

ELEMENTARY AND MIDDLE SCHOOL ADMINISTRATOR QUESTIONNAIRE

for

THE CHILD DEVELOPMENT SUPPLEMENT TO THE FAMILY ECONOMICS STUDY

Please read each question carefully and follow any statements that appear in bold or parentheses. Circle the best answer or fill in the requested information. If you come to any question you do not want to answer, go on to the next question. Thank you for your participation in this project!

How can this school be categorized (Please circle one number)

7. Other (**Specify**):______

A1.

1. Public school

the school.

Private school, religious
 Private school, nonreligious

| | 1. Preschool |
|-----|--|
| | 2. Kindergarten |
| | 3. 1st grade |
| | 4. 2nd grade |
| | 5. 3rd grade |
| | 6. 4th grade |
| | 7. 5th grade |
| | 8. 6th grade |
| | 9. 7th grade |
| | 10. 8th grade |
| | 11.9th grade |
| | 12. 10th grade |
| | 13. 11th grade |
| | 14. 12th grade |
| | 15. Special education(Specify): |
| | 97. Other (Specify): |
| A3. | Which of the following best describes how students are enrolled in your school? (Please circle one number) |
| | 1. All students in a particular geographic area (or district) are assigned to this school. |
| | 2. Students in a particular geographic area (or district) argenerally assigned to this school, but transfers are frequently allowed. |

of the school and information the schools provide.

3. Students are assigned from particular areas to achieve desired racial or ethnic composition in

4. Students are assigned to this school based on an entrance test or other achievement criteria.

5. Parents select the school from a set of schools in a given area, based upon the characteristics

| What is the current total student enrollmen | , | | |
|--|--------------------------------------|--------------------------------------|--------------------------|
| (Enter total number of total st | udents) | | |
| | | | |
| Approximately how many of these student | s were absent yes | terday? | |
| (Enter number of students abs | sent) | | |
| | | | |
| | | | |
| TT 1 | | | |
| • • | • | | _ |
| • • | • | | _ |
| • • | e place an X° in th | e "Don't Know | _ |
| • • | e place an X° in th Enter | e "Don't Know Enter | " column. |
| • • | e place an X° in th | e "Don't Know Enter Percent of | " column. Don' |
| How many or what percentage of students following ways? If you don't know, pleas | e place anX" in th Enter Number of | e "Don't Know Enter Percent of | _ |
| • • | Enter Number of Students or | Enter Percent of Students | " column. Don' |
| following ways? If you don't know, pleas | Enter Number of Students or | Enter Percent of Students | " column. Don't Know ▼ |
| following ways? If you don't know, pleas a. White, non-Hispanic b. Black, non-Hispanic | Enter Number of Students or | Enter Percent of Students | Don't Know |
| following ways? If you don't know, pleas a. White, non-Hispanic b. Black, non-Hispanic | Enter Number of Students or | Enter Percent of Students V | Don't |
| a. White, non-Hispanicb. Black, non-Hispanic | Enter Number of Students or | Enter Percent of Students — | Don't Know |

A7. In your school, how manyor what percent of students...

5. No

| | | Enter Number o of Students | of | Don't Know ▼ |
|------|--|----------------------------|----------------|--------------------|
| | a. are language minority (LM) students2 | | | |
| | b. are limited English proficient (LEP) students? | | | |
| | c. are English as a second language (ESL) students? | | | |
| | d. participate in the free unch program? | | | |
| | e. participate in the subsidized lunch program | <u>.</u> | | |
| A8. | What percentage of your student body left school (transferred out)?(Percent of student body) | ool in the last | school year an | d went to anothe |
| A9. | What percentage of your student body has been(Percent of student body) | n "held back" | a grade? | |
| A10. | Do you provide breakfast at school under the F 1. Yes | ederal School | Breakfast Pro | ogram? |

| A11. | Does your school receive funds under Chapter I of thElementary and Secondary School Act? |
|------|--|
| | Yes No |
| A12. | Does your school have a before school program? |
| | Yes No |
| A13. | Does your school have an after school program? |
| | Yes No |
| A14. | How many teachers do you employ? |
| | (Number of teachers) |
| A15. | How many of these teachers work full-time (35 hours per week or more)? |
| | (Number of teachers) |
| A16. | How many assistant teachers and aides do you employ? |
| | (Number of assistant teachers and aides) |
| A17. | How many of these assistant teachers and aides work full-time (35 hours per week or more)? |
| | (Number of assistant teachers and aides) |
| A18. | How many student teachers do you employ? |
| | (Number of student teachers) |
| A19. | What is the teacher to student ratio at your school? |
| | ТО |
| | (Number of teachers) (Number of students) |

| A20. | How many or what percentage of the paid classroom staff currently employed in this school can |
|------|---|
| | be categorized in the following ways? If you don't know, please place ak" in the "Don't |
| | Know" column. |

| | | Enter Number of Staff or ▼ | Enter Percent of Staff | Don't Know ▼ |
|----|--------------------------------------|----------------------------------|---------------------------|--------------|
| a. | White, non-Hispanic | | | |
| b. | Black, non-Hispanic | | | |
| c. | Hispanic | | | |
| d. | Asian or Pacific Islander | | | |
| e. | American Indian or Alaskan Native | | | |
| f. | Other (Specify): | | | |

A21. Thinking of the highest education level completed, how many of your teachers (both full-time and part-time) **or** what percentage have the following degrees? If you don't know, place at **X** in the "Don't Know" column.

| | | Enter Number of Teachers or ▼ | Don't Know ▼ |
|----|--|-------------------------------|--------------|
| a. | High school diploma or GED | | |
| b. | Some college, but no degree | | |
| c. | Child Development Associate credential (CDA) | | |
| d. | Associate of Arts degree (A.A.). | | |
| e. | Bachelor's degree (B.A. or B.S.) | | |
| f. | Master's degree (M.A. or M.S.). | | |
| g. | Doctorate degree (Ph.D., Ed.D.) | | |
| h. | Other (Specify): | | |

| A22. | In the last year, how many teachers received ten hours or more of additioned ucation-related training from one of the following? Please indicate the number of teachers on the line next to each category. |
|------|--|
| | Enter Number of Teachers/Caregivers |
| | a. A local college or junior college |
| | b. A government agency or program |
| | c. Other (Specify): |
| A23. | During the past 12 months, how man new teachers have been hired ? (Include both full-time and part-time teachers and both regular and special-subject teachers.) |
| | (Number of new teachers) |
| A24. | During the past 12 months, how many teacher left your school? (Include both full-time and part-time teachers and both regular and special-subject teachers.) |
| | (Number of new teachers) |
| A25. | What is the salary of abeginning teacher? |
| | \$(Salary in dollars per year) |
| A26. | What is the average salary of all teachers? |
| | \$(Salary in dollars per year) |
| A27. | What is your per pupil expenditure? |
| | \$(Number of dollars spent per studen)t |
| A28. | Do parents pay for their child to attend this school? |
| | 1. Yes 5. No ————— Go to item A29 |

| A28a. | What is the average fee parents pay? | A28b. Is that |
|-------|--------------------------------------|------------------------------|
| | \$ | 1. Per hour |
| | (Average amount in dollars) | 2. Per day |
| | | 3. Per week |
| | | 4. Every two weeks |
| | | 5. Monthly |
| | | 6. Yearly |
| | | 7. Other (Specify): |
| | | |
| | | |

A28c. Are fees based upon family income?

- 1. Yes
- 5. No

A28d. Are need-based scholarships available?

- 1. Yes
- 5. No

A29. For each of the following items, please indicate the most appropriate response for your school:

| | | Always 🔻 | Over Half the Time | | Never ▼ | Don't Know ▼ |
|----|--|----------|-----------------------|---|------------|--------------------|
| a. | The morale of the teachers is high | 1 | 2 | 3 | 4 | 8 |
| b. | Teachers help select the curriculum to be taught | 1 | 2 | 3 | 4 | 8 |
| c. | Teachers spend time working with students on student-school related problems | 1 | 2 | 3 | 4 | 8 |
| d. | Teachers participatein planning and class-scheduling | 1 | 2 | 3 | 4 | 8 |
| e. | The principal maintains definite instructional criteria for evaluating performance of teachers | 1 | 2 | 3 | 4 | 8 |
| f. | Rapport between teachers and administration is good | 1 | 2 | 3 | 4 | 8 |
| g. | Planning time is regularly scheduled during the day so teachers can plan their classes | 1 | 2 | 3 | 4 | 8 |

| A31. | In yo | our school, to what degree do you have prob | lems with the | following: | |
|------|-------|---|-----------------------|-------------------------------|---------------------------|
| | | | Not a Problem ▼ | Somewhat of a Problem ▼ | A Serious Problem ▼ |
| | a. | Physical conflicts among students | 1 | 2 | 3 |
| | b. | Robbery or theft | 1 | 2 | 3 |
| | c. | Vandalism of school property | 1 | 2 | 3 |
| | d. | Student use of alcohol | 1 | 2 | 3 |
| | e. | Student use of illegal drugs | 1 | 2 | 3 |
| | f. | Student possession of weapons | 1 | 2 | 3 |
| | g. | Physical abuse of teachers | 1 | 2 | 3 |
| | h. | Verbal abuse of teachers | 1 | 2 | 3 |

A30. Which of the following security measures are used in this school@ircle all that apply)

Visitors must sign in or check at the main office
 Security guards posted at doors and in hallways

3. Metal detectors

____(Enter number of days)

| If there are any of | er comments you would like to make, please use the space below. |
|---------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| · | r completing this questionnaire. Your help is greatly appreciated. his questionnaire in the self-stamped addressed envelope provided for you and mail to the address on the envelope. |
| _ | rested in seeing the results of this study, please fill out the postcard osed with this questionnaire. Thank you again for your assistance in this important project! |
| <u> </u> | |
| What is your title? | |
| School Name: | |
| School Address: | |
| School Phone #: | |

| CHECK HERE IF YOU HAVE FILLED OUT AND RETURNED A QUESTIONNAIRE |
|--|
| FOR THIS STUDY FOR ANOTHER CHILD IN YOUR SCHOOL. |
| |

N

Sample Label

Please return in the self-addressed, stamped envelope to:

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