

**SCHOOL QUESTIONNAIRE  
2016-2017**

**PLEASE CUSTOMIZE ALL GRADE LEVEL CHARTS TO MATCH YOUR SCHOOL(S)**

Please return to:

Carol Van Atten  
[carolv@chf.org](mailto:carolv@chf.org)

**GENERAL SCHOOL INFORMATION**

<b>School Name</b>	
<b>Grades Served</b>	
<b>School Leader</b>	
<b>Address</b>	
<b>Office Phone</b>	<b>Cell Phone</b>
<b>Fax</b>	
<b>Email</b>	
<b>Year school opened</b>	
<b>Length of school day</b>	
<b>School's Mission Statement</b>	
<b>Brief Description of Instructional Program</b> (Attach additional pages, if necessary)	
<b>After School &amp; Extended-Year Programs</b> (Please provide a brief listing.)	

**TEACHING STAFF DATA**

**Current Summary Data**

Total Number of Teaching Staff	Number:
Percent of Teachers Currently Certified	Percent:
Teacher Experience Level	Please indicate percent:
Student/Teacher Ratio	Ratio:

**Teacher Retention**

Please indicate the total number of teachers working in your school during the following school years, as well as the number of teachers who left the school during or at the end of those school years.

<b>Data</b>	<b>2014-2015</b>	<b>2015-2016</b>
Total number of teachers		
Number who left the school		

**SCHOOL LEADERSHIP DATA**

<b>NUMBER OF YEARS CURRENT PRINCIPAL HAS BEEN LEADER AT THE SCHOOL</b>	<b>NUMBER:</b>
<b>PRINCIPAL EXPERIENCE LEVEL (TOTAL YEARS IN EDUCATION)</b>	<b>0-2 YEARS: 3-5 YEARS: 6-9 YEARS: 10+ YEARS:</b>
<b>PRINCIPAL EXPERIENCE LEVEL (TOTAL YEARS AS A SCHOOL LEADER – AP LEVEL OR HIGHER)</b>	<b>0-2 YEARS: 3-5 YEARS: 6-9 YEARS: 10+ YEARS:</b>

**CHARTER SCHOOLS: PLEASE ATTACH THE MOST RECENT BOARD EVALUATION OF THE PRINCIPAL, HEAD OF SCHOOL OR CEO.**

**SCHOOL LEADERSHIP STRUCTURE**

PLEASE DIAGRAM THE ORGANIZATION OF YOUR SCHOOL’S LEADERSHIP, BOTH ACADEMIC AND ADMINISTRATIVE.

**STUDENT DATA**

**Number of Students**

Grade Level	2014-2015	2015-2016	Current
<b>TOTAL # of Students</b>			

**Do you back-fill at every grade level? Yes \_\_\_\_\_ No \_\_\_\_\_**

**What is the average test level of entering students? \_\_\_\_\_**

	2014-2015	2015-2016	Current
African American			
Hispanic			
Asian			
Caucasian			
Other (Please specify)			

Please explain any demographic changes over 5% for the three-year period.  
If "other" is populated, please give details.

	2014-2015	2015-2016	Current
Female			
Male			

**Free or Reduced Lunch Eligible (Percentage)**

2014-2015	2015-2016	Current

**English Language Learners (Number & Percentage)**

2014-2015		2015-2016		Current	
#:	%:	#:	%:	#:	%:

**English Language Learners by Grade Level**

Please indicate the number of English Language Learners at each grade level

Grade Level	2014-2015	2015-2016	Current
TOTAL # of English Language Learners			

**Special Education Students (Number & Percentage)**

2014-2015		2015-2016		Current	
#:	%:	#:	%:	#:	%:

**Special Education Students by Grade Level**

Please indicate the number of Special Education Students at each grade level

Grade Level	2014-2015	2015-2016	Current
TOTAL # of Special Education Students			

**Attendance Rate (Percentage)**

2014-2015	2015-2016	Current

**Student Suspensions (Number)**

2014-2015	2015-2016	Current

If suspension rate is greater than 5% of census, please indicate the following:

**Suspension by Grade Level**

	2014-2015	2015-2016	Current
TOTAL # of Suspensions			

**Suspension by Gender**

	2014-2015	2015-2016	Current
Male			
Female			
TOTAL # of Suspensions			

**Suspension by Infraction (Insert additional rows as needed)**

Infraction Type	2013-2014	2014-2015	Current
TOTAL # of Suspensions			

**School-wide Mobility Rates**

Please indicate the percentage of students leaving the school during or at the end of the school year.

2014-2015	2015-2016

**Please list the reason for leaving and the name of the school to which the student transfers.**

**Overall Graduation Rate** \_\_\_\_\_

**Cohort Graduation Rate**

Please indicate the number of the original cohort of students who were continuously registered in your school through graduation (high school) for the **past two graduating classes**. In other words, those students that started in the 9<sup>th</sup> grade and stayed for 4 years until graduation.

Year	Original Cohort	Graduation Grade	Original Cohort at Graduation

Of the students that left, how many were ELL?

Or Special Education students?

**For high schools, please attach a list of the AP courses offered, number of students enrolled and their individual AP scores for each subject.**

**Average SAT Reading Scores:**

**Average SAT Math Scores:**

**SCHOOL EXIT DATA**

Please provide college admission rates below.

Admission to	2013-2014 %	2014-2015 %
2-Year/Community Colleges		
4-Year Colleges & Universities		

**Please attach a copy of your college acceptances and college matriculation lists. Please put the exact number of acceptances and matriculation data for each college.**

**Middle Schools**

If you have an 8<sup>th</sup> grade, please provide a listing of the three high schools that the majority of your students attended upon leaving your school in 2016.

High School Largest Percentage of Students Attend	High School 2 <sup>nd</sup> Largest Percentage of Students Attend	High School 3 <sup>rd</sup> Largest Percentage of Students Attend

**NEW YORK: PLEASE SEND YOUR 2015 & 2016 STATE TEST SCORES**  
**MASSACHUSETTS: PLEASE SEND YOUR 2015, AND 2016 STATE TEST SCORES**  
**NEW JERSEY: PLEASE SEND YOUR 2015, AND 2016 STATE TEST SCORES**  
**Please send a chart comparing your scores with the local district.**

**Other Norm-Referenced Test Data**

Please list other norm-referenced tests or assessments that your school uses to monitor student outcomes and improve instruction (e.g. the Iowa Test of Basic Skills). Please attach a copy of the test results by grade level as well as any summaries or breakdowns of the data that you have developed.

**List of Other Tests and Assessments**

Name of Test/Assessment	Grades Tested

**SCHOOL CAPACITY & DEVELOPMENT**

**Board of Directors**

Do you have a Board of Directors?	
If yes, is the Board composed of members independent of the school staff?	
How many members are on the Board?	Number:
How many times a year does the Board meet?	Number:
What is/are the primary function(s) of the Board? Either put an "X" next to the appropriate category or, if your Board serves several of these functions, rank the order of importance.	<input type="checkbox"/> Academic Advisement <input type="checkbox"/> Governance <input type="checkbox"/> Fundraising & Development <input type="checkbox"/> Community Relations <input type="checkbox"/> Other _____

**FUNDRAISING & DEVELOPMENT**

What was the school's operating budget?	2014-2015: 2015-2016:
Do you have a development office?	
If yes, who staffs the development office?	
How much private funding did your school raise during the last two years?	2014-2015: 2015-2016:
What were the top three uses of private funds?	

**PARENT INVOLVEMENT**

How many times a year do teachers hold parent/teacher conferences?	Number:
Do you have a Parent advisory organization?	
If yes, what is the primary purpose of the organization? Either put an "X" next to the appropriate category or, if the organization serves several of these purposes, rank the order of importance.	<input type="checkbox"/> Building relations with teachers <input type="checkbox"/> Fundraising <input type="checkbox"/> Community outreach <input type="checkbox"/> Other
What percentage of parents are members of the organization?	Percent:
How many times a year does the parent organization meet?	Number:
Does your school provide activities for parents?	
If so, what kinds of activities are provided? Either put an "X" next to the appropriate category or, if you provide several of these activities, rank the order of importance.	<input type="checkbox"/> Parenting advice <input type="checkbox"/> Adult literacy training <input type="checkbox"/> Computer training <input type="checkbox"/> Job training <input type="checkbox"/> Other
Do you have community partners who help provide parent activities?	

**STUDENT COST, RECRUITMENT & SELECTION**

What is the dollar amount the school receives from the state per student?	Figure:
Tuition charged (if applicable):	Figure:
Scholarship aid provided?	
If yes, average amount of aid provided:	Figure:
State per pupil allocation (if charter):	Figure:
What is the primary mode of student recruitment? Either put an "X" next to the appropriate category or, if the school uses several of these strategies, rank the order of importance.	<input type="checkbox"/> Lottery <input type="checkbox"/> Visits to "feeder" schools <input type="checkbox"/> Outreach through community organizations <input type="checkbox"/> Outreach through religious organizations <input type="checkbox"/> Alumni <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other
Do prospective students complete an application?	
Are prospective students interviewed?	
Are students screened in any fashion (i.e., exam, geography)?	



**PLANS FOR GROWTH**

What is the school's current enrollment capacity?	
Do you wish to grow in terms of enrollment?	
If yes, to what level?	

**SELF ASSESSMENT**

Please describe the top three strengths of your school and top three challenges that your school faces in achieving your growth and development goals.

**Top 3 School Strengths**

1.
2.
3.

**Top 3 Challenges**

1.
2.
3.