

# **BASIC EDUCATION DATA SYSTEM (BEDS) CHARTER SCHOOL DATA FORM FALL 2023**

## **Introduction**

Before completing the form, refer to the [Charter 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 Charter School Leader 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

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?

☐ 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**:

**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

☐ UGE

☐ K

☐ 7

☐ 1

☐ 8

☐ 2

☐ 9

☐ 3

☐ 10

☐ 4

☐ 11

☐ 5

☐ 12

☐ 6

☐ 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 (CEP)

☐ Participate without using any Provision or CEP

If **NO**, does this school collect free and reduced-price student eligibility information?

☐ Yes

☐ No

# 6. Career Plans 2023-24 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 and Students with Disabilities 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 2022 and August 2023:

## 7. Business/Employer/Community Involvement

### 7A. Participate in Work-Based Experiences

Did any students in this school participate in any work-based experiences during the **2022-23** school year?

☐ Yes

☐ No

### 7B. Participating Employers and Students

For each of the following **2022-23** 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						
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.

## 7C. 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 **7B** 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 **7B** above:

## 8. Applications and Admissions

Enter the number of students who applied to enroll in this school and the number admitted - **2023-24**:

- Number of students who applied:

- Number of students admitted:

## 9. Title I Information for Federal Reporting

### 9A. Title I Funding

Did this school receive Title I funding in the **2022-23** school year? (choose one):

☐ Yes

☐ No

☐ New School in Current School Year

If **YES**, indicate the type of Title I program that was implemented:

☐ Schoolwide Program

☐ Targeted Assistance Program

Does this school expect to receive Title I funding in the **2023-24** 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

### 9B. Targeted Assistance Schools (TAS) by Instructional Service Area – 2022-23:

#### Students served by Instructional Service Area

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



## 9C. Targeted Assistance Schools (TAS) by Program Support Service Area – 2022-23:

### Students served by program support service area

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

## 9D. Staff Information for Title I, Part A Targeted Assistance Programs (TAS) – 2022-23:

### Staff information for Targeted Assistance Programs

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

\* FTE of paraprofessionals who were qualified in accordance with Section 1112 (c)(6) of ESEA

<sup>1</sup> Consistent with ESEA, Title I, Section 1112(c)(6)

<sup>2</sup> Consistent with ESEA, Title I, Section 1112(c)(6)

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

**Previous School Year: 2022-23**

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:

### Allowable Activities Under ESEA Section 3115

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		

Activities	Yes	No
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

## 12. Paraprofessional and Nonprofessional Staff

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

### Paraprofessional and Nonprofessional Staff

Type of Staff	Full-time	Part-time	Full-time Equivalence of Part-time Only
<b>TEACHING ASSISTANTS*</b>			.
Programs for students with disabilities			.
Programs for ELL students			.
Occupational education programs			.
All other programs			.
<b>TEACHER AIDES</b>			
Programs for students with disabilities			.
Programs for ELL students			.
Occupational education programs			.
All other programs			.
<b>OTHER</b>			
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.

## 13. Technology

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

### 13A. Technology in this School Building – 2023-24 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 initiative(s), e.g. 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 a large-scale technology initiative, e.g. 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 a large-scale technology initiative, e.g. 1:1, BYOD or Computer Based Testing for all students in grades 3-8?

☐ Yes

☐ No

### 13B. 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:

### 13C. TEACHER DEVICES

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



## 14. 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

## 15. Person Completing This Form

Name:

Title:

Email Address:

Phone (including area code):

FAX (including area code):