

BASIC EDUCATIONAL DATA SYSTEM
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 district's BEDS Coordinator or Superintendent will have details for entering data into the On-line BEDS IMF Application and your district'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

a. BEDS CODE													
b. SCHOOL NAME													

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: Exclude students attending BOCES full-time. 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*

Number of Students	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	

**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.*

5. PROFESSIONAL STAFF ASSIGNED TO THIS SCHOOL *

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							

**Do not include professional staff in this school who also work in other schools in this district or in the central office.*

6. PREKINDERGARTEN TEACHERS

How many full- and part-time teachers reported above teach exclusively at the prekindergarten level?	
a. Full-time <input style="width: 80px; height: 25px;" type="text"/>	b. Part-time <input style="width: 80px; height: 25px;" type="text"/>

7. TECHNOLOGY FOR INSTRUCTION

a. Enter the portion of teachers in this school who use a **television for instruction** with the following frequency:

High Frequency (more than 2/3 of a series)	Moderate Frequency (1/3 to 2/3 of a series)	Low Frequency (some but less than 1/3 of a series)	Do Not Use (never or practically never)
1. No Teachers	1. No Teachers	1. No Teachers	1. No Teachers
2. Less Than 1/4	2. Less Than 1/4	2. Less Than 1/4	2. Less Than 1/4
3. 1/4 to 1/2	3. 1/4 to 1/2	3. 1/4 to 1/2	3. 1/4 to 1/2
4. 1/2 to 3/4	4. 1/2 to 3/4	4. 1/2 to 3/4	4. 1/2 to 3/4
5. More Than 3/4	5. More Than 3/4	5. More Than 3/4	5. More Than 3/4

b. Is this school equipped with an **LCD projector**?.....Yes_____ No_____

1) If Yes, Enter the portion of teachers in this school who use an **LCD projector for instruction** with the following frequency:...(allowable responses are the same as above in section “a”)

High Frequency (more than 2/3 of a series)	Moderate Frequency (1/3 to 2/3 of a series)	Low Frequency (some but less than 1/3 of a series)	Do Not Use (never or practically never)

c. Is this school equipped with an **interactive white (SMART) board**?.....Yes_____ No_____

1) If Yes, Enter the portion of teachers in this school who use an **interactive white (SMART) board for instruction** with the following frequency:...(allowable responses are the same as above in section “a”)

High Frequency (more than 2/3 of a series)	Moderate Frequency (1/3 to 2/3 of a series)	Low Frequency (some but less than 1/3 of a series)	Do Not Use (never or practically never)

8. 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.

1. <input type="checkbox"/> None	4. <input type="checkbox"/> 21-30%	7. <input type="checkbox"/> 51-60%	10. <input type="checkbox"/> 81-90%
2. <input type="checkbox"/> 1-10%	5. <input type="checkbox"/> 31-40%	8. <input type="checkbox"/> 61-70%	11. <input type="checkbox"/> 91-100%
3. <input type="checkbox"/> 11-20%	6. <input type="checkbox"/> 41-50%	9. <input type="checkbox"/> 71-80%	

9. MAGNET SCHOOL STATUS

Check which portion of students in this school participate in a Magnet School Program:

All students Some, but not all No students

10. 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**. (Do not consider ungraded elementary or ungraded secondary in answering this item.)

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.

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

11. ALTERNATIVE EDUCATION PROGRAMS

Alternative Education Programs are designed for students who wish to pursue individualized approaches to achieving academic standards. Report only Alternative Education Programs that 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 2008-2009 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-priced-lunch program?..... Yes ___ No ___

B. Does 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			
Reduced-price lunch			

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: Yes ___ No ___

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

a. Enter the number of students in this school, excluding Pre-K students, with approved applications for the free breakfast program

Yes ___ No ___

2. A free milk program?

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

* Including ungraded elementary ** Including ungraded secondary

15. UNEXCUSED ABSENCES

How many students had **full-day** unexcused absences during the 2008-09 school year totaling in the following categories?

1-4
Unexcused
absences

5-9
Unexcused
absences

10 or More
Unexcused
absences

16. MIGRANT STUDENTS

Enter the number of migrant students reported as enrolled in this school in Item 3:

17. LEARNING STANDARDS AND PROFESSIONAL DEVELOPMENT

A. Do you have one or more staff persons in this school responsible for planning, coordination and/or delivery of professional development activities relating to the NYS Learning Standards? Yes ___ No ___

B. If **Yes**, which of the following most closely approximates the portion of a person's full-time duties that are devoted to these coordinating activities?

(1) ¼ time or less

(2) ½ time

(3) ¾ time

(4) Full time

(5) More than full-time

18. 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 CPUs)	Lower-end (Pentium 2, Macintosh-Apple Power PC, equivalent or lower CPUs)
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.

19. INTERNET CONNECTIVITY

A. 1. Of the total number of computers used for instruction (classroom or science labs, computer technology labs, and library/media centers reported in question number 18), how many have Internet access in the following categories:

Dial-up	High-speed/Broadband (Wired or Wireless)	No Internet Connectivity
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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 school communication tool?

Yes No Not applicable

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	<input type="checkbox"/>	No	<input type="checkbox"/>
2. Internet content (e.g., connected University)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. One-to-one, real-time video conferencing (e.g., CUSeeMe, I-chat)?.....	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4. Synchronous, multi-point (one to many or many to many) real-time video conferencing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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)

English Language Arts	Career Dev & Occupational Studies (CDOS)
Math, Science & Technology (MST)	The Arts (Dance, Music, Theatre, Visual Arts)
Social Studies	Health, Phys Ed, Family & Consumer Science
Languages Other than English (LOTE)	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 B3, 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 position 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. CONTACT INFORMATION FOR THE OFFICE OF THE PRINCIPAL

Provide for the Office of the Principal:

E-mail Address _____

Fax Number () - _____

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

25. 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									

26. 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?..... _____

27. 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

28. 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				

29. 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

30. 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

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

ARTS FACILITIES

32. 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

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

TECHNOLOGY

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

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