

NATIONAL CHARTER SCHOOL SURVEY 2003

Please complete the following information as you would like it to appear in the Center for Education Reform's *National Charter School Directory*.

Name:

Title:

School:

Address:

School Description:

(short statement of what you do)

Phone:

Fax:

Email:

Website:

Thank you for returning this survey in order to generate up-to-date-information to help you and other charter school operators, advocates and researchers. Please return the survey no later than May 2, 2003.

Program Information:

1. Grades/Enrollment/Waiting List

2002-2003 School Year:

Grades Served: _____

Grades Allowed To Serve: _____

Enrollment: _____

Student Retention Rate: _____
(in percentage of total enrollment)

Waiting List: No Yes _____
(if yes, how many)

2001-2002 School Year:

Grades Served: _____

Grades Allowed to Serve: _____

Enrollment: _____

Student Retention Rate: _____
(in percentage of total enrollment)

Waiting List: No Yes _____
(if yes, how many)

2. Population Served/Targeted (**Please indicate percentages**)

General Population	_____	Adjudicated Youth	_____	Special Education	_____
At-Risk/Dropouts	_____	ESL/Bilingual	_____	Gifted and Talented	_____
Free and Reduced Lunch	_____	Expelled Youth	_____	Teen Parents	_____
Disabled	_____	Minority	_____	Other	_____

3. Curriculum/Instruction Focus (Check only one box. If multiple, **check only primary.**)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Science/Math/Technology | <input type="checkbox"/> Waldorf | <input type="checkbox"/> Thematic Instruction | <input type="checkbox"/> Home/Independent Study |
| <input type="checkbox"/> Core Knowledge (Hirsch) | <input type="checkbox"/> Arts | <input type="checkbox"/> GED/HS Completion | <input type="checkbox"/> Virtual/Cyber/Online |
| <input type="checkbox"/> Outcome-Based | <input type="checkbox"/> College Prep | <input type="checkbox"/> Back-to-Basics | <input type="checkbox"/> International Baccalaureate |
| <input type="checkbox"/> School-to-Work/Vo-Tec | <input type="checkbox"/> Montessori | <input type="checkbox"/> Direct Instruction | <input type="checkbox"/> Bilingual/Foreign Language |
| <input type="checkbox"/> Expeditionary Learning | <input type="checkbox"/> Constructivist | | |

4. Academic Assessment (Check any that your school uses for assessment.)

- | | |
|---|--|
| <input type="checkbox"/> Stanford Assessment Test 9 (SAT 9) | <input type="checkbox"/> Iowa Test of Basic Skills (ITBS) |
| <input type="checkbox"/> California Test of Basic Skills (CTBS) | <input type="checkbox"/> California Achievement Test (CAT) |
| <input type="checkbox"/> State-specific test (please specify) _____ | <input type="checkbox"/> Terra Nova |
| <input type="checkbox"/> Other (please specify) _____ | |

Funding Sources:

1. Your school's cost per pupil (please list whole dollar amount – Total expenses divided by total student population): \$ _____

2. Amount your school receives per pupil (please list whole dollar amount): \$ _____

3. Of the amount received, what percentage of your budget is from the following sources:

State _____ District _____ Federal _____ Private _____

4. Of the amount received, what portion of your budget is spent in each area below:

Planning (ex: application or renewal process) _____

Operating (ex: teacher salaries, food service) _____

Capital/Facilities (ex: utilities, building) _____

Operational Information:

1. Date school first opened as, or converted to, a charter school (month/year): _____

2. Type of charter school: (Check only one box.)

- Start-Up Public School Conversion
 Private School Conversion Other Public Program Conversion

3. Charter Applicant/Operator:

(Check only one box. If multiple, please check combination and describe.)

- Public School Private School Non-Profit Organization
 For-Profit Organization Parent(s) Teacher(s)
 Community Group Teacher Union University/College
 Combination _____
 Other _____

4. Charter granted by : (Check only one box.)

- Local School Board State Board of Education Mayor or City
 University/College State Charter School Board or other independent board Other _____

5. School facility is: Rented Leased with Purchase Option Owned

6. School facility is owned by: (Answer only if you checked rented or leased above.)

- District Your Charter School Local Government (not district)
 State University/College Individual/Residential
 Federal Church Other Non-Profit (not church)
 Other Private Commercial (for-profit only) Other _____

7. Number of Employees: Administrative Part-Time _____ Administrative Full Time _____
Teacher Part-Time _____ Teacher Full Time _____

8. Other Aspects of your charter school: (Check all that apply.)

- Part of a district-wide charter
 Part of a charter complex
 Has multiple locations – please specify number of locations _____
 Residential (Boarding) school
 Virtual/Cyber/Online school
 Has extended school day **and** school year
 Has extended school day, **but does not** have extended school year
 Has extended school year, **but does not** have extended school day
 Other _____

9. Does your school have a newsletter? No Yes

(If yes, would you please add CER, at the address below, to your mailing list? Thank you!)

Additional Comments:

What are/have been the school's greatest challenges?

What successes has the school achieved?

What are the school's accountability requirements? How are they met?

What examples can you provide of advances in academic achievement?

Any other comments:

Please return the survey and a copy of your mission statement or other promotional material in the enclosed postage-paid envelope to:

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