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

Introduction

Before completing the form, refer to the Charter BEDS Form Instructions located here: <u>http://www.p12.nysed.gov/irs/beds/IMF/home.html</u>. 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 <u>http://portal.nysed.gov</u>. Your BEDS Coordinator or Charter School Leader will have details concerning the online BEDS IMF form. Please visit <u>http://bedsvadirsupport.nysed.gov</u> 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 <u>https://datasupport.nysed.gov</u>

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)

 \Box 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

 \Box No

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

<u>Alternative</u> Education Programs operated by this school:

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 $\Box K$ □ 1 $\square 2$ □ 3 $\Box 4$ □ 5 $\square 6$ □ UGE □9 □ 10 □ 11 □ 12

5. Lunch, Breakfast and Milk Programs

5A. Federal Child Nutrition Program

Does this school **<u>participate</u>** 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):

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

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 <u>secondary</u>):

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)

 \Box Yes

 \Box 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?

 \Box ¼ time or less

□ ½ time

□ ¾ time

□ Full time

□ More than full time

7. Career Plans 2020-21 School Year

Do students in this school develop Individual Career Plans that are kept in written form? (choose one)

- □ Yes
- \Box No

Do students in this school develop Individual Career Plans that are kept in electronic form? (choose one)

- 🗆 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)

- \Box 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:

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 2019-20 school year? (choose one)

- \Box Yes
- 🗆 No

8B. 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	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 7-12 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)

 \Box 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 - 2020-21:

- <u>Number of students who applied:</u>
- Number of students admitted:

10. Title I Information for Federal Reporting

10A. Title I Funding

Did this school receive Title I funding in the 2019-20 school year? (choose one):

- □ Yes
- 🗆 No
- □ New School in 2020-21
- 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 2020-21 school year?

- \Box Yes
- \Box 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 – 2019-20:

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 – 2019-20:

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) – 2019-20:

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) – 2019-20: Staff Category Staff FTE Qualified Staff FTE*

Paraprofessionals³

*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 <u>Bilingual Program</u> 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): <u>http://www.nysed.gov/common/nysed/files/programs/bilingual-ed/terms-154-2-effective-2015-16-and-after.pdf</u>)

11A. Transitional Bilingual Education Program

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

- \Box 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 Κ 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 <u>YES, what year did the One Way Dual Language Bilingual Education Program begin?</u>:

If YES, indicate the languages and grade levels at which this program is offered: (Check all that apply) Language Κ 3 4 5 UE* 7 10 12 **US**** 1 2 6 8 9 11 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)

Does this charter school receive ESEA Title III funding?

□ Yes

□ No

If YES, indicate if this charter school conducts 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

Note: the term 'LIEP' means an instruction course – (A) in which an ELL student is placed for the purpose of developing and attaining English proficiency, while meeting challenging State academic standards; and (B) that may make instructional use of both English and a child's native language to enable the child to develop and attain English proficiency and may include the participation of English proficient children if such course is designed to enable all participating children to become proficient in English and a second language. Examples of LIEPs include Transitional Bilingual and Dual Language or Two-way Immersion programs, among others.

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 <u>Only</u>
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, typists, 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. Person Completing This Form

Name:

Title:

Phone (including area code):

Fax (including area code):

E-Mail Address: