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**EUCLID MANAGERS®**

## Public Entity Application Schools Questionnaire J

**Legal Name of Public Entity:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

1. Type of Educational Entity:     Private Non-profit     Charter     Public     Education Service District  
     Parochial     Boarding School     Other: \_\_\_\_\_
2. Current population served: \_\_\_\_\_

	Current Year	Last Year	Next Year Est.
3. Total number of students (full/part-time)	/	/	/
4. Number of disabled students (full/part-time)	/	/	/
5. Student/teacher ratio			
6. Disabled student/teacher ratio			

7. Estimated average daily attendance:
- |  |                            |
|--|----------------------------|
| a. Kindergarten, elementary, junior high _____ | d. Trade/vocational _____  |
| b. Senior high _____                           | e. Adult education _____   |
| c. Junior college _____                        | f. Special education _____ |
8. No. of Faculty Members: \_\_\_\_\_ Corporal punishment?.....  Yes  No
9. No. of Nurses: \_\_\_\_\_ Do nurses carry professional coverage? .....  Yes  No

10. Identify types of sports offered (other than normal curriculum):

Name Of Sport	Number Of Participants	Name Of Sport	Number Of Participants
Baseball		Basketball	
Boxing		Football	
Ice Hockey		Lacrosse	
Rugby		Swimming	
Soccer		Softball	
Tennis		Volleyball	

Weight Lifting		Wrestling	
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- a. If you have a football program, what is the minimum age children are allowed to play tackle football? \_\_\_\_\_
- b. Is trained medical assistance available on-site during all games? .....  Yes  No
- c. Are certified trainers/coaches used in the athletic programs? .....  Yes  No
11. Are trampolines used in any of the schools?.....  Yes  No
12. Identify types of classes offered (other than normal curriculum):
- |   |   |  |                                       |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Agricultural farming | <input type="checkbox"/> Aircraft repair            | <input type="checkbox"/> Cosmetology           | <input type="checkbox"/> Skiing       |
| <input type="checkbox"/> Auto repair          | <input type="checkbox"/> Scuba diving or snorkeling | <input type="checkbox"/> Radio/TV broadcasting | <input type="checkbox"/> Martial arts |
| <input type="checkbox"/> Special education    | <input type="checkbox"/> Driver's education         | <input type="checkbox"/> Nursing               |                                       |
- Other (Specify): \_\_\_\_\_
- Provide details for any class that is not classroom only: \_\_\_\_\_
- 
13. Describe the supervision of the playground: \_\_\_\_\_ The cafeteria: \_\_\_\_\_
14. Frequency of inspection of playground equipment: \_\_\_\_\_
15. Are accident policies or proof of insurance required for all participants of extra curricular athletics? .....  Yes  No  
If "yes," limits and method of verifying proof of insurance: \_\_\_\_\_
16. Does the insured have a separate accident and health policy for its athletic participants?.....  Yes  No
17. Are medical exams required for athletes? .....  Yes  No
18. Are there any waiver/releases employed for athletic programs? .....  Yes  No
19. Number of sets of bleachers and seating capacity of each? \_\_\_\_\_
20. Does school district operate a stadium?.....  Yes  No  
If "yes," complete questionnaire P (Item C).
21. Is there a swimming pool on premises? .....  Yes  No  
If "yes," complete questionnaire K (Items A and F).
22. Is a day care on premises? .....  Yes  No  
If "yes," complete questionnaire C.
23. If school provides a summer school program, what curriculum is offered?  General Education  
 Other (specify): \_\_\_\_\_
24. a. Has entity/board established policies/procedures governing students in the areas of:
- |   |  |
|---|--|
| Suspension? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          | In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dismissal? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No           | In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transfer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            | In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Corporal punishment? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No | In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acceptance? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          | In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sexual Harassment? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No   | In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
- b. Has entity/board established policies/procedures governing "special" students in the areas of:
- |   |  |
|---|--|
| Suspension? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          | In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dismissal? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No           | In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transfer? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No            | In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Corporal punishment? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No | In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Acceptance? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No          | In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Sexual Harassment?.....  Yes  No                      In writing? .....  Yes  No

c. Do guidelines provide for administrative hearings and appeals for students? .....  Yes  No

d. Have your policies and procedures been certified by outside counsel? .....  Yes  No

25. Are you operating under a court order or consent decree?.....  Yes  No

If "yes," attach a copy with any modifications.

26. Does the entity receive federal funding? .....  Yes  No

If "yes," from what agencies? \_\_\_\_\_

27. Does your attorney attend all board/trustee meetings?.....  Yes  No

28. Have all asbestos inspections and tests required under AHERA been made? .....  Yes  No

a. Have you filed an asbestos abatement plan?.....  Yes  No  No asbestos

b. If "no," why not? \_\_\_\_\_

c. If "yes," are they completed? .....  Yes  No

If "no," when is completion scheduled?: \_\_\_\_\_

\_\_\_\_\_