



SCHOOL DATA FORM

School: _____ Date: _____

Address: _____ City, State: _____

Principal: _____

Email: _____ Phone: _____

Asst. Principal (If Applicable): _____

Building Coordinator/Reading Coach: _____

Grade	Number of Teachers	Number of Assistants	Number of Students	Comments/Additional Information
Pre-K				
K				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Special Education				
TOTAL				

Additional staff available to instruct groups (Title I staff, paraprofessionals, librarians, secretaries, etc.):

Kindergarten:

Half Day Full Day

DI Subject Areas:

Reading/Language Math

% Free and Reduced Lunch: _____

% English Language Learners (ELL): _____

Please return completed form to Dr. Kurt Engelmann at kengel@nifdi.org or fax to 541.683.7543.