



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				
TOTAL				

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 Dr. Kurt Engelmann at kengel@nifdi.org or fax to 541.683.7543.