

**North Dakota Department of Public Instruction**  
**Title I End-of-Year Preschool Survey**

**This survey is due in the Title I office – June 30. Please complete this survey for each school building in the district.**

**Part 1. General Information (District/School)**

Name of District			
Name of School Building			
School Mailing Address	City	State	Zip Code
Name of District Authorized Title I Representative	Telephone Number		Fax Number
Signature of District Authorized Title I Representative	Authorized Representative E-Mail Address		
Name of School Principal	Telephone Number		Fax Number
Signature of School Principal	Principal's E-Mail Address		
Contact Person for Title I Preschool	Telephone Number		Fax Number
Contact Person's E-Mail Address			

**Part 2. Program Description**

a. How many days during the school year was your Title I preschool in operation?
b. <input type="checkbox"/> Targeted Assistance Program <input type="checkbox"/> Schoolwide Program

**Part 3. Student Demographics**

Report demographic data on preschool students who were served under Title I Part A. Report the number of students by race/ethnicity, gender, and age. If no data are available for the requested information, enter "NA."

	How many preschool students were served during the school year?
<i>All Students</i>	
<b>Race/Ethnicity</b>	
American Indian or Native Alaskan (AM)	
Asian or Pacific Islander (AS)	
Black, non-Hispanic (BL)	
Hispanic (HI)	
White, non-Hispanic (WH)	
<b>Gender</b>	
Male (M)	
Female (F)	
<b>Age</b>	
2 years old	
3 years old	
4 years old	
5 years old	

**Part 4. Eligibility**

1. How did you identify who was eligible to attend? (Targeted Assistance only)

2. Were there additional requirements to be eligible (i.e., must be eligible to attend kindergarten the following year)?

**Part 5. Curriculum**

1. What curriculum was used in your preschool program? Is it grounded on scientifically-based research?

**Part 6. Coordination/Communication**

1. Did you coordinate with your local Head Start? If yes, please describe the collaborative efforts. If no, please address why there was no coordination with Head Start.

2. How were parents involved and kept informed regarding your preschool program?

**Part 7. Assessment and Evaluation**

1. What assessments were used to measure student progress? Summarize student progress results.
2. What assessments were used to evaluate the effectiveness of the program?
3. Was the Title I preschool program evaluated as part of the Title I annual review process? Explain.
4. Describe the impact of the preschool program on local efforts to improve instruction and raise student achievement.
5. Describe any obstacles or issues you have encountered related to implementation of your preschool program, your plan to resolve them, and indicate if technical assistance from the Department of Public Instruction is needed.

**Part 8. Funding**

1. Did you use other funds besides Title I Part A to support your preschool program? If so, what funds were used?
2. Briefly summarize how your Title I funds were spent to support the preschool program (i.e., teacher salary, aide salary, supplies, professional development, etc.).

RETURN SURVEY TO:  
Department of Public Instruction  
Title I Office  
600 E Boulevard Avenue, Dept. 201  
Bismarck, ND 58505-0440