



NATIONAL CHARTER SCHOOL SURVEY 2012

Conducted annually since 1996, the information collected by this survey is a valuable resource for you, other charter school leaders, advocates, researchers and policymakers, and will help to advance the charter movement and restore excellence to education. This survey should take no longer than 20 minutes to complete. We greatly appreciate your participation, and **schools that complete the survey (in its entirety) will receive 50 free CER bumper stickers!**

School:

Name:

Title:

Address:

City:

School District:

State:

Zip:

Phone:

Email:

Website:

Please provide a short description of the school (curriculum, school focus, mission, etc.):

SECTION I: PROGRAM INFORMATION

Please leave questions blank that do not apply to your school or situation.

1. Grades/enrollment/waiting list:

2012-2013 School Year:

Grades served: _____

Maximum grades allowed to serve: _____

Enrolled: _____ # on waiting list: _____

2. Population served (Please indicate percentage):

At-risk/Dropouts: _____%

Free and Reduced Lunch: _____%

Adjudicated Youth: _____%

Special Education/disabled: _____%

Adult Education: _____%

Addiction Recovery: _____%

ELL/ESL: _____%

Gifted: _____%

Pregnant/Mothers: _____%

Other: _____% (please explain): _____

3. Student demographics (Please indicate percentage):

White: _____%

Black: _____%

Asian: _____%

Hispanic/Latino: _____%

American Indian/Alaskan Native: _____%

Hawaiian/Pacific Islander: _____%

Other: _____% (please explain): _____

4. Educational Approach (Check only one box.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Science/Math/Technology | <input type="checkbox"/> Constructivist | <input type="checkbox"/> Bilingual/Foreign Language |
| <input type="checkbox"/> School-to-work/Vocational | <input type="checkbox"/> GED/H.S. Completion | <input type="checkbox"/> Montessori |
| <input type="checkbox"/> College Preparatory | <input type="checkbox"/> Back-to-Basics | <input type="checkbox"/> Blended Learning |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Core Knowledge | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Virtual/ Online | <input type="checkbox"/> Home/Independent Study | |

5. Academic assessment (In addition to the state test, check any that your school uses for assessment.)

- | | |
|--|--|
| <input type="checkbox"/> Stanford Achievement Test (SAT)10 | <input type="checkbox"/> Measures of Academic Progress (MAP) |
| <input type="checkbox"/> Iowa Test of Basic Skills (ITBS) | <input type="checkbox"/> DIBELS |
| <input type="checkbox"/> STAR Enterprise Assessments | <input type="checkbox"/> Other (Please specify) _____ |
| <input type="checkbox"/> TerraNova 3 | |

SECTION II: FUNDING SOURCES

1. Amount of public funding your school receives per pupil (please list whole dollar amount): \$ _____

2. Your school's cost per pupil (please list whole dollar amount): \$ _____

3. Does your school receive funding specifically targeted for facilities?

Yes _____ No _____

If yes, what percent of total operating budget? _____%

4. Does your authorizer/sponsor withhold any administrative fees?

Yes _____ No _____

If yes, what percent? _____%

5. Does your school participate in the National School Lunch Program? (If yes, please proceed to Section III. If no, please answer question 6.)

Yes _____ No _____

6. If no, why does your school not participate? (If multiple, check all that apply. If other, please provide a reason in the space provided.)

- We have eligible students, but we choose not to apply because of the paperwork and/or other difficulties involved.
- We do not have eligible students.
- We do not have the facilities.
- We choose to feed all of our students using our own resources.
- Other _____

SECTION III: SCHOOL HISTORY AND INSTITUTION INFORMATION

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

- Start-up Public School Conversion Private School Conversion Turnaround School

2. Other aspects of your charter school: (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Has extended school day | <input type="checkbox"/> Has multiple campuses: How many? _____ |
| <input type="checkbox"/> Has extended school year | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Single-Sex: Male or Female (<u>circle one</u>) | |

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

- | | |
|--|---|
| <input type="checkbox"/> Local school board/District | <input type="checkbox"/> State board of education |
| <input type="checkbox"/> University/College | <input type="checkbox"/> Mayor or city |
| <input type="checkbox"/> State charter school commission | <input type="checkbox"/> Independent state charter school board |
| <input type="checkbox"/> Other _____ | |

4. Is your school part of a charter school network or managed by a separate Education Service Provider (ESP)?

Yes _____ No _____

If yes, please provide the name of the charter school network or the Education Service Provider:

5. School facility is:

- Owned
- Rented/Leased
- | | |
|--|---|
| <input type="checkbox"/> Long-term lease (10+ years) | <input type="checkbox"/> Mid-term lease (5-9 years) |
| <input type="checkbox"/> Annual (year to year) | <input type="checkbox"/> Short-term lease (2-4 years) |
- No Lease (either provided by District/Sponsor or provided by ESP as part of management fee)

6. Who owns the school facility? (Answer only if you checked rented/leased above):

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> District | <input type="checkbox"/> Church | <input type="checkbox"/> Private commercial |
| <input type="checkbox"/> State | <input type="checkbox"/> University/college | <input type="checkbox"/> Other nonprofit (not church) |
| <input type="checkbox"/> Federal | <input type="checkbox"/> Individual/residential | <input type="checkbox"/> Other local government (not district) |

7. Are the required administrative reporting processes overly burdensome on your school and staff?

Yes _____ No _____

Please explain: _____

SECTION IV: SCHOOL STAFF INFORMATION

1. Number of employees:

Administrative full-time: _____ Teacher full-time: _____

Administrative part-time: _____ Teacher part-time: _____

2. Are any of your teachers certified under alternative certification programs (e.g. ABCTE)?

Yes _____ No _____

If yes, which programs? _____

3. Do your teachers participate in a union or district collective bargaining unit?

Yes _____ No _____

If yes, please explain why. (e.g. teacher choice, state charter law)

4. How are your teachers compensated and evaluated? (Check all that apply.)

- Uniform pay guidelines
- Contracts based on skills and responsibility
- Performance based pay (please explain) _____
- Other (please explain) _____

SECTION V: SHARE YOUR STORIES

1. Your story. Please tell us about:

A. The school's greatest overall challenge:

B. Has your school received any awards? Examples of success in academics or other areas:

2. Other comments:

Please return the completed survey, along with a copy of your mission statement or other promotional materials, via mail or fax to receive your special gift to:

THE CENTER FOR EDUCATION REFORM

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Thank you!!!!