

# **BASIC EDUCATION DATA SYSTEM (BEDS) PUBLIC SCHOOL DATA FORM FALL 2025**

## **Introduction**

Before completing the form, refer to the [Public School BEDS Form Instructions](#). The paper form should not be returned to SED. The paper form 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. Your BEDS Coordinator or Superintendent will have details concerning the online BEDS IMF form. Please visit the [BEDS IMF Help Center](#) for more information.

**School Name:**

**BEDS Code:**

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Information and Reporting Services - Room 860 EBA

# 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

Does this School receive funding from the Community Schools Foundation Aid Set-Aside?

- ☐ Yes
- ☐ No

Is there a New York State Department of Health approved School-Based Health Center operating at this school's location? **NOTE: *This is separate from services provided by school-employed health professionals. These centers are located in schools but are operated by external health providers under Department of Health approval and provide primary medical care to students on-site and via telehealth.***

- ☐ Yes
- ☐ No

Is there a New York State Department of Health approved School-Based Health Center Dental Program serving this school's location? **NOTE: *This is a fixed or mobile clinic, operated by***

**external providers under Department of Health approval, that offers dental care services to students on school property.**

☐ 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? **NOTE: *This is separate from services provided by school-employed counselors, social workers, or psychologists. These clinics are located in schools but are operated by external mental health providers under Office of Mental Health approval and offer mental health services to students on-site and via telemental health.***

☐ 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?

☐ 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 Use
- ☐ Accelerated/Gifted and Talented
- ☐ Suspension
- ☐ 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**:

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

- |                                |                            |
|--------------------------------|----------------------------|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> 3 |
| <input type="checkbox"/> K     | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 1     | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 2     | <input type="checkbox"/> 6 |

☐ UGE

☐ 10

☐ 7

☐ 11

☐ 8

☐ 12

☐ 9

☐ UGS

## 5. Federal Child Nutrition Program

Does this school participate in the Federal Child Nutrition Program?

☐ Yes

☐ No

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

☐ Provision 2

☐ Community Eligibility Provision or CEP

## 6. School Library/LMC

### A. Library/Library Media Center

Does this school have a library/LMC located in its school building?

☐ Yes

☐ No

Enter the total number of titles in this library/LMC as of BEDS Day. If you do not have a library/LMC enter 0.

If 6.A is NO, does this school use a library/LMC located in another building within the district?

☐ Yes

☐ No

If **YES**, enter the school information about the library that is used. If **NO**, leave blank.

### School that Houses Shared Library

BEDS Code	Name of School
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## B. Library Media Specialist

Enter the total FTE of any Certified Library Media Specialists who devote part of their day to your school only (part-time or shared). If none, enter 0.

Enter the total number of full-time Certified Library Media Specialists who devote the entire school day to your school only. If none, enter 0.

If your school is using a shared Library Media Specialist, enter the information of the other school(s) that share the LMS. If you do not share a LMS leave blank.

### School(s) with Shared Library Media Specialist

BEDS Code	Name of School

## 7. Technology

Please feel free to use this survey data to inform your Emergency Remote Learning Plan.

### 7A. Technology in this School Building – 2025-26 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?

☐ Yes

☐ No

Does your school have reliable broadband access to meet the current needs of your school for instruction, learning and assessment?

☐ Yes

☐ No

Does your school have sufficient network infrastructure (including WIFI) to meet current needs, including large-scale technology initiatives, example 1:1, BYOD (Bring Your Own Device) or Computer Based Testing for all students in grades 3-8?

☐ Yes

☐ No

Does your school have sufficient broadband capacity available to meet projected future needs, such as implementation of large-scale technology initiatives, example 1:1, BYOD or Computer Based Testing for all students in grades 3-8?

☐ Yes

☐ No

Does your school have sufficient network infrastructure (including WIFI) to meet projected future needs, such as implementation of large-scale technology initiatives, example 1:1, BYOD or Computer Based Testing for all students in grades 3-8?

☐ Yes

☐ No

## 7B. 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, handheld computing device such as a laptop, Chromebook, iPad, full-size tablet or hybrid tablet/laptop computer.

- 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 total number of MOBILE devices that are dedicated to an individual student (not shared).

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

Number of unassigned MOBILE devices

Number of unassigned DESKTOP devices

7C. Replacement Cycle

What is your district’s dedicated device replacement cycle timeframe? Choose the one that best fits your district

- ☐ 3-less than 4 years
- ☐ 4-less than 5 years
- ☐ 5-6 Years
- ☐ Other

7D. Teacher Devices

Enter the number of school or district owned MOBILE devices provided to teachers.

8. Career Plans

Do students in this school develop Individual Career Plans that are kept in written form?

- ☐ Yes
- ☐ No

Do students in this school develop Individual Career Plans that are kept in electronic form?

- ☐ 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?
  - ☐ Yes
  - ☐ No
- Enter the number of students documenting self- and career-awareness information and career exploration activities in the table below.

Students Documenting Self and Career Awareness

Grades	Number of Students
Kindergarten and Grade 1	



Grades 2-3	
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- Enter the number of students who are developing a Career Plan in the table below.

### Students Developing Career Plans

Grades	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 2024 and August 2025.

## 9. Business/Employer/Community Involvement

### 9A. Participate in Work-Based Experiences

Did any students in this school participate in any work-based experiences during the 2024-25 school year?

☐ Yes

☐ No

### 9B. Participating Employers and Students

For each of the following **2024-25** school year work-based learning experiences enter the number of participating employers and students.

#### Participating Employers and Students in Work Based Learning Experiences

Type of Experience	Participating Employers	Grade 9	Grade 10	Grade 11	Grade 12	Students with disabilities*
Worksite Tours						
Job Shadowing						
School Year/Summer Internships	N/A					

Type of Experience	Participating Employers	Grade 9	Grade 10	Grade 11	Grade 12	Students with disabilities*
Mentoring						
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 14+						
Industry Based Projects						
School Based Enterprises	N/A					
Supervised Agricultural Experiences						

\*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.

### 9C. Participating Staff and Employers

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

☐ Yes

☐ No

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

☐ 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 9B.

- 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 9B.

## 10. 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\(b\)](#)).

### 10A. Transitional Bilingual Education Program

Is a Transitional Bilingual Education Program offered at your school?

☐ 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).

### Transitional Bilingual Education Program

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

## 10B. One Way Dual Language Bilingual Education Program

Is a One Way Dual Language Bilingual Education Program offered at your school?

☐ Yes☐ No

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

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

# One Way Dual Language Bilingual Education Program

[illegible]



Language	K	1	2	3	4	5	6	UE*	7	8	9	10	11	12	US**
Russian															
Somali															
Spanish															
Turkish															
Urdu															
Uzbek															
Yiddish															
Other															

\*UE – Ungraded Elementary \*\*US – Ungraded Secondary

## 11. Title I Information for Federal Reporting

Did this school receive Title I funding in the 2024-25 school year? (choose one)

☐ Yes

☐ No

☐ New School in Current School Year

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 2025-26 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. Virtual School Status

Does this school offer virtual instruction? (choose one)

- ☐ Exclusively virtual
- ☐ Primarily virtual
- ☐ Supplemental virtual
- ☐ No virtual instruction

## 13. Health Instruction

As required by Education Law § 804 and Commissioner's regulations § 135.3, health instruction provided to all students in this school includes instruction in mental health and the curriculum includes mental health and the relationship of physical and mental health.

- ☐ Yes
- ☐ No

## 14. Health Screenings

Please certify that health screenings (vision, hearing, and scoliosis) are provided to all students in this school in the required grade levels if such screenings are not documented on the health certificate as required by Education Law § 905 and Commissioner's regulations § 136.3(e).

For additional information, see the Department's [School Health Services | New York State Education Department](#) page.

Our district conducts vision and hearing screenings of new entrants and students in grades PreK or K, 1,3,5,7, and 11; and scoliosis screening of females in grades 5 and 7 and males in grade 9 if such screenings are not documented on the health certificate.

- ☐ Yes
- ☐ No
- ☐ This school does not have students enrolled in grades which require health screenings

## 15. Person Completing This Form

Name:

Title:



Email Address:

Phone (including area code):

FAX (including area code):