BASIC EDUCATION DATA SYSTEM (BEDS)
PUBLIC SCHOOL DATA FORM
FALL 2024

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:

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?

☐ Yes

☐ No

3. 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?

☐ Yes

☐ No

Is there a New York State Department of Health approved School-Based Health Center Dental Program serving 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

4. 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:

☐

5. 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   ☐ UGE

☐ K   ☐ 7

☐ 1   ☐ 8

☐ 2   ☐ 9

☐ 3   ☐ 10

☐ 4   ☐ 11

☐ 5   ☐ 12

☐ 6   ☐ UGS

6. Federal Child Nutrition Program

Does this school participate in the Federal Child Nutrition Program?

☐ Yes

☐ No

7. 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 7.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

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

8. Technology

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

8A. Technology in this School Building – 2024-25 School Year

Does your school have sufficient broadband capacity, as measured during peak usage times, to meet the <u>current needs</u> of your school for instruction, learning and assessment?

☐ Yes

☐ No

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

☐ Yes

☐ No

Does your school have sufficient network infrastructure (including WIFI) to meet <u>current needs</u>, 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 <u>future needs</u>, 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 <u>future needs</u>, 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

8B. 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

[   ]

8C. TEACHER DEVICES

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

[   ]

9. Career Plans 2024-25 School Year

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	

- Enter the number of Students who are developing a Career Plan in the table below.

Students Developing Career Plans

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 2023 and August 2024.

[   ]

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 **2023-24** school year?

☐ Yes

☐ No

10B. Participating Employers and Students

For each of the following **2023-24** school year work-based learning experiences enter the number of participating employers and students.

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						

*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?

☐ 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**.

[   ]

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)).

11A. 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															

Language															
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?

☐ 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).

One Way Dual Language 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															

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

11C. Two Way Dual Language Bilingual Education Program

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

☐ 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).

Two Way Dual Language 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															

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

*UE – Ungraded Elementary **US – Ungraded Secondary

12. 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

13. Person Completing This Form

Name:

Title:

Email Address:

Phone (including area code):

FAX (including area code):