>	<input type="checkbox"/>	Other Programs
<input type="checkbox"/>	Out of the District Programs	<input type="checkbox"/>	<input type="checkbox"/>	

**TECHNOLOGY**

38. Indicate which of the following current technology tools are used by students participating in Arts education in this school: (check all that apply)

<input type="checkbox"/>	Music Editing Software	<input type="checkbox"/>	<input type="checkbox"/>	DVD Player/Recorder
<input type="checkbox"/>	Photo Editing Software	<input type="checkbox"/>	<input type="checkbox"/>	Video Projector
<input type="checkbox"/>	Digital Video Editing Software	<input type="checkbox"/>	<input type="checkbox"/>	Still 35mm Film Cameras
<input type="checkbox"/>	Animation Software	<input type="checkbox"/>	<input type="checkbox"/>	Digital Still Cameras
<input type="checkbox"/>	MIDI Keyboards	<input type="checkbox"/>	<input type="checkbox"/>	Digital Video Cameras
<input type="checkbox"/>	Sound Equipment ( mics, speakers, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Digital Drawing Tablets
<input type="checkbox"/>	Lighting Equipment (lights, tripods, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Scanners
<input type="checkbox"/>	Interactive Distance Exchange Labs	<input type="checkbox"/>	<input type="checkbox"/>	Color Printers
<input type="checkbox"/>	Darkroom and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	TV Studio

**Thank You for Participating in the Arts Education Survey – Fall 2009**