

# **BASIC EDUCATIONAL DATA SYSTEM (BEDS)**

## **REPORT OF NONPUBLIC SCHOOLS**

**AND**

**SCHOOLS OPERATED BY STATE AND OTHER PUBLIC AGENCIES \***

### **FALL 2009**

All nonpublic schools are encouraged to submit their BEDS Report of Nonpublic Schools over the Internet by way of the BEDS Online. If your school opts to report via the Internet, then returning this paper document to SED is not necessary. Your principal or other chief school officer will have details concerning the BEDS Online.

Data reported on this form are used to verify the accuracy of information submitted to the Office of Grants Management on the Nonpublic School Mandated Services Aid form (MSA-1). To be eligible for reimbursement for a mandate, all reports required in connection with that mandate must have been submitted by the established deadline. Reimbursement for mandated services will be delayed for nonpublic schools that have not submitted the required reports. Questions about mandated services claims should be directed to the Office of Grants Management at (518) 474-3936.

Please correct above information, if necessary

### **PERSON COMPLETING THIS FORM**

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

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

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

Area Code

Number

\*Includes schools operated by Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Department of Correctional Services, Office of Children and Family Services, State University of New York, City University of New York, and the State Education Department

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Information and Reporting Services - Room 865 EBA  
Albany, New York 12234



**1. SCHOOL CODE**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**2. SCHOOL NAME**

--

**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*													

\* Students with Disabilities who do not have a grade level assigned to them.

#### 4. COUNT OF STUDENTS BY DISTRICT OF RESIDENCE

These data are being collected for textbook aid purposes.

The following schools should NOT complete this item (continue with Item 5 on the next page):

- State-supported schools pursuant to Ed. Law 4201;
- Schools operated by the Department of Correctional Services, Office of Mental Retardation and Developmental Disabilities (OMRDD), Office of Mental Health (OMH), State Education Department (SED), City University of New York (CUNY), and the Office of Children and Family Services (OCFS).

a. New York State Residents		Number of Pupils	
District of Residence	District Code (see enclosed list)	Pre-K	K-12*
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
b. Out-of-State Residents			
c. Other Ineligibles			
TOTAL COUNT OF STUDENTS **			

\* K-12 includes ungraded elementary and ungraded secondary students.

\*\*The sum of Pre-K and K-12 students must match the Total Enrollment for all grades listed in Item #3 on page 3.

**NOTE: Please attach additional pages if needed.**

**5. PROFESSIONAL STAFF IN THIS SCHOOL**

Title	Full-time		Part-time		Total
	Elementary (PK-6)	Secondary (7-12)	Elementary (PK-6)	Secondary (7-12)	
Principal or Headmaster					
Assistant Principals					
Supervisors and Department Heads					
Teachers					
Librarians					
Guidance Counselors					
Other Professional Staff					

**6. FOREIGN LANGUAGE INSTRUCTION IN THIS SCHOOL**

Is this school offering foreign language instruction during the 2009-10 school year?    Yes \_\_\_\_\_    No \_\_\_\_\_  
 If Yes, indicate student enrollment and number of teachers by the grade levels specified for each language offered:

LANGUAGE	Grade Level					
	K-6		7-9		10-12	
	Enrollment	Teachers	Enrollment	Teachers	Enrollment	Teachers
1. French						
2. Spanish						
3. German						
4. Italian						
5. Russian						
6. Hebrew						
7. Latin						
8. Other (Specify) _____						

**7. PUBLIC WELFARE**

Approximately what percentage of the pupils in this school are members of families whose primary means of support is a public welfare program?  
 (Check one.) If precise data are not available, provide your best estimate.

- |                                 |   |                                 |                                 |                                  |
|---------------------------------|---|---------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> None   | · | <input type="checkbox"/> 21-30% | <input type="checkbox"/> 51-60% | <input type="checkbox"/> 81-90%  |
| <input type="checkbox"/> 1-10%  | · | <input type="checkbox"/> 31-40% | <input type="checkbox"/> 61-70% | <input type="checkbox"/> 91-100% |
| <input type="checkbox"/> 11-20% | · | <input type="checkbox"/> 41-50% | <input type="checkbox"/> 71-80% |                                  |

**8. STUDENT STABILITY**

Report the number of students enrolled in the **highest grade** in this school, (e.g., *grade 6 in a K-6 school*) who were also enrolled in this school last year.

*ex.#1 The highest grade in this school has 60 students. Of these students, 56 were enrolled last year. 56 would be entered in the box.*

*ex #2 The highest grade in this school has 60 students. Of these students, 4 are new to this school; 56 would be entered in the box.*

(Report N.A. if this school is new, contains only one grade, contains no grade higher than kindergarten primarily serves students with disabilities.)

**9. LIMITED ENGLISH PROFICIENT STUDENTS (Formerly ELLs)**

Does this school have students who are limited English proficient (LEP)?..... Yes \_\_\_\_ No \_\_\_\_

If Yes, enter the number of students by grade range.

Pre-K	K-6	7-12

**10. FREE AND REDUCED-PRICE LUNCH**

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

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

NOTE: Counts are needed even if this school has a Provision B Agreement.

C. If either "A" or "B" above is Yes, for students enrolled in this school, enter by enrollment level the number of approved applicants for free and reduced-price lunches.

	Pre-K	K-6*	7-12**
<b>FREE</b>			
<b>REDUCED</b>			

D. If this school has a free and/or reduced-price lunch program, is the program available to half-day kindergarten students? Yes \_\_\_\_ No \_\_\_\_ NA \_\_\_\_  
No half day program

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

**11. STUDENTS SUPPORTED BY PUBLIC FUNDS**

*This item applies only to private schools approved for reimbursement with public funds for educating children with disabilities.*

Pre-K	K(1/2-day)	K (full-day)	1	2	3	4	5	6	Ungr. Elem.*
7	8	9	10	11	12	Ungr. Sec.*		<b>Total</b>	

\*Students with Disabilities not assigned to a grade

## 12. COMPUTER RESOURCES

Enter the number of computers located in the following locations by relative processing power:		
Location:	Higher-end (Pentium 3, Macintosh G3, equivalent or higher)	Lower-end (Pentium 2, Macintosh-Apple Power PC, equivalent or lower)
1. Classrooms or science labs		
2. Computer technology labs		
3. Library/media centers		
4. Administrative or PPS offices		
5. Other locations		

. Do **not** include obsolete or surplus computers.

## 13. INTERNET CONNECTIVITY

A. Of the total number of computers used for instruction (classroom or science labs, computer technology labs, and library/media centers reported in question number 12), how many have Internet access in the following categories:

Dial-up  High-speed Wired or Wireless  No Internet Connectivity

B. Does this school provide individual E-mail accounts to: (check all that apply)

Administrators  Teachers  Students

C. Is there a policy or expectation for teachers to use their school- or district-provided e-mail address (as opposed to an account through hotmail, yahoo, etc.) as a primary communication tool with students and parents?

Yes  No  Not applicable

## 14. DISTANCE LEARNING

a. Does this school use distance learning?..... **Yes** \_\_\_ **No** \_\_\_

b. If Yes, does this school use the following 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: ..... **Yes** \_\_\_ **No** \_\_\_

(please specify) \_\_\_\_\_

**15. 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 16 on the next page.]

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

3. How many students can be seated in the LMC at one time? .....

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

1. Total number of **books** in the LMC .....

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

3. Total number of **database subscriptions**, including NOVEL (statewide databases) .....

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

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

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

**c. Staffing (Section “c” on staffing does not apply to nonpublic schools.)**

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     c) 10-20 hours a week     d) open during all school hours     e. 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

**16. OPERATIONAL STATUS**

a. Indicate with a checkmark whether this school is for profit or is nonprofit:

For Profit \_\_\_\_\_

Nonprofit \_\_\_\_\_

b. For schools applying for a BEDS number only:

If the school is operated by a corporation please specify which type:

- Business Corporation Law\* \_\_\_\_\_
- Education Law\* \_\_\_\_\_
- Religious Corporations Act \_\_\_\_\_
- Not-For-Profit Corporation Law\* \_\_\_\_\_

*\*Name on incorporation papers must match name on BEDS application (front page).*

*Stated corporate purpose must specify authority to operate the grades cited on page 3 of the application.*

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

School or Principal's E-Mail Address \_\_\_\_\_

School or Principal's Fax Number \_\_\_\_\_

