

BASIC EDUCATION DATA SYSTEM (BEDS) PUBLIC SCHOOL DATA FORM FALL 2020

Introduction

Before completing the form, refer to the Public School 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 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.

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

5. Lunch, Breakfast and Milk Programs

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 or 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

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 7, 2020:

If **NO**, answer the following:

- Although no library/LMC is indicated, enter the FTE of all certified Library Media Specialists in this school. If none, enter 0.

- Does this school use a library/LMC located in another school building?

- Yes
- No

If **YES**, select the school library which is used by this school:

BEDS Code	Name of School

8. Technology

8A. Technology in this School Building – 2020-21 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

8B. Devices for Student Use in this School and at Place of Residence

The questions below involve information about students' access to devices both in school and in their places of residence. Please note the following:

- “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 by grade for each category below. For grades not included in this school please leave the cell blank.

The combined responses to the questions below should equal the total number of students enrolled in this school.

GRADES	Students provided with a 1:1 device for use at school AND at their place of residence (1)	Students provided with a 1:1 device for in-school use only. (2)	Students NOT provided with a 1:1 device who have a device at their place of residence for their exclusive use. (3)	Students NOT provided with a 1:1 device who do NOT have a device at their place of residence or must share a device. (4)
Prekindergarten*				
Kindergarten*				
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
Ungraded Elementary				
Grade 7				
Grade 8				
Grade 9				
Grade 10				
Grade 11				
Grade 12				
Ungraded Secondary				

*Half- and full-day combined

8C. OTHER DEVICES FOR STUDENT USE

Enter the number of MOBILE 1:1 devices normally for in-school use only (8.B.2) 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:

8D. STUDENT INTERNET ACCESS - PLACE OF RESIDENCE

Enter the number of students by grade for each category below. For grades not included in this school please leave the cell blank.

The combined responses to the questions below should equal the total number of students enrolled in this school.

GRADE	Students with sufficient internet access at their place of residence provided by the school or district. (1)	Students with sufficient internet access at their place of residence NOT provided by the school or district. (2)	Students who do not have, or have insufficient, internet access at their place of residence. (3)
Prekindergarten*			
Kindergarten*			
Grade 1			
Grade 2			
Grade 3			
Grade 4			
Grade 5			
Grade 6			
Ungraded Elementary			
Grade 7			
Grade 8			
Grade 9			
Grade 10			
Grade 11			
Grade 12			
Ungraded Secondary			

*Half- and full-day combined

8E. 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.

9. Career Plans 2020-21 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 2019 and August 2020:

10. Business/Employer/Community Involvement

10A. Participate in Work-Based Experiences

Did any students in this school participate in work-based learning experiences during the **2019-20** school year? (choose one)

- Yes
 No

10B. Participating Employers and Students

For each of the following **2019-20** school year work-based learning experiences enter the number of participating employers and students.

Type of Experience	Participating Employers	Grade 9	Grade10	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.

10C. Participating Staff and Employers

- Does this school have a staff person or persons responsible for coordinating the work-based learning 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?

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: