BASIC EDUCATION DATA SYSTEM (BEDS)
CHARTER SCHOOL DATA FORM
FALL 2021

Introduction

Before completing the form, refer to the Charter BEDS Form Instructions located here: http://www.p12.nysed.gov/irs/beds/IMF/home.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 Charter School Leader will have details concerning the online BEDS IMF form. Please visit https://bedsvadirsupport.nysed.gov for more information.

School Name:

BEDS Code:

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Information and Reporting Services - Room 865 EBA
https://datasupport.nysed.gov

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. Community Schools

(Please refer to the Instructions for a description of Community Schools)

Is this school a community school?

- ☐ Yes
- ☐ No

Is this school actively and intentionally working toward meeting practices articulated in the Community Schools description provided in the instructions?

- ☐ Yes
- ☐ No

Is there a New York State Department of Health-approved School-Based Health Center operating at this school's location?

- ☐ Yes
- ☐ No

Is there a New York State Department of Health-approved School-Based Health Center Dental Program operating at this school's location?

- ☐ Yes
- ☐ No

Is there a New York State Office of Mental Health-approved School-Based Mental Health Clinic or satellite provider operating at this school's location?

- ☐ 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 100.5 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**, please identify the factor(s) that result in student enrollment or referral to an Alternative Education Program for meeting Part 100.5 of the Commissioner's Regulations for credit toward a local or Regents high school diploma (check all that apply):

- ☐ Behavioral Issues
- ☐ Substance Abuse
- ☐ Accelerated/Gifted and Talented
- ☐ Suspensions

- ☐ At-risk of not graduating with their cohort
- ☐ Over-aged and under-credited
- ☐ Other

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

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

Other Alternative Education Programs:

4. Grades Offered

Check all grades offered in this school.

Note: You do not have to select a grade as offered if you only have nominal enrollment.

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

5. Lunch, Breakfast and Milk Programs

5A. Federal Child Nutrition Program

Does this school **participate** in the Federal Child Nutrition Program? (choose one)

☐ Yes
☐ No

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

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

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

☐ Yes
☐ No

5B. Number of Elementary (K-6) students eligible for Free and Reduced Price School Meals

CEP and Provision 2 schools should refer to instructions. Enter zeroes where appropriate.

Enter the number of K-6 eligible students for free school meals (include ungraded elementary):

Enter the number of K-6 eligible students for reduced price school meals (include ungraded elementary):

K-6 TOTAL ELIGIBLE STUDENTS:

5C. Number of Secondary (7-12) students eligible for Free and Reduced Price School Meals

CEP and Provision 2 schools should refer to instructions. Enter zeroes where appropriate.

Enter the number of 7-12 eligible students for free school meals (include ungraded secondary):

Enter the number of 7-12 eligible students for reduced price school meals (include ungraded secondary):

7-12 TOTAL ELIGIBLE STUDENTS:

5D. Number of Eligible Students for Free and Reduced Price School Meals

Enter the number of Total Eligible Students (Sum of Grades K-12):

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. Career Plans 2021-22 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)

☐ Yes
☐ No

- 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 2020 and August 2021:

☐

8. Business/Employer/Community Involvement

8A. Participate in Work-Based Experiences

Did any students in this school participate in any work-based experiences during the **2020-21** school year? (choose one)

☐ Yes
☐ No

8B. Participating Employers and Students

For each of the following **2020-21** school year work-based learning experiences enter the number of participating employers and students.

Type of Experience	Participating Employers	Grade 9	Grade 10	Grade 11	Grade 12	Students with disabilities*
Worksite Tours						
Job Shadowing						
Summer Internships	**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 9-12 columns.

8C. 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 **8B** above:

- 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 **8B** above:

9. Applications and Admissions

Enter the number of students who applied to enroll in this school and the number admitted – 2021-22:

- Number of students who applied:
- Number of students admitted:

10. Title I Information for Federal Reporting

10A. Title I Funding

Did this school receive Title I funding in the 2020-21 school year? (choose one):

☐ Yes
☐ No
☐ New School in 2021-22

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 2021-22 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

10B. Targeted Assistance Schools (TAS) by Instructional Service Area – 2020-21:

Instructional Services Area	Number of Students Served
Mathematics	
Reading/Language Arts	
Science	
Social Studies	
Vocational/Career	
Other Instructional Area	

10C. Targeted Assistance Schools (TAS) by Program Support Service Area – 2020-21:

Support Service Area	Number of Students Served
Health, Dental or Eye Care	
Supporting Guidance/Advocacy	
Other Support Services	

10D. Staff Information for Title I, Part A Targeted Assistance Programs (TAS) – 2020-21:

Staff Category	Staff FTE	Qualified Staff FTE*
Teachers		N/A
Paraprofessionals providing instructional support[1]		
Other paraprofessionals (translators, parental involvement, computer assistance)[2]		N/A
Clerical support staff		N/A
Administrators (non-clerical)		N/A

10E. Paraprofessional Information for Title I, Part A Schoolwide Programs (SWP) – 2020-21:

Staff Category	Staff FTE	Qualified Staff FTE*
Paraprofessionals[3]		

*FTE of paraprofessionals who were qualified in accordance with Section 1119 (c) and (d) of ESEA

1 Consistent with ESEA, Title I, Section 1119(g)(2)

2 Consistent with ESEA, Title I, Section 1119(e)

3 Consistent with ESEA, Title I, Section 1119(g)(2).

11. 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)

11A. 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

11B. 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

11C. 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

12. Activities of Subgrantees Related to the Teaching and Learning of English Language Learners (ELL)

Previous school year: in 2020-2021

Did this charter school receive ESEA Title III funding in the previous school year?

☐ Yes
☐ No

If YES, indicate if this charter school conducted the following allowable activities under ESEA Section 3115 related to the teaching and learning of ELL students:

Activities	Yes	No
Support the development and implementation of Language Instruction Educational Programs (LIEPs)		
Enhance existing LIEPs and programs for restructuring and reforming schools with ELL students		
Support implementation of schoolwide programs within an individual school		
Provide professional development to teachers and other personnel serving ELL students		
Support the development and implementation of pre-school programs		
Parent and Community engagement activities		
Improve LIEPs by upgrading curricula, instructional materials, software and assessment procedures		
Improve instruction of ELL students with disabilities		
Provide tutorials, career and technical education		
Offer programs to help ELL students achieve success in postsecondary education		
Other		

If **YES** was selected for “OTHER”, please check all that apply below:

☐ Improving instruction for students identified as ELL for 0-3 years (newcomer)
☐ Improving instruction for students identified as ELL for 4-6 years (developing)
☐ Improving instruction for students identified as ELL for 7+ years (long-term)
☐ Improving instruction for students with interrupted/inconsistent formal education (SIFE)
☐ Support social-emotional learning of ELLs

13. Paraprofessional and Nonprofessional Staff

Enter the number of Charter staff and FTE for the positions listed below:

Type of Staff	Full-time	Part-time	Full-time Equivalence Of Part-time Only
TEACHING ASSISTANTS*			.
Programs for students with disabilities			.
Programs for ELL students			.
Occupational education programs			.
All other programs			.
TEACHER AIDES			
Programs for students with disabilities			.
Programs for ELL students			.
Occupational education programs			.
All other programs			.
OTHER			
Pupil personnel service aides			.
Library support staff			.
Health services staff			.
Other paraprofessional staff			.
Secretaries, office support staff, clerks			.
Maintenance workers, custodians			.
Bus drivers, mechanics			.
School lunch workers			.
Other support staff			.

*Report as teaching assistants only persons who actually hold licenses or certificates as teaching assistants.

14. Technology

14A. Technology in this School Building – 2021-22 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

14B. Devices for Student Use

- "Device" is a computing device, such as a laptop, desktop, Chromebook, iPad, or full-size tablet. A Device is NOT a phone, smartphone, mini tablet nor a mobile internet access point, such as a MIFI.
- "Mobile device" is a portable, hand held computing device such as a laptop, Chromebook, iPad, full-size tablet, or hybrid tablet/laptop computer.
- "1:1 device" is a device that is issued and dedicated to an individual student by the school or district.
- Only include student devices that are 5 years old or newer that have the capability to run all educational programs necessary for learning at an acceptable level.
- Do not include numbers of devices that are on order or have not yet been distributed to students.

Enter the number of students provided with a MOBILE 1:1 device for in-school use only.

Enter the number of MOBILE 1:1 devices normally for in-school use only that are available to students for use at their place of residence on an as-needed or emergency basis:

Enter the total number of mobile and desktop devices in your building that are available for student use but are NOT USUALLY assigned to one specific student.

- Number of unassigned (not 1:1) MOBILE devices:
- Number of unassigned (not 1:1) MOBILE devices listed above available to students for use at their place of residence on an as-needed or emergency basis:
- Number of unassigned (not 1:1) DESKTOP devices:

14C. TEACHER DEVICES and INTERNET ACCESS-PLACE OF RESIDENCE

Enter the number of school or district owned MOBILE devices provided to teachers for use at their place of residence.

Enter the number of school or district owned DESKTOP devices provided to teachers for use at their place of residence.

Enter the number of teachers WITHOUT a device sufficient for instructional purposes at their place of residence. If all teachers have access to a device at their place of residence, enter 0.

Enter the number of teachers WITHOUT internet access, or with insufficient access at their place of residence. If all teachers have sufficient internet access at their place of residence, enter 0.

15. Person Completing This Form

Name:

Title:

Phone (including area code):

Fax (including area code):

E-Mail Address: