BASIC EDUCATIONAL DATA SYSTEM (BEDS)
PUBLIC SCHOOL DATA FORM
FALL 2018

Introduction

Before completing the form, refer to the Public School BEDS Form Instructions located here: http://www.p12.nysed.gov/irs/beds/IMF/PublicSchoolBEDSIMF.html. This paper form should not be returned to SED. It must only be used for the local gathering of data. Data represented in this form are required to be submitted to SED via the online IRS Data Exchange (IDEx) application at http://portal.nysed.gov. Your BEDS Coordinator or Superintendent will have details concerning the online BEDS IMF form. Please visit http://bedsvadirsupport.nysed.gov for more information.

School Name:

BEDS Code:

1. School Type
What is the primary focus or type of this school? (choose one)
- ☐ Regular School
- ☐ Special Education School
- ☐ Vocational Education School
- ☐ Alternative Education School

2. Magnet School Status
Is this school a magnet school or does it have a magnet program within it? (choose one)
- ☐ Yes
- ☐ No

3. Alternative Education Programs

Alternative Education Programs are designed for students who wish to pursue individualized approaches to achieving academic standards. Report only Alternative Education Programs that meet Part 100 requirements of Commissioner's Regulations for credit toward a local or Regents high school diploma.

Note: If this school is an alternative school or contains an alternative program, report all or a portion of your enrolled students accordingly. Students attending an Alternative Education Program on a full-time basis operated by another school, a BOCES or other educational entity should not be counted as enrolled in this school, and therefore should not be counted in this item.

Are Alternative Education Programs offered to students enrolled in this school? (choose one)
- ☐ Yes
- ☐ No

If **YES**, enter the number of students enrolled in the following programs:

Alternative Education Programs operated **by this school:**

[   ]

Alternative Education Programs operated **by another school in this district:**

[   ]

Alternative Education Programs operated **by BOCES:**

[   ]

Other Alternative Education Programs:

[   ]

4. Grades Offered

Check all grades offered in this school.
Note: You may report students enrolled in grades not offered in this school.

☐ K
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ UGE
☐ 7
☐ 8
☐ 9
☐ 10
☐ 11
☐ 12
☐ UGS

5. Lunch, Breakfast and Milk Programs

Does this school <u>participate</u> in the federal school meals program? (choose one)

☐ Yes
☐ No

If **YES**, what type of provision has this school implemented? (choose one)

☐ Provision 2
☐ Community Eligibility Provision
☐ Participate without using any Provision or CEP

If **NO**, does this school collect free and reduced price student eligibility information? (choose one)

☐ Yes
☐ No

6. Learning Standards and Professional Development

Do you have one or more staff persons in this school responsible for planning, coordination and/or delivery of professional development activities relating to the NYS Learning Standards? (choose one)

☐ Yes
☐ No

If **Yes**, which most closely approximates the portion of a person's full-time duties that are expected to be devoted to these activities?

☐ ¼ time or less
☐ ½ time
☐ ¾ time
☐ Full time
☐ More than full time

7. School Library/LMC

Does this school have a library/LMC located in its school building? (choose one)
- ☐ Yes
- ☐ No

If **YES**, answer the three questions below:
- •Enter the FTE of all Certified Library Media Specialist in your library/LMC:

  [   ]

- •Is this library/LMC shared with one or more schools? (choose one)
  - ☐ Yes
  - ☐ No
- •Enter the total number of titles in this library/LMC as of October 3, 2018:

  [   ]

If **NO**, does this school use a library/LMC located in another school building?
- ☐ Yes
- ☐ No

If **YES**, enter the name and BEDS Code of the school library which is used by this school:

BEDS Code	Name of School

8. Technology

Technology in Your School Building – 2018-19 School Year

Does your school have sufficient broadband capacity, as measured during peak usage times, to meet the current needs of your school for instruction, learning, and assessment? (choose one)
- ☐ Yes
- ☐ No

Does your school have reliable broadband access to meet the current needs of your school for instruction, learning, and assessment? (choose one)
- ☐ Yes
- ☐ No

Does your school have sufficient network infrastructure (including WiFi) to meet current needs, including large-scale technology initiative(s)(e.g. 1:1, BYOD (Bring Your Own Device) or Computer Based Testing for all students in grades 3-8)? (choose one)
- ☐ Yes
- ☐ No

Does your school have sufficient broadband capacity available to meet projected future needs, such as implementation of a large-scale technology initiative (e.g. 1:1, BYOD or Computer Based Testing for all students in grades 3-8)? (choose one)
- ☐ Yes
- ☐ No

Does your school have sufficient network infrastructure (including WiFi), to meet projected future needs, such as implementation of a large-scale technology initiative (e.g. 1:1, BYOD or Computer Based Testing for all students in grades 3-8)?
- ☐ Yes
- ☐ No

Does your school administer the NYS Grades 3-8 English Language Arts (ELA) and Math Tests?
- ☐ Yes
- ☐ No

Devices in Your School Building – 2018-19 School Year

Fill out the number of district-owned computer devices in your school used for instruction and learning that fall into the categories below. Each row indicates a type of device (laptops, desktops, full-sized tablets, Chromebooks, etc.), the age of the device (0-4 years, 5+ years). The first table is for devices that the school does not plan to use for Grades 3-8 ELA and Math Computer-Based Testing (CBT) during the upcoming spring operational or field testing administration. The second table is for devices that the school plans to use for CBT.

Not Used For CBT: Device type and Age	**Number of Devices**
Windows Laptop – 0-4 Years	
Windows Laptop – 5+ Years	
Windows Tablet (or 2 in 1) – 0-4 Years	
Windows Tablet (or 2 in 1) – 5+ Years	
Windows Desktop – 0-4 Years	
Windows Desktop – 5+ Years	
MacBook – 0-4 Years	
MacBook – 5+ Years	
Mac Desktop – 0-4 Years	
Mac Desktop – 5+ Years	
iPad/iPad Pro: Minimum 9.7" – 0-4 Years	
iPad/iPad Pro: Minimum 9.7" – 5+ Years	
Chromebook – 0-4 Years	
Chromebook – 5+ Years	
Other – 0-4 Years	
Other – 5+ Years	

Fill out the table below **ONLY** if you have responded that your school plans to administer the NYS Grades 3-8 English Language Arts (ELA) and Math Tests.

Plan to Use For CBT: Device type and Age	**Number of Devices**
Windows Laptop – 0-4 Years	
Windows Laptop – 5+ Years	
Windows Tablet (or 2 in 1) – 0-4 Years	
Windows Tablet (or 2 in 1) – 5+ Years	
Windows Desktop – 0-4 Years	
Windows Desktop – 5+ Years	
MacBook – 0-4 Years	
MacBook – 5+ Years	
Mac Desktop – 0-4 Years	
Mac Desktop – 5+ Years	
iPad/iPad Pro: Minimum 9.7" – 0-4 Years	
iPad/iPad Pro: Minimum 9.7" – 5+ Years	
Chromebook – 0-4 Years	
Chromebook – 5+ Years	

9. Career Plans 2018-19 School Year

Do students in this school develop Individual Career Plans that are kept in written form? (choose one)
- ☐ Yes
- ☐ No

Do students in this school develop Individual Career Plans that are kept in electronic form? (choose one)
- ☐ Yes
- ☐ No

If **YES** to either of the above, respond to all the questions below:

- Do Individual Career Plans follow students from grade to grade? (choose one)

  [   ]

- Enter the number of students documenting self- and career-awareness information and career exploration activities in the table below:

Grades	Number of Students
Kindergarten and Grade 1	
Grades 2-3	

- Enter the number of Students and Students with Disabilities who are developing a Career Plan in the table below:

Grades	Total Number of Students	Number of Students with Disabilities
Grades 4-5		
Grades 6-8		
Grades 9-12		

- Enter the number of professional staff (classroom, non-classroom and administrators) who participated in career plan training workshops between September 2017 and August 2018:

  [   ]

10. Business/Employer/Community Involvement

10A. Participate in Work-Based Experiences

Did any students in this school participate in and work-based experiences last year? (choose one)

☐ Yes
☐ No

10B. Participating Employers and Students

For each of the following 2017-18 school year work-based learning experiences enter the number of participating employers and students.

Type of Experience	Participating Employers	Grade 7	Grade 8	Grade 9	Grade10	Grade 11	Grade 12	Students with disabilities*
Worksite Tours								
Job Shadowing								
Summer Internships	N/A	N/A	N/A					
Workplace Mentors								
Community Service/Volunteering	N/A							
Cooperative CTE Work Experience Program (Co-op) AGE 16+								
Career Exploration Internship Program (CEIP) AGE 14+								
General Education Work Experience (GEWEP) AGE 16 & 17								
Work Experience and Career Exploration Program (WECEP) AGE 14 & 15								

*Any student identified as disabled by the district's committee on Special Education. Some or all of these students may be reported in the grades 7-12 columns.

10C. Participating Staff and Employers

•Does this school have a staff person or persons responsible for coordinating the work-based experiences indicated above? (choose one)

☐ Yes
☐ No

If **YES**, which most closely approximates the portion of a full-time position that is devoted to these activities? (choose one)

☐ ¼ time or less
☐ ½ time
☐ ¾ time
☐ Full time
☐ More than full time

•Enter the unduplicated total number of employers who participated in the experiences in **10B**:

☐

•How many of these employers served on curriculum development committees?

☐

•How many of these employers served on shared-decision-making committees?

☐

•How many of these employers provided student internships or mentors?

☐

•Enter the unduplicated total number of community-based organizations that provided students with volunteer experiences from **10B** above:

☐

11. Title I Information for Federal Reporting

Did this school receive Title I funding in the 2017-18 school year? (choose one):

    ☐ Yes

    ☐ No

   If **YES**, indicate the type of Title I program that was implemented (choose one):

    ☐ Schoolwide Program

    ☐ Targeted Assistance Program

Does this school expect to receive Title I funding in the 2018-19 school year?

    ☐ Yes

    ☐ No

   If **YES**, indicate the type of Title I program that is expected to be implemented (choose one):

    ☐ Schoolwide Program

    ☐ Targeted Assistance Program

12. Bilingual Education Programs

A **Bilingual Program** is defined as an instructional program comprised of three components: instruction in Home Language Arts and English Language Arts; English as a New Language; and bilingual core content area instruction. The purpose of providing such students with instruction in their home language and in English is to enable them to progress and develop academically in all content areas while achieving competence in the English language. (8 NYCRR §154-2.2(b): http://www.nysed.gov/common/nysed/files/programs/bilingual-ed/terms-154-2-effective-2015-16-and-after.pdf)

12A. Transitional Bilingual Education Program

Is a Transitional Bilingual Education Program offered at your school? (choose one)

    ☐ Yes

    ☐ No

If **YES**, what year did the Transitional Bilingual Education Program begin?:

If **YES**, indicate the languages and grade levels at which this program is offered:(Check all that apply)

Language	K	1	2	3	4	5	6	UE*	7	8	9	10	11	12	US**
Arabic															
Bengali															
Chinese															
French															
Haitian Creole															
Hebrew															
Italian															
Japanese															
Korean															
Nepali															
Polish															
Punjabi															
Russian															
Somali															
Spanish															
Turkish															
Urdu															
Uzbek															
Yiddish															
Other															

*UE – Ungraded Elementary   **US – Ungraded Secondary

12B. One Way Dual Language Bilingual Education Program

Is a One Way Dual Language Bilingual Education Program offered at your school? (choose one)

☐ Yes
☐ No

If **YES**, what year did the One Way Dual Language Bilingual Education Program begin?:

☐

If **YES**, indicate the languages and grade levels at which this program is offered:(Check all that apply)

Language	K	1	2	3	4	5	6	UE*	7	8	9	10	11	12	US**
Arabic															
Bengali															
Chinese															
French															
Haitian Creole															
Hebrew															
Italian															
Japanese															
Korean															
Nepali															
Polish															
Punjabi															
Russian															
Somali															
Spanish															
Turkish															
Urdu															
Uzbek															
Yiddish															
Other															

*UE – Ungraded Elementary   **US – Ungraded Secondary

12C. Two Way Dual Language Bilingual Education Program

Is a Two Way Dual Language Bilingual Education Program offered at your school? (choose one)

☐ Yes
☐ No

If **YES**, what year did the Two Way Dual Language Bilingual Education Program begin?:

☐

If **YES**, indicate the languages and grade levels at which this program is offered:(Check all that apply)

Language	K	1	2	3	4	5	6	UE*	7	8	9	10	11	12	US**
Arabic															
Bengali															
Chinese															
French															
Haitian Creole															
Hebrew															
Italian															
Japanese															
Korean															
Nepali															
Polish															
Punjabi															
Russian															
Somali															
Spanish															
Turkish															
Urdu															
Uzbek															
Yiddish															
Other															

*UE – Ungraded Elementary   **US – Ungraded Secondary

13. Person Completing This Form

Name:

Title:

Phone (including area code):

Fax (including area code):

E-Mail Address: