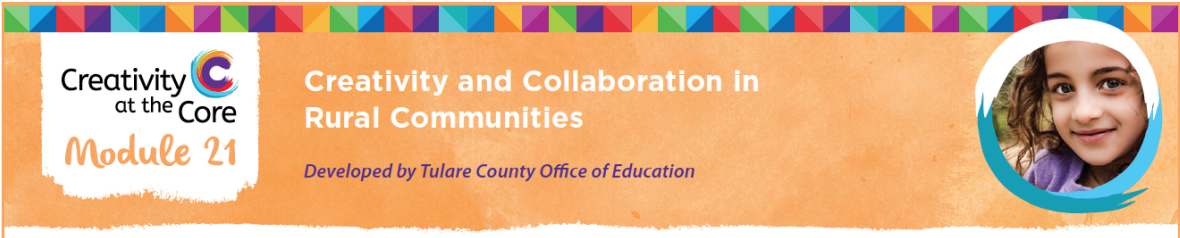


# Arts Education Survey



## General Information

1. District name

---

2. School name

---

3. Grades served by school (range Pre-K-12)

---

4. Name of person completing this survey

---

5. Title of person completing this survey

---

6. Email address of person completing this survey

---

7. Total school enrollment - (district enrollment for single-school districts)

---

8. School average daily attendance - (district ADA for single-school districts)

---

# Arts Instruction

9. Please check all of the visual, performing, and media arts disciplines currently being taught on your campus:

*Check all that apply.*

	Taught as stand-alone course during the school day	Integrated in other courses during the school day	Taught as part of after school program	Not offered	Unsure
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, General or Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, Instrumental (i.e; band, orchestra)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, Vocal (i.e; choir)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre/Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Arts/Film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Check all of the grade level bands with access to arts instruction on your campus:

*Check all that apply.*

	Pre-K/ Transitional Kindergarten	K-2nd Grades	3rd-5th Grades	6th-8th Grades	9th-12th Grades	Not Taught
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, General or Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, Instrumental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, Vocal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre/Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Arts/Film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts Integration (taught with another core subject)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What is the approximate percentage of students in the school participating in arts courses this school year?

\_\_\_\_\_

**12. For a typical student receiving arts instruction, what is the average frequency of instruction in each arts discipline?**

*Check all that apply.*

	Every day	3 or 4 times per week	Once or twice per week	Less than once per week	Not taught
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, General or Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, Instrumental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, Vocal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre/Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. What is the typical duration of the arts courses on your campus?**

*Check all that apply.*

	Entire school year	Half the school year (semester)	Trimester	One quarter	Less than one quarter	Not taught
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, General or Classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, Instrumental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music, Vocal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theatre/Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. What is the position of the person(s) providing arts instruction on your campus?**

*Check all that apply.*

	Dance	Music (any)	Theatre/Drama	Visual Arts	Media Arts
Full-time Credentialed Arts Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-time Credentialed Arts Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elementary Multiple Subject Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Non-Arts Single-Subject Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artist-in-Residence/Teaching Artist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paraprofessional/Aide/After School Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not Sure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**19. Does your school currently provide:**

*Check all that apply.*

- California visual and performing arts standards-aligned instruction
- State-adopted arts instructional materials
- Arts-related library resources
- Consumable supplies (i.e., paint, paper, canvases)
- Equipment (non-consumable; i.e., kiln, stagecraft tools, cameras)
- Musical instruments and maintenance
- Technology resources to support the arts
- None of the above

**20. Please share any additional feedback or comments on this section**

---

---

---

---

---

## **Partnerships and Collaborations**

**21. Are you currently partnering with any local organizations to provide arts-related instruction and/or support? If so, please list partnerships below.**

---

---

---

---

---

**22. Do students on your campus have access to:**

*Check all that apply.*

- On campus visits by guest artists, speakers, or performers
- Study trips to off-campus arts performances or venues
- Participation in countywide arts events and contests (art exhibition, poetry events, concerts)
- Ongoing, structured arts activities extending beyond the school day (band, orchestra, choir, plays, dance troupes)
- Traditional after school enrichment or extended learning programs
- Guidance on arts-related college and career options
- Internship or externship opportunities in arts-related fields
- None of the above
- Other: \_\_\_\_\_

**23. Do parents and families in your community have opportunities to:**

*Check all that apply.*

- Attend school extracurricular arts activities (concerts, plays, recitals)
- Actively participate in family arts activities (paint nights, dances, talent shows)
- Chaperone study trips to off-campus arts performances and venues
- Volunteer their time and talents to support the arts on your campus
- None of the above
- Other: \_\_\_\_\_

**24. Please share any additional feedback or comments on this section**

---

---

---

---

---

## Funding the Arts

**25. Are funds to support the visual and performing arts included in your district LCAP?**

*Mark only one oval.*

- Yes
- No
- Not sure

26. **Are you currently using Title I funds to support the arts?**

*Mark only one oval.*

- Yes
- No
- Not sure

27. **If you aren't currently using LCFF and/or Title I funds to support the arts, are you interested in learning more about how to leverage these funding sources to promote arts education?**

*Mark only one oval.*

- Yes
- No

28. **Are you currently using funds other than LCFF or Title I to support the arts on your campus? If so, what funding streams are you utilizing?**

---

---

---

---

---

29. **Please share any additional feedback or comments on this section**

---

---

---

---

---

## **Strategic Planning**

30. **Does your district have a school board-approved, up-to-date strategic arts education plan?**

*Mark only one oval.*

- Yes
- No
- Not Sure

31. **Are you interested in working with us to create or update a strategic arts education plan?**

*Mark only one oval.*

- Yes
- No

32. Please share any additional feedback or comments on this section

---

---

---

---

---

## Reflection and Final Thoughts

33. What would you consider to be the biggest challenge in implementing visual, performing, and media arts instruction on your campus?

---

---

---

---

---

34. What would you consider to be the greatest success of the visual, performing, and media arts programs on your campus?

---

---

---

---

---

35. Thank you for taking the time to complete this survey. We value your feedback and partnership. Do you have any additional thoughts, comments or questions for us?

---

---

---

---

---