

# Benchmark

**MANAGEMENT GROUP, INC.**

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## 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	

- 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):

- Agricultural farming     Aircraft repair     Cosmetology     Skiing
- Auto repair     Scuba diving or snorkeling     Radio/TV broadcasting     Martial arts
- Special education     Driver's education     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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	In writing? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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?: \_\_\_\_\_
-