

**CLASS AND STAFFING FORM 2011-2012**

Enter data into ESS (using the myNHDOE Single Sign On System) and return the certified, signed form to the Bureau of Data Management by October 17, 2011. Aid payments may be placed on hold if this form is not received by the due date. See accompanying instructions for definitions.

**NUMBER OF CLASSES** (Do not include preschool or kindergarten)

|                   |           |   |   |   |   |   |   |   |   |       |
|-------------------|-----------|---|---|---|---|---|---|---|---|-------|
|                   | Readiness | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Total |
| Number of Classes |           |   |   |   |   |   |   |   |   |       |

**STAFFING** (Round all FTEs to the nearest tenth)

| Teaching Personnel   | Elementary<br>P – 8 |        | Secondary<br>9 – 12 |        |
|--|---------------------|--------|---------------------|--------|
|  | Male                | Female | Male                | Female |
| 1. Number of preschool teachers in full-time equivalents                   | _____               | _____  |                     |        |
| 2. Number of kindergarten teachers in full-time equivalents                | _____               | _____  |                     |        |
| 3. Number of regular education classroom teachers in full-time equivalents | _____               | _____  | _____               | _____  |
| 4. Number of special education classroom teachers in full-time equivalents | _____               | _____  | _____               | _____  |
| 5. Number of regular instructional aides in full-time equivalents          | _____               | _____  | _____               | _____  |
| 6. Number of special education aides in full-time equivalents              | _____               | _____  | _____               | _____  |

| Other Professional Personnel and Support Staff   | Elementary<br>P – 8 |        | Secondary<br>9 – 12 |        |
|--|---------------------|--------|---------------------|--------|
|  | Male                | Female | Male                | Female |
| 7. Number of principals in full-time equivalents   | _____               | _____  | _____               | _____  |
| 8. Number of assistant principals in full-time equivalents                                     | _____               | _____  | _____               | _____  |
| 9. Number of guidance counselors/directors in full-time equivalents                            | _____               | _____  | _____               | _____  |
| 10. Number of librarians/media specialists in full-time equivalents                            | _____               | _____  | _____               | _____  |
| 11. Number of library/media support staff in full-time equivalents                             | _____               | _____  | _____               | _____  |
| 12. Number of non-teaching education professionals not included above in full-time equivalents | _____               | _____  | _____               | _____  |
| 13. Number of clerical support staff in full-time equivalents                                  | _____               | _____  | _____               | _____  |
| 14. Number of other support staff in full-time equivalents                                     | _____               | _____  | _____               | _____  |

\_\_\_\_\_  
 Contact Person Telephone Ext. Email

I certify, under the pains and penalties of perjury, that all of the information contained in this document is true, accurate and complete, and that the school board chairperson has received a copy of this document.

\_\_\_\_\_  
 Superintendent of Schools or Headmaster of Approved Public Academy Date