MASSACHUSETTS ASSOCIATION OF SCHOOL COMMITTEES

Date: July 12, 2013

To: Superintendent of Schools

From: Glenn S. Koocher Carol A. Grazio, Editor-in-Chief

Executive Director Management Information for School Committees

(M*I*S*C)

Re: 2013 M*I*S*C Survey

The 2013 M*I*S*C survey is enclosed, and we look for an even greater response this year. We would like to have the report in your hands by Sept. 15, 2013. In order to accomplish this, we ask that you submit the survey by August 1, 2013. The M*I*S*C report is available on our web site, www.masc.org, with instructions for completion. As in previous years, it may also be downloaded, printed, completed and faxed or mailed to our office.

We want the information to be as up-to-date as possible, so if your FY14 budget has not yet been approved, please provide the numbers that have been submitted for approval. If you so indicate, we will include this as "proposed."

If any of the information you provided last year is unchanged, please note in that space that the information is the **same** as last year, and fill in only the information that has changed – i.e. salary, benefits, contract dates, etc. You should refer to the hard copy M*I*S*C report (or the reports on the CD) to determine what information was provided on last year's survey. If your district did not submit information last year, you will have to complete the entire survey.

The School Committee questionnaire is specific to Cities, Towns and Regionals. Please complete the school Committee questionnaire appropriate for your district. As always, please add any other information you wish to share with our members.

This year's "Additional Information" section deals with Professional Days, start and end dates and graduation dates for your district. This section may also be used to share any other information about your district. Please be sure to let us know if there are any other questions you would like asked or areas of concern you want to see included in next year's survey.

For your information, we have included a list of those districts responding to last year's survey. Should you have any questions, suggestions, comments or ideas on the survey or the report, please call me or feel free to get in touch with anyone else at MASC.

Thank you for your valuable assistance in completing this survey; a copy of this letter will also be sent to your school committee chair.

District:								
		DIS	TRIC	T INFORMAT	ION			
If a Regional District, pl	lease list towns a	and grad	es in Di	strict:				
Towns:					Grades:			
If a School Union, pleas	se list the towns	and grad	des in U	nion:				
Towns:		J	Grades:					
District grade configura ☐ K-4 ☐ K-6 ☐ R Grade configuration wit	K-8 □ K-12				ecify):			
K-3 Elementary	K-5 Elementary	/	K-6 Ele	ementary 4-6 Intern	nediate 5-8 Mi	ddle School		
6-8 Middle School	le School 7-8 Middle School			igh School 1	0-12 High School	Other:		
For the 2013-2014 S Total Students (#): _ Average Class Size: Elementary Program Information:	: /:		Middle	School :	Total Teacher High School: _ te additional sheets if			
Full Day Kindergarte	en	YES	NO	☐ In Budget	☐ Self-supporting	☐ Mixed	☐ Grant	
Before School Program YE		YES	NO	☐ In Budget	☐Self-supporting	☐ Mixed	☐ Grant	
After School Program YES		YES	NO	☐ In Budget	\square Self-supporting	☐ Mixed		
After School Enrichment Program YES		YES	NO	☐ In Budget	\square Self-supporting	☐ Mixed		
Gifted/Talented Program YE		YES	NO	☐ W/in Program	☐ After School	☐ Other		
Intramural Athletics YES		YES	NO	Grade Level: _				
Evening Classes		YES	NO	☐ Students Only	☐Adults Only	☐ Other		
Summer Programs		YES	NO	☐ In Budget	☐ Self-supporting	☐ Mixed		
The following questo						·	shed report.	

District	:					
			l	FISCAL IMPACT		
FY11: FY12: FY13:	Override? Override? Override? Override?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	No No No No No	If yes, was it successful? If yes, was it successful? If yes, was it successful? If yes, was it successful?	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	NoNoNoNoNo
	Override? er Information or i	Yes	No No oroaches y	If yes, was it successful? You would like to share:	∐ Yes	∐ No

If your district instituted fees during any year from above, please complete the appropriate **User Fee** portions of the survey on the following pages.

USER FEES

Please check h	ere if your distr	ict charges NO u	ıser fees:	
Athletic Fee	□ Yes	□ No		
If yes, has there	been a decrease in	participation? 🛚 Y	es 🗆 No	
In what year wa	s the athletic fee inst	ituted?		
If applicable, ple	ase provide the athle	etic fee amount for:		
FY10: \$	FY11: \$	FY12: \$	FY13: \$	FY14: \$
What does the f	ee cover?			
Is the fee charge	ed (check all that app	oly):		
☐ Per studen	t? \$ □	Per sport? \$	Per season? \$	Per family? \$
☐ Other (spe	cify):			
s there a cap on th	e Athletic Fee?] Yes □ No		
•			Per season? \$	Per family? \$
☐ Other (spe	cify, i.e., dollar amou	nt):		
				e?
low does your dist	not identify and char	ge students who may	Thave difficulty paying the fee	×:
Transportation	Fee □ Yes	□ No		
f yes, has there be	en a decrease in par	ticipation? ☐ Yes	s □ No	
In what year was	s the transportation f	ee instituted?		
f applicable, please	e provide the transpo	rtation fee amount fo	r:	
FY10: \$	FY11: \$	FY12: \$	FY13: \$	FY14: \$
Amount Charged: [☐ Per Student \$		☐ Per family: \$	
Who is charged the	fee? (i.e., High Sch	ool only; inside 2-mile	e limit)	
How does your	district identify and ch	•		fee?
How are student	te identified as having			
now are studen	is identined as navinț	y paid the fee!		
Who collects an	d administers the fee	?		

District:

USER FEES (continued)

. ,	ach fee charged, please ecrease in participation	provide the amount per student. Us n? ☐ Yes ☐ No	e a separate sheet if necessary.
If fees vary, please	e provide range of I c	owest to highest:	
Pre School:	FY12 \$	FY13 \$	FY14 \$
Full day Kindergarten:	FY12 \$	FY13 \$	FY14 \$
Instrumental Music:	FY12 \$	FY13 \$	FY14 \$
After School Program:	FY12 \$	FY13 \$	FY14 \$
Before School Program:	FY12 \$	FY13 \$	FY14 \$
Student Activities:	FY12 \$	FY13 \$	FY14 \$
	ge a fee for anything else	e?	
	charge a user fee, is one?	e being contemplated?	
Add any additional info	ormation regarding fees l	here:	

DISTRICT INFORMATION TRANSPORTATION & FUNDING

Regular Transportation	on	Special Education	Transportation	
☐ Contract buses	☐ Own buses	ses		
Cost:		Cost:		
FY08: \$		FY08: \$		
FY09: \$		FY09: \$		
FY10: \$		FY10: \$		
FY11: \$		FY11: \$		
FY12: \$		FY12: \$		
FY13: \$		FY13: \$		
FY14: \$		FY14: \$		
Regional Schools				
Actual transportation re	eimbursement rate:			
FY10:	%			
FY11:	%			
FY12:	%			
FY13:	%			
FY14:	% (anticipated)			

SUPERINTENDENT

Please provide the following information for this position. Note: If your district has a different title, such as Director;	
Superintendent/Director, etc. please indicate the title here:	

Date of Hire (to this	position):		Number of Stu	ıdents:	
Current Contract:	Start Date:	End Date:			
Salary:					
FY10 \$	FY11 \$	FY12 \$	FY13 \$	FY14 \$	
ls there an increas	e specified in the	contract?	s No		
If yes, please spe	ecify increase:				
Additional Benefits	S :				
Amount:	FY11 \$	FY12 \$	FY13 \$	FY14 \$	
Benefits (specify):	FY11:		FY12:		
	FY13:		FY14:		
Disability Insuranc	e: Yes] No			
-		_	FY13 \$	FY14\$	
Annuity: Yes	□No				
- -		FY12 \$	FY13 \$	FY14\$	
Health Insurance:					
			% FY13	% FY14	%
			% 1110	%	
Other Insurance:	•				
(If yes) Percent p	oaid: FY11	% FY12	% FY13	% FY14	%
Vacation Days (#):			Sick Leave Buy Bacl	k? Yes	No
Personal Days (#):			If yes, at what perc	cent?	_%
Sick Days (#):			OR what amo	unt? \$	_
Can be accumul If yes, to what lir		☐ No	If there are condition	ons, please specify be	low:

ASSISTANT SUPERINTENDENT

Please provide the foll	lowing information for	this position. Note:	If your district has a diffe	rent title for this position,	please
indicate the title here:					
(Unless otherwise	specified, please	give the Information a	as of FY13	
Date of Hire (to this	position):		Number of Students	:	_
Current Contract:	Start Date:	End Date: _			
Salary:					
FY10 \$	FY11 \$	FY12 \$	FY13 \$	FY14 \$	
s there an increase	e specified in the o	contract? Ye	s No		
If yes, please spe	ecify increase:				
Additional Benefits	s :				
Amount:	FY11 \$	FY12 \$	FY13 \$	FY14 \$	
Benefits (specify):	FY11:		FY12:		
	FY13:		FY14:		
Disability Insuranc	e: Yes	No			
(If yes) Amount:	FY11 \$	FY12 \$	FY13 \$	FY14 \$	
Annuity: Yes	No				
· —		FY12 \$	FY13 \$	FY14 \$	
Health Insurance:	Paid by District?	Yes No			
	•		% FY13	% FY14	%
Other Insurance: (If yes) Specify of	•				
(If yes) Percent p	aid: FY11	% FY12	% FY13	% FY14	%
Vacation Days (#):			Sick Leave Buy Bac	k? Yes	No
Personal Days (#):			If yes, at what per	cent?	_%
Sick Days (#):			OR what amo	ount? \$	_
Can be accumul If yes, to what lin	<u> </u>	No No	If there are condition	ons, please specify be	low:

District:					
		BUSINESS N	IANAGER		
Directo	or of Finance or of Operations Title (please specify)		siness erintendent for Business		
Total School Budge	et:				
FY2009 (actual	l) \$		FY2012 (actual) \$	S	
FY2010 (actual) \$		FY2013 (actual) \$	S	
FY2011 (actual) \$		FY2014 (propose	d) \$	
Date of Hire (to this	position):		_ Number of Studen	ts:	
Current Contract:	Start Date:	End Date: _			
Salary:					
FY10 \$	FY11 \$	FY12 \$	FY13 \$	FY14 \$	
	cify increase:		es No		
Additional Benefits			- >		
				FY14 \$	
вененіз (ѕресну).					
Disability Insurance	e: Yes	No			
(If yes) Amount:	FY11 \$	FY12 \$	FY13 \$	FY14\$	
Annuity: Yes	No				
(If yes) Amount:	FY11 \$	FY12 \$	FY13 \$	FY14 \$	
Health Insurance:	Paid by District?	Yes No	•		
(If yes) Percent pa	aid: FY11	% FY12	% FY13	% FY14	%
Other Insurance:	Paid by District?	Yes No			
(If yes) Percent pa	aid: FY11	% FY12	% FY13	% FY14	%
Vacation Days (#):			Sick Leave Buy Ba	ack? Yes	No
Personal Days (#):			If yes, at wha	at percent?	%

OR what amount? \$ _____

If there are conditions, please specify below:

Sick Days (#): _____

Can be accumulated?

If yes, to what limit (#)?

Yes

No

District:	

BULDING ADMINISTRATOR

Unless otherwise specified, please give the Information as of FY13

		up of principals in your district. (i.e. Elementary, Middle, orm for each administrative group.
☐ PRINCIPAL	☐ ASSISTANT PRINCIPA	L OTHER (specify)
Grade configuration	on in <i>building</i> :	
Length of Work Ye	ar: Months OR _	Days
Salary Ranges:		
FY2011 (low): \$		FY2011 (high): \$
FY2012 (low): \$		FY2012 (high): \$
FY2013 (low): \$		FY2013 (high): \$
FY2014 (low): \$		FY2014 (high): \$
Please provide the fol	lowing information (based on FY13):	
Additional Benefits	3 :	
Amount:	FY11 \$ FY12 \$	FY13 \$ FY14 \$
Specify Benefits:	FY11:	FY13:
	FY12:	FY14:
Sick Days (#):		Sick Leave Buy Back Yes No
Can be accumula	ted? Yes No	If yes, at what percent?%
If yes, to what lim	it (#)?	OR <u>amount</u> ? \$
Health Insurance	Health Insurance Paid by District?	Yes No
If yes, percent pa	d: FY11% FY1.	2% FY13% FY14%
Other Insurance	Other Insurance paid by District?	Yes No
If yes, specify othe	r insurance:	
If yes, percent paid	l: FY11% FY1.	2% FY13% FY14%
Contract Differenc	es	
Are there differer	nces in the contracts for these adr	ministrators? Yes No
(If yes) Please spe	ecify differences:	

District:	
CITY OR TOWN SCHOOL COMMITTEE	
Number of members: Appointed: Elected:	
What is the term for School Committee members? □ 1 year □ 2 years □ 3 years □ 4 years □ Other (<i>specify</i>):	
What month are elections held? Are the terms staggered? ☐ Yes ☐ No	
How many School Committee seats are on the ballot at each election?	
How are members elected? At Large By Ward By Precinct	
Is the Mayor a member of the School Committee?	
If yes, is he/she the Chair of the School Committee? Yes No	

If the Mayor is School Committee Chair, does he/she preside over the meetings?

If No, who presides? _____

District:	

ACADEMIC OR VOCATIONAL REGIONAL SCHOOL COMMITTEE

Grade cor	ntiguration of R	Region?:			
☐ Academ	nic Region	☐ Voca	itional Region	Number of Members	:
What is th	e term for Sch	ool Committee	members?		
□ 1 year	☐ 2 years	\square 3 years	☐ 4 years	Other (specify):	
List the to	wns in the sch	ool district and	number of me	mbers from each (Attach	an additional sheet, if necessary):
Town:					Members (#):
Town:					Members (#):
					Members (#):
Town:					Members (#):
Town:					Members (#):
Town:					Members (#):
Town:					Members (#):
					Members (#):
Town:					Members (#):
Town:					Members (#):
Town:					Members (#):
If	appointed, by w				cted Appointed
If elected,	by what method	od? <i>(Please ch</i>	eck appropria	ite method)	
	strict-wide at bie	•		,	
Ву	town with numb	per of representa	tives per town a	apportioned according to po	pulation
Dis	strict-wide with re	esidency require	ments at bienni	al election	
☐ Is t	the vote of each	representative w	eighted by tow	n population?	□No

District:

SCHOOL COMMITTEE COMPENSATION / BENEFITS

Is the Committee compensated?	
If yes, what amount: FY11 \$ FY12 \$	FY13 \$ FY14 \$
Is there an additional stipend for the Chair?] No
If yes, what amount: FY11 \$ FY12 \$	FY13 \$ FY14 \$
Check off any benefits the school committee receives, and	nd (if applicable) the percent paid by the district:
☐ Health Insurance ☐ Dental Insurance ☐ Optical Insuran	nce Other (specify):
FY11% FY11% FY11	_% FY11%
FY12% FY12% FY12	_% FY12%
FY13% FY13% FY13	_% FY13%
Academic and/or Vocation Is the Committee compensated?	nal Regional Schools
If yes, what amount: FY11 \$ FY12 \$	FY13 \$ FY14 \$
(If yes) The stipend is paid by: ☐ The District ☐ The To	wn
Is there an additional stipend for the Chair?] No
If yes, what amount: FY11 \$ FY12 \$	FY13 \$ FY14 \$
Check off any benefits the school committee receives, an	nd (if applicable) the percent paid by the district:
☐ Health Insurance ☐ Dental Insurance ☐ Optical Insuran	nce Other (specify):
FY11% FY11% FY11	_% FY11%
FY12% FY12% FY12	_% FY12%
FY13 % FY13 % FY13	% FY13 %

		TEACH	ERS	
Contract				
Length of teacher	contract:	Start Date: _		End Date:
Contracted increa	ase in:		Number of steps in con	tract:
Year 1	%		Who is covered under t	the teachers' contract?
Year 2	%			
Year 3	%			
School Nurses:				
☐ On Teacher	s' pay scale, but not included	d in contract		
\Box Included in $\overline{}$	Teachers' contract			
☐ Have separa	ate contract			
Benefits Offered Please check the b		n year below; pr	ovide amounts and list othe	er benefits where appropriate.
		n year below; pr		er benefits where appropriate. FY14
	enefits offered for each giver		ovide amounts and list othe FY13 Paid by District	
Please check the b	enefits offered for each giver FY12	trict\$	FY13	FY14
Please check the b	enefits offered for each giver FY12 Paid by Dist	trict \$	FY13 Paid by District	FY14 \$ Paid by Distric
Please check the b Health Insurance Dental Insurance	enefits offered for each giver FY12 Paid by Dist Paid by Dist	trict \$	FY13 Paid by District Paid by District	FY14 \$ Paid by Distric \$ Paid by Distric
Please check the b Health Insurance Dental Insurance Optical Insurance	enefits offered for each giver FY12 Paid by Dist Paid by Dist Paid by Dist	trict \$ trict \$ strict \$ strict \$ strict \$	FY13 Paid by District Paid by District Paid by District	FY14 \$ Paid by Distric \$ Paid by Distric Paid by Distric
Please check the b Health Insurance Dental Insurance Optical Insurance Tuition	FY12 FY12 Paid by Dist	trict \$\begin{align*} \square	FY13 Paid by District	FY14 \$ Paid by Distric \$ Paid by Distric Paid by Distric Paid by Distric Paid by Distric
Please check the between the b	FY12 FY12 Paid by Dist Paid by Dist Paid by Dist Paid by Dist Amount (or	trict	FY13 Paid by District Paid by District Paid by District Paid by District Amount (or %)	FY14 \$ Paid by Distric \$ Paid by Distric Paid by Distric Paid by Distric Paid by Distric Amount (or %)
Please check the between the between the later than	FY12 FY12 Paid by Dist Paid by Dist Paid by Dist Paid by Dist Amount (or	trict	FY13 Paid by District Paid by District Paid by District Paid by District Amount (or %) Amount (or %)	FY14 \$ Paid by Distric \$ Paid by Distric \$ Paid by Distric \$ Paid by Distric Amount (or %) Amount (or %)
Please check the between the b	FY12 FY12 Paid by Dist Paid by Dist Paid by Dist Paid by Dist Amount (or	trict	FY13 Paid by District Paid by District Paid by District Paid by District Amount (or %) Amount (or %)	FY14 \$ Paid by Distric \$ Paid by Distric \$ Paid by Distric \$ Paid by Distric Amount (or %) Amount (or %)
Please check the between the b	FY12 FY12 Paid by Dist Paid by Dist Paid by Dist Paid by Dist Amount (or one of the content of the conten	trict strict str	FY13 Paid by District Paid by District Paid by District Paid by District Amount (or %) Amount (or %) Pecify ter Teachers)?	FY14 \$ Paid by District \$ Paid by District Paid by District Paid by District Paid by District Amount (or %) Amount (or %) Specify

CENTRAL OFFICE STAFF
CENTRAL OFFICE STAFF Administrative Assistant to the Superintendent Other title (specify):
☐ Full Time ☐ Part Time ☐ If Part time, hours per week: ☐ Other:
Individual contract: ☐ Yes ☐ No Union contract: ☐ Yes ☐ No If union contract, please specify which union:
Contract Start Date: End Date: Years in position: Work Year (months):
Compensation (check all that apply and specify amounts): Hourly (if yes) Rate per hour: \$ Salary: (if yes) FY11: \$ FY12: \$ FY13: \$ FY14:\$
Other (if yes) Specify:
School Committee Meetings: Included At additional pay Please specify if School Committee meetings are done by another position, at additional pay, etc:
Vacation days (#): Paid holidays (#): Personal days (#):
Sick days (#): Accumulate? Yes No If yes, limit?
Sick Leave Buy Back:
Other requirements/restrictions, if applicable:
Longevity: Yes No If yes, specify amount (\$): After how many years (#)? Other compensation type (e.g., comp. time for evening meetings): Amount (\$):
EPIMS/CORI Compensation: ☐ Yes ☐ No EPIMS done by other person/department? ☐ Yes ☐ No If yes, specify:
CORI done by other person and/or Department? Yes No If yes, specify:
Building Rental: Handled by you Handled by another person or department If by someone else, enter title and/or department:

District:

BUILDING FEES		
Does the district charge for the use of the building? ———————————————————————————————————		
Do the fees vary by type of event? (e.g., if food is served, is the fee different?) If yes, please specify:	□ Yes	□ No
Do the fees vary by type of group? (e.g., residents/non-resident, non-profit/for-profit, etc.) If yes, which groups are fees reduced for?	□ Yes	□ No
If yes, which groups are fees waived for?		
How much of the fee pays the custodians?	□ No	
Optional: Include any other information on building fees below:		

District:

District:		_	
-			

ADDITIONAL INFORMATION

How many days does your district	provide per year for pro	fessional development?					
Full days (#)	Half days (#)						
2013 – 2014 School Year Dates:							
Teacher Start Date:		Teacher End Date:					
Student Start Date:		Student End Date:					
Graduation Date:							
Add any additional notes or information you would like to share below:							
	·····						