



# 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.):**

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**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](mailto:kengel@nifdi.org) or fax to 541.683.7543.*