

## Mangement Information Survey

### 1. District Information

1. School District

Other (If not listed, specify below)

2. Regional District?

No

Yes

3. Grade Configuration

K-4

K-6

K-8

K-12

6-8

7-8

7-12

9-12

Other (please specify)

[Redacted]

4. Number of Students

[Redacted]

5. Number of Buildings

[Redacted]

6. Number of Teachers [FTE]

[Redacted]

7. Total School Budget

FY20

[Redacted]

FY21

[Redacted]

FY22

[Redacted]

8. Additional Comments

[Redacted]

## Mangement Information Survey

### 2. Superintendent Information

#### 1. Superintendent Title

- Superintendent
- Interim Superintendent
- Other (please specify)

#### 2. Contract Dates

Date of Hire

Date



Current Contract Start

Date



## Current Contract End

Date

MM/DD/YYYY



### 3. Salary

FY19

FY20

FY21

FY22

### 4. Is there an increase specified in the contract?

Yes

No

If yes, please specify increase

### 5. Annuity Amount

FY20

FY21

FY22

6. Health Insurance (percent paid by district)

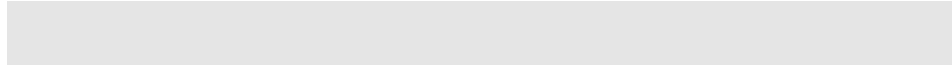
FY20



FY21



FY22



7. Dental Insurance (percent paid by district)

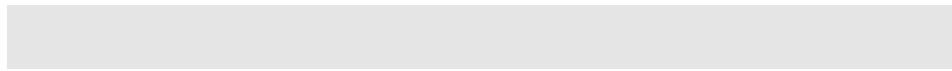
FY20



FY21

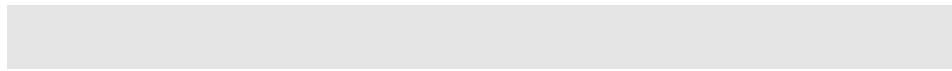


FY22

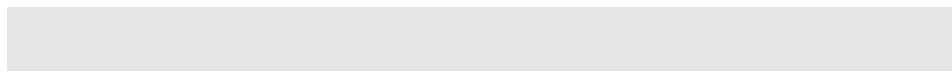


8. Disability Amount

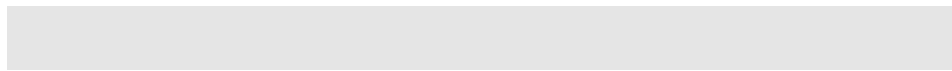
FY20



FY21

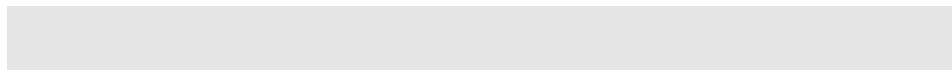


FY22

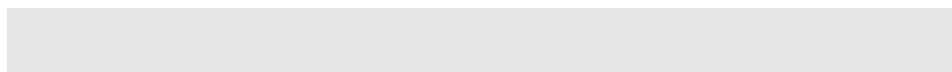


9. Life Insurance Amount

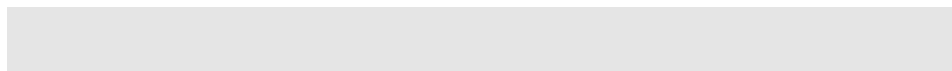
FY20



FY21



FY22



10. Travel Allowance Amount

FY20

FY21

FY22

11. Cell Phone Allowance Amount

FY20

FY21

FY22

12. Professional Development Allowance Amount

FY20

FY21

FY22

13. Additional Benefits - Amount

FY20

FY21

FY22

#### 14. Additional Benefits - Description

FY20

FY21

FY22

#### 15. Vacation Days

#### 16. Personal Days

#### 17. Sick Days

#### 18. Sick Days - Accumulate?

Yes

No

#### 19. Sick Days- Accumulate to what limit?

#### 20. Sick Leave Buy Back?

Yes

No

21. If yes, at what percent/amount?

Percent

Amount

22. If there are conditions, please specify

23. Additional Comments



## Mangement Information Survey

### 3. Assistant Superintendent Information

If you are including data for multiple positions, you may use ranges or averages for amounts.

1. Assistant Superintendent Title(s)

2. Salary

FY19

FY20

FY21

FY22

3. Is there an increase specified in the contract?

Yes

No

If yes, please specify increase

#### 4. Annuity Amount

FY20

FY21

FY22

#### 5. Health Insurance (percent paid by district)

FY20

FY21

FY22

#### 6. Dental Insurance (percent paid by district)

FY20

FY21

FY22

#### 7. Disability Amount

FY20

FY21

FY22

### 8. Life Insurance Amount

FY20

FY21

FY22

### 9. Travel Allowance Amount

FY20

FY21

FY22

### 10. Cell Phone Allowance Amount

FY20

FY21

FY22

### 11. Professional Development Allowance Amount

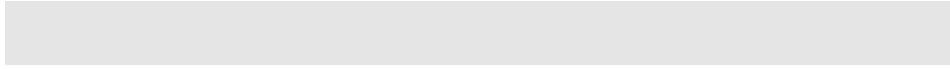
FY20



FY21

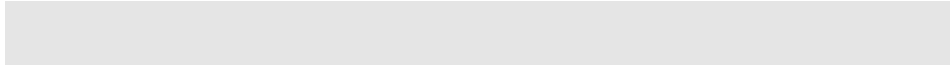


FY22

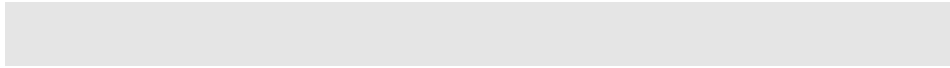


## 12. Additional Benefits - Amount

FY20



FY21

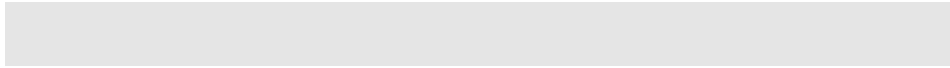


FY22

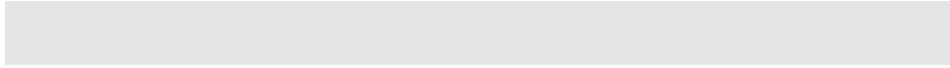


## 13. Additional Benefits - Description

FY20



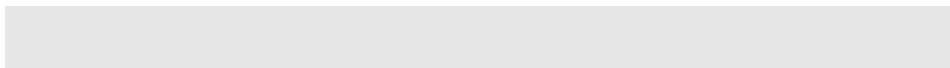
FY21



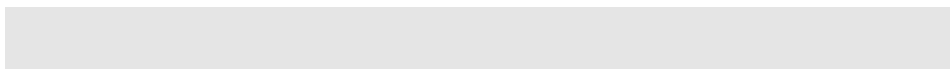
FY22



## 14. Vacation Days



## 15. Personal Days



## 16. Sick Days

17. Sick Days - Accumulate?

Yes

No

18. Sick Days- Accumulate to what limit?

[Redacted]

19. Sick Leave Buy Back?

Yes

No

20. If yes, at what percent/amount?

Percent

[Redacted]

Amount

[Redacted]

21. If there are conditions, please specify

[Redacted]

22. Additional Comments

## Mangement Information Survey

### 4. Central Office Staff

If you are entering data for multiple positions, you may use ranges or averages for amounts.

#### 1. Job Title

- Administrative Assistant to the Superintendent
- Executive Secretary
- Other (please specify)

#### 2. Staff Type

- Full Time
- Part Time
- Other (please specify)

#### 3. Contract

- Individual Contract

Union Contract

Other (please specify)

[Redacted]

4. Years In Position

[Redacted]

5. Work Year (months)

[Redacted]

6. Hourly?

Yes

No

7. Hourly Rate (if applicable)

[Redacted]

8. Salary

FY19

[Redacted]

FY20

[Redacted]

FY21

[Redacted]

FY22

[Redacted]

## 9. School Committee Meetings

Included

At Additional Pay

Other (please specify)

## 10. Vacation Days

## 11. Sick Days

## 12. Personal Days

## 13. Paid Holidays

## 14. Longevity

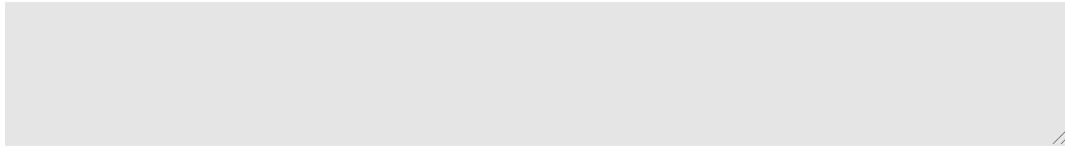
Yes

No

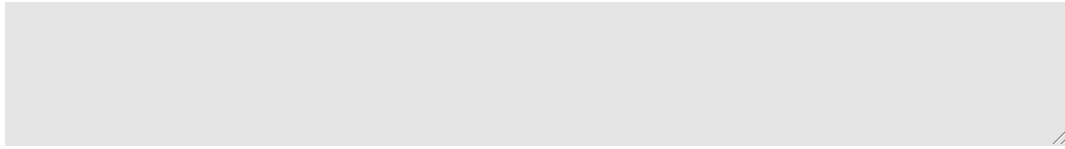
## 15. Longevity Amount



16. Longevity Conditions

A large grey rectangular redaction box covering the content of question 16.

17. Other Compensation?

A large grey rectangular redaction box covering the content of question 17.

18. Sick Leave Buy Back

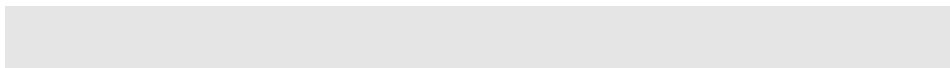
Yes

No

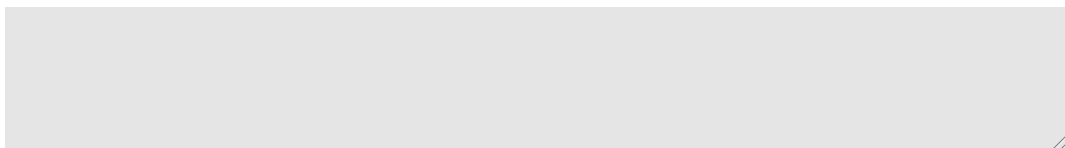
19. Sick Leave Buy Back Amount

A grey rectangular redaction box covering the content of question 19.

20. Sick Leave Buy Back #Days

A grey rectangular redaction box covering the content of question 20.

21. Other conditions

A large grey rectangular redaction box covering the content of question 21.

## Mangement Information Survey

### 5. Teachers

#### 1. Contract Dates

Start Date

Date

End Date

Date

#### 2. Contract Increases

Year 1 (%)

Year 2 (%)

Year 3 (%)

#### 3. Number of steps in contract

4. Who is covered under the teachers contract?

[Redacted]

5. Benefits Offered

- Health Insurance
- Dental Insurance
- Optical Insurance
- Tuition
- Longevity
- Sick Leave Buy Back
- Other (please specify)

[Redacted]

6. Benefit Amounts

Health Insurance

[Redacted]

Dental Insurance

[Redacted]

Optical Insurance

[Redacted]

Tuition

Longevity

Sick Leave

Buy Back

Other

7. Does your district pay additional any additional compensation (e.g. to Master Teachers)?

Yes

No

8. Additional Comp. Amount

FY20

FY21

FY22

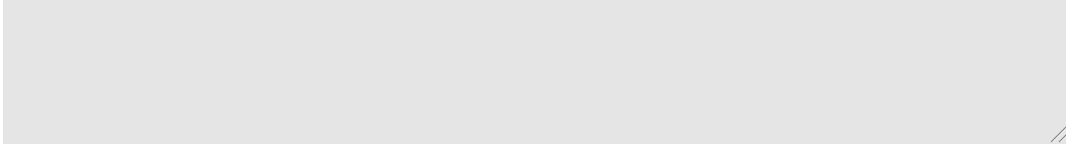
9. Specify Function/Conditions

10. Is additional compensation specified in contract?

Yes

No

## 11. Additional Information



## Mangement Information Survey

### 6. User Fees

1. Does your district charges any user fees?

Yes

No

## Mangement Information Survey

### 7. User fees - Athletic/Transportation

1. Athletic Fee

Yes

No

2. What does the athletic fee cover?

3. Athletic Fee Amount

FY20

FY21

FY22

4. How is the athletic fee charged?

Per Student

Per Sport

Per Season

Per Family

Other (please specify)

[Redacted]

5. Transportation Fee

Yes

No

6. What does the transportation fee cover?

[Redacted]

7. Transportation Fee Amount

FY20

[Redacted]

FY21

[Redacted]

FY22

[Redacted]

8. Who is charged the transportation fee? (HS Only, 2-mile limit, etc.)

[Redacted]

9. Is there a cap per family?



9. Is there a cap per family?

No

Yes (please specify)

[Redacted]

10. Who collects/administers the fee?

[Redacted]

11. Other athletic/transportation fee information

[Redacted]

## Mangement Information Survey

### 8. User fees - Other Fees

For each fee category, please provide the amount charged per student. If fees vary, please provide a range, otherwise only complete the "low" number for each year.

#### 1. Pre-School Fee

FY20 Low

FY20 High

FY21 Low

FY21 High

FY22 Low

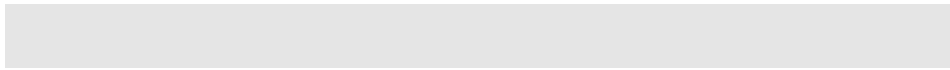
FY22 High

#### 2. Instrumental Music Fee

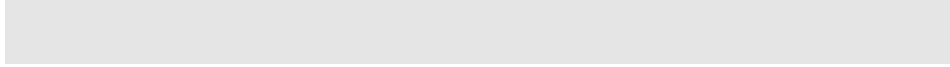
FY20 Low

FY20 High

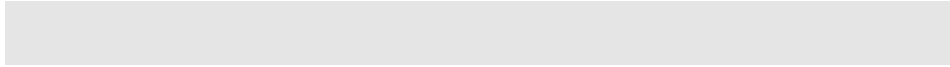
FY21 Low



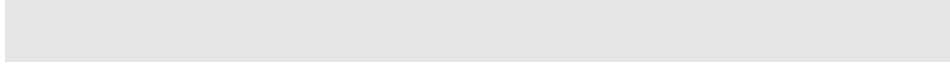
FY21 High



FY22 Low

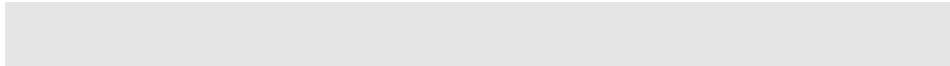


FY22 High



### 3. After-School Program Fee

FY20 Low



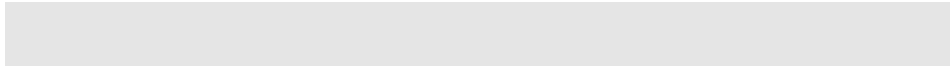
FY20 High



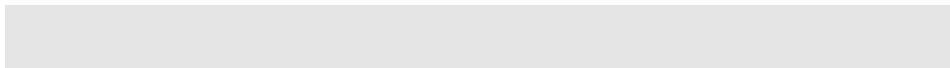
FY21 Low



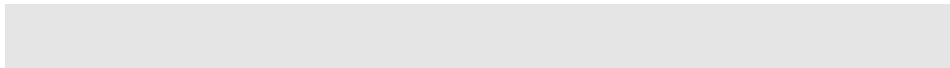
FY21 High



FY22 Low

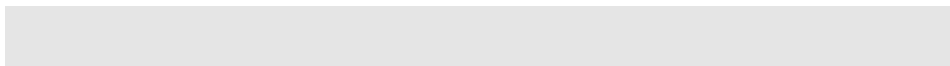


FY22 High



### 4. Before-School Program Fee

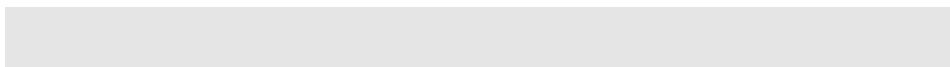
FY20 Low



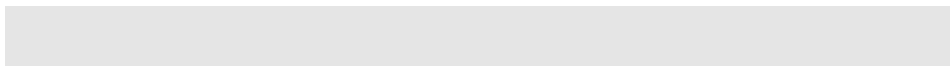
FY20 High



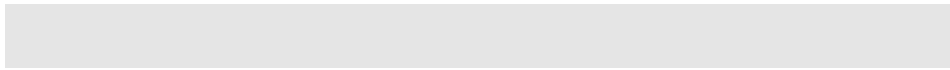
FY21 Low



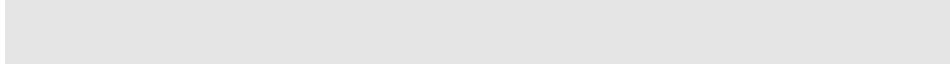
FY21 High



FY22 Low



FY22 High

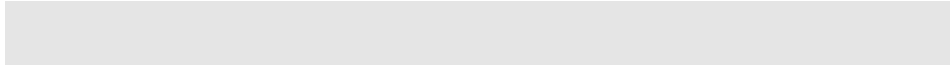


## 5. Full Day Kindergarten Fee

FY20 Low



FY20 High



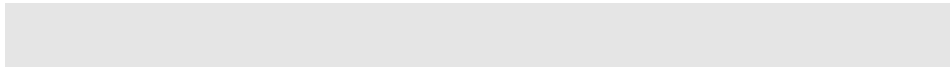
FY21 Low



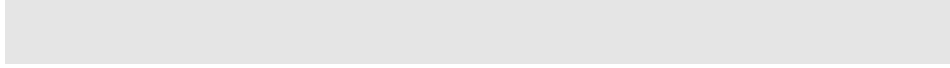
FY21 High



FY22 Low

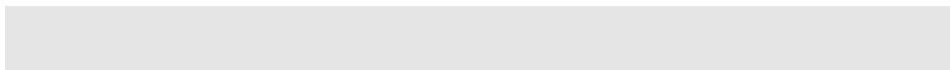


FY22 High



## 6. Student Activities Fee

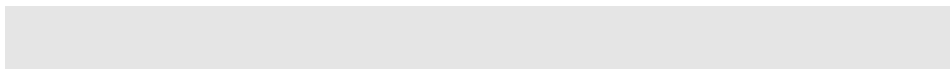
FY20 Low



FY20 High



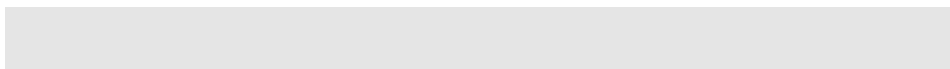
FY21 Low



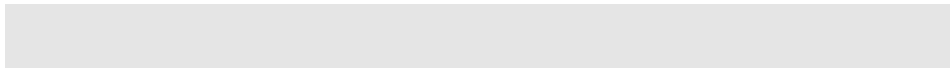
FY21 High



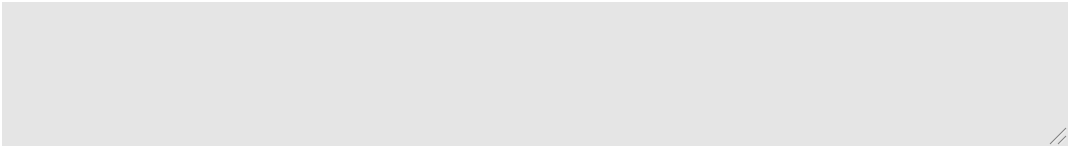
FY22 Low



FY22 High



7. Other Fees (Please describe)

A large rectangular area that has been redacted with a solid grey fill. It is positioned directly below the section header.

## Mangement Information Survey

### 9. School Committee Information

1. School Committee Type

2. Number of Members

3. How are members chosen?

- Elected
- Appointed
- Other (please specify)

4. Term Length

5. When are elections/appointments made?

## School Committee Compensation

6. Is the School Committee Compensated?

Yes

No

## Mangement Information Survey

### 10. School Committee Compensation

1. Compensation Amount

FY20

FY21

FY22

2. Is there an additional stipend for the chair?

Yes

No

3. If yes, enter stipend amount

FY20

FY21

FY22



4. Other benefits

Health Insurance

Dental Insurance

Optical Insurance

Other (please specify)

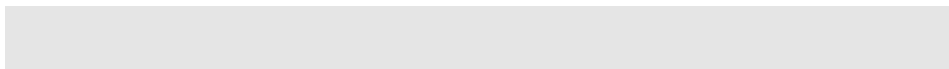


5. Does the district pay any portion of the cost?

Yes

No

6. If yes, how much?



## Mangement Information Survey

### 11. Other Information

If there are any additional details you wish to add, please enter them below.

#### 1. Additional Comments

#### \* 2. Your Contact Information

Name \*

Email

Address \*

Phone

Number