

1980 SURVEY FORM

1. School System Name \_\_\_\_\_

2. School Name \_\_\_\_\_

3. School Address \_\_\_\_\_  
Street or P.O. Box

City/Post Office	County	State	Zip

☐ Pre-K ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

[illegible]

a. Accessible Entrance(s) ☐ Yes ☐ No  
 b. Accessible Restrooms ☐ Yes ☐ No  
 c. Accessible Science Labs ☐ Yes ☐ No ☐ N/A

d. Number of accessible regular classrooms/teacher stations   
 e. Total number of regular classrooms/teacher stations   
 f. Number of pupils in wheelchairs

Schools that checked box 7 above need not supply data in columns 5 through 9

Data in columns 11 & 12 need to  
be weighted only for classes serving  
students in grade 7 or higher

[illegible]

#### Reporting Requirement

This report is required by the U.S. Department of Education pursuant to Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and under Section 504 of the Rehabilitation Act of 1973. Section 80.6(b) of HEW Regulations (45 CFR 80) issued to carry out the purposes of Title VI of the Civil Rights Act of 1964 provides:

**Compliance Reports.** Each recipient shall keep such records and submit to the responsible Department official or his designee timely, complete and accurate compliance reports at such times, and in such form and containing such information as the responsible Department official or his designee may determine to be necessary to enable him to ascertain whether the recipient has complied or is complying with this Regulation.

Form Approved  
FEDAC R 168  
Approval Expires 6/81

#### General Instructions and Definitions

Fall 1980 Elementary and Secondary School Civil Rights Survey  
SCHOOL SYSTEM SUMMARY REPORT: Form AS/CR 101

Office for Civil Rights  
U.S. Department of Education  
Washington, D. C. 20202  
Due October 15, 1980

#### GENERAL INSTRUCTIONS

- Please use a typewriter or print legibly in ink.
- Pupil membership should be reported as of October 1, 1980 or the nearest convenient date prior to October 1, 1980.
- If the answer for a given item is "none," enter "0" in the appropriate space or in the total column only in the case of a matrix. If a particular item is not applicable in your case, enter "N/A" (not applicable) in the appropriate space or in the total column only in the case of a matrix.
- Please complete items 1 and 2 only if the label is incorrect.

#### DEFINITIONS

**SCHOOL:** For the purposes of this report, a school is a division of the school system consisting of students comprising one or more grade groups or other identifiable groups, organized as one unit with one or more teachers to give instruction of a defined type, and housed in a school plant of one or more buildings. More than one school may be housed in one school plant, as is the case when the elementary and secondary schools are housed in the same plant.

**RACIAL/ETHNIC CATEGORIES:** Racial/ethnic designations, as used by the U.S. Department of Education, Office for Civil Rights, do NOT denote scientific definitions of anthropological origins. For the purposes of this report, a pupil may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging to. However, no person should be counted in more than one racial/ethnic category. The manner of collecting the racial/ethnic information is left to the discretion of the institution provided that the system which is established results in reasonably accurate data.

- American Indian or Alaskan Native: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Hispanic: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - regardless of race.
- Black, Not of Hispanic Origin: A person having origins in any of the Black racial groups of Africa.
- White, Not of Hispanic Origin: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**"HANDICAPPED PUPILS" AND "PUPILS REQUIRING SPECIAL EDUCATION":** A distinction is to be made between these terms. For the purposes of this report, a "handicapped pupil" is one who has one or more of the exceptionalities defined in the cover sheet of AS/CR 102 form. A "pupil requiring special education" is a handicapped pupil who has been identified, through evaluation, as requiring special education.

**SPECIAL EDUCATION PROGRAMS:** Special education programs are those designed to meet the needs of children with one or more of the exceptionalities defined in the cover sheet of the AS/CR 102 form.

#### INSTRUCTIONS FOR COMPLETING FORM AS/CR 101

Questions 1 through 4. Self-explanatory.

**Question 5. Special Education.** In responding to these questions, report on the basis of what is known to the school system at the time of reporting concerning children who are residents of the geographic area served by this system. Do not include children who are residents of other areas even if they are being served by your system. Do not include children who are socially maladjusted or are gifted or talented.

a. **Children Who Require Special Education.** A child who requires special education is one who has one or more of the exceptionalities described in the cover sheet of Form AS/CR 102 and who has been identified, through evaluation, as requiring full- or part-time special education.

- (1) **Total Identified As Requiring Special Education.** Number of children through the age of 21 who have been identified as requiring special education, whether or not he or she is enrolled in a school. All children who require special education should be counted, including those who are sent outside this system.
- (2) **Total Participating in Special Education.** Of the children included in (1), the number who are participating in a special education program or are receiving special education services provided either by this school system or by another system or other entity, including a private school or a State institution. (This number is the sum of children who are served outside this system plus the children reported in question 8 of the attached AS/CR 102 forms minus any children served in your schools who are legal residents of other school systems.)
- (3) **Pupils Attending Elsewhere for Special Education.** Of the children included in (2) above, the number who, for the sole purpose of receiving full- or part-time special education, participate full time in education programs not operated by this school system.
- (4) **Pupils Supported by Other Than Public Funds.** Of the pupils reported in (3) above, the number for whom full payment of the costs (tuition, non-medical care, or room and board) is not provided by this system, or by the State education agency, or from other public funds.

b. **Evaluation and Placement**

- (1) **Children Not Yet Evaluated.** Number of children through age 21 who have been referred for evaluation to determine if they require special education but who have not yet been evaluated. Do not count here any children included in 5a above.
- (2) **Children Not Receiving Any Educational Services.** Since the beginning of the 1980-81 school year, the number of children through the age of 21 who were being evaluated for special education or who have been identified as requiring special education and who were receiving no educational services either in school or through home-bound instruction for more than 10 school days.

Question 6. Self-explanatory

**Question 7. Pupil Statistics.** Please review the definitions of racial and ethnic categories before you begin. Count each pupil as one, including those who attend less than a full day, such as kindergartners. Leave no blanks; where the answer is "none," enter "0."

Continued on reverse side

## Instructions for completing AS/CR 101 (continued)

- **Pupils in Membership.** The total number of pupils in membership in this system on or about October 1, 1980. In each box, report total membership -- not percentages, average daily membership, average daily attendance, or year-end enrollment.
  - In columns 1 through 5, enter the total membership in each racial and ethnic category. Each entry must equal the sum of corresponding entries in item 5a of the attached AS/CR 102 forms.
  - In column 6, enter the total membership in the system. This must equal the sum of column 6 in item 5a of the AS/CR 102 forms.
  - In columns 7 and 8, enter the total male and female membership, respectively. Each entry must equal the sum of the corresponding entries in the AS/CR 102 forms.
  - In column 9, enter the total number of handicapped pupils enrolled in the system. A handicapped pupil is one who has one or more of the exceptionalities described in the cover sheet of the AS/CR 102 form, whether or not he or she requires special education. These pupils will already have been included in columns 1 through 8. The entry in column 9 must equal the sum of the corresponding entries in the AS/CR 102 forms, item 5a.
- b. **Pupils Expelled.** The number of pupils expelled from the school system during the 1979-80 school year, by racial and ethnic category, by sex, and for handicapped pupils. Expulsion is the exclusion of a student from school for disciplinary reasons that results in his or her removal from school attendance rolls or that meets the criteria for expulsion as defined by the appropriate State or local school authority. Do not enter suspensions.

**Certification.** After you have reviewed the data submitted on the AS/CR 101 form and on the AS/CR 102 forms to be attached for each school, please sign the certification and enter the telephone number to be used in the event that questions arise regarding this report.

Fall 1980 Elementary and Secondary School Civil Rights Survey  
**SCHOOL SYSTEM SUMMARY REPORT: AS/CR 101**  
 Due October 15, 1980

Form Approved  
 FEDAC R 168  
 Approval Expires 6/81

1. NAME OF SCHOOL SYSTEM _____		
2. ADDRESS: _____ <small>Street or P.O. Box</small>		
_____ <small>County</small>		
City/Post Office	State	ZIP

3. **SCHOOLS** Total number of schools in this system. For each school, attach a completed Form AS/CR 102 . . .

4. **COURT ORDER STATUS** Is this school system currently subject to a Federal or State court order requiring it to develop or implement a plan for pupil desegregation? . . . . .  

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Federal	State

5. **SPECIAL EDUCATION** Please review the instructions on the cover sheet of this form before responding.

a. Children Who Require Special Education

(1) Total Identified As Requiring Special Education . . . . .	<input type="text"/>
(2) Total Participating in Special Education . . . . .	<input type="text"/>
(3) Pupils Attending Elsewhere for Special Education . . . . .	<input type="text"/>
(4) Pupils Supported by Other Than Public Funds . . . . .	<input type="text"/>

b. Evaluation and Placement

(1) Children Not Yet Evaluated . . . . .	<input type="text"/>
(2) Children Not Receiving Any Educational Services . . . . .	<input type="text"/>

6. **PREGNANCY AND RELATED CONDITIONS**

- a. Does this school system have any policy or practice that restricts a pupil's participation in any educational program or activity during the course of her pregnancy or subsequent to childbirth? (Such a restriction would include requiring the pupil to receive education services at home or at a facility other than her regularly assigned school, prohibiting her participation in some or all extracurricular activities, or requiring her participation in an additional or substitute program.) . . . . . ☐ Yes ☐ No
- b. If the answer to a is Yes, does the restriction apply only to pupils who have medical certification that they are unable to participate in an education program or activity? . . . . . ☐ Yes ☐ No
- c. Does this school system offer pregnant pupils or pupils recovering from childbirth any separate programs as a substitute for regular programs? . . . . . ☐ Yes ☐ No
- d. If the answer to c is Yes, is participation in any of the programs mandatory? . . . . . ☐ Yes ☐ No

7. **PUPIL STATISTICS** Please read carefully the instructions on the cover sheet of this form.

Columns 1 through 5 must equal column 6					Columns 7 and 8 must equal column 6				
1	2	3	4		5	6	7	8	9
AMERICAN INDIAN OR ALASKAN NATIVE	ASIAN OR PACIFIC ISLANDER	HISPANIC	Not of Hispanic Origin		TOTAL	Total MALE	Total FEMALE	Total HANDI- CAPPED	
			BLACK	WHITE					
a. Pupils in Membership									
b. Pupils Expelled									

Please check the accuracy and completeness of each item reported here and on the accompanying AS/CR 102 forms. Errors or omissions may require a refiling of this report.

**CERTIFICATION** I certify that the information given on this form and on the attached AS/CR 102 forms is true and correct to the best of my knowledge and belief. (A willfully false statement is punishable by law (U.S. Code, Title 18, Section 1001)).

\_\_\_\_\_  
 Signature of Superintendent or Authorized Agent

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 (Area Code) Telephone No.

\_\_\_\_\_  
 Date Signed

## SECTION II -- TO BE COMPLETED BY ALL SCHOOLS OFFERING ANY SPECIAL EDUCATION PROGRAM

8. SPECIAL EDUCATION PROGRAMS If this school offers any special education programs, the table below must be completed. If no special education programs are offered, proceed to Section III. The cover sheet of this form defines the exceptionalities and provides instructions for this question.

	1	2	3	4	5	6	7	8	9	10	11	12
	PUPILS PARTICIPATING IN SPECIAL EDUCATION									Pupils by Amount of Time Calculating Lunch Recess/ Spent in All-Special Ed. Programs in Which they Participate		
	BY RACIAL/ETHNIC CATEGORY					BY SEX		Limited or Non- English Speaking		Less than 10 hrs per week	10 hrs or more per week but less than full time	Full Time
Special Education Programs	Total	American Indian or Alaskan Native	Asian or Pacific Islander	Hispanic	Not of Hispanic Origin	Total Male	Total Female					
					Black White							
(a) Educable Mentally Retarded												
(b) Trainable Mentally Retarded												
(c) Hard of Hearing												
(d) Deaf												
(e) Speech Impaired												
(f) Visually Handicapped												
(g) Seriously Emotionally Disturbed												
(h) Orthopedically Impaired												
(i) Other Health Impaired Impaired												
(j) Specific Learning Disability												
(k) Deaf-Blind												
(l) Multi-handicapped												
(m) Total of lines (a) through (l)												

## SECTION III -- TO BE COMPLETED BY ALL SCHOOLS OFFERING ANY GRADE 7 - 12

- This section need not be completed by schools whose highest grade offered is 6 or below.
- If this school is totally or partially ungraded, this section should be completed if any secondary-level courses are offered.

## 9. SELECTED COURSE ENROLLMENT

Please read the instructions on the cover sheet of this form.

cover sheet of this form.

	Pupils Enrolled in:				Total Enrollment
	All-Male Classes	All-Female Classes	Mixed Classes		
			Male	Female	
a. Home Economics Courses - Grades 7 through 9					
b. Industrial Arts Courses - Grades 7 through 9					
c. Physical Education Courses - Grades 7 through 12					

## 10. INTERSCHOLASTIC ATHLETIC TEAMS

Please read the instructions on the cover sheet of this form.

	Female Participants	Male Participants	Number of Teams
a. All-Female Teams			
b. All-Male Teams			
c. Teams with Both Sexes			

## 11. HIGH SCHOOL GRADUATES Refer to the instructions on the cover sheet of this form.

Columns 1 through 5 must equal column 6					Columns 7 and 8 must equal column 9			
1	2	3	4	5	6	7	8	9
AMERICAN INDIAN OR ALASKAN NATIVE	ASIAN OR PACIFIC ISLANDER	HISPANIC	Not of Hispanic Origin		TOTAL	Total MALE	Total FEMALE	Total HANDI- CAPPE
			BLACK	WHITE				
Persons Receiving High School Diploma								

Please check the completeness and accuracy of each item reported. Errors or omissions may require a re-filing of this form.

**CERTIFICATION** I certify that the information given above is true and correct to the best of my knowledge and belief.  
(A willfully false statement is punishable by law [U.S. Code, Title 18, Section 1001].)

Signature of Principal or Authorized Agent

Title

(Area Code) Telephone Number Date Signed