

## THE NATIONAL LONGITUDINAL TRANSITION STUDY-2 (NLTS2)

### School Characteristics Survey

School Name

School ID Number

One or more students in your school are among the 13,000 students nationwide who are taking part in the National Longitudinal Transition Study-2 (NLTS2), an important U. S. Department of Education study. The School Characteristics Survey is the only source of information that provides an overview of the schools attended by students (other surveys address students' academic instruction and overall school programs). Because of this, your participation is vitally important.

Please complete this School Characteristics Survey questionnaire and return it in the attached postage-paid envelope. Your answers will be completely confidential, and no information will be reported that identifies you or this school. . At the end of the survey period, you could be

If you have questions about the study or the survey, please call the NLTS2 hotline toll free at 1-800-XXX-XXXX, send e-mail to XXX@XXX.XXX>, or visit the NLTS2 Web site at www.XXX.XXX.

Gathering the following information will help you complete the questionnaire more quickly:

1. Student body demographic information, including the estimated number of students who: are eligible for free or reduced-price lunches, are English language learners, are in each ethnic/racial category, and have different kinds of disabilities.
2. School personnel numbers, such as the number of teachers and other school personnel working in your school and the number of teachers who are new to your school and who have less than 3 years teaching experience.
3. The number of suspensions, expulsions, and incidents of violence during the previous school year.
4. If your school includes students in grade 12, the number of students who graduated and dropped out during the previous school year.

Thank you in advance for your contribution to this very important study.

**PLEASE TURN THE PAGE TO BEGIN → → → → → →**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 24 minutes per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651.

**A. SCHOOL CHARACTERISTICS**

*PLEASE FEEL FREE TO ESTIMATE PERCENTAGES OR NUMBERS.*

A1. Is this school a ... *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Public school
- 2 Private school
- 3 Residential/boarding school
- 4 Year-round school
- 5 School serving a single gender of students

A2. Please circle all the grade levels that are taught at this school.

pre-K   K   1   2   3   4   5   6   7   8   9   10   11   12   Un-graded   Adult  
School

A3. Around October 1 of this school year, how many students were enrolled at this school?

\_\_\_\_\_ Number of students enrolled

A4. About what **percentage** of enrolled students are absent from school on a typical day?  
*PLEASE INCLUDE BOTH EXCUSED AND UNEXCUSED ABSENCES.*

\_\_\_\_\_ Percentage of students absent on a typical day

A5. How many days are students expected to attend school this academic school year?

\_\_\_\_\_ Number of days students expected to attend school

A6. What is the average class size for the following kinds of classes? Please give your best estimate of what is typical in your school.

*PLEASE ENTER **ONE** NUMBER OR CIRCLE "00" ON EACH LINE*

Number	<b>OR</b>	Not applicable; no classes of this kind	
_____		00	a. Academic classes
_____		00	b. Vocational education, career education, or applied academics classes

A7. What proportion of buildings on the school campus are fully accessible to students with physical disabilities (i.e., have ramps, elevators if more than one floor, accessible restrooms)? *PLEASE CIRCLE ONE NUMBER.*

- 1 None
- 2 Some
- 3 Most
- 4 All

A8. During the previous school year (YEAR), approximately how many of the following occurred at your school?

*PLEASE RECORD ONE NUMBER ON EACH LINE. ENTER "0" IF NONE.*

Number of incidents

- \_\_\_\_\_ a. In-school suspensions
- \_\_\_\_\_ b. Out-of-school suspensions
- \_\_\_\_\_ c. Expulsions
- \_\_\_\_\_ d. Incidents of violence
- \_\_\_\_\_ e. Arrests resulting from incidents at school or school activities

**B. STUDENT CHARACTERISTICS**

*PLEASE FEEL FREE TO ESTIMATE PERCENTAGES OR NUMBERS.*

B1. Around October 1, about how many students in the school belonged to each of the following ethnic groups?

*PLEASE INDICATE NUMBER **OR** PERCENTAGE FOR EACH LINE.*

- | Percentage of students | <b>OR</b> | Number of students |  |
|------------------------|-----------|--------------------|--|
| _____                  |           | _____              | a. African-American or Black                 |
| _____                  |           | _____              | b. American Indian or Alaska Native          |
| _____                  |           | _____              | c. Asian                                     |
| _____                  |           | _____              | d. Caucasian or White                        |
| _____                  |           | _____              | e. Hispanic or Latino                        |
| _____                  |           | _____              | f. Native Hawaiian or other Pacific Islander |
| _____                  |           | _____              | g. Other                                     |

B2. Around October 1, about how many students were identified as English language learners (ELL), that is, limited-English-proficient (LEP) or English-as-a-second-language (ESL) students?

\_\_\_\_\_ Number of ELL (LEP or ESL) students

B3. Around October 1, about how many students had the following primary disability? *PLEASE ENTER ONE NUMBER ON EACH LINE FOR THE PRIMARY DISABILITY OF STUDENTS. PLEASE COUNT EACH STUDENT ONLY ONCE.*

**Number** of students with the following **primary** disability

- \_\_\_\_\_ a. Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
- \_\_\_\_\_ b. Autism
- \_\_\_\_\_ c. Deaf-blindness
- \_\_\_\_\_ d. Developmental delay
- \_\_\_\_\_ e. Serious emotional disturbance or behavior disorder
- \_\_\_\_\_ f. Hearing impairment
- \_\_\_\_\_ g. Deafness
- \_\_\_\_\_ h. Learning disability
- \_\_\_\_\_ i. Speech or language impairment
- \_\_\_\_\_ j. Mild mental retardation/cognitive impairment
- \_\_\_\_\_ k. Moderate/severe mental retardation/cognitive impairment
- \_\_\_\_\_ l. Multiple disabilities
- \_\_\_\_\_ m. Other health impairment
- \_\_\_\_\_ n. Orthopedic impairment
- \_\_\_\_\_ o. Traumatic brain injury
- \_\_\_\_\_ p. Visual impairment/blindness
- \_\_\_\_\_ q. Other: \_\_\_\_\_

B4. About what percentage of your school's students are eligible for the free or reduced-price lunch program? *PLEASE CIRCLE ONE NUMBER.*

- 1 Less than 25%
- 2 26% to 50%
- 3 51% to 75%
- 4 More than 75%

B5. About what percentage of the students enrolled in your school last year (YEAR) moved away from your school during the school year (student mobility rate)?

\_\_\_\_\_ Student mobility rate

**C. STAFF, PROGRAMS, AND RESOURCES**

*PLEASE REPORT STAFF IN FULL TIME EQUIVALENT UNITS (FTES).  
FEEL FREE TO ESTIMATE PERCENTAGES OR NUMBERS.*

C1. How many of the following personnel (including those contracted for services) work in your school during a typical week (in FTE units)?

Approximate Total FTE  
in a Typical Week

- \_\_\_\_\_ a. Bilingual or ESL teachers
- \_\_\_\_\_ b. Reading specialists
- \_\_\_\_\_ c. Speech/communication therapists or pathologists
- \_\_\_\_\_ d. Nursing/medical personnel
- \_\_\_\_\_ e. School psychologists or other diagnostic personnel
- \_\_\_\_\_ f. Guidance counselors
- \_\_\_\_\_ g. Social workers
- \_\_\_\_\_ h. Other related services personnel (e.g., occupational or physical therapist or aide)
- \_\_\_\_\_ i. Paid teacher aides/instructional assistants
- \_\_\_\_\_ j. Librarians, library aides, or other library/media center staff
- \_\_\_\_\_ k. Itinerant or special-subject staff not accounted for above (e.g., district staff who teach at multiple schools or come to the school for one subject)
- \_\_\_\_\_ l. Administrators

C2. About how many FTE teachers in your school ...  
*PLEASE ENTER ONE NUMBER FOR EACH LINE.*

FTE Teachers

- \_\_\_\_\_ a. Are fully credentialed for their primary teaching assignment
- \_\_\_\_\_ b. Are in their first year at this school
- \_\_\_\_\_ c. Have less than 3 years teaching experience

C3. What is the average student caseload of each of the following kinds of school staff?  
*PLEASE ENTER A NUMBER OR CIRCLE "00" ON EACH LINE.*

- | Average Number<br>of Students | <b>OR</b> | Have No Staff<br>of this Kind |   |
|-------------------------------|-----------|-------------------------------|---|
| _____                         |           | 00                            | a. Guidance counselors  |
| _____                         |           | 00                            | b. Case managers who coordinate services for students with disabilities |
| _____                         |           | 00                            | c. School psychologists   |

C4a. For **each** setting below, please circle in Column A whether this school has computers available **for student use**.

b. For each setting in which students have access to computers, please circle in Column B whether the computers are connected to the Internet.

	<b>A</b>		<b>B</b>	
	Have computers available to students?		Computers are connected to the Internet?	
	No	Yes	Yes	No
a. In a library, media center, or computer lab	1	2 → →	1	2
b. In <b>all</b> academic classes	1	2 → →	1	2
c. In only <b>some</b> academic classes	1	2 → →	1	2
d. In <b>all</b> vocational education or applied academics classes	1	2 → →	1	2
e. In only <b>some</b> vocational education or applied academics classes	1	2 → →	1	2

C5. Which of the following best describe the times of day when students can use computers at your school? *PLEASE CIRCLE ALL THAT APPLY.*

Our school has computers available for student use ...

- 1 At no time during the school day
- 2 During class time
- 3 During lunch
- 4 Before and/or after school
- 5 During the evenings
- 6 On weekends
- 7 During school vacations

C6. Which of the following services, resources, or programs does your school have available to students, either as part of the curriculum or before or after school hours?

*PLEASE CIRCLE ALL THAT APPLY.*

**Additional academic programs**

- 1 Academic supports, such as homework clubs, tutoring or mentoring assistance outside of regular classes, or Saturday academies
- 2 Diagnostic and prescriptive services provided by professionals to identify learning problems and plan programs
- 3 Programs for gifted and talented students
- 4 Summer school
- 5 College and career awareness and preparation activities
- 6 Supplemental instructional services in reading or language arts
- 7 Supplemental instructional services in math

**Enrichment and recreation programs**

- 8 Enrichment or recreational clubs or activities outside of classes (e.g., literary magazine, cultural activity groups, pep club)
- 9 Weekend program for students
- 10 Band, chorus, drama, or other performing opportunities for students
- 11 Organized school sports activities

**Adolescent support services**

- 12 School-based health clinic
- 13 Counseling or pupil services
- 14 Reproductive health/pregnancy prevention **education**
- 15 Reproductive health/pregnancy prevention **services** (e.g., contraceptive distribution, STD testing or treatment)
- 16 Drop out prevention program or services
- 17 Substance abuse **education**
- 18 Substance abuse treatment **services**
- 19 Teen parenting program
- 20 Child care for children of parenting teens
- 21 Conflict resolution/conflict management program
- 22 Services for out-of-school youth (e.g., GED program)
- 23 School-to-work activities and employment services

**Other programs/initiatives**

- 24 Title I
- 25 Bilingual or ESL classes
- 26 A class size reduction initiative
- 27 A school-wide reform project (e.g., Success for All, Comer Schools, Accelerated Schools)
- 28 An Obey-Porter grant to support a school-wide reform model (i.e., a grant from the federal Comprehensive School Reform Demonstration Program)

**D. SCHOOL POLICIES AND PRACTICES**

D1. What proportion of students at your school required to do community service?  
*PLEASE CIRCLE ONE NUMBER.*

- 1 None
- 2 Some
- 3 All

D2. Which of the following does your school offer to promote parent involvement?  
*PLEASE CIRCLE ALL THAT APPLY.*

- 1 Open house or “back-to-school night”
- 2 Regularly scheduled school-wide parent-teacher conferences
- 3 School events to which parents are invited (e.g., science fairs, concerts)
- 4 Workshops or courses on parenting
- 5 Written contract between school and parent
- 6 Parent-student learning activities at school (e.g., “Family Math”)
- 7 Parents as volunteers in the school
- 8 Newsletter for parents
- 9 Parents involved in instructional issues (e.g., materials selection)
- 10 Parents involved in governance (e.g., on school site management council)
- 11 School-wide e-mail list, Web page, or “homework hotline” for communicating information to parents
- 12 Services to support parent involvement (e.g., child care for school events)
- 13 Translation into languages other than English of information for parents
- 14 Educational programs for parents (e.g., a family literacy program, ESL classes)
- 13 Parent liaison
- 15 Family resource center or drop-in center
- 00 None of these

D3a. To what extent do students from your school participate in statewide or district-wide mandated standardized testing? *PLEASE CIRCLE ONE NUMBER.*

- 1 **None** of this school's students participate in any statewide or district-wide standardized testing. → **PLEASE GO TO D4.**
- 2 **Some** of this school's students participate in any statewide or district-wide standardized testing.
- 3 **All** of this school's students participate in any statewide or district-wide standardized testing. → **PLEASE GO TO QUESTION D4.**

b. How are exemptions from standardized tests granted for individual students with disabilities? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Principal decision
- 2 IEP committee decision
- 3 Individual teacher decision
- 4 Parental request
- 6 Other: \_\_\_\_\_

D4. Standards-based reform is being implemented in various ways around the country. Does your school have academic content standards (e.g., for math, reading)?

- 1 Yes
- 2 No

D5. At what age or grade level does your school begin developing Individualized Transition Plans for students?

\_\_\_\_\_ Age of students                      **OR**                      \_\_\_\_\_ Grade level

D6. Does your school offer instruction that specifically focuses on transition planning (e.g., a specialized curriculum designed to help students assess options and develop strategies for leaving secondary school and transitioning to adult life)?

- 1 Yes
- 2 No

D7. Does your school (or school district) receive any Medicaid funds for providing services to students at your school?

- 1 Yes
- 2 No

**E. COMMUNITY CHARACTERISTICS**

E1. Which of the following best describes the community in which this school is located?  
*PLEASE CIRCLE ONE NUMBER.*

- |   |  |    |   |
|---|--|----|---|
| 1 | Rural community  | 6  | A suburb of a large city                |
| 2 | Small city or town of fewer than 50,000 people that is not a suburb of a larger city | 7  | A very large city (over 500,000 people) |
| 3 | A medium-sized city (50,000 to 99,999 people)  | 8  | A suburb of a very large city           |
| 4 | A suburb of a medium-sized city  | 9  | A military base or station              |
| 5 | A large city (100,000 to 500,000 people)   | 10 | An Indian reservation                   |

E2. Which of the following are available in your community or nearby (e.g., within 20 miles)?  
*PLEASE CIRCLE ALL THAT APPLY.*

<u>Yes</u>	<u>No</u>	<u>Don't Know</u>	
1	2	-1	a. Community college or other public 2-year college
1	2	-1	b. Postsecondary vocational school (public or private)
1	2	-1	c. Magnet secondary school emphasizing a particular theme
1	2	-1	d. Alternative or continuation school, such as a school for potential dropouts or for dropouts to earn a GED
1	2	-1	e. Vocational technical school for secondary school students
1	2	-1	f. Independent living center for persons with disabilities
1	2	-1	g. Work facilities for adults with disabilities, such as a sheltered workshop or a work activity center
1	2	-1	h. Group home or halfway house for adults with disabilities
1	2	-1	i. Publicly-supported job training programs (e.g., Job Training Partnership Act, Projects with Industry)
1	2	-1	j. City bus service or other generally available public transportation (other than taxis)
1	2	-1	k. Special accommodations for those with physical disabilities on public transportation, such as kneeling buses or special vans
			l. Advocacy groups for persons with disabilities
1	2	-1	m. Support groups or social groups for persons with disabilities or their families

**F. ABOUT SCHOOLS SERVING 12<sup>TH</sup> GRADE STUDENTS**

**NOTE: This section will not be included in the questionnaire of schools known to be middle or junior high schools.**

*FEEL FREE TO ESTIMATE NUMBERS.*

	<b>A</b> Total number of students																		
F1. During the previous school year [YEAR], about how many 12 <sup>th</sup> grade students or those of equivalent age...																			
a. Were enrolled at your school																			
b. Graduated with a <b>regular diploma</b> from your school																			
c. Graduated with a <b>special diploma</b> or certificate of completion from your school																			
F2. About how many students who had been enrolled in your school last year in any grade 9 <sup>th</sup> through 12 <sup>th</sup> were considered to be dropouts by the end of the year?																			
F3. For how many semesters or quarters must students in your school take each of the following subjects to graduate with a regular diploma?																			
000 Not applicable; the school does not have graduation requirements.																			
<table border="0" style="display: inline-table; vertical-align: top;"> <tr> <td style="text-align: right; padding-right: 10px;">Number of Semesters</td> <td style="text-align: center; vertical-align: middle;"><b>OR</b></td> <td style="text-align: left; padding-left: 10px;">Number of Quarters</td> </tr> <tr> <td style="border-bottom: 1px solid black; width: 80px;"></td> <td></td> <td style="border-bottom: 1px solid black; width: 80px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Number of Semesters	<b>OR</b>	Number of Quarters																
Number of Semesters	<b>OR</b>	Number of Quarters																	
a. English or language arts																			
b. Mathematics																			
c. Science																			
d. Social studies																			
e. Foreign language																			
F4. About what percentage of your school's 12 <sup>th</sup> grade students or those of equivalent age take college entrance examinations (i.e., SAT, ACT)? <i>PLEASE CIRCLE ONE NUMBER.</i>																			
1 Less than 50%																			
2 50% to 75%																			
3 76% to 90%																			
4 More than 90%																			

F5. About what percentage of your school's graduates are accepted into 2-year or 4-year colleges upon graduation? *PLEASE CIRCLE ONE NUMBER.*

- 1 Less than 50%
- 2 50% to 75%
- 3 76% to 90%
- 4 More than 90%

Thank you for your help! You are eligible to be chosen for one of several "thank you" gifts. These include ..... (describe incentives). Gifts will be sent to principals selected randomly from those included in the survey. To whom should we send the thank-you gift, if you are chosen as a recipient?

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/state/zip code: \_\_\_\_\_

**THANK YOU AGAIN!**

**Please return the questionnaire in the postage-paid envelope to:  
The National Longitudinal Transition Study-2 (NLTS2)  
(contractor address)**