

# New Jersey Visual and Performing Arts Education Survey

Elementary (K-6) FINAL

## STATEMENT OF PURPOSE

As part of the New Jersey Department of Education's plans to survey all core curriculum content areas not included in the statewide assessment program, we are conducting the New Jersey Visual and Performing Arts Survey. This survey is the first time the Department of Education has collected information about the implementation of the New Jersey Core Curriculum Content Standards for the Visual and Performing Arts and examined the depth and breadth of their implementation in New Jersey's public schools.

The Visual and Performing Arts Education Survey is part of a broader New Jersey Arts Education Census Project, a partnership among the New Jersey Department of Education, the New Jersey State Council on the Arts, the Geraldine R. Dodge Foundation, Playwrights Theatre of New Jersey and the Music for All Foundation. This partnership will provide schools, policy makers, and community leaders with an analysis of arts education while at the same time *providing schools and communities with tools and resources to strengthen student learning in the arts.*

The results of this survey will be previewed in the summer of 2006 with a final report presented in September of 2006. These results will help the Department of Education and our project partners understand the impact of the New Jersey Core Curriculum Content Standards for the Arts on school programs, the level of student involvement with the arts, and how to align resources to areas of need.

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## SCHOOL INFORMATION (To be Pre-populated from DOE Databases)

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School City: \_\_\_\_\_

School Zip Code: \_\_\_\_\_

School Code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Enrollment by Grade: \_\_\_\_\_

Total School Enrollment: \_\_\_\_\_

## RESPONDENT INFORMATION (To be entered)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Please Indicate the type of school:  K-6  7-12  Grade levels cross between K-6 and 7-12 (Radio Button)

Please indicate the grade levels of your school (Check Box)

	K	1	2	3	4	5	6	7	8	9	10	11	12
Grade Span													

\* If your school includes grades that span between both K-6 and 7-12 you will need to complete both the Elementary AND Secondary School Surveys to capture the appropriate information for each grade.

**SECTION 1: QUANTITATIVE INFORMATION**

**1A) Visual & Performing Arts Courses**

	Dance	Music	Theater	Visual Arts
1A1 - The total number of classes offered in <b>EACH</b> arts area. Do not include non-arts classes that have an arts component. Count all classes that meet at least the equivalent of 36 days (an average of once per week).				
1A2 - The number of classes taught in a dedicated classroom designed for the arts area. Count only courses that use/used a dedicated room and are reported in Schedule 1A1 above.				
1A3 - The total number of students who received instruction in this arts area, whether elective or required during 2005-2006 (This is a non-duplicated count in each arts area)				
1A4 – The total number of students enrolled in one or more arts classes (non-duplicated count for all arts courses)				
1A5 – The total number of teachers (Full-Time Equivalent) who provide instruction in each arts area whether elective or required during 2005-2006 (This is a non-duplicated count. Decimals may be used)				

**1B) Class Offerings** - For each grade in the school and each arts area enter the **most applicable** offering code. Enter one code only from the drop down menu. If instruction in the arts field is not offered in a grade, select the “N/O” from the drop down menu

*Offering codes:*

- ET = delivered by an Elementary Teacher
- CAS = delivered by a Certified Arts Specialist
- PE = Delivered by Physical Education Teacher where dance is part of a Physical Education Course
- LAL = Language Arts Literacy, Theater program taught as part of Language Arts Course;
- VA = Visiting Artist
- N/O = Not Offered

	K	1	2	3	4	5	6
1B1. Dance							
1B2. Music							
1B2a. Band							
1B2b. Chorus							
1B2c. General Music							
1B2d. Orchestra/Strings							
1B3. Theater							
1B4. Visual Arts							

**1C) Time Provided for Visual & Performing Arts Instruction** – Based on your responses to 1B, Enter the number of hours per year instruction that is *provided* for all students, by grade and subject. Use a “0” to indicate a grade or grades that do not receive instruction.

	K	1	2	3	4	5	6
1C1. Dance							
1C2. Music							
1C3. Theater							
1C4. Visual Arts							

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**1D) Course Enrollment/ Activity Offerings** - For **each** of the following K-6 classes, enter the total enrollment during the 2005-2006 School Year. If your school offers an extracurricular or after-school activity in an arts area, include the enrollment in the extracurricular box unless the activity is **required** as part of a curricular subject. In this case the enrollment would be entered in the class enrollment field. If a student participates in more than one course or activity, each should be counted independently. If a course or activity is not listed, report it under **Other**. Most required elementary and middle school/junior high courses/activities will fall under the general categories (indicated by \*).

Subject/Course/Activity	Class Enrollment	Extra curricular Enrollment	Subject/Course/Activity	Class Enrollment	Extra curricular Enrollment
<b>1D1. Dance</b>			<b>1D3. Theater</b>		
1D1a General Dance*			1D3a General Theater*		
1D1l Other (Description input field)			1D3l Other (Description input field)		
1D1m Other (Description input field)			1D3m Other (Description input field)		
1D1n Other (Description input field)			1D3n Other (Description input field)		
<b>1D2. Music</b>			<b>1D4. Visual Arts</b>		
1D2a General Music*			1D4a General Art*		
1D2b Chorus/Choir			1D4b Digital Art		
1D2d Private Lessons (vocal or instrumental)			1D4l Other: (Description input field)		
1D2e Band			1D4m Other: (Description input field)		
1D2f Orchestra			1D4n Other: (Description input field)		
1D2l Other (Description input field)					
1D2m Other (Description input field)					
1D2n Other (Description input field)					

**1E) Additional Enrollment Information/Other Offerings** - Please use the spaces below to document units of arts instruction offered by various departments within the school. Please indicate the current course enrollment and the hours of instruction per year. **(1E1 and 1E2 are omitted by design)**

Course/Activity	Enrollment	Hours of Instruction per year
1E3. Other (describe)		
1E3a		
1E3b		
1E3c		

**SECTION 2: FACILITIES AND RESOURCES** - Enter the appropriate answers regarding your school's Visual & Performing Arts resources in the boxes provided.

	Dance		Music		Theater		Visual Arts	
<b>2A1) Dedicated Visual &amp; Performing Arts Classrooms</b> – Number of dedicated classrooms appropriately designed and equipped for instruction in this Arts area. (d = dedicated nd = non-dedicated)	d	nd	d	nd	d	nd	d	nd
<b>2A2) Indicate the number of multi-purpose classrooms</b> appropriately designed and equipped for instruction in this Arts area.	d	nd	d	nd	d	nd	d	nd
<b>2B) Use of Technology</b> - Do your students use technological tools to assist in the study and creation of the Arts? (i.e., MIDI keyboard labs, sequencers, digital drawing tablets, scanners, color printers, animation software programs, interactive distance exchange labs, etc.) If yes, please identify the number of workstations available for student use in each of the art forms. (See instructions for of examples of applied technology germane to each discipline.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe here:	Number <input type="text"/>		Number <input type="text"/>		Number <input type="text"/>		Number <input type="text"/>	

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	Describe	Describe	Describe	Describe
<b>2C1) School Funding</b> - What is the TOTAL budget allocation for arts education for the current school year (do not include teacher salaries, non-district funds or one time expenditures)		Total		
<b>2C2) Indicate the budget allocation for EACH arts area</b>				
<p><b>2D) Additional Funding</b> - In the last three years, has your school received funding from a source outside of the school district to support arts education? If yes, please check off the sources of those funds. (Indicate the total amount for each arts area for <b>THIS</b> school year in the column to the right) Note: Use the dialogue box below to list specific sources.</p> <ul style="list-style-type: none"> <li>a. Local District Foundation</li> <li>b. Local Business or Corporations</li> <li>c. PTA</li> <li>d. Booster club</li> <li>e. State, County, Local Arts Councils or Agencies</li> <li>f. Education Associations</li> <li>g. State or National Foundation</li> <li>h. Federal Grants</li> <li>i. Other</li> </ul> <div style="border: 1px solid black; height: 100px; width: 100%; margin-top: 10px;"></div>				
<p><b>2E) Arts Supervisor</b> - Select the description that best describes the person who is responsible for the implementation and evaluation of educational programs offered in the arts. (Drop down menu will provide choices: 1- Full Time Arts Supervisor, 2 - Arts Supervisor with additional responsibilities for other subjects, 3 - Part Time Arts Supervisor who also teaches, 4 - District Level supervisor only, 5 - No Arts Supervisor)</p> <p style="text-align: center;">Is this person certified in an arts discipline?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </p>				

**SECTION 3: POLICIES** (Note: Questions 3A, 3C , and 3E, are for High School only and are omitted from this survey by design)

**3B) Standards** - In what year was the arts education curriculum updated to align with the New Jersey Core Curriculum Content Standards in the arts and adopted by the local school board? (Drop-down menu will provide choices: years 1998 – 2005 as well as “not adopted”)

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**3D) Assessment** - How is student progress in the Visual & Performing Arts assessed in your school? *(Check all that apply)*

- 3D1. District developed and required assessments
- 3D2. Teacher developed assessments
- 3D3. No assessment

**SECTION 4: INSTRUCTIONAL SUPPORT AND PROFESSIONAL DEVELOPMENT**

4A) <b>Supplemental Visual &amp; Performing Arts Instruction</b> - Indicate that your school uses these individuals to supplement Visual & Performing Arts instruction by making the appropriate selection. (Choices are Curricular, Co-Curricular, Extra-Curricular, and none)	Dance	Music	Theater	Visual Arts
4A1. Teacher certified in another subject with relevant Visual & Performing Arts training or experience				
4A2. Artist-in-Residence Program				
4A3. Volunteer with relevant Visual & Performing Arts training or experience				
4A4. Other				
4B) <b>Professional Development Activities</b> - In the past year, did your school/district offer any of the following professional development activities in the arts <i>(Check all that apply: ET= Elementary Teacher, ETA=Elementary Teacher with instructional responsibility for one or more arts area, CAS = Certified Arts Specialist)</i>	ET	ETA	CAS	
4B1. Workshops with professional artists or arts groups				
4B2. In-school seminars or conferences				
4B3. Off-site seminars or conferences				
4B4. Partnerships with colleges or universities				
4B5. Other				
4C) <b>Professional Development Incentives</b> - What incentives may teachers in your school/district receive for participating in professional development activities in the arts? <i>(Check all that apply)</i>				
4C1. Release time <input type="checkbox"/>				
4C2. Compensation <input type="checkbox"/>				
4C3. Credits for Professional Development. <input type="checkbox"/>				
4C4. Credits toward Compensation <input type="checkbox"/>				
4C5. None <input type="checkbox"/>				

**SECTION 5: COMMUNITY RESOURCES** - Enter the appropriate answers regarding your school's involvement with community arts resources for each of the subject areas listed. Refer to the definitions section of your instruction guide.

5A1) As a part of a school-sponsored function, which of the following have students traveled outside of the school building for an exhibition, performance or event in any of these subject areas in the past three years? Check all that apply. If checked how many times?

<u>Activity</u>	<u>Number of times</u>
5A1a. Dance <input type="checkbox"/>	<input type="text"/>
5A1b. Music <input type="checkbox"/>	<input type="text"/>
5A1c. Theater <input type="checkbox"/>	<input type="text"/>
5A1d. Visual Arts <input type="checkbox"/>	<input type="text"/>
5A1e. Creative Writing <input type="checkbox"/>	<input type="text"/>
5A1f. Folk Arts/Media Arts <input type="checkbox"/>	<input type="text"/>
5A1g. None <input type="checkbox"/>	<input type="text"/>

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**5A2)** Based on your response to question 5A1, if students have NOT traveled outside the building for an exhibition, performance or event what have been the barriers? Check all that apply.

- 5A2a. Time Out of School Day
- 5A2b. Transportation Costs
- 5A2c. Event/Activity Entry Fees
- 5A2d. No Barriers

**5B)** Which of the following outside groups or individuals (other than an artist-in-residence) performed/ exhibited for students at the school in the past three years in these subject areas? Check all that apply. If checked, how many times?

<u>Activity</u>		<u>Number of times</u>
5B1. Dance	<input type="checkbox"/>	<input type="text"/>
5B2. Music	<input type="checkbox"/>	<input type="text"/>
5B3. Theater	<input type="checkbox"/>	<input type="text"/>
5B4. Visual Arts	<input type="checkbox"/>	<input type="text"/>
5B5. Creative Writing	<input type="checkbox"/>	<input type="text"/>
5B6. Folk Arts/Media Arts	<input type="checkbox"/>	<input type="text"/>
5B7. None	<input type="checkbox"/>	<input type="text"/>

**5C)** Does your school/district have ongoing (at least multi-year) partnerships/collaborations with artists/arts companies or cultural organizations that help meet your school/districts arts education goals?

- Yes
- No

If yes - please list up to three of those artists/companies/organizations:

- 5C1.
- 5C2.
- 5C3.

**5D)** In which of these subject areas has your school had an artist-in-residence in the past three years? Check all that apply.

- 5D1. Dance
- 5D2. Music
- 5D3. Theater
- 5D4. Visual Arts
- 5D5. Creative Writing
- 5D6. Folk Arts/Media Arts
- 5D7. None

**5E)** What did the artists-in-residence program contribute to this school's arts program? Check all that apply.

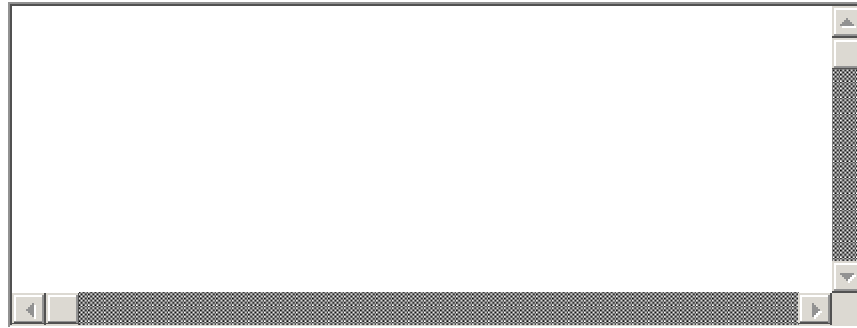
- 5E1. Provided input on curriculum development
- 5E2. Provided knowledge about art forms or arts education through teacher in-service training
- 5E3. Provided knowledge about art forms to students through exhibition or instruction
- 5E4. Not applicable

**5F)** If you have NOT had an artist in residence in your school, which of the following would you identify as the greatest obstacle?

**Select One.**

- 5F1. Competing priorities (e.g., testing, remediation)
- 5F2. Time in the school day
- 5F3. Insufficient or inappropriate space/facilities
- 5F4. Budget constraints
- 5F5. Lack of information on available programs
- 5F6. No Obstacles

**SECTION 6: Comments:** Please provide additional information that may clarify the responses in this survey.

A large, empty rectangular text input field with a thin black border. On the right side, there is a vertical scroll bar with a grey track and a white slider. At the bottom left and bottom right corners, there are small grey navigation buttons with left and right arrow symbols, respectively.

(500 words or less)

**Visual and Performing Arts Education Survey Fax Back Certification Form**

**SAMPLE ONLY!**  
**DO NOT USE THIS FORM!**

**SCHOOL:** <Auto Input from Form>  
**COUNTY:** <Auto Input from Form>  
**DISTRICT:** <Auto Input from Form>

Thank you for completing the **New Jersey Visual and Performing Arts Education Survey** for <SCHOOL NAME> (<SCHOOL CODE>)

**Please print this page and fax or mail to the NJDOE with the Principal's signature.**

**NJDOE Fax Number:** XXX-XXX-XXXX

**NJDOE Mailing Address**

Office of Academic and Professional Standards  
Box 500, 100 Riverview Plaza  
Trenton, NJ 08625-0500  
Attn: <Contact>

Contact information for this survey:

**Name:** <Auto Input from Form>  
**Title:** <Auto Input from Form>  
**Phone Number:** <Auto Input from Form>  
**Email Address:** <Auto Input from Form>  
**Survey was completed:** <Auto Input from Form>

Principal's Signature:

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