

BASIC EDUCATIONAL DATA SYSTEM (BEDS)

REPORT OF NONPUBLIC SCHOOLS

FALL 2011

All nonpublic schools are encouraged to submit their BEDS Report of Nonpublic Schools over the Internet by way of the BEDS Online. If your school opts to report via the Internet, then returning this paper document to SED is not necessary. Your principal or other chief school officer will have details concerning the BEDS Online.

ENTER BEDS CODE NUMBER AND SCHOOL NAME IN THIS AREA

PERSON COMPLETING THIS FORM

Name _____

Title _____

Phone _____

Area Code Number

*Includes schools operated by Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Department of Correctional Services, Office of Children and Family Services, State University of New York, City University of New York, and the State Education Department

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Information and Reporting Services - Room 865 EBA
Albany, New York 12234
dataquest@mail.nysed.gov

1. SCHOOL CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. SCHOOL NAME

--

3. ENROLLMENT IN THIS SCHOOL

	American Indian or Alaska Native		Black or African American (not Hispanic origin)		Asian		Native Hawaiian or Other Pacific Islander		Hispanic or Latino		White (not Hispanic origin)		Multi-Racial (not Hispanic origin)		Total Enrollment
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Prekindergarten															
Kindergarten (1/2-day)															
Kindergarten (full-day)															
First															
Second															
Third															
Fourth															
Fifth															
Sixth															
Ungraded Elementary*															
Seventh															
Eighth															
Ninth															
Tenth															
Eleventh															
Twelfth															
Ungraded Secondary*															

* Students with Disabilities who do not have a grade level assigned to them.

4. COUNT OF STUDENTS BY DISTRICT OF RESIDENCE

These data are being collected for textbook aid purposes. NOTE: State-supported schools pursuant to Ed. Law 4201 should **NOT** complete this item (continue with Item 5 on the next page).

A. New York State Residents		Number of Pupils	
District of Residence	District Code*	Pre-K	K-12**
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
B. Out-of-State Residents			
C. Other Ineligibles			
TOTAL COUNT OF STUDENTS ***			

*K-12 includes ungraded elementary and ungraded secondary students.

**An alphabetical listing of public school districts and their six-digit district codes is available on the Internet at <http://www.nysed.gov/admin/District.txt>

***The sum of Pre-K and K-12 students must match the Total Enrollment for all grades listed in Item #3 on page 3.

NOTE: Please attach additional pages if needed.

5. PROFESSIONAL STAFF IN THIS SCHOOL

Title	Full-time		Part-time		Total
	Elementary (PK-6)	Secondary (7-12)	Elementary (PK-6)	Secondary (7-12)	
Principal or Headmaster					
Assistant Principals					
Supervisors and Department Heads					
Teachers					
Librarians					
Guidance Counselors					
Other Professional Staff					

6. FOREIGN LANGUAGE INSTRUCTION IN THIS SCHOOL

Is this school offering foreign language instruction during the 2011-12 school year? Yes No

If Yes, indicate student enrollment and number of teachers by the grade levels specified for each language offered:

LANGUAGE	Grade Level					
	K-6		7-9		10-12	
	Enrollment	Teachers	Enrollment	Teachers	Enrollment	Teachers
1. French						
2. Spanish						
3. German						
4. Italian						
5. Russian						
6. Hebrew						
7. Latin						
8. Other (Specify) _____						

7. PUBLIC WELFARE

Approximately what percentage of the pupils in this school are members of families whose primary means of support is a public welfare program?
(Check one.) If precise data are not available, provide your best estimate.

<input type="checkbox"/> None	·	<input type="checkbox"/> 21-30%	<input type="checkbox"/> 51-60%	<input type="checkbox"/> 81-90%
<input type="checkbox"/> 1-10%	·	<input type="checkbox"/> 31-40%	<input type="checkbox"/> 61-70%	<input type="checkbox"/> 91-100%
<input type="checkbox"/> 11-20%	·	<input type="checkbox"/> 41-50%	<input type="checkbox"/> 71-80%	

8. STUDENT STABILITY

Report the number of students enrolled in the **highest grade** in this school, (e.g., *grade 6 in a K-6 school*) who were also enrolled in this school last year.

ex.#1 The highest grade in this school has 60 students. Of these students, 56 were enrolled last year. 56 would be entered in the box.
ex #2 The highest grade in this school has 60 students. Of these students, 4 are new to this school; 56 would be entered in the box.

(Report N.A. if this school is new, contains only one grade, contains no grade higher than kindergarten or primarily serves students with disabilities.)

9. LIMITED ENGLISH PROFICIENT STUDENTS (Formerly ELLs)

Does this school have students who are limited English proficient (LEP)?..... Yes No

If **Yes**, enter the number of students by grade range:

Pre-K	K-6	7-12
<input type="text"/>	<input type="text"/>	<input type="text"/>

10. FREE AND REDUCED-PRICE LUNCH

A. Do students in this school qualify for the federal free and/or reduced-price-lunch program? Yes No

B. Does this school participate in a free and/or reduced-price lunch program?..... Yes No

NOTE: Counts are needed even if this school has a Provision B Agreement.

C. If either "A" or "B" above is Yes, for students enrolled in this school, enter by enrollment level the number of approved applicants for free and reduced-price lunches.

	Pre-K	K-6*	7-12**
FREE	<input type="text"/>	<input type="text"/>	<input type="text"/>
REDUCED	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. If this school has a free and/or reduced-price lunch program, is the program available to half-day kindergarten students? Yes No NA
 No half day program

* Including ungraded elementary. ** Including ungraded secondary.

11. STUDENTS SUPPORTED BY PUBLIC FUNDS UNDER CONTRACT WITH A PUBLIC SCHOOL DISTRICT

This item applies only to private schools approved for reimbursement with public funds for educating children with disabilities.

Enter the number of students, by grade, who are attending this school and whose tuition is supported by public funds under contract with a public school district.

Pre-K	K(1/2-day)	K (full-day)	1	2	3	4	5	6	Ungr. Elem.*
<input type="text"/>									
7	8	9	10	11	12	Ungr. Sec.*	Total		
<input type="text"/>									

*Students with Disabilities not assigned to a grade

12. COMPUTER RESOURCES

A. Enter the number of computers located in the following areas (DO NOT include obsolete or surplus computers):

Location:	Total	Location:	Total
1. Classrooms or science labs		4. Administrative or PPS offices and other non-instructional areas	
2. Computer technology labs		5. Mobile computer labs	
3. Library/Media centers		6. Total Computers, all areas	--auto-generated--

B. Enter the total number of peripheral devices used for instructional purposes:

1. Printers 2. Scanners

C. Approximately what percentage of teachers in this school have a computer in their classroom? (Select one.)

1. 0 to 20 % 2. 21 to 40 % 3. 41 to 60 % 4. 61 to 80 % 5. 81 to 100 %

13. INTERNET CONNECTIVITY

A. Of the total number of computers used for instruction reported in question 12A, how many have Internet access in the following categories:

Dial-up High-speed/Broadband (Wired or Wireless) No Internet Connectivity

B. How many devices, other than the computers reported above, does this school possess that can connect to the Internet and are used primarily by students for instructional purposes? (See directions for examples.).....

C. Does this school provide individual E-mail accounts to: (check all that apply)

Administrators Teachers Students

14. DISTANCE LEARNING

A. Does this school use distance learning?..... **Yes** **No**

If you have answered **YES** to Part "A" above:

B. Which of the following does this school use for distance learning:

1. E-mail correspondence? **Yes** **No**

2. Internet content (e.g., connected University)? **Yes** **No**

3. One-to-one, real-time video conferencing (e.g., CUSeeMe, I-chat)?..... **Yes** **No**

4. Synchronous, multi-point (one to many or many to many) real-time video conferencing? **Yes** **No**

5. Online instruction?..... **Yes** **No**

6. Other: (please specify) _____

15. LIBRARY/LIBRARY MEDIA CENTER (LMC)

A. Facility

1. Does this school have a school library/LMC or access to a shared school library/LMC in this building? **Yes** **No**

If NO, skip to Item 16 on the next page.

2. Does another school in this building share this school library? **Yes** **No**

B. Resources as of October 5, 2011

1. Total number of **books** in this school library/LMC (traditional paper copy).....

2. Total number of **electronic books** that are cataloged and available in this school library/LMC

3. Total number of **non-book materials** that are cataloged and processed in this school library/LMC.....

4. Total number of **database subscriptions**, including those provided by NOVEL (statewide) regional library council, School Library System, or other library consortia

5. Total **number** of computers with **Internet access** in this school library/LMC

6. a. Does the library have an **automated system** to access library resources? **Yes** **No**

b. If yes, is this school's library catalog available on the Internet? **Yes** **No**

7. Is this school a participant in a School Library System (SLS)? **Yes** **No**

8. Does the library have a Web presence in the form of a Web page or Web Portal?..... **Yes** **No**

9. Is this library equipped with an LCD projector?..... **Yes** **No**

10. Is this library equipped with an **interactive white board**?..... **Yes** **No**

C. Staffing [SECTION C DOES NOT APPLY TO NONPUBLIC SCHOOLS]

D. Program

1. How many hours is the library media center **staffed and open for student use**? (Check one.)

a. fewer than 10 hours a week b. 10-20 hours a week c. open during all school hours d. open during all school hours and before and/or after school

2. Which of the following terms BEST describes the method used to schedule school library classes? (Select one.)

- a. Fixed/Block: classes scheduled at regularly specified times
- b. Flexible: open schedule, i.e., scheduled at varying times according to need
- c. Mixed: some classes block scheduled; some classes flexibly scheduled
- d. No classes are scheduled

3. Collaboration and integration

a. Does the LMS **collaborate and plan** with classroom teachers for instruction? **Yes** **No**

b. Do classroom teachers accompany students to the library for whole-class instruction? **Yes** **No**

c. Are **library and information literacy skills** taught and **integrated** into core academic areas to meet the NYS Learning Standards? (Check all that apply.)

- | | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| English Language Arts | <input type="checkbox"/> | Career Dev & Occupational Studies (CDOS) | <input type="checkbox"/> |
| Math, Science & Technology (MST) | <input type="checkbox"/> | The Arts (Dance, Music, Theatre, Visual Arts) | <input type="checkbox"/> |
| Social Studies | <input type="checkbox"/> | Health, Phys Ed, Family & Consumer Science | <input type="checkbox"/> |
| Languages Other than English (LOTE) | <input type="checkbox"/> | Other | <input type="checkbox"/> |

4. Does the library promote **Inquiry- or Problem-based learning activities**?..... **Yes** **No**

16. OPERATIONAL STATUS

A. Indicate with a checkmark whether this school is for profit or is nonprofit:

For Profit Nonprofit

B. For schools applying for a BEDS number only:

If the school is operated by a corporation please specify which type:

- Business Corporation Law*
- Education Law*
- Religious Corporations Act

**Name on incorporation papers must match name on BEDS application (front page). Stated corporate purpose must specify authority to operate the grades cited on page 3 of the application.*

17. CONTACT INFORMATION FOR THE OFFICE OF THE PRINCIPAL

School or Principal's E-Mail Address _____

School or Principal's Fax Number _____