



# SCHOOL DATA FORM

MIDDLE SCHOOL / HIGH SCHOOL

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
5				
6				
7				
8				
9				
10				
11				
12				
Special Education				
<b>TOTAL</b>				

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

\_\_\_\_\_

\_\_\_\_\_

**DI Subject Areas:**

Reading/Language       Math

% Free and Reduced Lunch: \_\_\_\_\_ % English Language Learners (ELL): \_\_\_\_\_

*Please return completed form to info@nifdi.org or fax to 541.236.9137.*