

SCHOOL LIBRARY PERSONNEL SURVEY

(PLEASE PRINT OR TYPE)

Librarian: If there is more than one librarian at a school, please make copies and have each librarian complete this portion. Attach all sheets together with the school information before returning to School Library Services.

Name: _____

Check which applies:

Title: _____

Certified SLMS

MLS

DOE E-Mail Address: _____@schools.nyc.gov

Attending Library School

License: _____

Home Address (For Summer PD purposes only):

Home Phone #: _____ Alternate E-Mail Address: _____

School Information

Empowerment Zone: _____ Dist./School Number: _____

School address _____

City _____ Zip _____

Tel.: School: _____

Fax: _____

Library (direct line): _____

Principal:

Principal E-mail:

_____@schools.nyc.gov

School Type (Please check which applies):

Public

Parochial

Independent

Multi-school building*

*Multi-School buildings, please list all the schools you serve:

Dist./School Number: _____ School Name: _____

Dist./School Number: _____ School Name: _____

Dist./School Number: _____ School Name: _____

Dist./School Number: _____ School Name: _____

Dist./School Number: _____ School Name: _____

Dist./School Number: _____ School Name: _____

Program (Please check which applies):

Cluster? # of classes per week ____.

Partially Flexible? # of classes per week _____.

Fully Flexible?

Automation system:

Please return updated form to: NYC School Library System, 52 Chambers Street, Room 213, NY, New York 10007

Fax# (212)374-5760

Attention: Barbara A. Jackson