

District: _____

DISTRICT INFORMATION

If a Regional District, please list towns and grades in District:

Towns: _____ Grades: _____

If a School Union, please list the towns and grades in Union:

Towns: _____ Grades: _____

District grade configuration:

K-4 K-6 K-8 K-12 7-12 9-12 Other (specify): _____

Grade configuration within district. Please circle all that apply:

K-3 Elementary K-5 Elementary K-6 Elementary 4-6 Intermediate 5-8 Middle School
6-8 Middle School 7-8 Middle School 9-12 High School 10-12 High School Other: _____

For the 2013-2014 School Year:

Total Students (#): _____ Total Buildings (#): _____ Total Teachers [FTE] (#): _____
Average Class Size:
Elementary: _____ Middle School : _____ High School: _____

Program Information: Circle yes or no and check all applicable boxes. Use additional sheets if necessary.

Full Day Kindergarten	YES	NO	<input type="checkbox"/> In Budget	<input type="checkbox"/> Self-supporting	<input type="checkbox"/> Mixed	<input type="checkbox"/> Grant
Before School Program	YES	NO	<input type="checkbox"/> In Budget	<input type="checkbox"/> Self-supporting	<input type="checkbox"/> Mixed	<input type="checkbox"/> Grant
After School Program	YES	NO	<input type="checkbox"/> In Budget	<input type="checkbox"/> Self-supporting	<input type="checkbox"/> Mixed	
After School Enrichment Program	YES	NO	<input type="checkbox"/> In Budget	<input type="checkbox"/> Self-supporting	<input type="checkbox"/> Mixed	
Gifted/Talented Program	YES	NO	<input type="checkbox"/> W/in Program	<input type="checkbox"/> After School	<input type="checkbox"/> Other	
Intramural Athletics	YES	NO	Grade Level: _____			
Evening Classes	YES	NO	<input type="checkbox"/> Students Only	<input type="checkbox"/> Adults Only	<input type="checkbox"/> Other	
Summer Programs	YES	NO	<input type="checkbox"/> In Budget	<input type="checkbox"/> Self-supporting	<input type="checkbox"/> Mixed	

The following question is for MASC records only - this information will not be included in the published report.

Name of School District Legal Counsel: _____

District: _____

FISCAL IMPACT

- FY10:** Override? Yes No If yes, was it successful? Yes No
- FY11:** Override? Yes No If yes, was it successful? Yes No
- FY12:** Override? Yes No If yes, was it successful? Yes No
- FY13:** Override? Yes No If yes, was it successful? Yes No
- FY14:** Override? Yes No If yes, was it successful? Yes No

Any other Information or innovative approaches you would like to share: _____

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

District: _____

USER FEES

Please check here if your district charges NO user fees:

Athletic Fee Yes No

If yes, has there been a decrease in participation? Yes No

In what year was the athletic fee instituted? _____

If applicable, please provide the athletic fee amount for:

FY10: \$ _____ FY11: \$ _____ FY12: \$ _____ FY13: \$ _____ FY14: \$ _____

What does the fee cover? _____

Is the fee charged (*check all that apply*):

Per student? \$ _____ Per sport? \$ _____ Per season? \$ _____ Per family? \$ _____

Other (*specify*): _____

Is there a cap on the Athletic Fee? Yes No

Per student? \$ _____ Per sport? \$ _____ Per season? \$ _____ Per family? \$ _____

Other (*specify, i.e., dollar amount*): _____

How does your district identify and charge students who may have difficulty paying the fee? _____

Transportation Fee Yes No

If yes, has there been a decrease in participation? Yes No

In what year was the transportation fee instituted? _____

If applicable, please provide the transportation fee amount for:

FY10: \$ _____ FY11: \$ _____ FY12: \$ _____ FY13: \$ _____ FY14: \$ _____

Amount Charged: Per Student \$ _____ Per family: \$ _____

Is there a cap per family? Yes No If yes, please specify: _____

Who is charged the fee? (*i.e., High School only; inside 2-mile limit*) _____

How does your district identify and charge students who may have difficulty paying the fee? _____

How are students identified as having paid the fee? _____

Who collects and administers the fee? _____

District: _____

USER FEES (continued)

Other Fee(s): *For each fee charged, please provide the amount per student. Use a separate sheet if necessary.*

Has there been a decrease in participation? Yes No

If fees vary, please provide **range of lowest 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 \$ _____

What does the Student Activity fee cover? _____

Does the District charge a fee for anything else? Yes No

If yes, please specify: _____

If the District does not charge a user fee, is one being contemplated? Yes No

If yes, in what area? _____

Add any additional information regarding fees here: _____

District: _____

DISTRICT INFORMATION TRANSPORTATION & FUNDING

Regular Transportation

Contract buses Own buses

Cost:

FY08: \$ _____

FY09: \$ _____

FY10: \$ _____

FY11: \$ _____

FY12: \$ _____

FY13: \$ _____

FY14: \$ _____

Special Education Transportation

Contract buses Own buses

Cost:

FY08: \$ _____

FY09: \$ _____

FY10: \$ _____

FY11: \$ _____

FY12: \$ _____

FY13: \$ _____

FY14: \$ _____

Regional Schools

Actual transportation reimbursement rate:

FY10: _____ %

FY11: _____ %

FY12: _____ %

FY13: _____ %

FY14: _____ % *(anticipated)*

District: _____

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: _____

Unless otherwise specified, please give the Information as of FY13

Date of Hire (to this position): _____ **Number of Students:** _____

Current Contract: Start Date: _____ End Date: _____

Salary:

FY10 \$ _____ FY11 \$ _____ FY12 \$ _____ FY13 \$ _____ FY14 \$ _____

Is there an increase specified in the contract? Yes No

If yes, please specify increase: _____

Additional Benefits:

Amount: FY11 \$ _____ FY12 \$ _____ FY13 \$ _____ FY14 \$ _____

Benefits (specify): FY11: _____ FY12: _____

FY13: _____ FY14: _____

Disability Insurance: 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 paid: FY11 _____% FY12 _____% FY13 _____% FY14 _____%

Other Insurance: Paid by District? Yes No

(If yes) Specify other insurance: _____

(If yes) Percent paid: FY11 _____% FY12 _____% FY13 _____% FY14 _____%

Vacation Days (#): _____

Sick Leave Buy Back? Yes No

Personal Days (#): _____

If yes, at what percent? _____%

Sick Days (#): _____

OR what amount? \$ _____

Can be accumulated? Yes No

If there are conditions, please specify below:

If yes, to what limit (#)? _____

District: _____

ASSISTANT SUPERINTENDENT

Please provide the following information for this position. Note: If your district has a different title for this position, please indicate the title here: _____

Unless otherwise specified, please give the Information as of FY13

Date of Hire (to this position): _____ **Number of Students:** _____

Current Contract: Start Date: _____ End Date: _____

Salary:

FY10 \$ _____ FY11 \$ _____ FY12 \$ _____ FY13 \$ _____ FY14 \$ _____

Is there an increase specified in the contract? Yes No

If yes, please specify increase: _____

Additional Benefits:

Amount: FY11 \$ _____ FY12 \$ _____ FY13 \$ _____ FY14 \$ _____

Benefits (specify): FY11: _____ FY12: _____

FY13: _____ FY14: _____

Disability Insurance: 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 paid: FY11 _____% FY12 _____% FY13 _____% FY14 _____%

Other Insurance: Paid by District? Yes No

(If yes) Specify other insurance: _____

(If yes) Percent paid: FY11 _____% FY12 _____% FY13 _____% FY14 _____%

Vacation Days (#): _____

Personal Days (#): _____

Sick Days (#): _____

Can be accumulated? Yes No

If yes, to what limit (#)? _____

Sick Leave Buy Back? Yes No

If yes, at what percent? _____%

OR what amount? \$ _____

If there are conditions, please specify below:

District: _____

BUSINESS MANAGER

- Director of Finance
- Director of Business
- Director of Operations
- Assistant Superintendent for Business
- Other Title (please specify) _____

Total School Budget:

FY2009 (actual) \$ _____ FY2012 (actual) \$ _____
FY2010 (actual) \$ _____ FY2013 (actual) \$ _____
FY2011 (actual) \$ _____ FY2014 (proposed) \$ _____

Date of Hire (to this position): _____ **Number of Students:** _____

Current Contract: Start Date: _____ End Date: _____

Salary:

FY10 \$ _____ FY11 \$ _____ FY12 \$ _____ FY13 \$ _____ FY14 \$ _____

Is there an increase specified in the contract? Yes No

If yes, please specify increase: _____

Additional Benefits:

Amount: FY11 \$ _____ FY12 \$ _____ FY13 \$ _____ FY14 \$ _____
Benefits (specify): FY11: _____ FY12: _____
FY13: _____ FY14: _____

Disability Insurance: 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 paid: FY11 _____% FY12 _____% FY13 _____% FY14 _____%

Other Insurance: Paid by District? Yes No

(If yes) Specify other insurance: _____

(If yes) Percent paid: FY11 _____% FY12 _____% FY13 _____% FY14 _____%

Vacation Days (#): _____

Sick Leave Buy Back? Yes No

Personal Days (#): _____

If yes, at what percent? _____%

Sick Days (#): _____

OR what amount? \$ _____

Can be accumulated? Yes No

If there are conditions, please specify below:

If yes, to what limit (#)? _____

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 (*specify*): _____

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? Yes No

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? Yes No

If No, who presides? _____

District: _____

ACADEMIC OR VOCATIONAL REGIONAL SCHOOL COMMITTEE

Grade configuration of Region?: _____

Academic Region Vocational Region Number of Members: _____

What is the term for School Committee members?

1 year 2 years 3 years 4 years Other (specify): _____

List the towns in the school district and number of members from each (*Attach an additional sheet, if necessary*):

Town: _____ Members (#): _____

Town: _____ Members (#): _____

Town: _____ Members (#): _____

Town: _____ Members (#): _____

Town: _____ Members (#): _____

Town: _____ Members (#): _____

Town: _____ Members (#): _____

Town: _____ Members (#): _____

Town: _____ Members (#): _____

Town: _____ Members (#): _____

Town: _____ Members (#): _____

How are the school committee members chosen from town? Elected Appointed

If appointed, by whom? _____

When are appointments made (*i.e., Spring, Fall, May, etc.*)? _____

If elected, by what method? (*Please check appropriate method*)

District-wide at biennial election

By town with number of representatives per town apportioned according to population

District-wide with residency requirements at biennial election

Is the vote of each representative weighted by town population? Yes No

District: _____

SCHOOL COMMITTEE COMPENSATION / BENEFITS

Is the Committee compensated? Yes No

If yes, what amount: FY11 \$_____ FY12 \$_____ FY13 \$_____ FY14 \$_____

Is there an additional stipend for the Chair? Yes No

If yes, what amount: FY11 \$_____ FY12 \$_____ FY13 \$_____ FY14 \$_____

Check off any benefits the school committee receives, and (if applicable) the percent paid by the district:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Optical Insurance | <input type="checkbox"/> Other (specify): _____ |
| FY11 _____% | FY11 _____% | FY11 _____% | FY11 _____% |
| FY12 _____% | FY12 _____% | FY12 _____% | FY12 _____% |
| FY13 _____% | FY13 _____% | FY13 _____% | FY13 _____% |

Academic and/or Vocational Regional Schools

Is the Committee compensated? Yes No

If yes, what amount: FY11 \$_____ FY12 \$_____ FY13 \$_____ FY14 \$_____

(If yes) The stipend is paid by: The District The Town Other (specify): _____

Is there an additional stipend for the Chair? Yes No

If yes, what amount: FY11 \$_____ FY12 \$_____ FY13 \$_____ FY14 \$_____

Check off any benefits the school committee receives, and (if applicable) the percent paid by the district:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Dental Insurance | <input type="checkbox"/> Optical Insurance | <input type="checkbox"/> Other (specify): _____ |
| FY11 _____% | FY11 _____% | FY11 _____% | FY11 _____% |
| FY12 _____% | FY12 _____% | FY12 _____% | FY12 _____% |
| FY13 _____% | FY13 _____% | FY13 _____% | FY13 _____% |

District: _____

TEACHERS

Contract

Length of teacher contract: _____ Start Date: _____ End Date: _____

Contracted increase in: _____ Number of steps in contract: _____

Year 1 _____%

Year 2 _____%

Year 3 _____%

Who is covered under the teachers' contract?

School Nurses:

- On Teachers' pay scale, but not included in contract
- Included in Teachers' contract
- Have separate contract

Benefits Offered

Please check the benefits offered for each given year below; provide amounts and list other benefits where appropriate.

	FY12	FY13	FY14
Health Insurance	<input type="checkbox"/> _____% Paid by District	<input type="checkbox"/> \$_____ Paid by District	<input type="checkbox"/> \$_____ Paid by District
Dental Insurance	<input type="checkbox"/> _____% Paid by District	<input type="checkbox"/> \$_____ Paid by District	<input type="checkbox"/> \$_____ Paid by District
Optical Insurance	<input type="checkbox"/> _____% Paid by District	<input type="checkbox"/> \$_____ Paid by District	<input type="checkbox"/> \$_____ Paid by District
Tuition	<input type="checkbox"/> \$_____ Paid by District	<input type="checkbox"/> \$_____ Paid by District	<input type="checkbox"/> \$_____ Paid by District
Longevity	<input type="checkbox"/> _____ Amount (or %)	<input type="checkbox"/> _____ Amount (or %)	<input type="checkbox"/> _____ Amount (or %)
Sick Leave Buy Back	<input type="checkbox"/> _____ Amount (or %)	<input type="checkbox"/> _____ Amount (or %)	<input type="checkbox"/> _____ Amount (or %)
Other	<input type="checkbox"/> Specify _____	<input type="checkbox"/> Specify _____	<input type="checkbox"/> Specify _____

Does your district pay additional compensation (e.g., Master Teachers)? Yes (specify below) No

Function: _____

Additional Compensation: FY12 \$_____ FY13 \$_____ FY14 \$_____

Is this specified in the contract? Yes No

District: _____

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: Yes (specify details below) No

Amount (\$): _____ Days (#): _____

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? Yes No

If yes, what fee is charged? _____

Do the fees vary by type of event? (e.g., if food is served, is the fee different?) Yes No

If yes, please specify: _____

Do the fees vary by type of group? (e.g., residents/non-resident, non-profit/for-profit, etc.) Yes No

If yes, which groups are fees reduced for? _____

If yes, which groups are fees waived for? _____

How much of the fee pays the custodians? _____

Is there a contractual obligation regarding custodians and user fees? Yes No

Optional:

Include any other information on building fees below:
