

SRI International

June 4, 2003

NATIONAL EARLY INTERVENTION LONGITUDINAL STUDY (NEILS)

OMB Clearance Package

SRI International Project 11247

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PAPERWORK REDUCTION ACT SUBMISSION

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<p>1. Agency/Subagency originating request:</p> <p style="text-align: center;">Office of Special Education Programs, Department of Education</p>	<p>2. OMB control number:</p> <p>a. 1820-0616 b. <input checked="" type="checkbox"/> NONE: _____ -- NEW</p>
<p>3. Type of information collection (<i>check one</i>):</p> <p>a. <input type="checkbox"/> New collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input checked="" type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p>	<p>4. Type of review requested (<i>check one</i>):</p> <p>a. <input checked="" type="checkbox"/> Regular (if streamlined also check <input type="checkbox"/> here)</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___</p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date:</p> <p>a. <input type="checkbox"/> Three years from approval date</p> <p>b. <input checked="" type="checkbox"/> Other -- Specify: 12-31-05</p>
<p>7. Title (10-15 words maximum):</p> <p style="text-align: center;">National Early Intervention Longitudinal Study (NEILS)</p>	
<p>8. Agency form number(s) (<i>if applicable</i>):</p>	
<p>8. Keywords:</p> <p style="text-align: center;">Education Of Individuals With Disabilities, Infants, Preschoolers, Kindergarteners</p>	
<p>9. Abstract:</p> <p>NEILS will provide the first national picture of the experiences and outcomes of infants/toddlers in early intervention. The study will inform special education policy development and support GPRA measurement and IDEA reauthorization with data from parents, service providers, and teachers of children who received early intervention services.</p>	
<p>11. Affected Public (<i>mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input checked="" type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms</p> <p>b. <input type="checkbox"/> Businesses or other for-profit e. <input type="checkbox"/> Federal Government</p> <p>c. <input checked="" type="checkbox"/> Not-for-profit institutions f. <input checked="" type="checkbox"/> State, local or Tribal Gov't, SEAs or LEAs</p>	<p>12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>):</p> <p>a. <input checked="" type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input type="checkbox"/> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden:</p> <p>a. Number of respondents 760</p> <p>b. Total annual responses 634</p> <p>Percentage of these responses</p> <p style="padding-left: 20px;">Collected electronically 0%</p> <p>c. Total annual hours requested 267</p> <p>d. Current OMB inventory 267*</p> <p>e. Difference (+/-) 0</p> <p>f. Explanation of difference * Hours were included in</p> <p style="padding-left: 20px;"><input checked="" type="checkbox"/> 1. Program change previous submission</p> <p style="padding-left: 20px;"><input type="checkbox"/> 2. Adjustment which will expire on 12/31/03</p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>):</p> <p>a. Total annualized capital/startup costs _____ 0</p> <p>b. Total annual costs (O&M) _____ 0</p> <p>c. Total annualized cost requested _____ 0</p> <p>d. Current OMB inventory _____ 0</p> <p>e. Difference (+/-) _____ 0</p> <p>f. Explanation of difference</p> <p style="padding-left: 20px;">1. Program change _____</p> <p style="padding-left: 20px;">2. Adjustment _____</p>
<p>15. Purpose of information collection (<i>mark primary with "P" and all others that apply with "X"</i>):</p> <p>a. <input type="checkbox"/> Application for benefits e. <input checked="" type="checkbox"/> Program planning or management</p> <p>b. <input checked="" type="checkbox"/> Program evaluation f. <input checked="" type="checkbox"/> Research</p> <p>c. <input checked="" type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>):</p> <p>a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly</p> <p>4. <input type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods: Does this information collection employ statistical methods? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>):</p> <p>Name: Scott Brown</p> <p>Phone No.: (202) 205-8117</p> <p>Fax No.: (202) 205-8105</p>
<p>19. Regulatory information (<i>information provided in this block will be used to improve the processing of the information collection</i>):</p> <p>a. Does this collection contain a proposed regulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, check item that applies: <input type="checkbox"/> NPRM <input type="checkbox"/> Final <input type="checkbox"/> Other _____</p> <p>b. List all sections that apply to this collection that have paperwork burden:</p>	

20. Certification for Paperwork Reduction Act Submissions

On behalf of this federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 320.8 (b)(3):
 - (i.) Why the information is being collected;
 - (ii.) Use of information;
 - (iii.) Burden estimate;
 - (iv.) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v.) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain

The reason in Item 18 of the Supporting Statement

Signature of Senior Official or designee	Date
--	------

For Department of Education Internal Use

I certify that the information collection being submitted to the Senior Official, or designee, encompassed by this request complies with 5 CFR 1320.9, as summarized above. *(Assistant Secretary signature required for emergency reviews.)*

Signature of Assistant Secretary or designee	Date
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OVERVIEW

This document has been prepared to support clearance of the data collection instruments to be used in the Office of Special Education Program's (OSEP's) National Early Intervention Longitudinal Study (NEILS): Characteristics, Experiences, and Outcomes of Infants, Toddlers, and Families in Early Intervention, referred to hereafter as the National Early Intervention Longitudinal Study (NEILS). This overview briefly indicates the purpose of NEILS and provides a brief summary of its design and data collection instruments.

Section A "Justification" and Section B "Collections of Information Employing Statistical Methods" respond to specific instructions in SF93. Appendices contain copies of all instruments for which clearance is sought.

Specifically, this document deals with the extension of clearance for data collection instruments that have been in use since a previous OMB clearance in 2000 (OMB No. 1820-0616). The instruments will allow additional data to be collected about the children and families previously enrolled in NEILS at the time of their children's enrollment in kindergarten.

Purposes of NEILS

In January 1996, OSEP funded SRI International (SRI), in conjunction with the Frank Porter Graham Child Development Center of the University of North Carolina at Chapel Hill, the Research Triangle Institute (RTI), and the American Institutes for Research, to conduct NEILS. NEILS is a longitudinal study of a nationally representative sample of children and families who are participating in early intervention services through Part C of the Individuals with Disabilities Education Act (IDEA). Although NEILS will provide invaluable information to audiences at many levels of the Part C service system, its primary purpose is to provide credible information regarding the Part C program nationally to support future policy development. A more in-depth understanding of the children and families being served by Part C nationally, their experiences in the program, program results for children and families, and program costs are the essential bases from which to make informed public policy.

Children participating in NEILS were born between 1995 and 1998 and thus enrolled in kindergarten over a series of years beginning in Fall 2000. As of June 2003, kindergarten data collection had been completed for 2,269 families with the NEILS Kindergarten Family Interview (KFI, described below; see also Appendixes A and B). Data collection for 908 more families is slated for fall 2003. Data have been collected for 1,468 teachers with the Kindergarten Teacher Survey (KTS, described below; see also Appendix C). Prior clearance for KFI and KTS ends December 31, 2003.

NEILS Research Questions

NEILS design is based on a conceptual framework (see Exhibit 1) that identifies three key focal areas and their interrelationships as central to the study: the characteristics of children and families served under Part C, Part C services and service delivery, and the outcomes experienced by children and families who are served. The research questions posed for the study regarding these focal areas are both descriptive and explanatory. Specifically, the following four questions are the primary focus of NEILS:

1. Who are the children and families being served by Part C?
2. What are the characteristics and costs of early intervention services that participating children and families receive and how are they delivered?

3. What outcomes do participating children and their family's experience?
4. How do outcomes relate to variations in characteristics of children, families, and service delivery?

Answering these four major questions are the objectives of NEILS. The breadth of the objectives means, of course, that many secondary questions are involved in obtaining satisfactory answers, as indicated in Exhibit 2.

NEILS Design Overview

The overview of the NEILS design is available in Hebbeler and Wagner (1998), and is briefly summarized here.

NEILS major questions have important implications for key features of the study approach, particularly the study sample. The descriptive research questions (numbers 1 through 3 above) focus on the national picture of Part C and its participants. The study was designed to support descriptions of participants and services that are nationally generalizable. Further, the questions ask for estimates of participant or service characteristics; the sample therefore needed to be sufficiently large to yield estimates with acceptable precision. The requirement that NEILS include a large, nationally representative sample drove the sampling, measurement, and analysis approaches of the study.

Briefly, the NEILS sampling approach yielded an initial nationally representative sample of 3,338 children from 3 to 5 counties in each of 20 states across the United States. Enrollment took place between September 1997 and November 1998. The sample of states is adequate to represent the key dimensions of Part C variation at the state level in regard to such factors as the number of children served, geographic dispersion and population size, eligibility definition, administrative variations (e.g., lead agency designation), and the size of the underrepresented populations served. Many of these systems variations have been described in an earlier NEILS report (Hebbeler, Spiker, Wagner, Cameto, & McKenna, 1999; www.sri.com/neils/).

Data were collected about NEILS children and families from parents or legal guardians via repeated telephone surveys, beginning when the children entered early intervention, and then annually until their 36 month birthday, at 36 months, and, finally, when they enter kindergarten. In addition to measuring child and family characteristics and outcomes, data were gathered from service providers, who regularly completed reports of the early intervention services provided to individual families, to understand associations between services and outcomes better. In addition, service providers and program directors have completed a one-time mailed questionnaire to describe themselves, their work, their agencies, and the early intervention system in their local area (NEILS Service Provider Survey and NEILS Program Director Survey). In the spring of the child's kindergarten year, the child's kindergarten teacher was sent a survey (KTS) asking about classroom performance and special services. Data collection with all of the foregoing instruments, except KFI and KTS, has been completed.

The data analysis strategy involves both descriptive statistics and multivariate analyses to examine the types of children and families in Part C, the services they receive and the ways in which those services are delivered, the outcomes achieved by children and families, and the relationships between child and family characteristics and outcomes and Part C service delivery.

Exhibit 1
Conceptual Framework for a Longitudinal Study
of the Impacts of Early Intervention Services

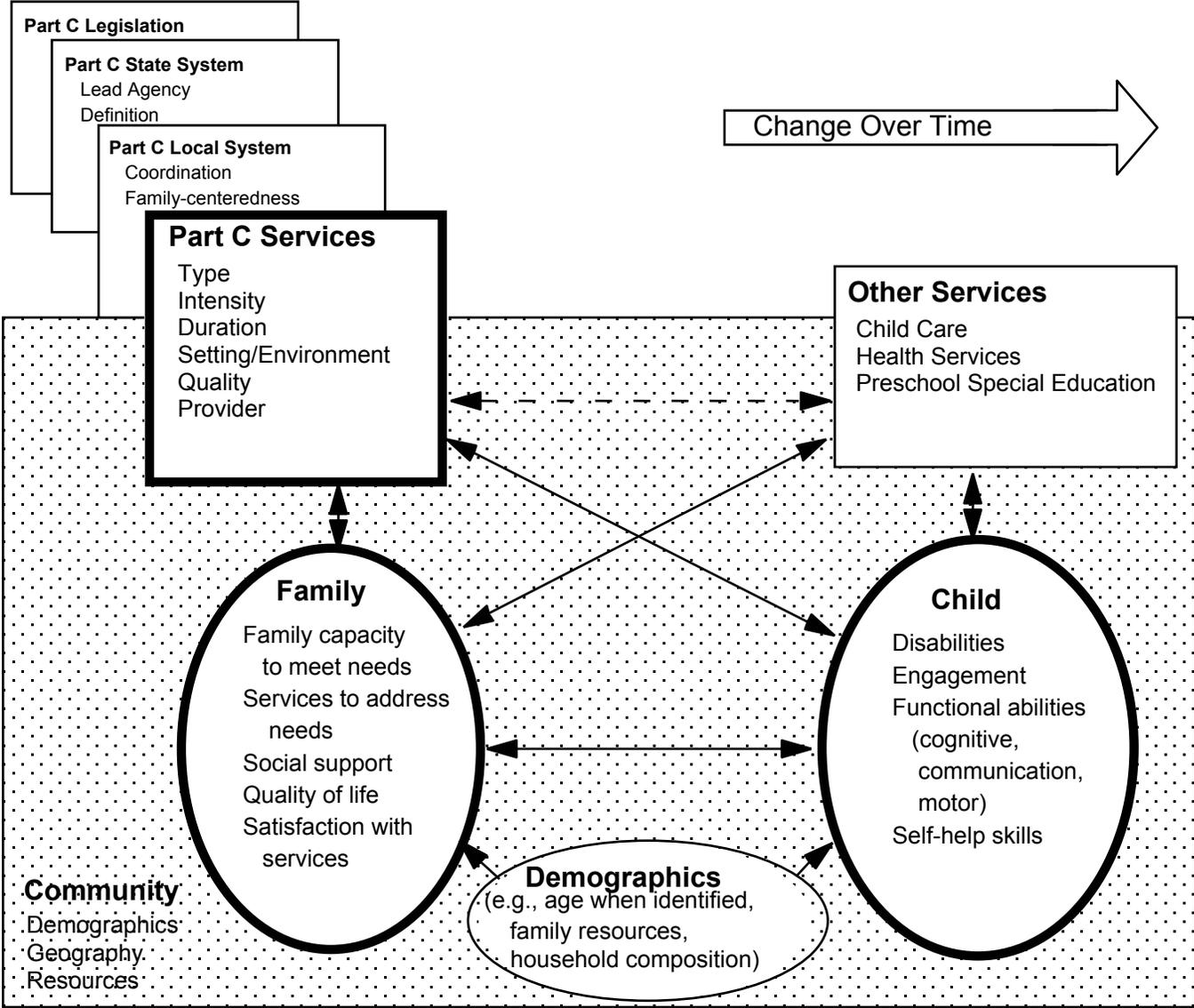


Exhibit 2
Major Objectives and Research Questions

1. Describe the characteristics of children and families served under Part C.

- What are the characteristics of children served under Part C with regard to such factors as demographic characteristics, disability and functional characteristics, and participation in other services and programs (e.g., child care, foster care)?
- What are the characteristics of families served under Part C with regard to such factors as household composition, demographic characteristics, and participation in other services and programs (e.g., Aid for Families with Dependent Children, Medicaid)?
- To what extent does the Part C population differ from one locality or state to another? For example, how does the Part C population differ in states serving children at risk, in states with different lead agencies, and in urban and rural areas?

2. Describe the services being delivered under Part C and their associated costs.

- What services are provided to children and families under Part C and at what intensity?
- What services are provided to children and families during the transition out of Part C and after they leave Part C?
- To what extent are early intervention services and service delivery at the local level consistent with Part C principles; that is, are they accessible, comprehensive, coordinated, family-centered, high-quality, multidisciplinary, culturally sensitive, and provided in natural settings?
- What are the characteristics of the providers of early intervention services in terms of discipline, training/education, workload, and demographics?
- What are the characteristics of agencies involved in delivering Part C services in terms of type, funding, staff size and characteristics, and clientele served?
- What levels of resources are being expended to deliver early intervention services?
- What factors are related to variations in service delivery (e.g., Are child characteristics related to service characteristics? Are the resources expended related to service characteristics?)
- In what ways do services and service delivery vary across the country?

Exhibit 2 (Concluded)
Major Objectives and Research Questions

3. Describe the short-term and longer term outcomes experienced by children and families who receive services through Part C.

- What are the short-term and longer term outcomes experienced by children who participate in Part C? What developmental milestones are they able to achieve over time in the physical, social, communication, self-help, and cognitive domains? How engaged do they become in their environments? Do they make progress toward the outcomes set for them? How do families perceive children's quality of life, prospects for the future, and the benefits they derive from early intervention?
- What are the short-term and longer term outcomes experienced by families who participate in Part C? To what extent do they feel they can care for their children, help them learn and develop, and advocate for their needs? To what extent do families believe they and their children benefit from early intervention? How do families perceive the level of support they have, their quality of life, and their prospects for the future? Do families make progress toward the family outcomes they set?
- How many children are found no longer to need Part C services before 3 years of age? How many children require no additional services after leaving Part C? Which children continue to receive special services after leaving Part C, and what services do they receive? How many children receive special education services on entering school?

4. Examine the relationships between Part C implementation, services received, costs of services, short- and long-term outcomes, and the characteristics of and patterns of change experienced by children and families.

- Which children and families experience the most positive outcomes? Which children and families experience the greatest changes over time? Do families with particular characteristics or children with particular disabilities experience different kinds or levels of outcomes or patterns of changes over time?
- Are the outcomes experienced by children and families who participate in Part C related to aspects of the services received (e.g., type, intensity, setting, resources expended) or to other factors? For example, do children with similar disabilities who receive more service experience better outcomes? Among children with similar disabilities, do those identified earlier make greater gains than those identified later? Is some minimal level of investment needed to produce short- and long-term outcomes?
- To what extent are the outcomes experienced by children and families related to the extent and nature of Part C implementation in a locality? Do children and families who receive services in areas where Part C is more fully implemented experience more positive outcomes?

Data Collection Summary

Exhibit 3 summarizes the data collection instruments for the continuation of NEILS. The two instruments, the KFI and the KTS, provide critical information about the characteristics and outcomes for the former early intervention participants at age 5. Families have been and will be contacted for a telephone interview in the fall of the year their child becomes eligible for kindergarten. Kindergarten eligibility is determined by the child's birthday and varies from state to state and even within a state on the basis of state and local regulations. SRI has compiled these guidelines and uses them to determine the year in which sample families will be contacted. NEILS children span four birth years.

Exhibit 3
Summary of NEILS Data Collection Instruments: Children, Families, Services

Instrument	Respondent(s)	Timing of Completion	Type of Survey
KFI (telephone)	Parent/guardian or other adult household member best able to discuss the child and his/her family and current and preschool services	During the fall of the child's kindergarten-eligible year (usually around age 5), repeated the following year if the child did not start kindergarten.	Continuation of earlier approved phone interview
KTS (mail)	The child's kindergarten teacher.	During the spring of the child's kindergarten enrollment year (usually around age 5.5)	Continuation of earlier approved mail survey form

If the child did not start kindergarten in the kindergarten-eligible year (which will be discovered during the interview), the interview is completed because the family has already been located and because the interview will provide outcome data for the child at this point in time. These families are contacted again a year later when presumably their child will be in kindergarten. In this way, the study has developmental outcome data for all children at roughly the same point relative to the child's age (their kindergarten-eligible year), as well as to the start of school (the year the child actually begins kindergarten). Both types of these data will be extremely important to understanding the issue of school readiness and the status of early intervention graduates at school entry.

The interview with families in the initial kindergarten-eligible year will include questions about the child's preschool experiences between the time the child left early intervention and the time of the interview. Questions about the intervening years are not repeated for families who are contacted again a year later. During the interview, families whose child has entered kindergarten are asked the name of their child's teacher, and this information is used to mail a survey to that teacher the following spring. If the family is unable to participate in a telephone interview, the family is sent a much abbreviated mail version of the interview (KFI—Mail Version).

Exhibit 4 presents a matrix showing the relationship between the research questions in Exhibit 2 and the instrument items for the data collection instruments.

Exhibit 4
NEILS Research Question Matrix: Child, Family, Services Data

Major Objectives, Research Questions, and Item Descriptions	Instrument/Item	
	KFI	KTS
* Describe characteristics of Part C participants		
• What are demographics of Part C children?		
Child's gender	AV3	
Child's age	AV5	
• What are the child's abilities/disabilities		
Hospitalizations	B48a	
General health	B38	A20
Medical care, devices, medications	B15, B39-B47	B6-7, B8f
Dental care	B48b	
Diagnosed conditions/developmental delays	B37	B5
Hearing ability/functioning	B1	A25a
Visual ability/functioning	B2	A25b
Communication ability/functioning	B3, B4	
Accommodations for disability	B15, B1e-f, B2e-f	B10-A34
• Does the child participate in other programs?		
Preschool/child care	E1-E8, E10-E16, E18-E24, E26, E30-E33	AP6, AP11-19, AP22, AP25-35
Head Start	AP7, AP23	
Programs including children with special needs	AP8, AP20, AP24, AP24, AP36, E9, E17, E25	
Finding childcare difficult because of special needs	E27-E29	
Medical insurance/regular source of care	B41-B45	
Problems with insurance due to special needs	B46-B47	
Playgroups, other recreation	E35-E37	
• What are the family demographics and household composition?		
Mother's/spouse's respondent's age	F1d	
Marital status	F2, F9	
Household employment, school, job training	F4-7, F10-14	
Parental education	F8, F11, F14, F17, F19	
Household income, SES, welfare	F20-27	

Exhibit 4 (Continued)
NEILS Research Question Matrix: Child, Family, Services Data

Major Objectives, Research Questions, and Item Descriptions	Instrument/Item	
	KFI	KTS
<ul style="list-style-type: none"> • What are the family demographics and household composition? (Continued) 		
Household composition (number of children, adults)	F1	
Other children/adults with special needs	F3	
* Describe Part C services/delivery, post-Part C preschool services/delivery, and kindergarten services/delivery		
<ul style="list-style-type: none"> • What services are provided to children/families? 		
Types of services provided	C10-C11, CP5, CP9-CP11	B8-B10
IEP	C1-2, C12, CP1-CP4	B4, A27-28, A33
504 plan	C3	B4
Characteristics of the kindergarten program	AK1-AK5	A10, A6, A5
Types of kindergarten subject matter		A8
Types of kindergarten personnel		A32-A33, A1-3, A9, B1-3
Characteristics of kindergarten peers		A9
Date when child started kindergarten	A1, AP1, AK6	
Reason why child is not in kindergarten	AP1-3	
Appropriateness of child's kindergarten placement		A21
Special accommodations for kindergarten		A34, A10
Kindergarten absences		A20
Receipt of special education or therapy services	C4-C5	A7, A9
Location of services	C6-C9	
<ul style="list-style-type: none"> • What is the service intensity and duration? 		
Minutes of service per week/month		A6, A7
Degree of family satisfaction with the amount of services	C18	
Time when special services were received after EI	CP6-CP8	
<ul style="list-style-type: none"> • What transition services are provided? 		
Preparation for entering kindergarten	AK7-10	
Transition services to kindergarten		A11-12, A29-32
<ul style="list-style-type: none"> • Are services accessible? 		

Exhibit 4 (Continued)
NEILS Research Question Matrix: Child, Family, Services Data

Major Objectives, Research Questions, and Item Descriptions	Instrument/Item	
	KFI	KTS
• Are services comprehensive?		
Family view of services that child needs, but is not receiving	C20, C21, CP14, CP15	
Family payments, if any, for services	CP16	
Family view of individualization of services	AK13f, C16	
• Are services family-centered?		
Family input, if any, into decisions	C13, C14, C17c	
Family view of meetings with professionals	AK12	
Family view of quality of family help/information	AK15d	
• Are services high quality?		
Family's rating of service quality	D1, AK13c, AK13e, AK15a-c, C19, CP12	
Family's view of the effect of family help/information	D2	
Family's view of the effect on child's development	D3, C17d, CP13	
Family's view of child's progress	AK13a-b, C15	
Family's view of teachers' respect for students	AK13d	
Family's view of the social environment of the school	AK14	
• Are services culturally sensitive?		
Family's view of whether or not culture/values are respected	C17b	
* Describe child and family outcomes		
• What are child outcomes?		
Type of disability/special needs		B5
Communication ability/functioning	B3, B4a-d, B59-64	A25h-i
Motor ability/functioning	B13-15, B49-53	A25c-f
Social/emotional development	B5-12, B67, B68, AK11	A18-19, A22, A25k-i
Cognitive development/academic skills	B69-B75	A17, A23-24, A25j
Self-help skills/independence	B54-58	
Engagement with environment	B16-36	A18, A22r, s, x
Participation in daily routines	D5-9	A22
Ease of participating in routine life activities	B31a-b, B35	A22
Perception of child's current quality of life	D11	
Perceived prospects for child's future	D12-13	
Expected school completion for child	D14	

Exhibit 4 (Concluded)
NEILS Research Question Matrix: Child, Family, Services Data

Major Objectives, Research Questions, and Item Descriptions	Instrument/Item	
	KFI	KTS
• What are family outcomes?		
Family feels it can care for child's basic needs	D4a	
Family feels it can help child learn and develop	D4b, D4d	
Family feels it can advocate for child's needs		
Family has good feelings about professionals	C17a	
Family is able to work and play together	D4h	
Family knows what to do about service concerns	D4e	
Family is better off having EI / family support	D2	
Family has adequate support	D4c, D4g	
Family is involved in the community	D4f	
Family's perception about its current situation	D10	
Family's perceptions of its prospects for the future	D12	
Family involvement with kindergarten		A13-16
* Study tracking/administration		
• Family contact information		
Third-party contact for tracking families	F28-31	
• Teacher contact information	AK16-AK23	

A. Justification

1. Circumstances Requiring Collection of Information

The National Early Intervention Longitudinal Study (NEILS) is being conducted under a cooperative agreement between SRI and the Office of Special Education Programs (OSEP), U.S. Department of Education (H329E010001). The earlier justification for the data collection efforts has not changed. In this submission, we request continuation for ongoing data collection using the previously approved NEILS Kindergarten Family Interview (KFI) and NEILS Kindergarten Teacher Survey (KTS) (see Appendixes A and C). Thus, we are requesting an extension to continue the data collection previously approved under OMB No. 1820-0616.

Overview of Part C of Individuals with Disabilities Education Act (IDEA)

The past several decades have seen unprecedented legislative and societal initiatives on behalf of individuals with disabilities. The Americans with Disabilities Act (ADA) has defined broad principles of equality of opportunity, economic self-sufficiency, full participation, and independence to ensure the full citizenship of children and adults with disabilities. Public Law (P.L.) 94-142, in a similar manner reaffirmed society's commitment that all students with disabilities have the right to a free and appropriate public education. A particularly ambitious legislative initiative was embodied in the Infants and Toddlers with Disabilities Program (Part C) of P.L. 99-457, which articulated an agenda that would provide early intervention and family support services to prevent or reduce the potential impact of disabilities for infants and young children and their families. With the passage of Part C, Congress established a new standard for the provision of early intervention services. Has this standard been adopted nationally? Have infants and toddlers with disabilities and their families experienced the expected benefits?

The Vision of Part C

Part C of IDEA (formerly Part H of the Education of the Handicapped Act) provides federal funds to assist states in planning and implementing a system of early intervention services. The four purposes of this federal program are:

- (1) To develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency early intervention program.
- (2) To facilitate the coordination of payment for these services from federal, state, local, and private sources.
- (3) To expand and enhance the quality of early intervention services.
- (4) To identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner city, and rural populations.

Part C is a unique federal program in many ways. The program's primary intent is to fund the coordination of federal, state, and local programs serving infants and toddlers, rather than to provide actual services. The law allows states some discretion in whom they define as the eligible Part C population. In addition, this law has a strong family orientation that encompasses the resources, priorities, and concerns of the families of eligible children as they relate to the needs of the child.

The emphasis on interagency coordination and coordinated services in Part C emerged because early intervention services sometimes required families to deal with multiple intake

procedures at a variety of different agencies, possibly resulting in an incomplete or an overlapping or duplicated service package. In response, Part C provides funds to build a system of interagency, coordinated services at both the state and local levels. States are required to name a lead agency to be responsible for Part C implementation and appoint an Interagency Coordinating Council (ICC) to advise the lead agency. Local service providers are required to provide service coordination for families receiving early intervention.

Part C stipulates the general boundaries for eligibility for early intervention services, but leaves the specific features of the eligibility definition to the states. Part C defines “infants and toddlers with disabilities” as individuals between the ages of birth and 2, inclusive, who need early intervention because they are experiencing developmental delays in one or more developmental areas, or who have a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. Each state, however, is to develop its own definition of developmental delay. The law also gives states the option of including children who were at risk of having substantial developmental delay if early intervention services were not provided in their Part C eligible population.

One of the most far-reaching and challenging aspects of Part C is its strong philosophical commitment to a family focus in all aspects of implementation. Although issues of parent involvement and “empowerment” have been a central feature of the early intervention field since its beginnings, the family focus of Part C is much broader. It involves concepts of partnerships and true collaboration between families and early intervention professionals. The language of P.L. 99-457 reflects the belief that family functioning and child development are inextricably intertwined, and parent support must be a prominent component of early intervention.

Information Needs Regarding Implementation of Part C

A critical issue for policy-makers regarding all programs, including Part C, is whether a program achieves its intended effect. As indicated by the discussion above, Part C is intended to bring about changes in several different aspects of early intervention service delivery. First, Part C is intended to create change at the **state level**, including state policies and the infrastructure for administering early intervention. Some of the state-level requirements of Part C include the designation of a lead agency, the formation of an ICC to advise the lead agency, and the development of personnel standards. Second, Part C is designed to bring about change in the **local service delivery system**. Local services are to be coordinated among agencies. Procedures for identifying potentially eligible children (“child find”), as well as procedures for making the general public and referral sources aware of the availability of early intervention services, are to be established. Local systems are to reach out to historically underrepresented groups. Third, Part C is intended to improve the quality of **services provided to children and families**. For example, services are to be provided in accordance with an individualized family service plan (IFSP). They are to be family-focused and provided in the natural environment. Fourth, Part C is designed to have positive impacts on **young children and their families**. Services are to be provided that will prevent or reduce the potential impact of disabilities in infants and young children, and to improve the family’s capacity to meet the needs of their child.

What is known about how Part C is being implemented and its intended beneficiaries across the nation? Data from the U.S. Department of Education show a steady increase in the number of infants and toddlers being served under Part C—rising from an estimated 128,000 in 1988 to almost 2000,000 in 1997 (U.S. Department of Education, 1990 and 1998). Although the data are informative in that they show a steady increase in the number of children being served, they raise several questions about the recipients of early intervention services. Some states are serving more than 5% of their birth-to-age 3 population in early intervention, whereas others are

serving 1%. Although some states have opted to include the at-risk population in their eligible population, the states serving at-risk children are not consistently those with the highest percentage served. Does the occurrence of disability vary significantly from state to state, or are states serving different populations of children in Part C?

Given the latitude Part C allows, substantial and potentially important variation would be expected in its implementation at the state and local levels. Research indicates a great deal of variability among states in terms of their implementation of P.L. 99-457 (Gallagher, Harbin, Eckland, & Clifford, 1994; Garwood & Sheehan, 1989). Some of the potentially significant ways in which states and localities differ include:

- The wide diversity of family circumstances, resources, priorities, and plans for their children.
- The diverse backgrounds, traditions, and approaches of the variety of professions that are involved in providing early intervention services.
- The history of early intervention service provisions, including which agencies and how many agencies have provided services to this population.
- The different levels and stages of agency readiness, willingness, and financial capacity to implement the Part C program.

What is not known, however, is how these variations may be related to the type and quantity of services provided, the quality of service delivery, and the outcomes experienced by children and families.

Little is known nationally about the participants in, and services of, Part C. The number of children served continues to grow. States vary considerably in the percentage of the population they serve through Part C and in the age distribution of those served. States also vary in their implementation of Part C, although far more information is needed to understand what that variation means for children and families participating in the program.

Information Needs Regarding Outcomes for Part C Children and Families

Much also remains to be learned about outcomes experienced by children and families involved with Part C. The critical premise underlying early intervention is that, by providing services to children and their families early in the child's life, the consequences for the child and the family of the disability will be lessened or that a disability might even be prevented from developing. Although some studies of early intervention services are available (e.g., Shonkoff, Hauser-Cram, Krauss, & Upshur, 1992; White & Boyce, 1993), none of them has examined a wide range of child outcomes or devoted significant attention to the important issue of family outcomes. Further, samples used were generally small and not representative of children and families in Part C nationally. Finally, although available studies focus on early intervention services, they do not encompass the natural variations in early intervention service delivery that are the hallmark of the system nationally.

In summary, information is needed about who is participating in the program, the services they are receiving, where those services are being provided and by whom, and what outcomes children and families are experiencing. These questions have been answered for early intervention in controlled research settings, in specific states, or for small samples, but they have not been answered for the Part C program as it is being implemented across the country.

Policymakers need this kind of national information on the Part C program to understand how the program is being implemented and how it can be improved. OSEP funded NEILS to address the need for information on this important program.

A Rationale for a Longitudinal Study of Part C

Although early intervention services are designed to increase a family's current quality of life, they are also an investment in the future. Not only are these services intended to improve life for the child and family while the child is an infant or toddler, but also in later years. The additional data collection when the NEILS children are eligible for kindergarten enrollment can begin to address this longitudinal question. Some of the positive outcomes associated with early intervention may not be apparent in the first year or two of life, whereas longer follow-up may reveal such outcomes. Given the highly canalized nature of infant development (see Sameroff, 1992, in his commentary on Shonkoff et al., 1992) and data from earlier studies of Head Start and model preschool programs (Zigler & Valentine, 1979), our knowledge to date underscores the need for longitudinal studies and for tracking the long-term benefits of early intervention programs.

Additionally, from a policy perspective, a critical gap exists in national data documenting the natural history of children and families as they experience Part C and as they transition out of Part C services at age 3. Important policy concerns have been raised about potential discontinuities between the Part C program and Part B preschool programs and later special education programs. Some areas of the country are building "seamless systems" to smooth or even eliminate the transition from Part C to Part B services. Other areas are operating two systems, between which families may or may not transition smoothly.

Important policy questions also exist about children who are dismissed from early intervention services before turning 3 (a basic question is: how many of these children are there?) and about children who complete early intervention but who do not qualify for Part B services. What happens to children who no longer receive service or receive a different type of service, such as a community preschool or a Head Start program? Has disability in these children been prevented, or will they again require special education services in elementary school? Good longitudinal data have been collected on the long-term outcomes experienced by children in early intervention; however, these data almost always come from studies of children who attend university-based or highly funded demonstration projects. What happens when a policy of universal access to early intervention is implemented nationally? What are the long-term outcomes experienced by children and families, given the expected variations in program implementation?

2. How, by Whom, and for What Purpose Information Is to be Used

OSEP will use the information to direct policy related to the Part C program, including responding to Congressional questions that arise in the context of legislative reauthorization of the program. In addition, a variety of other audiences at the state and local levels will use the information for program improvement. Specifically, the following types of individuals are likely to benefit from collection of the information:

- Federal policymakers, who make decisions regarding Part C directly and regarding the critical interfaces between Part C and other federally funded services and systems that affect children and families (e.g., Medicaid, child care, welfare reform).

- State policymakers, who make decisions regarding state implementation issues for Part C and funding levels for the states' contributions.
- Local program coordinators and service providers, who are responsible for implementation of services and for service coordination at the local level, where they most affect children and families.
- Parents of infants and toddlers with disabilities, who can use information about Part C services and outcomes to increase their capacity to advocate effectively for their children.
- Higher education faculty, who conduct preservice training of early intervention personnel, who can use information about service provider characteristics and service delivery principles that facilitate positive outcomes for children and families to improve the capabilities of future practitioners.

3. Use of Information Technology to Reduce Burden

The most significant data collection instrument, in terms of respondent burden, is the KFI. We have already been conducting the KFI using computer-assisted telephone interviewing (CATI) technology, and will continue to do so. This technology reduces burden on respondents in a number of ways. First, through the use of a computerized skip logic imbedded in the questionnaire presented in Appendix A, respondents are asked only those questions that are appropriate for them, given their prior responses. Second, the CATI system greatly speeds the transitions in the interview, which results in a substantially smaller time burden for the respondents.

4. Avoidance of Duplication

Outside of NEILS, no national data currently exist on the characteristics or outcomes of children and families enrolled in Part C or the services they receive and their costs. The only national data available are state-reported counts of the number of children served at a point in time each year, described by their age. No data collection instruments for NEILS duplicate existing data that describe Part C or its participants nationally. Although some states and local programs have conducted data collection on samples of their own programs or participants, state data are too diverse in content and quality to be comparable and are an inappropriate base from which to extrapolate to the nation as a whole.

5. Methods to Minimize Burden on Small Entities

Some private school teachers being asked to complete the KTS may be employees of community-based organizations or other agencies that constitute small businesses. However, the collection will impose minimal burden on these respondents and entail no adverse business or financial effects. The main ways in which burden will be reduced for small organizations are through:

- Asking only about those items that are essential for addressing the research questions designed for the study.
- Developing skip patterns in the questionnaires so that the respondents can address the relevant questions more efficiently.

For all respondents, efforts to reduce burden include the use of electronic and other information technologies.

6. Consequences of Not Collecting Information

In the absence of the data from NEILS, federal policy regarding early intervention services will continue to be made without a solid base of information on such fundamental questions as whom the program services, how the program is implemented across the country, and the outcomes of the program in terms of benefits to children and families. Without NEILS data, questions raised in the context of recent federal reauthorization for which data were unavailable will continue to be raised, again without satisfactory responses.

Regarding the timing of information collection, the extensive study design process determined an optimal frequency for data collection. The additional data collection from the family and teacher at the time of the child's kindergarten-eligible year is a one-time effort needed to provide the longer term outcome data about children and families who have participated in early intervention when the children were infants and toddlers.

7. Special Circumstances

The proposed data collection is consistent with 5CFR 1320.6 and therefore involves no special circumstances.

8. Consultation Outside the Agency

The study design process has involved extensive pilot testing of draft instruments, including the following activities:

- One focus group involving three parents of kindergarten-age children with disabilities to review the content, wording, and sequence of items on draft versions of the KFI. No data were collected in these discussions.
- Nine telephone administrations of draft versions of the KFI to estimate minutes of burden to complete the interview and comprehension of wording of items.
- Earlier drafts of the KTS were given to seven kindergarten teachers for review and feedback.

Many of the items in both the KFI and the KTS were taken from other survey instruments to provide (1) for the use of high-quality previously tested items, and (2) for comparability with other major data bases. The sources for items were: (1) the previous NEILS Family interview to allow for comparisons across time; (2) the Early Childhood Longitudinal Study-Kindergarten Cohort to allow comparisons with the general population of kindergarten children and their families, and (3) the Special Education Elementary Longitudinal Study to allow for comparisons to a slightly older population receiving special education services.

9. Payment or Gifts

Parents and teachers who complete interviews or surveys will not be reimbursed. Parents will be sent a letter and inexpensive children's books before the interview to inform them that they will be contacted shortly and to encourage their participation.

10. Assurances of Confidentiality

All data collected as part of this study will remain confidential. No names or program affiliations of respondents will be released or linked to responses in publicly released data or in reporting of analysis results.

A series of steps will guarantee confidentiality:

- In public reports, findings will be presented in aggregate by type of respondents (e.g., parents' perceptions of service delivery) or for subgroups of interest (e.g., functional abilities of children enrolling in Part C in the first year of life).
- No reports will identify individual respondents, local programs, or local areas. State-specific data tables, if generated, will report all data for the state, without breakdowns into more discrete units.
- Respondent name, address, and telephone number will not be entered into the analysis data file. A unique identification number will be used for building raw data and analysis files.
- Access to the data files will be limited to authorized study staff only; no others will be authorized such access.
- All members of the study team will be briefed regarding the confidentiality of the data. Each person involved in the study on all participating research teams will be required to sign a written statement attesting to his/her understanding of the significance of the confidentiality requirement.
- A control system has been in place beginning at family enrollment to the study to monitor the status and whereabouts of all data collection instruments during transfer, processing, coding, and data entry.

All data will be stored in secure areas accessible only to authorized staff members. Computer-generated output containing identifiable information will be maintained under the same conditions.

11. Justification of Sensitive Questions

The data collection surveys include no questions of a sensitive nature. Families will be asked to respond concerning their experiences with transition services and with childcare, their demographic characteristics, and the abilities of their young children with disabilities. Kindergarten teachers will be asked to report on specific services received by sample families, their program, and their demographic characteristics. Before the interviews take place, all families will have given written informed consent for participation and for kindergarten teachers to provide information to the study about their services. The NEILS consent form is included for an extension of clearance because custody of some children has changed (see Appendix D).

Families will be informed that they can decline to answer any item they choose during the telephone interview.

12. Estimates of Burden

Exhibit 5 provides estimates of respondent burden for data collection for the NEILS kindergarten-age data collection with families and teachers (see Appendixes A, B, and C). The total burden for the NEILS data collection is estimated to be 317 hours.

Surveys are one-time-only, although the KFI will be repeated the next year if the child did not start kindergarten. The surveys entail no capital costs or equipment purchases.

Exhibit 5
Respondent Burden: Child, Family, Services Data Collection

Instrument	Respondent	Timing	Number of Respondents	Estimated Response Rate	Time (min.)	Total Hrs.
KFI (Appendix A)	Parent/guardian	In the fall of the year that the child becomes kindergarten eligible. Repeated the following year if the child does not begin kindergarten on schedule.	153 ¹	70%	45	115
KTS (Appendix C)	Kindergarten teacher of the child in the sample	Spring of the child's kindergarten year	607	70%	20	202

13. Estimated Annual Cost Burden to Respondents

Respondent costs result from the investment of time in completing forms (i.e., teachers completing the kindergarten survey, and families responding to telephone interviews). Estimates of response time for each data collection instrument are presented in Exhibit 5 in response to item 12 above.

14. Estimated Annual Cost Burden to Federal Government

Data collection will entail no direct cost to the government. However, the annual estimated government funding for the recipient of the cooperative agreement that supports data collection (SRI) and its subgrantees will amount to approximately \$799,825 from January 2004 (estimated continuation of data collection) through December 2005. These costs include all aspects of the continuation of data collection, data cleaning, coding, and processing; descriptive, explanatory,

¹ This number assumes a 5% attrition rate with each calendar year, although the actual attrition for NEILS has been far less. Of the original 3338 children enrolled, as of May 2003, 74 children had died, 46 families were lost to the study, and 58 families had withdrawn. The number also assumes that, because 14% of the children in any given year who are kindergarten-age eligible will not start kindergarten that year, their families will be interviewed the subsequent year as well.

and longitudinal analyses; writing of multiple reports through the life of the project; and general project management and coordination with the government project officer.

15. Program Changes in Burden/Cost Estimates

This is a continuation request to complete the original data collection approved earlier in OMB No. 1820-0616; it includes the data collection referred to in that submission to gather follow-up data about NEILS families and their children as they enter kindergarten at or around age 5 years to address questions about the longer term outcomes for children and families who participated in Part C early intervention services.

16. Plans/Schedules for Tabulation and Publication

Exhibit 6 indicates the NEILS study schedule, including reporting plans. NEILS will involve longitudinal data on a variety of attributes of children, families, services, and programs. Proper analysis must both describe these areas of study and explore the relationships among them. It follows that the analysis strategy must be flexible in employing multiple methods to address the research questions. Two principles underlie the NEILS analysis philosophy. First, although the design process has identified the most important analysis issues and the most appropriate methods available to address them, data analysis is an iterative process; early analyses often suggest new questions or different ways of looking at subsequent ones. Analysts will capitalize on what is learned as the study develops. Second, the multifaceted, longitudinal data will permit a search for patterns in the data across multiple analysis strategies, rather than relying on a single analysis. This approach will strengthen confidence in the validity and generalizability of the findings and will allow examination of issues from different viewpoints. In this way, a more complete picture of the variation in Part C nationally and outcomes for children and families will emerge. The following section describes the types of analyses that are appropriate for different research questions.

Exhibit 6
NEILS Schedule for Data Collection and Analysis
(Beginning in 2004, Year 9 of NEILS)

DATE	ACTIVITY
Year 9—2004	
4/04-6/04	Collect data with KTS from kindergarten teachers for children who entered kindergarten in fall 2003
10/04-12/04	Collect data with KFI with families of children who are kindergarten-eligible in fall 2004
Year 10—2005	
4/05-8/05	Collect data with KTS from kindergarten teachers for children who entered kindergarten in fall 2004; Analyze data from the KFI
6/05-9/05	Analyze data from the KTS
9/05	Submit to OSEP the report on child outcomes based on KFI
12/05	Submit to OSEP the final report on classroom behaviors and services reported by kindergarten teachers, based on the KTS

Analytic Techniques

Descriptive Analyses. NEILS focuses on several important descriptive research questions, including: who is served under Part C, what services are provided to children and families, what are the key state and community variations in early intervention within Part C, and how do these variations affect the well-being of families and the functioning of children. The first step in any analysis task, particularly in one of this size, is to provide complete descriptions of the factors being measured. For example, an early task will be to describe children’s functional abilities as assessed by developmental milestones they attain and by child engagement variables. Doing so will involve describing the proportions of children in the sample who have limitations in the domains of behavior, communication, personal care, dexterity, locomotion, particular skills, etc. In addition, descriptions will identify the proportion of children who fall into descriptive categories (e.g., etiology; Part C eligibility categories) that are central to the purpose of the study.

Some of the descriptive tasks in the study require the analysis of categorical data, such as disability status, gender, ethnicity, and service-type variables. Descriptive analyses for such variables will involve frequencies and percentages, with accompanying standard errors, to estimate the confidence intervals around the estimates. Other variables, such as those derived from composite indices of child development, family functioning, or hours of service, approximate continuous variables. In these instances, conventional summary statistics will be calculated, such as the measures of central tendency, standard deviation, skewness, and kurtosis. These summary statistics will be employed in conjunction with graphical displays for continuous variables (see the description of exploratory data analysis below).

These kinds of descriptive data analysis are important precursors to multivariate analyses. Those analyses may indicate variables that have particularly strong effects on the types or amount of services delivered or on children’s functioning. These characteristics can be included in subsequent analyses.

Exploratory Data Analyses. It is a common error in social science research to go directly to measures of central tendency and to employ correlational methods during the first phases of analysis. Although these approaches provide for quick summaries of a dataset and the

relationships it contains, the considerable information contained in the raw data may go unnoticed, such as the relative shape and spread of distributions, as well as the influence of outlying data points. Over the past decades, prominent statisticians have argued for the use of statistical techniques for graphically examining patterns in datasets (Cohen, 1990; Tukey, 1972). Collectively, these techniques are referred to as exploratory data analysis (EDA). NEILS will have a number of data elements that are well suited to EDA. Children's performance in various developmental areas and distributional differences in the levels of support in the home or type/amount of services received are examples of data that lend themselves well to graphical analysis.

Several graphical displays will be used. The distributions of all the continuous variables included in the study, as well as levels of nominal predictor variables (e.g., ethnic group membership), will be represented through histograms and boxplots, in conjunction with conventional summary statistics such as means and standard deviations. Histograms will be produced for the assessment of the normality in the outcome and predictor variables, as well as the regression residuals. Stem and leaf plots and boxplots describe data in terms of location, spread, skewness, tail length, and outlying data points (McGill, Tukey, & Larson, 1972; Tukey, 1972). Another advantage of EDA is that it can stimulate further questions about the data. If, for example, the distribution of the amount of a service received is particularly skewed for children from different socioeconomic backgrounds, further exploration of why this is so may be warranted.

Three other types of graphical plots will be employed. Scatterplots will be produced to assess bivariate relationships between an outcome and predictor variables and among the predictor variables. Normal probability plots will be used to assess the normality of residuals, and thereby the tenability of assumptions for multivariate analyses. And, when appropriate, we will make use of line graphs to describe and compare children's growth curves in key developmental domains.

Comparative Analyses. In the face of the diversity in the implementation of Part C across states and communities, it will be revealing to compare the effects of differences in implementation factors on child and family experiences. Do children and families receive more services in communities with certain characteristics (e.g., income levels)? Do some children with certain disabilities tend to receive higher quality services than others? These questions are comparative in nature. A set of common statistical tests appropriate for different kinds of data will be used in considering these questions. These techniques are most useful in analyzing data at a single point in time.

- **Categorical data.** For the cross-tabular analysis of categorical data, chi-square goodness-of-fit tests will be used to establish whether the observed patterns differ from what would be expected by chance, given the marginal distributions. Many of the measurement instruments may produce categorical data. For example, one might be interested in the relationship between ratings of parents' perception of support (e.g. measured on a 4-point scale from "excellent" to "poor") and children's engagement attributes, such as persistence (e.g. measured on a 4-point scale from "typical" to "not at all typical"). The significance of chi-square would suggest whether the relationship between the two constructs is nonrandom or not.
- **Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA).** For instances involving the combination of categorical variables and continuous dependent variables, t-tests for two-group analyses and analysis of variance and covariance for

multiple group and factorial questions will be used. For example, the effects on family functioning (e.g., as measured by a composite index of survey item responses) of the timing of early intervention (e.g., younger age at referral vs. older age at referral) and ethnic background of the family may be of interest. Such an analysis would yield statistical results for the model as a whole, the main effects for timing and ethnic background, and interactions between timing and ethnic background.

Recent thinking regarding the requirement of a significant omnibus F test suggests that is not necessary and decreases power (Tomarken & Serlin, 1986). Therefore, analysis will proceed directly to multiple comparisons using Tukey's Honestly Significant Difference measure (Jacard, Becker, & Wood, 1984) Further, because these are not experimental data, we will have no control over the number of subjects in particular cells. It is thus likely that the underlying assumptions of equal n's and variances will be violated. If that is the case, we will use the adjusted harmonic mean approach recommended by Games and Howell (described in Dunnet, 1980).

- **Correlational analyses.** A number of the research questions consider the relationship between two continuous or ordinal variables (e.g., the relationship between child functioning and family functioning in various domains or the number of services provided and level of supports available in the home). For cases involving two or more continuous or ordinal measures, Pearson correlation coefficients will be computed and, for ordinal data, Spearman's rank correlation coefficient will be computed. Both measures result in coefficients ranging from -1 to +1 to indicate the strength and direction of the relationship. Although significance tests are routinely calculated to determine whether the relationship in question differs from zero, in our analyses we will look for patterns of correlations in terms of magnitude and direction as our guides in interpretation.
- **Hierarchical linear models.** Multivariate analyses that examine the effects of service variables, system variables, and family characteristics on child and family outcomes will be one focus of the analyses. As is clear in the conceptual framework, many such models can be estimated for different research questions. However, two underlying themes will be addressed from a modeling perspective. First, Part C focuses on child growth and development in multiple domains. Second, variation in child development is likely to be mediated by other factors, such as different implementations of Part C, and state, community, and family characteristics. Conceptually, these are multilevel processes.
A fairly recently developed technique known as hierarchical linear modeling allows for the correct specification and estimation of multilevel models of a dynamic process such as child development. Furthermore, this approach is increasingly applied by early intervention researchers and has been used successfully to examine a variety of factors related to child development (Bailey, Burchinal, & McWilliam, 1993; Burchinal, Bailey, & Synder, 1994).

17. Expiration Date Omission Approval

Not applicable. The OMB expiration date will be displayed on all printed instruments.

18. Exceptions

No exceptions are taken.

B. Collection of Information Employing Statistical Methods

1. The NEILS Sampling Plan

To reduce the burden and cost of data collection, NEILS selected a nationally representative sample of 3338 Part C participants, rather than attempt data collection on the universe of participants.

NEILS major research questions have had important implications for the sampling approach:

- All questions focus on the national picture of Part C. The sample must support descriptions of participants and services nationally. Geographic dispersion is critical if the sample is to be credible and to be generalizable to Part C participants and services nationally.
- All questions ask for estimates of participant or service characteristics. The sample must be sufficiently large to yield estimates with acceptable precision.
- A focus on Part C services raises important issues about the variability from state to state in service organization, eligibility definitions, and other factors. To describe services nationally, the sample has had to capture key elements of service variability among states. Thus, the sample design had to specify criteria for selecting states as one stage in the sampling approach.
- A focus on characteristics and outcomes of children implied, of course, that individual children and their families are the ultimate unit of analysis and, therefore, that selecting children is one of the sampling stages that must be specified in the sample design. In selecting children/families, a specific focus on children receiving services under Part C ruled out such child sampling approaches as random digit dialing, through which perhaps hundreds of thousands of families would need to be screened to identify those with children ages birth to 3 and from them the even smaller proportion who receive services through Part C. An efficient sampling approach had to identify children who are deemed eligible for Part C by appropriate local agencies. Thus, the sampling approach has specified how local agencies are to be identified, as a second sampling stage.

Perhaps the most important of these requirements has been the need to select a nationally representative sample, which has fundamental implications for the resultant data obtained. Further, the requirements specified above have dictated a three-stage sampling approach: (1) states, (2) local areas and the agencies serving them, and (3) individual children/families. The following considerations pertain to these stages of the sample:

- In implementing Part C, states differ in their approaches, including choice of the lead agency to administer the program. States also differ in regard to geography and demographics, which affect the population they serve and the challenges they face in doing so.
- Communities differ in their size, economic health, and population density, among other characteristics. Many of these factors can affect the delivery of early intervention services. For example, service delivery issues in rural areas differ greatly from those in urban ones. In addition, local service delivery for Part C is organized in many ways.

A study of Part C has needed to capture some of the important ways in which local communities differ.

- Families receiving Part C services also differ in many ways. Part C explicitly addresses the need to provide early intervention services to members of traditionally underrepresented groups. Children and families from minority backgrounds, as well as those living in rural areas, often do not receive services commensurate with their proportions in the population. The sample for the proposed study has thus included enough families from traditionally underrepresented groups to be able to examine whether the legislation is addressing one of its specified purposes.

The NEILS sample design balances the requirements for a nationally representative, three-stage sample against a further crucial criterion: a fixed level of resources. The sample design was thus chosen to yield a sample that could be tracked and measured repeatedly throughout the years of the study within the available budget.

Among the options considered for NEILS, the following sample parameters emerged for the sample design process:

- NEILS involved an initial sample of 3,338 children entering Part C services, from a universe of almost 200,000 Part C children served nationally in 1997.
- The NEILS sample children were selected from 20 geographically dispersed states (of a universe of 50 states participating in Part C) that represent variations in important features related to Part C and that serve a large proportion of the entire universe of Part C participants
- The NEILS sample children were selected from three to seven counties in each sampled state, representing both rural and nonrural areas. The total of 93 counties was drawn from a universe of 1,441 counties in the 20 sample states.

2. Sample Selection Procedures

The procedures used to determine the size of the child sample, select the specific states and counties, and determine the sizes of the samples for each state and counties are found in Hebbeler and Wagner (1998) and Hebbeler, Wagner, Spiker, Scarborough, and Simeonsson (2000).

Determination of the Child Sample Size

It is important that the NEILS sample have enough statistical power to detect differences between groups and other kinds of relationships that are relevant to the research questions. The statistical power in a given study is determined by the interplay between the desired significance level, the characteristics of the measures being used, the expected size of differences likely to be observed, and the sample size. A large sample size is a key component to identifying statistically significant, although small, differences between groups or relationships between variables.

Two statistical power analyses for general linear modeling analysis techniques established that a sample size of approximately 1,300 children is sufficient to capture all but quite small group

differences in NEILS analyses. However, the initial sample needed to be quite a bit larger than 1,300 if the sample of children remaining in Year 9 is to include a minimum of 1,300 children.

The initial sample size needed to account for attrition from the sample over time. Attrition can result from families relocating outside of the sampled communities, disappearing within the communities (although this is unlikely as long as they stay in early intervention), or withdrawing from the study. Mobility was expected to be the major source of attrition, although it is not a significant problem when the main data collection mechanism is a telephone survey. A reduction in sample due to attrition of 10% per year was taken into account in identifying the original sample size.

The initial sample size needed to account for the fact that not every child is likely to have all data elements in the extremely complex data set that will be constructed in NEILS. For example, because not all children will have become 5 years old by the end of the currently funded data collection, the sample of 5-year-olds will be smaller than the full sample of children and families for whom some data are available. Others may have individual items missing from some instruments. Complex multivariate analyses will eliminate a sample member with incomplete data for the variables included in the analyses. Hence, to ensure that a sample of 1,300 would be available for many of the analyses, we sought data for many more children and families at the outset.

This array of issues was considered carefully in determining a reasonable NEILS study sample size. The size of the child sample that maximized the precision of estimates for the study within the available resources was 3,300 children and families. Using the attrition assumptions noted above, 2,400 children were expected to remain in the sample at the end of the first 3 years of data collection—more than required for many analyses and a solid basis for continued data collection. In actuality, more than 3,000 children remain from the initial sample of 3,338; each sampled child represents approximately 55 Part C children nationally.

The sample children needed to be selected so that their experiences represent the wide range of Part C services and delivery characteristics nationwide. The following sections describe how the child sample was allocated among states and local areas.

Sampling States

A sample of 20 states was deemed adequate to represent the key dimensions of Part C variation at the state level. The final state sample reflects the following considerations:

Number of children served. States that serve large numbers of Part C children were selected to enhance the representativeness and generalizability of the final sample. States were assigned probabilities of being selected for the sample on the basis of the percentage of the Part C-eligible population served. Data reported to OSEP for December 1, 1995 indicated that the total number of children served in Part C was 174,349, with the numbers for individual states ranging from 265 to 18,119.² An estimate of the percentage of the birth-to-age-3 population served under Part C also varied considerably among states, ranging from 0.57% to 6.73%. Although the mechanisms contributing to this variation are not well understood, it seems safe to assume that Part C services may be provided differently from state to state, depending on the percentages of young children served. Those differences were potentially important to a

² Child count data are from Westat for the U.S. Department of Education, June, 1996. Population data are from the U.S. Bureau of the Census, 1995.

national study of the program and had to be accounted for in the sample by including enough states to cover important dimensions of variation.

Geographic dispersion and population size. To increase the credibility of the sample, states were selected that represent different geographic regions of the country, as well as population sizes. The administrative challenges associated with state size and geography informed many discussions about Part C. Again, these variations appeared to be critical for a national study, and the sample had to be balanced with regard to the geographic region of the country and population.

Administrative variations. Important program variations appeared to flow from differences in states' designated lead agencies for Part C. The impact of different lead agencies, especially at the local level, was not well understood, but the lead agency is such a salient characteristic of Part C implementation that it could not be overlooked in state selection.

Eligibility. States also varied in the eligible population they serve, particularly with regard to the inclusion of children designated as "at risk." Part C left it to states' discretion whether or not to include children at risk in their eligible population. Not only did states differ in regard to whether they served children at risk, they also differed in how they defined the at-risk population (Shackelford, 1995). Some states that opted to serve children at risk were included in the state sample.

Traditionally underrepresented groups. These groups, identified in the Part C legislation as minority, low income, inner city, and rural, were not distributed evenly among states or among local areas. The state and county sample thus had to include a sufficient number of states and counties with reasonably large populations from underrepresented groups, particularly African-American and Hispanic families, to ensure their representation in the family sample.

Because preliminary work indicated that nearly all combinations of 20 out of 50 states would produce a range of lead agencies, with some states serving at-risk children and some states having underrepresented groups, these considerations did not need to be included directly as sampling criteria.

Given these considerations, the states were selected in the following way: an examination of the available OSEP state-reported counts of children served (December 1, 1995), showed that the nine states serving the largest numbers of children under Part C, represented approximately 60% of the children/families participating in Part C nationally. These states, which were sampled with certainty, were California, Florida, Illinois, Ohio, Massachusetts, New York, North Carolina, Pennsylvania, and Texas.

To select the remaining states in the sample, the country was divided into the following regions:

- (1) The South—Alabama, Arkansas, Florida, Georgia, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia.
- (2) The West—all states west of the Mississippi River, except Texas which is included in the South.
- (3) The East—all remaining states.

An additional 11 states were selected randomly from these regions with probability proportional to the size of the states' birth-to-age-3 population. The number of states selected per region

took into account the states in that region that were part of the nine states selected with certainty. The supplemental states follow:

- (1) The South—Arkansas, Maryland, South Carolina.
- (2) The East—Michigan, Minnesota.
- (3) The West—Colorado, Hawaii, Idaho, Kansas, New Mexico, and South Dakota.

Exhibit 7 shows the 1995 OSEP data indicating the number of Part C children served, by state. The 20 sampled states served 70% of Part C children nationally at the time of selection, indicating strong generalizability from the sample to the nation. The table also indicates the percentage of the birth-to-age-3 population served for the 20 states selected, which varied from 1.06 to 6.73—almost as wide a variation among the sample states as among the states nationally. Overall, the percentage of birth-to-age-3 population served in the 20 sampled states was 1.62, slightly above the percentage served in all 50 states of 1.46.

Exhibit 7
NEILS State Sample, with Number and Percentage of Children Served

State	Number of Children Served	Percentage of Birth-to-3 Population Served
Arkansas	1,328	2.14
California	18,118	1.10
Colorado	3,917	2.47
Florida	10,771	1.89
Hawaii	3,874	6.73
Idaho	845	1.60
Illinois	8,029	1.46
Kansas	1,429	1.32
Maryland	3,695	1.71
Massachusetts	8,484	3.49
Michigan	4,384	1.10
Minnesota	2,622	1.39
New Mexico	1,747	2.14
New York	13,317	1.66
North Carolina	4,336	1.43
Ohio	15,205	3.39
Pennsylvania	6,845	1.49
South Carolina	1,897	1.23
South Dakota	376	1.22
Texas	10,078	1.06
TOTAL	121,297	

Allocating the Child Sample Among States

To identify the number of children/families to be enrolled per state, the total sample of 3,300 children first was allocated among the regions in proportion to the number of Part C children in each region, based on OSEP data for December 1, 1995. For example, the South includes 27% of Part C children served nationally; states sampled from that region received an allocation

of 898 sample members, or 27% of the total sample. Similarly, the East, which has 47% of the national Part C population (85,003 children), received an allocation of 1,556 sample participants, or 47% of the total sample.

Regional samples were further allocated among states within regions in proportion to the number of Part C children in each state relative to the other sample states. For example, New York had 13,317 participants out of a total of 60,047 Part C children in all states sampled in the East, or 22%; hence, the sample assigned to New York was 22% of the 1,557 Eastern sample participants, or 345 children.

It was important that the allocation approach result in a reasonable number of children being assigned to each state to represent that state adequately; we deemed a sample of 40 children to be a reasonable minimum per state to address this concern. The allocation approach described above resulted in all states receiving 40 or more participants, except for Idaho (with 33) and South Dakota (with 14). To represent these latter two states more adequately, we increased their sample sizes to 52 and 40, respectively.

Exhibit 8 shows the final sample enrolled in NEILS from each state.

**Exhibit 8
Child Samples by State: Final Enrollment**

State	Child Sample Size
Arkansas	66
California	363
Colorado	94
Florida	289
Hawaii	92
Idaho	61
Illinois	253
Kansas	68
Maryland	135
Massachusetts	252
Michigan	126
Minnesota	81
New Mexico	47
New York	387
North Carolina	108
Ohio	277
Pennsylvania	191
South Carolina	61
South Dakota	47
Texas	340
TOTAL	3,338

Sampling Local Communities

The concept of “community” within the context of Part C implementation is difficult to describe because of the tremendous within-state variations in how Part C is being implemented. States are divided into local jurisdictions for the provision of services, but the nature and size of the jurisdictions vary from state to state. For example, in Maryland, early intervention is organized

by county, whereas in California Part C services are organized around regional centers, some of which span more than one county or there may be several within a single county.

For sampling purposes, a single type of local unit had to be identified for which the population of children is known (so that the generalizability of the sample to the population can be calculated). Counties were selected as the local sampling units because the boundaries of counties are clear (unlike cities or towns) and because counties organize many public service-providing agencies.

Three to five counties per state were considered sufficient to recruit the required sample of children.³ Counties were selected randomly, with the probability of selection being proportional to the size of the birth-to-age-3 population in the county, with the additional criterion that the county have at least 10 children projected to be served under Part C.⁴ This latter provision was necessary to assure a level of efficiency and cost-effectiveness in sample recruitment efforts.

If one or more of the selected counties declined to participate in the study, an alternate county was selected as a replacement. The alternate counties had been preselected and represented the counties with the probability of selection closest to the original counties.

Because the urbanicity or ruralness of a community is important to the delivery of early intervention services, an adequate sample of children residing in rural areas was needed. Many of the selected counties include rural areas. On the basis of U.S. Census counts of the percentage of each sampled county's population that resides in rural versus nonrural areas,⁵ in conjunction with the 1995 OSEP data on the number of children served under Part C for the sample states, it was estimated that the final sample would include 400 (12%) children from rural areas.

Further, it was essential to the purposes of the study that the sample of families include enough children and families from traditionally underrepresented groups, particularly low-income residents and ethnic minorities, to allow for a valid examination of their outcomes in the analyses. Based on 1990 Census data, the selected counties would have more than adequate representation of minority families. The 1990 Census data indicated that the total percentage of non-white persons in the United States was 19.7%, and the percentage of non-white persons in the selected counties was 28.9%. The total non-white population in the selected counties represents 35.3% of the total U.S. non-white population.

Allocating Each State's Child Sample Among Counties

Once the size of each state's child sample was calculated (see Exhibit 8), each county was assigned an expected child sample. To do so, the state sample was allocated among the counties to equalize the probability (or at least minimize differences in the probabilities) of

³ Study designers sought to minimize the number of counties per state because of the costs and logistical complexities of spreading the state sample among many counties. The liaison effort required to recruit counties and the multiple service agencies within them was substantial. These costs were weighed against the desire to select enough counties to obtain both rural and nonrural children and a range of community types. Three to five counties, usually four per state, were deemed an acceptable number from the perspectives of both cost and representativeness.

⁴ The projected number of children in Part C in a year was calculated by multiplying the proportion of the state's birth-to-3 population that lived in the county by the total Part C state population.

⁵ The U.S. Census definition of rural is areas with fewer than 2,500 persons living in places incorporated as cities, villages, boroughs (except in Alaska and New York), and towns (except in the six New England states, New York, and Wisconsin), but excluding the rural portions of "extended cities".

selecting Part C recipients from different counties. That is, an attempt was made to allocate the sample to approximate the ideal of giving each Part C recipient an equal probability of selection. Individual counties were selected with probabilities proportional to expected Part C enrollment in that county, based on the size of the birth-to-age-3 population. Thus, larger counties had larger probabilities of inclusion. If a state's sample had been allocated to selected counties proportional to county size, Part C recipients in large counties would have had larger probabilities of enrollment (and smaller sampling weights) than Part C recipients in smaller counties. This would have violated the principal of equal probability of selection, and the resulting unequal weights would have reduced the sampling effectiveness dramatically. (Sampling effectiveness is the inverse of the ratio of the actual sample size to the size of a completely random sample that would yield equivalent standard errors of estimation.) Consequently, sample designers subselected Part C recipients in counties with subsampling rates proportional to the inverse of the probability of selecting the county. Typically, for very small counties, researchers specified that Part C recipients would be selected for an entire year; for moderate size counties Part C recipients would be selected for 5 to 9 months; for very large counties Part C recipients would be selected for only 1 to 3 months. The exact duration of Part C recipient inclusion for each county was dependent on the probability of selections for that county and of every other county in the sample, as well as the total sample size requirement for the state. Using this approach, sampling efficiency for most states (not counting potential clustering effects) was 95% or greater, and the lowest sampling efficiency was a respectable 70%. The size of the child sample allocated to each county ranged from 4 to 134; 80 of the 83 counties (96%) were projected to have 10 or more children, with 59 (71%) having 20 or more children.

Selecting the Child Sample

The sample of children was selected at the point they were found eligible for Part C services (i.e., having an IFSP). During the recruitment period, every family with a child who was found eligible for Part C services and had not received Part C services previously was invited to participate in the study, with the exception of children 31 months of age or older at time of entry to Part C. (Those children and families were excluded because they could not reasonably be assessed at entry and again when leaving Part C.) Thus, the sample was between the ages of birth and 30 months at enrollment. If a family had more than one child entering early intervention (e.g., twins who were both eligible), data were collected on only one of the eligible children, selected by chance.

In recruiting children and families, it was necessary for researchers to work with local staff in selected counties to determine all possible points of entry into early intervention services. Within counties, one or more programs served infants and toddlers who were eligible for Part C. All such programs and providers within the selected counties were invited to participate (or a sample of programs was chosen to represent the country).⁶ For programs that served a wider area than the selected counties, only residents of the selected counties were recruited for the child sample.

Recruitment of the entire national sample of children and their families took place from September 1997 through November 1998. The number of months needed to enroll the required sample varied from 1 to 12 among the counties, depending on the sample size assigned to the county and the number of children routinely enrolled in early intervention in a year in the county.

⁶ If a service providing agency in a participating county declined to recruit children we asked the agency to identify the number of children it typically served so that we could understand the size and characteristics of the population not represented in the sample in that county.

The expected number of children who were eligible for service was unlikely to be the number enrolled in the sample, however, because some families declined to participate. Families' participation in the study was entirely voluntary.

The total number of months projected for each county for recruiting the assigned child sampled was calculated by estimating the number of children who were likely to be found newly eligible in a year, discounting that number by a factor of 15%, and dividing the total by 12 to obtain an expected monthly sample yield. Using this monthly yield, we determined the number of months each county was expected to take to recruit the assigned sample.

To ensure that recruitment was spread out throughout the recruitment period to avoid seasonal bias in enrollment, each county was randomly assigned a starting recruitment month on the basis of the expected length of its recruitment period, plus a 1-month "fudge factor" in case an extended period was required to generate the sample. For example, all counties estimated to need an 11- or 12-month recruitment period began in month 1 of the enrollment period and recruited for the subsequent 11 months (with a 1-month addition if required) or for 12 months (no "fudge factor"). All counties estimated to have a 4-month recruitment period were randomly assigned a starting month between month 1 and month 8, to allow for 4 months of recruitment and a possible additional month if needed. Counties recruited all children found eligible for service in the subsequent months until the total assigned sample was reached. We originally intended to recruit for 12 months, but extended the enrollment period by 2 months to achieve an adequate sample size in all locales.

3. Maximizing Response Rates

For all data collection, we will maximize response rates by using instruments that are as efficient and as simple to respond to as possible. In addition, tracking mailings will be sent to respondents between data collections to obtain current location information and minimize attrition from the sample.

In conducting telephone interviews with parents, RTI will:

- Provide a toll-free number for respondents to call to verify the study's legitimacy or to ask other questions about the study. Those without phones in their homes also can call in to this number from any location and have the interview conducted at that time.
- Require at least 10 unsuccessful call attempts to a number without reaching someone before considering whether to treat the case as "unable to contact."
- Draw on a core of interviewers with experience in working on telephone surveys of households and particularly interviewers who have proven their ability to obtain cooperation from a high proportion of sample members.
- Require all interviewers to complete training specific to this study successfully, including discussions of how to avoid inviting a refusal, approaches that help in addressing questions respondents are likely to ask, and how to counter objections.
- Use call-scheduling procedures designed to call numbers at different times of the day and week to improve the chances of finding a respondent at home.

- Make every reasonable effort to obtain an interview at the initial contact, but allowing respondents flexibility in scheduling appointments to be interviewed.
- Closely supervise interviewers during data collection.
- Implement refusal conversion efforts for first-time refusals and using interviewers who are skilled at refusal conversion.
- Conduct silent monitoring of interviews to identify and promptly correct behaviors that could be inviting refusals or otherwise contributing to low cooperation rates.
- Leave a message on answering machines when such machines have been repeatedly encountered to let the respondent know the call is not a marketing effort, but a research study.

For mailed instruments, follow-up mailings will be used at reasonable intervals after sending the initial instruments to encourage respondents to complete and return forms. Postage-paid preaddressed envelopes will be included with all mailings to facilitate return of completed forms.

4. Testing of Instrumentation

The pilot testing of instruments conducted in the NEILS design phase is described in Item 8, Section A, and the Justification Statement.

5. Individuals Consulted on Statistical Issues

Persons involved in statistical aspects of the design include staff of the government's prime contractor, SRI, and SRI's subcontractor, RTI. Those consulted at these two organizations are listed below.

SRI

Dr. Harold Javitz, Senior Statistician
Center for Health Sciences

Dr. Kathleen Hebbeler, Program Manager
Disability Policy Program

Dr. Donna Spiker, Senior Research Scientist
Center for Education and Human Services

Dr. Mary Wagner, Director
Center for Education and Human Services

RTI

Dr. Paul Biemer, Director
Survey Methods Research Program

In addition, major aspects of the design, sampling plan, and prior instrumentation were reviewed by the NEILS Advisory Panel, whose members are listed in Exhibit 10.

Exhibit 10
NEILS Advisory Panel Members

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**NATIONAL EARLY INTERVENTION LONGITUDINAL STUDY
(NEILS)**

KINDERGARTEN FAMILY INTERVIEW

**SRI International
333 Ravenswood Avenue
Menlo Park, CA 94025**

November 27, 2002

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NEILS PARENT INTERVIEW

E I T H S K L

intro2 Hello, my name is _____ and I'm calling in regards to the National Early Intervention Longitudinal Study. I am trying to reach [FIRST RESPONDENT ON SAMPLE FILE] to conduct a follow-up interview about [CHILD's FIRST NAME]. Is this the right number for [RESPONDENT NAME]? (IF NOT, ASK FOR SECOND RESPONDENT ON SAMPLE FILE).

- 0 = YES
- 2 = NO, BUT PERSON ON THE PHONE KNOWS THE SAMPLE MEMBER
- 4 = NO
- 5 = LANGUAGE BARRIER
- 6 = REFUSED
- 8 = CALLBACK FOR SUBJECT
- 9 = MORE CODES

E I T H S K L

intro7a May I speak with (FIRST RESPONDENT ON SAMPLE FILE) (or SECOND RESPONDENT ON SAMPLE FILE)?

- 1 = YES, SUBJECT IS AVAILABLE
- 2 = SUBJECT WILL CALL RTI
- 3 = SUBJECT NOT AVAILABLE, SET APPOINTMENT
- 5 = LANGUAGE BARRIER
- 6 = REFUSED
- 9 = MORE CODES

K L

LTR_S (Hello, my name is _____. We are conducting an important study for the U.S. Department of Education). You should have recently received a letter describing the study (from another company called SRI). Do you remember receiving that letter?

- 1 = YES (GOTO GOTLTS)
- 2 = NO
- F3 = DON'T KNOW
- F4 = REFUSED

NOLET Then let me say, briefly, what was in the letter. The U.S. Department of Education wants to know about the children and families who received early intervention, particularly how they're doing at the time they are entering school.

Every family in this study is important to us. Your individual answers will help us to represent the many types of children and families across the country. Your participation is completely voluntary, and we want you to know that we deeply appreciate your giving us your time for this interview.

(GO TO NO_LET2)

K L

GOTLTS As you may remember, the U.S. Department of Education is conducting this study to learn more about young children and their families.

NOTE: FAMILY HAS BEEN MAILED A LETTER ABOUT THE STUDY.

Every family in the study is important to us. Your individual answers will help us to represent the many types of children and families across the country. Your participation is completely voluntary, and we want you to know that we deeply appreciate your giving us your time for this interview.

E I T H S K L

NO_LET2 My questions will take about 40 minutes. Everything you say will be kept completely confidential and you may refuse to answer any individual item I ask you. Nothing you say will ever be reported individually about you, [CHILD], or your family, and no information you give will be shared with [CHILD]'s teachers or service providers. If you have any questions or concerns about the study, I can give you a toll-free number to call. (IF ASKED: PROVIDE RTI TOLL-FREE NUMBER 1-800-334-8571 AND TELL RESPONDENT TO ASK FOR SUSAN KINSEY OR BARBARA MOSER.)

NEED TO RESCHEDULE OR RESPONDENT REFUSES, USE ESC KEY FOR BREAKOFF.

1 = CONTINUE

E I T H S K L

intv_beg

I haven't seen [CHILD's] records, so I may ask you things that you've told others before. Please bear with me.

ANSWER ANY QUESTION AS NECESSARY

If this is a good time to talk, we can start the interview now. (IF RESPONDENT HESITATES, SAY: Why don't we start and then I can always call back if you need to stop before we finish.)

IF THE RESPONDENT REFUSES, USE ESC KEY FOR BREAKOFF.

E I T H S K L

WHCH_RESP

INTERVIEWER: WHO ARE YOU SPEAKING WITH?

1 = PERSON ON THE PHONE IS [FIRST RESPONDENT ON FILE]

2 = PERSON ON THE PHONE IS [SECOND RESPONDENT ON FILE]

3 = SOMEBODY ELSE

E I T H S K L

S5. INTERVIEWER: INDICATE SEX OF RESPONDENT. ASK IF NECESSARY.

1 = MALE (GO TO S7)

2 = FEMALE (GO TO S6)

E I T H S K L

S6. To start, what is your relation to [CHILD]? IF RESPONSE IS "MOTHER", PROBE: (Are you [his/her] biological mother?)

BIOLOGICAL MOTHER	1
ADOPTIVE MOTHER	2
STEPMOTHER	3
FOSTER MOTHER	4
LEGAL GUARDIAN	5
SISTER/STEP SISTER/FEMALE COUSIN	6
AUNT/GREAT AUNT	7
GRANDMOTHER/GREAT-GRANDMOTHER	8
OTHER (SPECIFY) _____	97
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: GO TO S8a

E I T H S K L

S7. To start, what is your relation to [CHILD]? IF RESPONSE IS "FATHER," PROBE BY ASKING, Are you [his/her] biological father?

BIOLOGICAL FATHER	1
ADOPTIVE FATHER	2
STEPFATHER	3
FOSTER FATHER	4
LEGAL GUARDIAN	5
BROTHER/STEP BROTHER/MALE COUSIN	6
UNCLE/GREAT UNCLE	7
GRANDFATHER/GREAT-GRANDFATHER	8
OTHER (SPECIFY) _____	97
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
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S8a. Does [CHILD] live with you now? IN CASES OF JOINT CUSTODY, CHILD IS CONSIDERED LIVING WITH A PARENT IF CHILD NORMALLY SPENDS AT LEAST 4 NIGHTS A WEEK WITH THE PARENT. IF CHILD CURRENTLY IS IN THE HOSPITAL, PROBE FOR WHETHER THE CHILD NORMALLY LIVES WITH THE PARENT WHEN NOT IN THE HOSPITAL.

GO TO SECTION A	YES	1
GO TO S8b	NO	2
CONDOLENCE SCRIPT	CHILD IS DECEASED	3
GO TO CHECKPOINT	DON'T KNOW	F3
GO TO CHECKPOINT	REFUSED	F4

CHECKPOINT: IF S8a = DON'T KNOW OR REFUSED, SAY: It's very important that we have this information in order to ask the remainder of our questions correctly. Does [CHILD] live with you now?

YES	1 (GO TO SECTION A)
NO	2 (GO TO S8b)
DON'T KNOW	F3 (ASSUME 'YES' IN REMAINING QUESTIONS, GO TO SECTION A)
REFUSED	F4 (ASSUME 'YES' IN REMAINING QUESTIONS, GO TO SECTION A)

E	I	T	H	S	K	L
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S8b. Where does [he/she] live? DON'T READ CATEGORIES. CODE ONE.

GO TO S8d	WITH BOTH BIOLOGICAL PARENTS	1
	WITH BIOLOGICAL MOTHER	2
	WITH BIOLOGICAL FATHER	3
	IN FOSTER CARE	4
	WITH ADOPTIVE PARENT(S)	5
	WITH ANOTHER RELATIVE	6
GO TO S8c	IN A HOSPITAL	7
	IN A SPECIAL SCHOOL OR HOME FOR CHILDREN WITH SPECIAL NEEDS	8
GO TO S8d	OTHER, SPECIFY _____	9
CONDOLENCE SCRIPT	CHILD IS DECEASED	10
GO TO S8d	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

S8c. Where does [CHILD] live when [he/she] is not [in the hospital/at the special school]? USE TERM SPECIFIED IN S8B. DON'T READ CATEGORIES. SELECT THE FIRST CODE THAT FITS.

GO TO SECTION A	WITH RESPONDENT	1
GO TO S8d	WITH BOTH BIOLOGICAL PARENTS	2
	WITH BIOLOGICAL MOTHER	3
	WITH BIOLOGICAL FATHER	4
	IN FOSTER CARE	5
	WITH ADOPTIVE PARENT(S)	6
	WITH ANOTHER RELATIVE	7
	OTHER, SPECIFY _____	8
	DON'T KNOW	F3
	REFUSED	F4

K L

S8d. Can you answer questions about [CHILD], [his/her] family, and any program or school [he/she] may go to?

GO TO SECTION A.	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

K L

S8e. TERMINATION SCRIPT: Thank you. TERMINATE CALL.

K L

S9. CONDOLENCE SCRIPT: I'm terribly sorry. When was the child's date of death and how did this happen?

DATE OF DEATH (MM\DD\YYYY) : ____ / ____ / ____

CAUSE OF DEATH: _____

Please accept our condolences. I'll make sure you aren't contacted by the study again. Thank you. TERMINATE CALL. ENTER WHEN INFORMATION IS COMPLETE.

Section A. Current Program or School

E | | | H | S | K | L

A_V1. First, let me verify the information we have in our records. [CHILD's FIRST NAME] full name is (FIRST NAME, MIDDLE INITIAL, LAST NAME). Is this correct?

1 = YES (GO TO A_V3)

2 = NO

F3 = DON'T KNOW (ASSUME PRELOAD IS CORRECT) (GO TO A_V3)

F4 = REFUSED (ASSUME PRELOAD IS CORRECT) (GO TO A_V3)

E | | | H | S | K | L

A_V2. ENTER CORRECTED NAME: _____
FIRST NAME MI LAST NAME

E | | | H | S | K | L

A_V3. Is [CHILD] male or female?

1 = MALE

2 = FEMALE

IF DON'T KNOW (F3) OR REFUSED (F4), ASSUME PRELOAD IS CORRECT.

E | | | H | S | K | L

A_V4. I have (his/her) birthday as [BIRTH DATE FROM SAMPLE FILE]. Is that correct?

1 = YES (GO TO A_V6)

2 = NO

F3 = DON'T KNOW (ASSUME PRELOAD IS CORRECT) (GO TO A_V6)

F4 = REFUSED (ASSUME PRELOAD IS CORRECT) (GO TO A_V6)

E | | | H | S | K | L

A_V5. What is [his/her] correct birth date?

BIRTH DATE: _____/_____/_____

MONTH DAY YEAR

RANGE: FROM 3/25/1995 to 10/20/1998.

E | | | H | S | K | L

A_V6. That would make [CHILD] (AGE FROM CORRECTED DOB) years/months old. Is that correct?

1 = YES

2 = NO (CORRECT DOB AGAIN)

CHECKPOINT: IF CHILD IS LESS THAN 54 MONTHS OR GREATER THAN 84 MONTHS, GO TO TERMINATION SCRIPT.

VERIFICATION CHECK #1: IF NAME, GENDER, OR BIRTH DATE DO NOT MATCH SAMPLE FILE, DISPLAY SUMMARY SCREEN AND PROMPT INTERVIEWER TO DECIDE IF WE HAVE THE CORRECT CHILD. ELSE, CONTINUE WITH INTERVIEW.

PRELOADED CHILD DATA:	REPORTED CHILD DATA:
NAME	NAME
GENDER	GENDER
BIRTH DATE	BIRTH DATE
AGE	AGE
INTERVIEWER: IS THIS THE CORRECT CHILD?	
1 = YES (CONTINUE WITH INTERVIEW)	
2 = NO (TERMINATION SCRIPT)	
3 = NOT SURE (TERMINATION SCRIPT)	

A_VTERM TERMINATION SCRIPT: There seems to be a problem with our records. Let me check with my supervisor and I will call you back as soon as possible. Thank you.

TERMINATE CALL. PREPARE PROBLEM SHEET.

Now I'd like to ask a few questions about where [CHILD] goes to school.

					K	L
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A1. IF S8b = IS NOT 7 OR 8, SAY: Is [CHILD] currently enrolled in kindergarten? IF S8b = 7 OR 8 (LIVES IN A HOSPITAL, OR IN A SPECIAL SCHOOL OR HOME FOR CHILDREN WITH SPECIAL NEEDS), SAY: "Does [CHILD] have kindergarten in the (hospital / special school or home) where [he/she] lives?"

Go to AK1	YES	1
Go to AP1	NO	2
Go to A2	UNGRADED CLASS OR ALTERNATIVE PROGRAM ABOVE PRE-KINDERGARTEN WITH CHILDREN CHILD'S AGE OR OLDER	3
Go to AP1	HOME SCHOOLED INSTEAD OF GOING TO KINDERGARTEN	4
Go to A2	DON'T KNOW	F3
Go to A2	REFUSED	F4

					K	L
--	--	--	--	--	---	---

A2. Is [he/she] in a class that is considered to be kindergarten or something like kindergarten?

Go to AK1	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

					K	L
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A3. What kind of class do you expect [he/she] will be in next year? Will it be...

Go to AP2	kindergarten or something like kindergarten, or	1
Go to AK1	first grade?	2
Go to AP1	PRESCHOOL, PRE-KINDERGARTEN	3
Go to AP2	PLAN TO HOMESCHOOL	4
Go to AP2	DON'T EXPECT CHILD EVER TO ATTEND KINDERGARTEN	5
	DON'T KNOW	F3
	REFUSED	F4

Section AP. For Children Not in Kindergarten

NHES

					K	L
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AP1. When do you expect [CHILD] to start kindergarten?

	DON'T EXPECT CHILD TO ATTEND	1
	2001	2
	2002	3
	2003	4
	2004	5
	2005	6
GO TO AK1	ALREADY IN FIRST GRADE	7
	CURRENTLY BEING HOME-SCHOOLED FOR KINDERGARTEN	8
	PLAN TO HOME SCHOOL FOR KINDERGARTEN NEXT YEAR	9
	DON'T KNOW	F3
	REFUSED	F4

NHES

					K	L
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AP2. Most school districts have guidelines about when a child can start school based on his or her date of birth. Was [CHILD] old enough to start kindergarten this fall based on [his/her] birth date?

	YES	1
	NO	2
GO TO AP4	DON'T KNOW	F3
	REFUSED	F4

CHECKPOINT: IF AP1 = 8 OR 9, GO TO AP4.

NHES

					K	L
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AP3. IF AP1 = 1, SAY: Why will [CHILD] not attend kindergarten? ELSE, SAY: Why was it decided to wait before enrolling [CHILD] in kindergarten? (CODE ALL THAT APPLY)

CHILD	NOT MATURE ENOUGH / NOT READY	1
	HAS SPECIAL NEEDS OR PROBLEMS	2
	CANNOT BE IN CLASSROOM SETTING FOR MEDICAL REASON	3
	DIDN'T HAVE ATTENTION SPAN OR ABILITY TO SIT STILL NEEDED FOR SCHOOL	4
	PARENTS BELIEVED OR WERE ADVISED CHILD WOULD DO BETTER IF OLDER WHEN STARTING KINDERGARTEN	5
FAMILY	THINK YOUNG CHILD SHOULD BE HOME WITH PARENT/FAMILY, PREFER HOME SCHOOLING	6
	DIDN'T LIKE PROGRAM OR CURRICULUM, TOO ACADEMIC	7
	DON'T THINK IT IS NECESSARY	8
SCHOOL	WAITED BECAUSE FAMILY WAS MOVING	9
	ALREADY ENROLLED IN SOMETHING ELSE, FOR EXAMPLE, HEAD START	10
	FULL-DAY K NOT AVAILABLE	11
	PART-DAY K NOT AVAILABLE	12
	SCHOOL WANTED WAS NOT AVAILABLE	13
	OTHER (SPECIFY: _____)	14
	DON'T KNOW	F3
	REFUSED	F4
ALL COMPLETE	F9	

NHES: ECLS-K

					K	L
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AP4. Does [CHILD] currently attend any kind of an early childhood program or daycare center on a regular basis? By program, we are thinking of [If A1=3, say, the ungraded program you just mentioned.] a nursery school, a preschool, a prekindergarten, a program for children with special needs, or [CHILD]'s regular attendance at a daycare center.

REGULAR BASIS MEANS AT LEAST ONCE A WEEK FOR ANY NUMBER OF HOURS.

WE WILL BE ASKING ABOUT BABYSITTING IN A HOME IN SECTION E.

	YES	1
GO TO SECTION B	NO	2
GO TO SECTION B	DON'T KNOW	F3
GO TO SECTION B	REFUSED	F4

NHES

					K	L
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AP5. How many different programs or day care centers does [CHILD] currently go to?

(NOTE: COULD BE A DAYCARE CENTER, SCHOOL, OR PROGRAM FOR CHILDREN WITH SPECIAL NEEDS, BUT **NOT** BABYSITTING IN A HOME.)

____ Enter number

DON'T KNOW	F3
REFUSED	F4

CURRENT PRESCHOOL NUMBER 1

NHES

					K	L
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AP6. IF AP5 = 1, SAY: What kind of program does [CHILD] attend? ELSE SAY: My first questions are about the one where [he/she] spends the most time in a typical week. What kind of program does your child attend the most? (NOTE: IF RESPONDENT MENTIONS BABYSITTING THAT IS NOT IN A PROGRAM OR DAY CARE CENTER, TELL THEM THAT WE WILL BE ASKING ABOUT BABYSITTING LATER.)

	CHILD/DAY CARE CENTER	1
	NURSERY SCHOOL	2
	PRESCHOOL	3
	PREKINDERGARTEN	4
Go to AP9	HEAD START PROGRAM	5
	PROGRAM FOR CHILDREN WITH SPECIAL NEEDS	6
	DON'T KNOW	F3
	REFUSED	F4

ECLS-K

					K	L
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AP7. Head Start is a federally sponsored preschool program primarily for children from low-income families. Is this program a Head Start program?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF AP6=6, GO TO AP9.

					K	L
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AP8. Is the program primarily for children with special needs or disabilities? ("Special needs" refers to children who receive special services.)

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

					K	L
--	--	--	--	--	---	---

AP9. IF AP1 = 1 SAY: Is this program located at the school where [CHILD] would have attended kindergarten? ELSE SAY: Is this program located in the school where [CHILD] will go to kindergarten?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF AP6 = 5 OR AP7 = 1, GO TO AP11.

					K	L
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AP10. Is this a public or a private program?

PUBLIC	1
PRIVATE	2
DON'T KNOW	F3
REFUSED	F4

NHES

					K	L
--	--	--	--	--	---	---

AP11. How many days a week does [he/she] go to this program? _____

DON'T KNOW	F3
REFUSED	F4

NHES

					K	L
--	--	--	--	--	---	---

AP12. How many hours each week does [he/she] go to this program? _____

DON'T KNOW	F3
REFUSED	F4

NHES

					K	L
--	--	--	--	--	---	---

AP13. Approximately when did [he/she] start going to this program?

_____/_____/_____ or _____/_____/_____
 month/year Age in years / months

DON'T KNOW	F3
REFUSED	F4

					K	L
--	--	--	--	--	---	---

AP14. Is there any charge or fee to the family for [CHILD] to attend this [program type from AP6]?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

					K	L
--	--	--	--	--	---	---

AP15. How does [CHILD] get to and from this program? (CODE ALL THAT APPLY)

FAMILY MEMBER DRIVES CHILD IN CAR	1
RIDES WITH OTHER FAMILIES	2
SCHOOL BUS, CAR, OR VAN FROM SCHOOL OR PROGRAM	3
PUBLIC BUS OR TRANSIT	4
TAXI	5
WALKS, WHEELCHAIR OR STROLLER	6
OTHER (SPECIFY: _____)	7
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

CHECKPOINT: IF SELECTED 3 BUT NOT 1, 4, OR 5, GO TO AP17. IF SELECTED 2 OR 6 BUT NOT 1, 4, OR 5, GO TO AP18.

K L

AP16. Is the family reimbursed for transportation expenses to or from this program?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF DID NOT SELECT 3 IN AP15, GO TO AP18.

K L

AP17. Is there any charge to the family to have [CHILD] picked up or brought home?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

AP18. How many other children is [CHILD] usually with when [he/she] is in this program? NOTE: WE WANT THE NUMBER OF CHILDREN IN THE CHILD'S GROUP OR CLASS, NOT THE TOTAL NUMBER IN THE PROGRAM OR CENTER.

of children _____ (RANGE = 0-80)

DON'T KNOW	F3
REFUSED	F4

E I T H S K L

AP19. How many adults is [CHILD] usually with when [he/she] is in this program?

of adults _____ (RANGE = 1-20)

DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF AP18 = 0, GO TO NEXT CHECKPOINT.

E I T H S K L

AP20. How many children in [CHILD]'s program have special needs or disabilities? ("Special needs" refers to children who receive special services.) Is it ...

All of them,	1
Some of them, or	2
None of them?	3
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF AP5 = 1 (CHILD IN ONLY ONE PRESCHOOL), GO TO "CREATE VARIABLE" AFTER AP36. IF AP5 > 1 GO TO AP22.

					K	L
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AP21. (THIS QUESTION IS ONLY FOR THOSE WITH AP5 = DK OR REF.) Is [CHILD] attending any other early childhood program at least once a week for any number of hours? This could be a day care center, nursery school, preschool, prekindergarten, or a program for children with special needs, but it does not include babysitting that is not in a program or day care center. (WE WILL BE ASKING ABOUT BABYSITTING LATER.)

GO TO "CREATE VARIABLE" AFTER AP36.	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

CURRENT PRESCHOOL NUMBER 2

IF AP6 = 2, SAY: Let's talk about the other program [CHILD] attends. ELSE, SAY: Let's talk about the program [CHILD] attends next most often.

					K	L
--	--	--	--	--	---	---

AP22. What kind of program is this?

Go to AP25	CHILD/DAY CARE CENTER	1
	NURSERY SCHOOL	2
	PRESCHOOL	3
	PREKINDERGARTEN	4
	HEAD START PROGRAM	5
	PROGRAM FOR CHILDREN WITH SPECIAL NEEDS	6
	DON'T KNOW	F3
	REFUSED	F4

ECLS-K

					K	L
--	--	--	--	--	---	---

AP23. Is this program a Head Start program?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF AP22=6, GO TO AP25.

					K	L
--	--	--	--	--	---	---

AP24. Is the program primarily for children with special needs or disabilities?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

					K	L
--	--	--	--	--	---	---

AP25. IF AP1 = 1 SAY: Is this program located at the school where [CHILD] would have attended kindergarten? ELSE SAY: Is the program located in the school where [CHILD] will go to kindergarten?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF AP22 = 5 OR AP23 = 1, GO TO AP27.

					K	L
--	--	--	--	--	---	---

AP26. Is this a public or a private program?

PUBLIC	1
PRIVATE	2
DON'T KNOW	F3
REFUSED	F4

					K	L
--	--	--	--	--	---	---

AP27. How many days a week does [he/she] go to this program? _____

DON'T KNOW	F3
REFUSED	F4

					K	L
--	--	--	--	--	---	---

AP28. How many hours each week does [he/she] go to this program? _____

DON'T KNOW	F3
REFUSED	F4

					K	L
--	--	--	--	--	---	---

AP29. Approximately when did [he/she] start going to this program?

_____/____/____ or _____/_____
 month/year Age of child in years/months

DON'T KNOW	F3
REFUSED	F4

					K	L
--	--	--	--	--	---	---

AP30. Is there any charge or fee to the family for [CHILD] to attend this [program type from AP22]?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

					K	L
--	--	--	--	--	---	---

AP31. How does [CHILD] get to and from this program? (CODE ALL THAT APPLY)

FAMILY MEMBER DRIVES CHILD IN CAR	1
RIDES WITH OTHER FAMILIES	2
SCHOOL BUS, CAR OR VAN FROM SCHOOL OR PROGRAM	3
PUBLIC BUS OR TRANSIT	4
TAXI	5
WALKS, WHEELCHAIR OR STROLLER	6
OTHER (SPECIFY: _____)	7
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

CHECKPOINT: IF SELECTED 3 BUT NOT 1, 4, OR 5, GO TO AP33. IF SELECTED 2 OR 6 BUT NOT 1, 4, OR 5, GO TO AP34.

					K	L
--	--	--	--	--	---	---

AP32. Is the family reimbursed for transportation expenses to or from this program?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF DID NOT SELECT 3 IN AP31, GO TO AP34.

					K	L
--	--	--	--	--	---	---

AP33. Is there any charge to the family to have [CHILD] picked up or brought home?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
---	---	---	---	---	---	---

AP34. How many other children is [CHILD] usually with when [he/she] is in this program? NOTE: WE WANT THE NUMBER OF CHILDREN IN THE CHILD'S GROUP OR CLASS, NOT THE TOTAL NUMBER IN THE PROGRAM OR CENTER.

of children _____ (RANGE = 0-80)

DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
---	---	---	---	---	---	---

AP35. How many adults is [CHILD] usually with when [he/she] is in this program?

of adults _____ (RANGE = 1-20)

DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF AP34 = 0, GO TO NEXT CHECKPOINT.

E I T H S K L

AP36. How many children in [CHILD]'s program have special needs or disabilities? Is it ...

All of them,	1
Some of them, or	2
None of them?	3
DON'T KNOW	F3
REFUSED	F4

CREATE VARIABLE: IF AP5 = 1 OR (AP5 = DK OR REF AND AP21 = 2, DK, OR REF) THEN PGMTYPE = TEXT FROM AP6 (DAY CARE CENTER/ NURSERY SCHOOL/ PRESCHOOL/ PREKINDERGARTEN/ HEAD START PROGRAM/ PROGRAM FOR CHILDREN WITH SPECIAL NEEDS). ELSE IF (AP5 > 1 OR (AP5 = DK OR REF AND AP21 = 2, DK, OR REF)) AND AP6=AP22 THEN PGMTYPE = PLURAL TEXT FROM AP6 (DAY CARE CENTERS/ NURSERY SCHOOLS/ PRESCHOOLS/ PREKINDERGARTENS/ HEAD START PROGRAMS/ PROGRAMS FOR CHILDREN WITH SPECIAL NEEDS). ELSE IF (AP5 > 1 OR (AP5 = DK OR REF AND AP21 = 2, DK, OR REF)) AND AP6 DOES NOT EQUAL AP22 THEN PGMTYPE = TEXT FROM AP6 AND TEXT FROM AP22.

CHECKPOINT: SKIP TO SECTION B.

FOR CHILDREN CURRENTLY ENROLLED IN KINDERGARTEN

NHES

K L

AK1. IF A1 = 3 OR AP1 = 7, SAY: You said earlier that [CHILD] is in (IF A1 = 3 SAY "an ungraded class or alternative program" IF AP1 = 7 SAY "first grade"). For the next series of questions, when I say "kindergarten," I am referring to that class.
Does [CHILD] attend a public or a private kindergarten?

GO TO AK3	PUBLIC	1
	PRIVATE	2
	HOME SCHOOLED	3
	DON'T KNOW	F3
	REFUSED	F4

CHECKPOINT: IF AK1 = 3, SET A1 = 4 (HOME SCHOOLED AT KINDERGARTEN LEVEL), SET AP1 = 8 (CURRENTLY BEING HOME-SCHOOLED FOR KINDERGARTEN), AND GO BACK TO AP2. ELSE, GO TO AK2.

NHES

K L

AK2. Is [CHILD]'s kindergarten related to a church or other religious organization?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

NHES

K L

AK3. Does [CHILD] go to a full-day or part-day kindergarten?

FULL DAY	1
PART DAY	2
DON'T KNOW	F3
REFUSED	F4

SEELS

					K	L
--	--	--	--	--	---	---

AK4. Which of the following best describes the school [CHILD] attends? Is it a ...

A regular school that serves a wide variety of students,	1
A school that serves only students with disabilities,	2
A school that specializes in a particular subject area or theme, sometimes called a magnet school,	3
A charter school,	4
An alternative school, or	5
Another kind of school? SPECIFY: _____	6
DON'T KNOW	F3
REFUSED	F4

SEELS

					K	L
--	--	--	--	--	---	---

AK5. Is [CHILD]'s school located in the neighborhood where [he/she] lives? (FOR A PUBLIC SCHOOL, "NEIGHBORHOOD" REFERS TO THE SCHOOL THE CHILD WOULD ATTEND BASED ON WHERE THEY LIVE, OR THE CLOSEST KINDERGARTEN.)

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

SEELS

					K	L
--	--	--	--	--	---	---

AK6. Is this the first year [CHILD] has attended this school?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

ECLS-K

					K	L
--	--	--	--	--	---	---

AK7. Have you met [CHILD]'s teacher yet?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

SEELS

					K	L
--	--	--	--	--	---	---

AK8a. Before school started, did the school do anything to help [CHILD] enter kindergarten, like having visits to the classroom? NOTE IF ASKED, THIS CAN BE ANYTHING DONE BY THE NEW SCHOOL OR CHILD'S PREVIOUS SCHOOL.

	YES	1
GO TO AK8c	NO	2
GO TO AK9	DON'T KNOW	F3
GO TO AK9	REFUSED	F4

SEELS

					K	L
--	--	--	--	--	---	---

AK8b. Do you think that what the school did to get [him/her] ready for the move to kindergarten was ...

GO TO AK9	More than [he/she] needed,	1
	Less than [he/she] needed, or	2
	About right?	3
	DON'T KNOW	F3
	REFUSED	F4

SEELS

					K	L
--	--	--	--	--	---	---

AK8c. Do you think the move to kindergarten would have been easier for [him/her] if the school had done something to help [him/her] prepare?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

SEELS

					K	L
--	--	--	--	--	---	---

AK9. Before school started, did you or another family member do anything on your own about the move into kindergarten, such as going to talk with teachers, or taking [CHILD] to visit the classroom?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

SEELS

					K	L
--	--	--	--	--	---	---

AK10. How do you think the transition to this new school has gone for [him/her]? Overall, would you say it's been ...

Very easy,	1
Somewhat easy,	2
Somewhat hard, or	3
Very hard?	4
DON'T KNOW	F3
REFUSED	F4

SEELS

					K	L
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AK11. How well would you say [CHILD] has gotten along with other children at school this year? Would you say...

Very well,	1
Pretty well,	2
Not very well, or	3
Not at all well?	4
MIXED, SOME WELL, SOME NOT	5
DOES NOT INTERACT WITH OTHER CHILDREN	6
DON'T KNOW	F3
REFUSED	F4

SEELS

					K	L
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AK12. How well would you say [he/she] has gotten along with teachers this school year? Would you say...

Very well,	1
Pretty well,	2
Not very well, or	3
Not at all well?	4
MIXED, SOME WELL, SOME NOT	5
DOES NOT INTERACT WITH TEACHERS	6
DON'T KNOW	F3
REFUSED	F4

NHES 96, all; NELS, a and b.; SSS a-e; SEELS a-f

					K	L
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AK13. Think about [CHILD]'s experiences at [his/her] school since the beginning of this school year. Would you say you strongly agree, agree, disagree, or strongly disagree with each of the following statements?

		Strongly Agree	Agree	Dis-agree	Strongly Dis-agree	DK	REF
a.	[CHILD] is challenged at school.	1	2	3	4	F3	F4
b.	[He/she] enjoys school.	1	2	3	4	F3	F4
c.	[His/her] teachers maintain good discipline in the classroom.	1	2	3	4	F3	F4
d.	In [his/her] school, most students and teachers respect each other.	1	2	3	4	F3	F4
e.	The principal and assistant principal maintain good discipline at [his/her] school.	1	2	3	4	F3	F4
f.	The school is good at meeting [his/her] individual needs.	1	2	3	4	F3	F4

SSS; SEELS

					K	L
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AK14. Has [CHILD] had any of the following things happen to [him/her] during this school year?

		Yes	No	DK	REF
a.	Has [he/she] had things stolen from [his/her] locker, desk, or other places at school?	1	2	F3	F4
b.	Has [he/she] been bullied or picked on by other students or made to do things like give them money, either at school or on the way to or from school?	1	2	F3	F4
c.	Has [he/she] been physically attacked or involved in fights at school or on the way to or from school?	1	2	F3	F4
d.	Has [he/she] been teased or called names at school?	1	2	F3	F4

SSS, a-b; NELS c-d; SEELS a-d

					K	L
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AK15. Thinking about this school year so far, would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with ...

		Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	DK	Ref
a.	The school [CHILD] attends?	1	2	3	4	F3	F4
b.	The teachers [he/she] has?	1	2	3	4	F3	F4
c.	The education [he/she] has received?	1	2	3	4	F3	F4
d.	How well the school keeps you informed about [CHILD]'s behavior and academic performance?	1	2	3	4	F3	F4

					K	L
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AK16. The study is interested in learning how the children we are following are doing in kindergarten. With your permission, we would like to send [CHILD]'s teacher a questionnaire that asks about some of the things [he/she] is doing in school. You should have received a letter in the mail asking for permission to contact [his/her] teacher. Do you remember getting this letter? It was sent with a copy of the book, [IF 'K' INTERVIEW, SAY "Where the Wild Things Are" IF IN SPANISH, SAY "Donde Es Los Monstruos"] IF 'L' INTERVIEW SAY "Berlioz the Bear" IF IN SPANISH, SAY "Los Ninos, Alfabeticos", o "MIRA" for [CHILD].

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

					K	L
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AK17. Is it all right with you if we contact [CHILD]'s teacher?

GO TO AK19	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

CHECKPOINT: IF AK16 = 2, F3, OR F4, GO TO AK18b.

					K	L
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AK18a. We need you to sign the permission form and mail it back to us so the teacher will know we have your permission. Have you returned the permission form yet?

GO TO AK21	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

					K	L
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AK18b. Do you need us to send you another letter and permission form?

FLAG FOR SRI TO SEND	YES	1
	NO	2
FLAG FOR SRI TO SEND	DON'T KNOW	F3
	REFUSED	F4

IF AK18b = 2, SAY: Could you please send it to us as soon as possible?

CHECKPOINT: GO TO AK21.

					K	L
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AK19. Can I ask why you don't want us to contact [CHILD]'s teacher? CODE ALL THAT APPLY.

DON'T WANT TEACHER OR SCHOOL TO KNOW CHILD IS IN THE STUDY	1
PRIVACY ISSUES, DON'T WANT TEACHER TELLING YOU ABOUT CHILD	2
DON'T THINK TEACHER OR SCHOOL PERSONNEL HAVE ACCURATE PERCEPTIONS ABOUT CHILD'S BEHAVIOR OR SKILLS	3
NEED TO DISCUSS WITH SPOUSE, OTHER PARENT, FAMILY	4
OTHER (SPECIFY: _____)	5
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

					K	L
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AK20. Can I have someone from the study call you to talk about your concerns and explain more about the procedures?

FLAG FOR SRI TO CALL	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

CHECKPOINT: GO TO SECTION B.

SEELS

					K	L
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AK21. What is the full name of the school [CHILD] attends now? EXIT TO LOOK-UP LIST FROM QED WHICH HAS ALL SCHOOLS AND ADDRESSES.

NAME OF SCHOOL: _____

SEELS

					K	L
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AK22. Where is that located? IF STREET ADDRESS UNAVAILABLE, GET CITY, STATE, AND AS MUCH OF THE STREET NAME AS YOU CAN. DO NOT PROBE FOR FULL STREET ADDRESS.

LOCATION: _____
STREET ADDRESS

CITY/STATE

					K	L
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AK23. What is the name of [CHILD]'s teacher? IF MORE THAN ONE TEACHER, THE TEACHER YOU THINK KNOWS YOUR CHILD BEST.

Section B. Child Functioning (Impairments, Health, Milestones, and Engagement)

Now I want to ask about how well [CHILD] does some things. I'm going to start with hearing.

E I T H S K L

B1a. Compared with other children about the same age, would you say [CHILD]... THIS ASSESSMENT SHOULD BE MADE OF CHILD'S HEARING WITHOUT ANY HEARING DEVICES LIKE A HEARING AID.

GO TO B1I	Hears normally,	1
	Might have a hearing problem, or	2
	Does have a hearing problem?	3
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

B1b. Has [CHILD]'s hearing been tested by a professional?

GO TO B1I	YES	1
	NO	2
	CAN'T BE TESTED	3
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

B1c. Was a hearing problem diagnosed by a professional?

GO TO B1h	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

B1d. How old was [CHILD] when [his/her] hearing problem was first diagnosed?
USE MONTHS IF CHILD WAS LESS THAN 3 YEARS OLD, YEARS AND MONTHS IF GREATER THAN 3.

DIAGNOSED AT BIRTH	-3
LESS THAN 1 MONTH	0
YEARS: ____ (RANGE= 3-6)	
MONTHS: ____ (RANGE= 0-35)	
DON'T KNOW	F3
REFUSED	F4

EDIT CHECK: COMPARE B1d TO AGE OF CHILD.

SEELS

					K	L
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B1e. Does [CHILD] have a cochlear implant? IF ASKED, A COCHLEAR IMPLANT IS A SURGICALLY IMPLANTED ELECTRONIC DEVICE THAT CAN RESTORE PARTIAL HEARING TO PEOPLE WITH PROFOUND HEARING IMPAIRMENTS.

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
---	---	---	---	---	---	---

B1f. Was a hearing aid or other kind of hearing device prescribed for [CHILD]?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF B1e = 1 OR B1f = 1 THEN GO TO B1g. ELSE, GO TO B1h.

E	I	T	H	S	K	L
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B1g. How well does [CHILD] hear with [IF B1e = 1 AND B1f NOT = 1, SAY: the cochlear implant; ELSE IF B1e NOT = 1 AND B1f = 1, SAY: the hearing device; ELSE IF B1e = 1 AND B1f = 1, SAY: the cochlear implant and the hearing device]? Would you say [he/she]...

Hears normally,	1
Has a little trouble hearing,	2
Has a lot of trouble hearing, or	3
Doesn't hear at all?	4
DOESN'T HAVE ONE	5
WON'T WEAR IT	6
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
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B1h. Is [CHILD]'s hearing loss ... READ CATEGORIES. CODE ONE CATEGORY.

Mild,	1
Moderate, or	2
Severe to profound?	3
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B1i. Is [CHILD] learning to understand or use...

		YES	NO	DON'T KNOW	REFUSED
1.	Sign language? NOTE: SIGN LANGUAGE INCLUDES ANY TYPE OF COMMUNICATION SYSTEM USING THE HANDS, BUT THE MOST COMMON SYSTEMS ARE AMERICAN SIGN LANGUAGE (ALSO CALLED ASL) AND SIGNED ENGLISH.	1	2	F3	F4
2.	Lip reading? NOTE: LIP READING MEANS WATCHING THE LIPS OF THE SPEAKER TO DETERMINE WHAT IS BEING SAID	1	2	F3	F4
3.	Cued speech? NOTE: CUED SPEECH IS A COMBINATION OF MANUAL SIGNS AND LIP READING (HAND SIGNALS ARE MADE NEAR THE FACE OF THE SPEAKER TO INDICATE THE SOUND BEING MADE).	1	2	F3	F4
4.	Oral speech? NOTE: ORAL SPEECH TRAINING MEANS LEARNING TO SPEAK ORALLY (NORMAL VOICED SPEECH).	1	2	F3	F4

CHECKPOINT: IF B1i (item 1) = YES, ASK B1j. ELSE, GO TO B1l.

E I T H S K L

B1j. Is the sign language that [CHILD] is learning to use...

American Sign Language,	1
Signed English, or	2
Some other sign language system? (SPECIFY) _____	3
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B1k. Do any other members of [CHILD]'s household use sign language to communicate with [him/her]?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

ECLS-K

					K	L
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B1l. Did [CHILD] ever have frequent or repeated ear infections? (IF NECESSARY SAY: CONSIDER 3 OR MORE EAR INFECTIONS IN A 12 MONTH TIME PERIOD AS FREQUENT OR REPEATED.)

GO TO B2a	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

ECLS-K

					K	L
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B1m. Did [CHILD] have frequent or repeated ear infections in the last 12 months? (IF NECESSARY SAY: CONSIDER 3 OR MORE EAR INFECTIONS IN THE LAST 12 MONTHS AS FREQUENT OR REPEATED.)

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

Now I'm going to ask about [CHILD]'s vision.

E	I	T	H	S	K	L
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B2a. How is [CHILD]'s eyesight? Would you say [he/she]...

GO TO B3	Sees normally without glasses,	1
	Might have a vision problem, or	2
	Does have a vision problem?	3
	DON'T KNOW	F3
	REFUSED	F4

E	I	T	H	S	K	L
---	---	---	---	---	---	---

B2b. Has [CHILD]'s vision been tested by a professional? NOTE: IF THE RESPONDENT STATES THAT AN ATTEMPT WAS MADE TO TEST THE CHILD'S VISION, BUT S/HE WOULD NOT COOPERATE, SO THE VISION ACUITY COULD NOT BE DETERMINED ACCURATELY, RECORD (3) CAN'T BE TESTED.

GO TO B3	YES	1
	NO	2
	CAN'T BE TESTED	3
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

B2c. Was a vision problem diagnosed by a professional?

GO TO B3	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

B2d. How old was [CHILD] when [his/her] vision problem was first diagnosed?

USE MONTHS IF CHILD WAS LESS THAN 3 YEARS OLD, YEARS AND MONTHS IF GREATER THAN 3.

DIAGNOSED AT BIRTH	-3
LESS THAN 1 MONTH	0
MONTHS: ___(RANGE = 0-35) YEARS: ___(RANGE=3-6)	
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B2e. Were glasses or contacts prescribed to help [CHILD] see?

GO TO B2g	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

B2f. How well can [CHILD] see with glasses (OR CONTACTS)? Would you say [he/she] ... READ CATEGORIES.

Sees normally,	1
Has a little trouble seeing, or	2
Has a lot of trouble seeing?	3
DOESN'T HAVE THEM	4
WON'T WEAR THEM	5
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B2g. How well can [CHILD] see **without** glasses (OR CONTACTS)? Would you say [he/she] ...
READ CATEGORIES.

Sees normally,	1
Has a little trouble seeing,	2
Has a lot of trouble seeing, or	3
Does not see at all?	4
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF B2e = YES AND B2g = 1 (SEES NORMALLY WITHOUT GLASSES), ASK B2h.
ELSE, GO TO B3.

E I T H S K L

B2h. I may have entered something wrong. You indicated that glasses or contacts were prescribed to help [fill CHILD] see, but that [fill he/she] sees normally **without** glasses or contacts. Are both of these answers correct?

1 = YES, BOTH ARE CORRECT.

2 = NO, CHANGE B2e (GLASSES PRESCRIBED QUESTION).

3 = NO, CHANGE B2g (SEES NORMALLY WITHOUT GLASSES QUESTION).

ABILITIES Index

K L

B3. Compared with other children about the same age, how would you describe your child's *understanding* of verbal or nonverbal communication (signs, gestures, symbol systems)? Would you say [he/she] . . .

Understands just as well as other children,	1
Has a little trouble understanding,	2
Has a lot of trouble understanding, or	3
Doesn't understand at all?	4
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B4a. Compared with other children about the same age, how well does [CHILD] make [his/her] needs known to you and others? Would you say [he/she]...

	Communicates just as well as other children,	1
	Has a little trouble communicating,	2
	Has a lot of trouble communicating, or	3
GO TO B5	Doesn't communicate at all?	4
	DON'T KNOW	F3
	REFUSED	F4

B4b. How does [CHILD] communicate? Does [he/she] use... READ CATEGORIES. CODE ALL THAT APPLY. PRESS F10 FOR HELP. (* THESE ARE "COMMUNICATION AIDS")

	Spoken words?	1
	Sounds that are not words?	2
	Gestures, including pointing?	3
	Any other communication device or system? Specify: _____	4
DO NOT READ	COMMUNICATION BOARD OR BOOK *	5
	COMPUTER OR OTHER ELECTRONIC DEVICE *	6
	SIGN LANGUAGE *	7
	CRYING	8
	HITTING, AGGRESSION	9
	LEADING, TAKE BY THE HAND AND SHOW	10
	DON'T KNOW	F3
	REFUSED	F4
	ALL COMPLETE	F9

CHECKPOINT: IF ONLY ONE CODE SELECTED IN B4b, GO TO NEXT CHECKPOINT.

K L

B4c. What is [CHILD]'s primary way of communicating? (SHOW ONLY THE ITEMS THAT WERE TOGGLED IN B4b.)

DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF B4b NOT = 1 (NO SPOKEN WORDS), GO TO B5.

E I T H S K L

B4d. When [CHILD] talks to people [he/she] doesn't know well, is [he/she]...

Very easy to understand,	1
Fairly easy to understand,	2
Somewhat hard to understand, or	3
Very hard to understand?	4
DON'T KNOW	F3
REFUSED	F4

ABILITIES Index

K L

B5. Compared with other children about the same age, how would you describe [CHILD]'s social skills? Would you say [he/she]. . .

Is typical and appropriate for [his/her] age,	1
Has mild difficulty,	2
Has moderate difficulty, or	3
Has severe difficulty?	4
DON'T KNOW	F3
REFUSED	F4

ABILITIES Index

K L

B6. Compared with other children about the same age, how would you describe the appropriateness of [CHILD]'s behavior? Would you say [his/her] behavior. . .

Is typical and appropriate for [his/her] age,	1
Is mildly inappropriate,	2
Is moderately inappropriate, or	3
Is severely inappropriate?	4
DON'T KNOW	F3
REFUSED	F4

ECLS-K - Modified

K L

B7. Compared with other children about the same age, does [CHILD] learn, think, and solve problems...

Better than other children [his/her] age,	1
As well as other children,	2
Slightly less well than other children, or	3
Much less well than other children?	4
DON'T KNOW	F3
REFUSED	F4

ECLS-K

						K	L
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B8. Compared with other children about the same age, does [CHILD] pay attention...

Better than other children [his/her] age,	1
As well as other children,	2
Slightly less well than other children, or	3
Much less well than other children?	4
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF CHILD HAS PROBLEMS WITH LEARNING, THINKING, AND SOLVING PROBLEMS (B7 = 3 OR 4) OR CHILD HAS PROBLEMS WITH PAYING ATTENTION (B8 = 3 OR 4), CONTINUE WITH B9. OTHERWISE, GO TO B10.

ECLS-K

						K	L
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B9. Has [CHILD] been evaluated by a professional in response to [his/her] ability to pay attention or learn?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

ECLS-K

						K	L
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B10. Thinking about [CHILD]'s overall activity level, would you say [he/she] is...

GO TO B13	Less active than other children of [his/her] age,	1
GO TO B13	About as active,	2
GO TO B13	Slightly more active, or	3
	A lot more active than other children of [his/her] age?	4
GO TO B13	DON'T KNOW	F3
GO TO B13	REFUSED	F4

ECLS-K

						K	L
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B11. Do you have any concerns about [CHILD]'s overall activity level?

	YES	1
GO TO B13	NO	2
GO TO B13	DON'T KNOW	F3
GO TO B13	REFUSED	F4

ECLS-K

						K	L
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B12. Has [CHILD] been evaluated by a professional in response to [his/her] overall activity level?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

Next, I want to ask about [CHILD]'s mobility.

B13. How well does [CHILD] use [her/his] arms and hands? Would you say [he/she]...IF RESPONDENT REPORTS DIFFERENTLY FOR EACH ARM/HAND, CODE THE ARM/HAND THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN ARM.

Uses both [his/her] arms and hands normally,	1
Has a little trouble using one or both,	2
Has a lot of trouble using one or both, or	3
Has no use at all of one or both of [his/her] arms or hands?	4
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B14. How well does [CHILD] use [her/his] legs and feet? Would you say [he/she] ... IF RESPONDENT REPORTS DIFFERENTLY FOR EACH LEG/FOOT, CODE THE LEG/FOOT THAT HAS THE MOST TROUBLE. NOTE: THIS DOES NOT REFER TO TEMPORARY DIFFICULTIES, E.G., A BROKEN LEG.

GO TO B16	Uses both [his/her] legs and feet normally,	1
	Has a little trouble using one or both,	2
	Has a lot of trouble using one or both, or	3
	Has no use at all of one or both of [his/her] legs and feet?	4
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

B15a. Does [CHILD] use any equipment to help [him/her] get around such as leg braces, a wheelchair, or some other device? NOTE: OTHER APPROPRIATE MOBILITY DEVICES INCLUDE CRUTCHES, WALKER, PARAPODIUM, SPECIAL OR REGULAR WAGON, SCOOTER, ADAPTED STROLLER). DO NOT INCLUDE POSITIONING EQUIPMENT (E.G., PRONE BOARDS, SIDE-LYERS, ADAPTED CHAIRS OR CAR SEATS).

GO TO B16	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

SEELS - modified

						K	L
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B15b. What is the equipment [he/she] uses? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

CRUTCHES	1
WALKER	2
LEG BRACES	3
WHEELCHAIR	4
ADAPTED STROLLER	5
PARAPODIUM	6
SCOOTER	7
WAGON	8
OTHER (SPECIFY) _____	9
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

Child Engagement

E	I	T	H	S	K	L
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B16. For the next series of questions, I'd like you to compare [CHILD] to children about the same age who do not have special needs. ("Special needs" refers to children who receive special services.) Some children are fairly quiet and passive, and it takes a lot to get them to react to things. Does this sound ... NOTE: BY "QUIET AND PASSIVE" WE MEAN SLOW TO RESPOND TO THINGS HAPPENING IN THE CHILD'S ENVIRONMENT LIKE WHEN SOMEONE TALKS TO THEM OR SHOWS THEM SOMETHING NEW.

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
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B17. Some children are jumpy and get easily startled by things like loud noises or quick movements. Does this sound ... NOTE: BY "JUMPY AND EASILY STARTLED" WE MEAN HIGHLY REACTIVE TO NOISE OR MOVEMENTS OR VISUAL STIMULI IN THE ENVIRONMENT. PHYSICALLY STARTLED MAY INCLUDE REFLEXIVE MOVEMENTS LIKE CRYING.

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3

DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B18. Some children are good at paying attention to things and staying focused on what they are doing. Does this sound ... NOTE: BY "STAYING FOCUSED", WE MEAN ABLE TO CONTINUE WHAT HE/SHE IS DOING EVEN WHEN OTHER THINGS ARE GOING ON AROUND HIM/HER.

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B19. Some children like to do things on their own even if it's hard. Does this sound ...

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B20. Some children are very active and restless, fidget a lot, and have trouble sitting still. Does this sound ... NOTE: BY "VERY ACTIVE AND RESTLESS" WE MEAN ALWAYS ON THE MOVE EVEN WHEN PRESENTED WITH TASKS APPROPRIATE FOR HIS/HER AGE THAT REQUIRE SITTING STILL.

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B21. Some children try to finish things, even if it takes a long time. Does this sound ...

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B22. Some children get easily involved in everyday things that go on at home, like playing with toys, or paying attention to conversations. Does this sound ...

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B23. Some children get very distracted by sights and sounds, and can't screen them out very well. Does this sound ...

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3
DON'T KNOW	F3
REFUSED	F4

NC Study on Functional Status of Children

K L

B24. Some children have a great deal of difficulty adjusting to changes in their routines or schedules. Does this sound ...

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3
DON'T KNOW	F3
REFUSED	F4

NHIS-D

K L

B25. Some children are frequently anxious or depressed. Does this sound ...

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B26. When **adults** are nearby, some children show interest by talking to them or approaching them. Does this sound ...

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B27. Would you say that [CHILD] ...

Has no trouble playing with other children,	1
Has some trouble playing with other children, or	2
Has a lot of trouble playing with other children?	3
NOT AROUND OTHER CHILDREN	4
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B28. Would you say that [CHILD] is ... IF ASKED, BY PHYSICALLY AGGRESSIVE WE MEAN GRABBING, PUSHING, OR HITTING OTHER CHILDREN.

Not at all physically aggressive with other children,	1
Sometimes physically aggressive with other children, or	2
Often physically aggressive with other children?	3
DON'T KNOW	F3
REFUSED	F4

ECLS - K response categories

T S K L

B29. In the past week, how often has [CHILD] been invited to play at another child's house? Would you say... READ CATEGORIES. CODE ONE CATEGORY.

Never	1
Once or twice	2
3 to 6 times, or	3
Every day?	4
DON'T KNOW	F3
REFUSED	F4

NHIS – D - Modified

					K	L
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B30. Some children have a lot of trouble making or keeping friends. Does this sound...

Very much like [CHILD],	1
A little like [him/her], or	2
Not like [him/her]?	3
DON'T KNOW	F3
REFUSED	F4

EPIC (McWilliam, 2000) - Modified

					K	L
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B31. When some children are with other children their same age, they take turns and cooperate. Does this sound...

Very much like [CHILD]	1
A little like [him/her]	2
Not like [him/her]	3
CHILD NEVER INTERACTS WITH PEERS	4
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
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B32. Would you say that [CHILD] ...

Rarely has temper tantrums,	1
Sometimes has temper tantrums, or	2
Often has temper tantrums?	3
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
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B33. Would you say that [CHILD] is ... NOTE: BY "MANAGE" WE MEAN ANY BEHAVIORS OR THINGS THE RESPONDENT MIGHT DO TO GET THE CHILD TO COOPERATE TO THE EXTENT APPROPRIATE IN DAILY ACTIVITIES OR BE REDIRECTED TO OTHER ACTIVITIES WHEN NECESSARY [TO GET (HIM/HER) TO DO WHAT YOU WANT (HIM/HER) TO DO].

Easy to manage,	1
Sometimes hard to manage, or	2
Often hard to manage?	3
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
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B34. Over the past few weeks, how often has [CHILD] had trouble getting to sleep or staying asleep? Would you say . . .

Rarely (or never)	1
Sometimes, or	2
Often?	3
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
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B35. Compared with other children [his/her] age, how easy is it to take [CHILD] with you when you do things like going to the store or keeping an appointment? Would you say [he/she] is ... READ CATEGORIES. CODE ONE CATEGORY.

Easier to take places than other children,	1
Just as easy to take places,	2
A little harder to take places, or	3
Much harder to take places?	4
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
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B36a. How easy is it for you get a babysitter to take care of [CHILD]? Would you say it is ... NOTE: IF RESPONDENT SAYS THEY DON'T USE/HAVEN'T USED A BABYSITTER, SAY "If you were to suddenly need one, how easy would it be to get one?"

Go to B37a	Very easy,	1
	Fairly easy,	2
	Somewhat hard, or	3
	Very hard?	4
Go to B37a	DON'T KNOW	F3
	REFUSED	F4

						K	L
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B36b. Why is that? (DO NOT READ. CODE ALL THAT APPLY)

[CHILD]'S DISABILITY, BEHAVIOR, OR SPECIAL CARE NEEDS	1
COST – LIMITED FUNDS	2
NO BABYSITTER AVAILABLE	3
TRANSPORTATION PROBLEMS	4
TOO MANY CHILDREN IN HOUSEHOLD	5
OTHER (SPECIFY) _____	6
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

Current Diagnosis

E				H	S	K	L
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B37a. Does [CHILD] currently have any diagnosed conditions or delays that affect [his/her] development? (WE WANT TO KNOW ABOUT ALL CONDITIONS OR DELAYS THAT AFFECT [HIS/HER] DEVELOPMENT **NOW**, NO MATTER WHEN THEY BEGAN.)

	YES	1
GO TO B38a	NO	2
	DON'T KNOW	F3
	REFUSED	F4

E				H	S	K	L
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B37b. What are all of those diagnosed conditions and developmental delays? (DO NOT RECORD PAST ISSUES THAT HAVE BEEN RESOLVED.) PROBE: Does [he/she] have any other diagnosed conditions or developmental delays? KEEP PROBING UNTIL RESPONDENT SAYS THERE ARE NO OTHER CONDITIONS OR DELAYS. LIST UP TO TEN CONDITIONS OR DELAYS ON LIST, ONE PER LINE.

DON'T KNOW	F3
REFUSED	F4

Child Health

E I T H S K L

B38a. Now, I have some questions about [CHILD]'s health. Compared with other children about the same age, would you say [CHILD]'s general health is...

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
DON'T KNOW	F3
REFUSED	F4

NHIS – Modified

K L

B38b. Are [CHILD]'s activities limited in ANY WAY because of a health problem?

GO TO B39a	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

NHIS – Modified

K L

B38c. What is the nature of the health problems that limit [his/her] activities? READ AS NEEDED.
 PROBE: Any other health problems that limit his activities? CODE ALL

ASTHMA/LUNG/BREATHING PROBLEM	1
BONE/JOINT/MUSCLE/BACK/NECK PROBLEM	2
CANCER OR BENIGN TUMOR	3
DIABETES	4
DIGESTIVE/GASTROINTESTINAL PROBLEM	5
EMOTIONAL/BEHAVIORAL PROBLEM	6
ENDOCRINE PROBLEM	7
EPILEPSY/SEIZURE DISORDER	8
GENITOURINARY PROBLEM	9
HEARING PROBLEM	10
HEART PROBLEM	11
INFECTIONS/IMMUNE PROBLEM, e.g., AIDS	12
INJURY	13
MENTAL RETARDATION	14
MUSCULOSKELETAL PROBLEM OR MISSING LIMB OR FINGER	15
SKIN PROBLEM	16
SPEECH PROBLEM	17
STROKE/BLOOD/CIRCULATORY PROBLEM	18
SURGICAL AFTER-EFFECTS	19
VISION PROBLEM	20
WEIGHT PROBLEM	21
OTHER (SPECIFY): _____	22
OTHER (SPECIFY): _____	23
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

E I T H S K L

B39a. Is [CHILD] now regularly taking any prescription medicine for a specific condition or problem? NOTE: WE WANT ONLY CURRENT MEDICATION USE. OVER-THE-COUNTER MEDICATION SHOULD NOT BE INCLUDED HERE. BY **REGULARLY**, WE MEAN ON AN ONGOING BASIS (MOST DAYS OR WEEKS OR AT MOST OCCURRENCES WHEN NEEDED FOR WHATEVER CONDITION). THIS ITEM DOES NOT REFER TO TAKING A SINGLE ROUND OF MEDICATION TO TREAT AN EPISODIC ILLNESS (E.G., ANTIBIOTICS FOR A ONE TIME ILLNESS).

GO TO B40a	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

SEELS - Modified

K L

B39b. Is [he/she] taking any prescription medicine that controls [his/her] behavior or changes [his/her] mood, activity level, or attention, such as Ritalin, an antidepressant, or something else?

GO TO B40a	YES	1
	NO	2
GO TO B40a	DON'T KNOW	F3
	REFUSED	F4

SEELS - Modified

K L

B39c. What is the name of the prescription medicine [CHILD] is taking to control [his/her] behavior or change [his/her] mood? I can wait while you go get the medicine bottle, so we'll get the name right. CODE ALL THAT APPLY. [THIS SHOULD BE SET UP IN WHATEVER WAY WORKS BEST. RATHER THAN HAVING INTERVIEWERS TRYING TO SPELL MEDICATIONS, WE WOULD LIKE THEM TO BE ABLE TO TYPE A FEW LETTERS AND HAVE THE FULL NAMES POP UP. IF YOU DO HAVE THEM ENTER CODES, THE VARIOUS NAMES FOR THE SAME DRUG SHOULD HAVE THE SAME CODE.]

ADAPIN (DOXEPIN)	1
ADDERAL (AMPHETAMINE)	2
ALPRAZOLAM (XANAX)	3
AMBIEN (ZOLPIDEM TARTRATE)	4
AMITRIPTYLINE (ELAVIL, ENDEP)	5
AMOXAPINE (ASENDIN)	6
AMPHETAMINE (ADDERAL)	2
ANAFRANIL (CLOMIPRAMINE)	7
AQUACHLORAL SUPPRETTES (CHLORAL HYDRATE)	8
ASENDIN (AMOXAPINE)	6
ATARAX (ANTIHISTAMINE)	9
ATIVAN (LORAZEPAM)	10
AVENTYL (NORTRIPTYLINE)	11
AZENE (CLORAZEPATE)	12
BENADRYL (DIPHENYLHYDRAMINE)	13
BENZODIAZEPINES (VALIUM AND OTHERS)	14
BUPROPION (WELLBUTRIN)	15

BUSPAR (BUSPIRONE)	16
BUSPIRONE (BUSPAR)	16
CARBAMAZEPINE (TEGRETOL)	17
CELEXA (CITALOPRAM)	18
CENTRAX (PRAZEPAM)	19
CHLORAL HYDRATE (AQUACHLORAL SUPPRETTES)	8
CHLORDIAZEPOXIDE (LIBRAX, LIBRITABS, LIBRIUM)	20
CHLORPROMAZINE (THORAZINE)	21
CHLORPROTHIXENE (TARACTAN)	22
CIBALITH-S (LITHIUM CITRATE)	23
CITALOPRAM (CELEXA)	18
CLOMIPRAMINE (ANAFRANIL)	7
CLONAZEPAM (KLONOPIN)	24
CLORAZEPATE (AZENE, TRANXENE)	12
CLOZAPINE (CLOZARIL)	25
CLOZARIL (CLOZAPINE)	25
CONCERTA (METHYLPHENIDATE)	26
CYLERT (PEMOLINE)	27
DALMANE (FLURAZEPAM)	28
D-AMPHETAMINE (DEXEDRINE)	29
DAXOLIN (LOXAPINE)	30
DEPAKOTE (DIVALPROEX SODIUM)	31
DESIPRAMINE (NORPRAMIN, PERTOFRANE)	32
DESYREL (TRAZODONE)	33
DEXEDRINE (DEXTROAMPHETAMINE, D- AMPHETAMINE)	29
DEXTROAMPHETAMINE (DEXEDRINE)	29
DIAZAPAM (VALIUM)	34
DIPHENYLHYDRAMINE (BENADRYL)	13
DIVALPROEX SODIUM (DEPAKOTE)	31
DORAL (QUAZEPAM)	35
DOXEPIN (ADAPIN, SINEQUAN)	1
EFFEXOR (VENLAFAXINE)	36
ELAVIL (AMITRIPTYLINE)	5
ENDEP (AMITRIPTYLINE)	5
EQUANIL (MEPROBAMATE)	37
ESKALITH (LITHIUM CARBONATE)	38
ESTAZOLAM (PROSOM)	39
FLUOXETINE (PROZAC)	40
FLUPHENAZINE (PERMITIL, PROLIXIN)	41
FLURAZEPAM (DALMANE)	28
FLUVOXAMINE (LUVOX)	42
GABAPERTIN (NEURONTIN)	43
HALAZEPAM (PAXIPAM)	44
HALCION (TRIAZOLAM)	45
HALDOL (HALOPERIDOL)	46
HALOPERIDOL (HALDOL)	46
IMIPRAMINE (TOFRANIL)	47
INDERAL (PROPRANOLOL)	48
INDERIDE (PROPRANOLOL)	48
ISOCARBOXAZID (MARPLAN)	49
KLONOPIN (CLONAZEPAM)	24
LAMICTAL (LAMOTRIGINE)	50
LAMOTRIGINE (LAMICTAL)	50
LIBRAX (CHLORDIAZEPOXIDE)	20

LIBRITABS (CHLORDIAZEPOXIDE)	20
LIBRIUM (CHLORDIAZEPOXIDE)	20
LIDONE (MOLINDONE)	51
LITHANE (LITHIUM CARBONATE)	38
LITHIUM CARBONATE (ESKALITH, LITHANE, LITHOBID)	38
LITHIUM CITRATE (CIBALITH-S)	23
LITHOBID (LITHIUM CARBONATE)	38
LORAZEPAM (ATIVAN)	10
LOXAPINE (DAXOLIN, LOXITANE)	30
LOXITANE (LOXAPINE)	30
LUDIOMIL (MAPROTILINE)	52
LUVOX (FLUVOXAMINE)	42
MAPROTILINE (LUDIOMIL)	52
MARPLAN (ISOCARBOXAZID)	49
MELATONIN	53
MELLARIL (THIORIDAZINE)	54
MEPROBAMATE (EQUANIL)	37
MESORIDAZINE (SERENTIL)	55
METHYLPHENIDATE (RITALIN, CONCERTA)	26
MIRTAZAPINE (REMERON)	56
MOBAN (MOLINDONE)	51
MOLINDONE (LIDONE, MOBAN)	51
NARDIL (PHENELZINE)	57
NAVANE (THIOTHIXENE)	58
NEFAZODONE (SERZONE)	59
NEURONTIN (GABAPERTIN)	43
NORPRAMIN (DESIPRAMINE)	32
NORTRIPTYLINE (AVENTYL, PAMELOR)	11
OLANZAPINE (ZYPREXA)	60
ORAP (PIMOZIDE)	61
OXAZEPAM (SERAX)	62
PAMELOR (NORTRIPTYLINE)	11
PARNATE (TRANLYCYPROMINE)	63
PAROXETINE (PAXIL)	64
PAXIL (PAROXETINE)	64
PAXIPAM (HALAZEPAM)	44
PEMOLINE (CYLERT)	27
PERMITIL (FLUPHENAZINE)	41
PERPHENAZINE (TRILAFON)	65
PERTOFRANE (DESIPRAMINE)	32
PHENELZINE (NARDIL)	57
PHENOBARBITOL	66
PIMOZIDE (ORAP)	61
PRAZEPAM (CENTRAX)	19
PROLIXIN (FLUPHENAZINE)	41
PROPRANOLOL (INDERAL, INDERIDE)	48
PROSOM (ESTAZOLAM)	39
PROTRIPTYLINE (VIVACTIL)	67
PROZAC (FLUOXETINE)	40
QUAZEPAM (DORAL)	35
QUETIAPINE (SEROQUEL)	68
REMERON (MIRTAZAPINE)	56
RESTORIL (TEMAZEPAM)	69
RISPERDAL (RISPERIDONE)	70

RISPERIDONE (RISPERDAL)	70
RITALIN (METHYLPHENIDATE)	26
SERAX (OXAZEPAM)	62
SERENTIL (MESORIDAZINE)	55
SEROQUEL (QUETIAPINE)	68
SERTRALINE (ZOLOFT)	71
SERZONE (NEFAZODONE)	59
SINEQUAN (DOXEPIN)	1
STELAZINE (TRIFLUOPERAZINE)	72
SURMONTIL (TRIMIPRAMINE)	73
TARACTAN (CHLORPROTHIXENE)	22
TEGRETOL (CARBAMAZEPINE)	17
TEMAZEPAM (RESTORIL)	69
THIORIDAZINE (MELLARIL)	54
THIOTHIXENE (NAVANE)	58
THORAZINE (CHLORPROMAZINE)	21
TOFRANIL (IMIPRAMINE)	47
TRANXENE (CLORAZEPATE)	12
TRANLYCYPROMINE (PARNATE)	63
TRAZODONE (DESYREL)	33
TRIAZOLAM (HALCION)	45
TRICYCLICS (ELAVIL AND OTHERS)	74
TRIFLUOPERAZINE (STELAZINE)	72
TRIFLUPROMAZINE (VESPRIN)	75
TRILAFON (PERPHENAZINE)	65
TRIMIPRAMINE (SURMONTIL)	73
VALIUM (DIAZAPAM)	34
VENLAFAXINE (EFFEXOR)	36
VESPRIN (TRIFLUPROMAZINE)	75
VISTARIL (ANTIHISTAMINE)	76
VIVACTIL (PROTRIPTYLINE)	67
WELLBUTRIN (BUPROPION)	15
XANAX (ALPRAZOLAM)	3
ZOLOFT (SERTRALINE)	71
ZOLPIDEM TARTRATE (AMBIEN)	4
ZYPREXA (OLANZAPINE)	60
ANTICONVULSANT, UNSPECIFIED	89
ANTIDEPRESSANT OR ANTIANXIETY, UNSPECIFIED	90
ANTIHISTAMINE, UNSPECIFIED	91
ANTIPSYCHOTIC OR NEUROLEPTIC, UNSPECIFIED	92
BARBITURATE, UNSPECIFIED	93
MOOD STABILIZER, UNSPECIFIED	94
SLEEP MEDICATION, UNSPECIFIED	95
STIMULANT, UNSPECIFIED	96
SOMETHING ELSE, BUT DON'T KNOW WHAT	97
OTHER (SPECIFY): _____	98
OTHER (SPECIFY): _____	99
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

(PROBE: Does [CHILD] take any other prescription medicines to control [his/her] behavior or change [his/her] mood?)

SEELS

K L

B39d. Was the medicine prescribed to control...

		YES	NO	DK	REF
a.	Behavior, activity level, or attention?	1	2	F3	F4
b.	Emotions, such as depression or anxiety?	1	2	F3	F4
c.	Seizures?	1	2	F3	F4
d.	Something else? (SPECIFY): _____	1	2	F3	F4

E I T H S K L

B40a. Does [CHILD] use any kind of medical device, like an oxygen tank, catheter, or a breathing monitor? THIS DOES NOT INCLUDE MOBILITY DEVICES, LIKE A WHEEL CHAIR, WALKER, CANE, ETC., NOR DOES IT INCLUDE SENSORY AIDS SUCH AS GLASSES, CONTACTS, HEARING AIDS, OR COCHLEAR IMPLANTS.

	YES	1
GO TO B41	NO	2
	DON'T KNOW	F3
	REFUSED	F4

E	I	T	H	S	K	L
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B40b. What devices? (YOU MAY READ THE LIST BELOW, AS NEEDED. PROBE FOR THESE DEVICES BEFORE USING 'OTHER SPECIFY'. WHEN RECORDING AN 'OTHER SPECIFY,' PROBE FOR THE FUNCTION OR USE OF THE DEVICE AS WELL AS THE NAME. CODE ALL THAT APPLY.)

AIR CHAMBER (BREATH PUMP, BREATHING MACHINE, OXYGEN, RESPIRATOR, VENTILATOR)	1
APNEA MONITOR (BREATHING MONITOR, OXYGEN SATURATION MONITOR)	2
ARM BRACES	3
ASPIRATOR (SUCTION MACHINE)	4
BREATH PUMP, BREATHING MACHINE (AIR CHAMBER, OXYGEN, RESPIRATOR, VENTILATOR)	1
BREATHING MONITOR (APNEA MONITOR, OXYGEN SATURATION MONITOR)	2
CATHETER	5
COLOSTOMY	6
FEEDING TUBE, FEEDING PUMP (GASTRONOMIC TUBE, G-TUBE, KANGAROO PUMP)	7
GASTRONOMIC TUBE, G-TUBE FEEDING TUBE (FEEDING PUMP (KANGAROO PUMP)	7
GASTROSTOMY	8
HEART MONITOR, HEART-LUNG MACHINE (PACEMAKER)	9
HUMIDIFIER (VAPORIZER)	10
INHALER	11
INSULIN	12
JEJUNOSTOMY	13
KANGAROO PUMP (FEEDING TUBE, FEEDING PUMP, GASTRONOMIC TUBE, G-TUBE)	7
NEBULIZER TREATMENT	14
OXYGEN SATURATION MONITOR (APNEA MONITOR, BREATHING MONITOR)	2
OXYGEN (AIR CHAMBER, BREATH PUMP, BREATHING MACHINE, RESPIRATOR, VENTILATOR)	1
PACEMAKER (HEART MONITOR, HEART-LUNG MACHINE)	9
PROSTHESIS	15
PULSOX, PULSOXIMETER	16
RESPIRATOR (AIR CHAMBER, BREATH PUMP, BREATHING MACHINE, OXYGEN, VENTILATOR)	1
SHUNT	17
SUCTION MACHINE (ASPIRATOR)	4
TRACHEOTOMY	18
TUBES IN EARS	19
VAGAL NERVE STIMULATOR	20
VAPORIZER (HUMIDIFIER)	10
VENTILATOR (AIR CHAMBER, BREATH PUMP, BREATHING MACHINE, OXYGEN, RESPIRATOR)	1
OTHER MEDICAL DEVICE (SPECIFY TYPE OR FUNCTION):	98
OTHER MEDICAL DEVICE (SPECIFY TYPE OR FUNCTION):	99
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

E I T H S K L

B41. Does [CHILD] have a place to go for regular medical care where they know [him/her] and [his/her] medical history? NOTE: REGULAR MEDICAL CARE INCLUDES GENERAL CHECK-UPS AS WELL AS WHERE THE CHILD GOES WHEN HE OR SHE IS SICK.

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B42. Is [CHILD] now covered by health insurance from an employer or union, or that your family buys directly?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B43. Is [CHILD] covered by [STATE]'s government-assisted health insurance, such as (FILL IN STATE NAMES FOR MEDICAID AND OTHER LOW-INCOME INSURANCE PROGRAMS. IF NO STATE-SPECIFIC FILL, USE "Medicaid" AS DEFAULT)?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

B44. Is [CHILD] covered by any other health insurance program?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF B42, 43 or 44 = YES, ASK B45. ELSE, GO TO B46.

E I T H S K L

B45. Is any of [CHILD]'s coverage through an HMO (Health Maintenance Organization)? (NOTE: IF NEEDED ADD: Sometimes it's called "managed care.")

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
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B46. (IF 'K' INTERVIEW, SAY: Since [CHILD] turned three... IF 'L' INTERVIEW SAY: Since we last spoke with (PREVIOUS RESPONDENT/you) in [DATE]...). have you had to change insurance plans or buy extra insurance for [CHILD] because of [his/her] special needs? ("Special needs" refers to children who receive special services.)

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
---	---	---	---	---	---	---

B47a. (IF 'K' INTERVIEW, SAY: Since [CHILD] turned three... IF 'L' INTERVIEW SAY: Since we last spoke (with PREVIOUS RESPONDENT/you) in [DATE]...) have you tried to get your insurance or health plan to pay for something for [CHILD] but they wouldn't pay? NOTE: THIS DOES NOT INCLUDE DEDUCTIBLES THAT ARE A REGULAR FEATURE OF THE INSURANCE POLICY OR PLAN.

	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4
GO TO B48a		

E	I	T	H	S	K	L
---	---	---	---	---	---	---

B47b. What wouldn't your insurance pay for? DO NOT READ CATEGORIES. CODE ALL THAT APPLY. NOTE: IF RESPONDENT NAMES A MEDICAL PROBLEM OR GIVES THE REASON THE INSURANCE WOULD NOT PAY, PROBE TO DETERMINE WHAT TREATMENT OR SERVICE WAS NOT COVERED.

DIAGNOSTIC PROCEDURES OR TESTS	1
SURGERY	2
SPECIAL EQUIPMENT	3
THERAPY SERVICES (OT, PT, SPEECH, MENTAL HEALTH)	4
PRESCRIPTIONS/MEDICATIONS/VITAMINS	5
SPECIAL FOOD	6
CHECKUPS AND IMMUNIZATIONS	7
DOCTOR OR OTHER MEDICAL SPECIALIST	8
EMERGENCY ROOM VISITS	9
AMBULANCE OR TRANSPORTATION TO TREATMENT	10
HOME CARE OR NURSING	11
SPECIAL TREATMENT	12
OTHER (SPECIFY: _____)	13
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

E	I	T	H	S	K	L
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B48a. (IF 'K' INTERVIEW, SAY: Since [CHILD] turned 3 years old... IF 'L' INTERVIEW SAY: Since we last spoke with (PREVIOUS RESPONDENT/you) in [DATE]...), how many nights has [CHILD] stayed overnight in a hospital?

NUMBER: _____ (RANGE (0-120))

CODE UNIT:

- 1 = NIGHTS
- 2 = WEEKS
- 3 = MONTHS
- 4 = YEARS

CHILD HAS BEEN IN HOSPITAL SINCE (IF 'K' INTERVIEW: [HE/SHE] TURNED 3. IF 'L' INTERVIEW: LAST INTERVIEW)	-3
DON'T KNOW	F3
REFUSED	F4

ECLS-K - Modified

					K	L
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B48b. How long has it been since [CHILD]'s last visit to a dentist or dental hygienist for dental care? Was it...

Less than 6 months ago,	1
Between 6 months and one year ago,	2
Between 1 and 2 years ago,	3
More than 2 years ago, or	4
Never?	5
DON'T KNOW	F3
REFUSED	F4

Child Milestone Items.

Now I'm going to describe things that [CHILD] may or may not be doing yet. For each one, I want you to tell me whether [CHILD] doesn't do it at all; does it, but not well; or does it well.

E	I	T	H	S	K	L
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B49. This first part is about how [CHILD] moves or gets around. (IF B15a = 1 (CHILD USES MOBILITY AID), SAY: "these questions are asking how well CHILD] moves without any mobility aids. A later question will ask about [his/her] mobility with assistive devices.") How well does [he/she] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 1 (DOESN'T DO IT AT ALL), GO TO CHECKPOINT.

	Functional Mobility Milestones - Ceiling	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Walk on tiptoes?	1	2	3	F3	F4
b.	Walk downstairs alternating feet?	1	2	3	F3	F4
c.	Walk upstairs alternating feet?	1	2	3	F3	F4
d.	Throw a ball to an adult five feet away?	1	2	3	F3	F4
e.	Catch a ball thrown?	1	2	3	F3	F4
f.	Hop on one foot?	1	2	3	F3	F4
g.	Skip with alternating feet?	1	2	3	F3	F4

CHECKPOINT: IF B49a, B49b, AND B49c DO NOT ALL EQUAL 3, CONTINUE WITH B50. IF B49a, B49b, AND B49c ALL = 3, GO TO NEXT CHECKPOINT.

B50. How well does [CHILD]... READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 3 (DOES IT WELL), GO TO NEXT CHECKPOINT.

	Functional Mobility Milestones - Basal	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Walk quickly or run?	1	2	3	F3	F4
b.	Get up and down six or more stairs in any way? (NOTE: CHILD MAY SIT, CLIMB, CRAWL, OR WALK, AND MAY HOLD ON WITH THEIR HANDS TO GO UP AND DOWN. HOW THE CHILD GOES UP MAY BE DIFFERENT FROM HOW THEY GO DOWN.)	1	2	3	F3	F4
c.	Walk without holding on to anything?	1	2	3	F3	F4
d.	Get up and down one stair in any way? (NOTE: DIFFERENTIAL ABILITY FOR UP AND DOWN (E.G., DOES ONE WELL AND THE OTHER NOT SO WELL) SHOULD BE CODED DOES IT, BUT NOT WELL. CHILD MAY SIT, CLIMB, CRAWL, OR WALK, AND MAY HOLD ON WITH THEIR HANDS TO GO UP AND DOWN. HOW THE CHILD GOES UP MAY BE DIFFERENT FROM HOW THEY GO DOWN.)	1	2	3	F3	F4

	Functional Mobility Milestones – Basal (Continued)	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
e.	Walk while holding someone's hand?	1	2	3	F3	F4
f.	Stand up without holding on to anything?	1	2	3	F3	F4
g.	Stand up with someone holding one hand or by holding onto something?	1	2	3	F3	F4
h.	Sit up alone without leaning against anything?	1	2	3	F3	F4
i.	Crawl, scoot, or creep? (NOTE: ROLLING OVER AND OVER SIDEWAYS ONLY DOES NOT COUNT, AND SHOULD BE CODED 1 IF THAT IS THE ONLY WAY THE CHILD CAN GET AROUND ON THE FLOOR.)	1	2	3	F3	F4
j.	Roll over from back to stomach? (NOTE: GOING FROM BEING ON HIS/HER STOMACH TO HIS/HER BACK DOES NOT SATISFY THIS DEVELOPMENTAL STAGE AND WOULD BE CODED 1 IF THAT IS THE ONLY WAY THE CHILD CAN ROLL OVER.)	1	2	3	F3	F4

CHECKPOINT: IF B15a = 1 (USES MOBILITY AIDS), GO TO B51. OTHERWISE, GO TO B52.

B51. How well does child...? READ FIRST ITEM. Would you say (he/she) doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE.

	Functional Mobility Milestones – Adapted Items	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Stand up with the help of braces or other aids?	1	2	3	F3	F4
b.	Get around with the help of a wheelchair, crutches, or other aids?	1	2	3	F3	F4
c.	Run or move faster than a walk with the help of braces or other aids?	1	2	3	F3	F4

E I T H S K L

B52. This part is about how [CHILD] uses [his/her] hands. How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 1 (DOESN'T DO IT AT ALL), GO TO CHECKPOINT.

	Hand Use Milestones - Ceiling	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Copy a plus sign?	1	2	3	F3	F4
b.	Copy a circle?	1	2	3	F3	F4
c.	Hold a pencil properly?	1	2	3	F3	F4
d.	Copy a square?	1	2	3	F3	F4
e.	Print 4 or 5 letters of first name, even if some letters are backwards?	1	2	3	F3	F4
f.	Color within the lines of a coloring book?	1	2	3	F3	F4

CHECKPOINT: IF B52a, B52b, AND B52c DO NOT ALL EQUAL 3, CONTINUE WITH B53. IF B52a, B52b, AND B52c ALL = 3, GO TO B54.

B53. How well does [CHILD]...READ REMINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 3 (DOES IT WELL), GO TO B54.

	Hand Use Milestones - Basal	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Take the paper off candy to unwrap it?	1	2	3	F3	F4
b.	Turn the paper pages of a book one at a time?	1	2	3	F3	F4
c.	Open a door by turning the knob?	1	2	3	F3	F4
d.	Stack 2 things on top of each other?	1	2	3	F3	F4
e.	Hold a crayon or pencil? [NOTE: THE CHILD SHOULD BE HOLDING THE CRAYON OR PENCIL (PENS OR MARKERS ARE ALSO ACCEPTABLE) IN A MANNER SUCH THAT HE/SHE COULD MAKE A SCRIBBLE OR MARK.]	1	2	3	F3	F4
f.	Take the lid off a box or container? [NOTE: THE CONTAINER MAY BE A TOY BOX OR ANY COMMON ITEMS IN THE HOME (E.G., PLASTIC FOOD CONTAINERS, POTS AND PANS). LIFTING A CLOSED TOILET SEAT IS ACCEPTABLE.]	1	2	3	F3	F4
g.	Pick up small things with the finger and thumb of the same hand?	1	2	3	F3	F4
h.	Grasp objects or toys and let go of them?	1	2	3	F3	F4
i.	Change objects or toys from one hand to the other?	1	2	3	F3	F4
j.	Reach for objects or toys?	1	2	3	F3	F4

E I T H S K L

B54. Now, let me ask about feeding. How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 3 (DOES IT WELL), GO TO B55.

	Independence Milestones: Feeding	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Spread food, like butter or jelly, on bread or crackers using a utensil (like spoon, fork, or knife)?	1	2	3	F3	F4
b.	Use a spoon to eat without much spilling?	1	2	3	F3	F4
c.	Lift a cup (NOT A TIPPY CUP) and drink from it?	1	2	3	F3	F4
d.	Eat bite size pieces of food with [his/her] fingers? (IF CHILD HAS NEVER EATEN BITE SIZE PIECES OF FOOD, CODE DON'T KNOW.)	1	2	3	F3	F4
e.	Hold a bottle or tippy cup and drink from it?	1	2	3	F3	F4

E I T H S K L

B55. How about dressing? How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 1 (DOESN'T DO IT AT ALL), GO TO CHECKPOINT.

	Independence Milestones: Dressing - Ceiling	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Pull pants up and down?	1	2	3	F3	F4
b.	Button one or more buttons without help?	1	2	3	F3	F4
c.	Put on [his/her] shirt or jacket without help?	1	2	3	F3	F4
d.	Dress [him/herself] completely without help, except shoelaces?	1	2	3	F3	F4
e.	Put shoes on correct feet?	1	2	3	F3	F4
f.	Hook and separate zippers?	1	2	3	F3	F4
g.	Tie [his/her] shoelaces?	1	2	3	F3	F4

CHECKPOINT: IF B55a, B55b, AND B55c DO NOT ALL EQUAL 3, CONTINUE WITH B56. IF B55a, B55b, AND B55c ALL = 3, GO TO B57.

B56. How well does [CHILD]...? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE.

	Independence Milestones: Dressing - Basal	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Take off [his/her] shirt without help?	1	2	3	F3	F4
b.	Take off [his/her] socks without help?	1	2	3	F3	F4
c.	Raise [his/her] arms so you can put on [his/her] shirt or jacket?	1	2	3	F3	F4

E I T H S K L

B57. How about toileting? How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE.

	Independence Milestones: Toileting	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Do what is expected when you put [him/her] on the toilet? (NOTE: THE TOILET MAY BE A REGULAR TOILET OR A SPECIAL "POTTY" DESIGNED FOR CHILDREN.)	1	2	3	F3	F4
b.	Have bowel control during the day? (NOTE: DAYTIME BOWEL CONTROL MEANS ESSENTIALLY NO BOWEL MOVEMENTS OR "ACCIDENTS" DURING THE TIME THE CHILD IS AWAKE, THAT IS FROM THE TIME THE CHILD WAKES IN THE MORNING UNTIL THEY GO TO BED AT NIGHT. OCCASIONAL ACCIDENTS ARE ACCEPTABLE IF THEY ARE RARE, LESS THAN ONE PER WEEK ON AVERAGE.)	1	2	3	F3	F4
c.	Have bladder control during the day? (NOTE: DAYTIME BLADDER CONTROL MEANS ESSENTIALLY NO URINATION OR "ACCIDENTS" DURING THE TIME THE CHILD IS AWAKE, THAT IS FROM THE TIME THE CHILD WAKES IN THE MORNING UNTIL HE/SHE GOES TO BED AT NIGHT. OCCASIONAL ACCIDENTS ARE ACCEPTABLE IF IT IS RARE, LESS THAN ONE PER WEEK ON AVERAGE.)	1	2	3	F3	F4
d.	Have bladder control at night? (NOTE; NIGHTTIME BLADDER CONTROL MEANS ESSENTIALLY NO URINATION OR "ACCIDENTS" DURING THE TIME CHILD IS ASLEEP, THAT IS FROM THE TIME THE CHILD GOES TO BED AT NIGHT UNTIL HE/SHE GETS UP IN THE MORNING. OCCASIONAL ACCIDENTS ARE ACCEPTABLE IF IT IS RARE, LESS THAN ONE PER WEEK ON AVERAGE.)	1	2	3	F3	F4

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B58. How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 1 (DOESN'T DO IT AT ALL), GO TO CHECKPOINT.

	Independence Milestones: Other	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Help with simple chores around the house? (NOTE: SIMPLE CHORES MIGHT INCLUDE GIVING THE CHILD A CLOTH TO WIPE THE AREA OF THE TABLE WHERE THEIR PLATE WAS AT MEAL TIME, PUTTING THEIR TOYS AWAY, MATCHING SOCKS WHEN LAUNDRY IS BEING FOLDED, WATERING THE GARDEN, ETC.)	1	2	3	F3	F4
b.	Wash <u>and</u> dry hands thoroughly—so that they're clean and dry?	1	2	3	F3	F4
c.	Blow and wipe nose?	1	2	3	F3	F4
d.	Understand and stay away from common dangers, like the stove, the street, or sharp objects, for example?	1	2	3	F3	F4
e.	Prepare toothbrush and thoroughly brush teeth?	1	2	3	F3	F4
f.	Wash and dry face?	1	2	3	F3	F4
g.	Bathe self completely independently?	1	2	3	F3	F4

CHECKPOINT: IF B4b IS NOT 1 (NO SPOKEN WORDS) GO TO CHECKPOINT BEFORE B61. IF B4a = 4 GO TO B63.

E I T H S K L

B59. This next part is about how [CHILD] lets you know what [he/she] wants or needs. How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 1 (DOESN'T DO IT AT ALL), GO TO CHECKPOINT.

	Expressive Communication Milestones - Ceiling	<i>Verbally</i>				
		Doesn't do it at all	Does it, but not well	Does it well	DK	Ref.
a.	Say at least 20 different words?	1	2	3	F3	F4
b.	Use any of the following words: I, me, he, she, or you?	1	2	3	F3	F4
c.	Ask "what's that?" questions? (NOTE: THE CHILD NEED NOT CLEARLY ARTICULATE THE WORDS "WHAT'S THAT.")	1	2	3	F3	F4
d.	Say 2 or 3 words together in a sentence?	1	2	3	F3	F4
e.	Say at least 50 different words?	1	2	3	F3	F4
f.	Say sentences of 4 to 6 words; for example, "I want more milk"?	1	2	3	F3	F4
g.	Repeat parts of songs or nursery rhymes or join in if others say them?	1	2	3	F3	F4
h.	Talk about an event or story in a correct sequence?	1	2	3	F3	F4
i.	Tell a simple story if asked?	1	2	3	F3	F4
j.	Use "thank you", "please", or "You're welcome"?	1	2	3	F3	F4
k.	Answer the phone and say correctly if the person can come to the phone?	1	2	3	F3	F4
l.	Name town or city where s/he resides?	1	2	3	F3	F4
m.	Name the days of the week in order?	1	2	3	F3	F4

CHECKPOINT: IF B59a, B59b, AND B59c DO NOT ALL EQUAL 3, CONTINUE WITH B60. IF B59a, B59b, AND B59c ALL = 3, GO TO CHECKPOINT BEFORE B61.

B60. How well does [CHILD]...? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 3 (DOES IT WELL), GO TO CHECKPOINT.

	Expressive Communication Milestones - Basal	<i>Verbally</i>				
		Doesn't do it at all	Does it, but not well	Does it well	DK	Ref.
a.	Say 5 or more words other than "mama" or "dada"?	1	2	3	F3	F4
b.	Repeat or imitate a word that someone says?	1	2	3	F3	F4
c.	Say "mama" or "dada" or something to refer to a parent?	1	2	3	F3	F4
d.	Use motions or gestures as a way to communicate, like shaking [his/her] head "No" or holding [his/her] arms out to be picked up?	1	2	3	F3	F4
e.	Hold up toys or objects for others to see, like showing you a toy?	1	2	3	F3	F4
f.	Babble when you talk to [him/her] or when [he/she] wants to get your attention?	1	2	3	F3	F4

CHECKPOINT: IF B4b DOES NOT HAVE 5, 6, OR 7 TOGGLED (NO USE OF COMMUNICATION AIDS) GO TO B63.

E I T H S K L

B61. Using [his/her] alternative communication system, how well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 1 (DOESN'T DO IT AT ALL), GO TO CHECKPOINT.

		<i>WITH SIGN LANGUAGE, COMMUNICATION BOARD OR BOOK, COMPUTER, OR OTHER COMMUNICATION AID</i>				
	Expressive Communication Milestones - Ceiling	Doesn't do It at all	Does it, but not well.	Does it well	DK	Ref.
a.	Say at least 20 different words?	1	2	3	F3	F4
b.	Use any of the following words: I, me, he, she, or you?	1	2	3	F3	F4
c.	Ask "what's that?" questions? (NOTE: THE CHILD NEED NOT CLEARLY ARTICULATE THE WORDS "WHAT'S THAT.")	1	2	3	F3	F4
d.	Say 2 or 3 words together in a sentence?	1	2	3	F3	F4
e.	Say at least 50 different words?	1	2	3	F3	F4
f.	Say sentences of 4 to 6 words; for example, "I want more milk"?	1	2	3	F3	F4
g.	Repeat parts of songs or nursery rhymes or join in if others say them?	1	2	3	F3	F4
h.	Talk about an event or story in a correct sequence?	1	2	3	F3	F4
i.	Tell a simple story if asked?	1	2	3	F3	F4
j.	Use "thank you", "please", or "You're welcome"?	1	2	3	F3	F4
k.	Answer the phone and say correctly if the person can come to the phone?	1	2	3	F3	F4
l.	Name town or city where s/he resides?	1	2	3	F3	F4
m.	Name the days of the week in order?	1	2	3	F3	F4

CHECKPOINT: IF B61a, B61b, AND B61c DO NOT ALL EQUAL 3, CONTINUE WITH B62. IF B61a, B61b, AND B61c ALL EQUAL 3, GO TO B63.

B62. Using [his/her] alternative communication system, how well does [CHILD]...? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE.

		<i>WITH SIGN LANGUAGE, COMMUNICATION BOARD OR BOOK, COMPUTER, OR OTHER COMMUNICATION AID</i>				
	Expressive Communication Milestones - Basal	Doesn't do It at all	Does it, but not well.	Does it well	DK	Ref.
a.	Say 5 or more words other than "mama" or "dada"?	1	2	3	F3	F4
b.	Repeat or imitate a word that someone says?	1	2	3	F3	F4
c.	Say "mama" or "dada" or something to refer to a parent?	1	2	3	F3	F4

E I T H S K L

B63. Now, I'm interested in how well [CHILD] understands what others say to [him/her]. (IF B4b HAS 5, 6, OR 7 TOGGLED (USES COMMUNICATION AIDS), SAY: For these questions, we are not talking about alternative means of communication.) How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE.

	Receptive Communication Milestones - Ceiling	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Follow a 2-step verbal direction such as "shut the door and come here"?	1	2	3	F3	F4
b.	Point correctly to two colors?	1	2	3	F3	F4
c.	Ask the meaning of a word and then use it?	1	2	3	F3	F4

CHECKPOINT: IF B63a, B63b, AND B63c DO NOT ALL EQUAL 3, CONTINUE WITH B64. IF B63a, B63b, AND B63c ALL = 3, GO TO B65.

B64. How well does [CHILD]... READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 3 (DOES IT WELL), GO TO B65.

	Receptive Communication Milestones - Basal	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Point to things you name, like when you say "where is the ball"? (NOTE: JUST LOOKING AT THE REQUESTED ITEM DOES NOT COUNT.)	1	2	3	F3	F4
b.	Respond to simple gestures like someone waving "bye-bye"?	1	2	3	F3	F4
c.	Respond to a simple verbal request like "give me the ball"?	1	2	3	F3	F4
d.	Look at things you point to?	1	2	3	F3	F4
e.	Look up or smile when you say [his/her] name?	1	2	3	F3	F4
f.	Look at something you hold in front of [him/her]?	1	2	3	F3	F4

E I T H S K L

B65. What about [CHILD] playing with toys and objects? How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE.

	Object Play Milestones - Ceiling	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Do simple pretending in play like feeding a doll or stuffed animal?	1	2	3	F3	F4
b.	Pretend that one object is a substitute for something else, like using a towel as a blanket or a box for a house?	1	2	3	F3	F4
c.	Stack things like blocks to make something like a house or a bridge?	1	2	3	F3	F4

CHECKPOINT: IF B65a, B65b, AND B65c DO NOT ALL EQUAL 3, CONTINUE WITH B66. IF B65a, B65b, AND B65c ALL = 3, GO TO B67.

B66. How well does [CHILD]...? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 3 (DOES IT WELL), GO TO B67.

	Object Play Milestones - Basal	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Use toys in different ways showing that [he/she] knows what they are for, like balls are for rolling, dolls are for holding?	1	2	3	F3	F4
b.	Put things into and take them out of things, like a box or container?	1	2	3	F3	F4
c.	Explore toys and objects by shaking and banging them?	1	2	3	F3	F4
d.	Explore objects by putting them into [his/her] mouth?	1	2	3	F3	F4
e.	Shift attention from one object to another or look back and forth from one thing to another?	1	2	3	F3	F4

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B67. This part is about how [CHILD] relates to adults and other children. How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 1 (DOESN'T DO IT AT ALL), GO TO CHECKPOINT.

	Social Play Milestones - Ceiling	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Cooperate with another child to do something together, like building a tower together with blocks?	1	2	3	F3	F4
b.	Play pretend games with other children by using props, like dressing up or using kitchen tools when playing house?	1	2	3	F3	F4
c.	Play group games with other children that have rules like tag, hide-n-seek, or duck-duck-goose?	1	2	3	F3	F4
d.	Follow rules in board games?	1	2	3	F3	F4

CHECKPOINT: IF B67a, B67b, AND B67c DO NOT ALL EQUAL 3, CONTINUE WITH B68. IF B67a, B67b, AND B67c ALL = 3, GO TO B69.

B68. How well does [CHILD]...? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 3 (DOES IT WELL), GO TO B69.

	Social Play Milestones - Basal	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Play a simple give-and-take game with another child like rolling a ball back and forth?	1	2	3	F3	F4
b.	Play alongside other children but not together?	1	2	3	F3	F4
c.	Greet people with a wave, a smile, or by saying "Hi"?	1	2	3	F3	F4
d.	Show interest in playing with other children?	1	2	3	F3	F4
e.	Laugh in response to a peek-a-boo game?	1	2	3	F3	F4
f.	Smile in response to something [he/she] likes?	1	2	3	F3	F4

E I T H S K L

B69. This next part is about how [CHILD] responds to [his/her] environment. How well does [CHILD] ...? READ FIRST ITEM. Would you say [he/she] doesn't do it at all, does it but not well, or does it well? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 1 (DOESN'T DO IT AT ALL), GO TO CHECKPOINT. NOTE: FOR THESE ITEMS, CHILD DOES NOT NEED TO TALK. ANY MEANS OF COMMUNICATION IS ACCEPTABLE.

	Cognitive Milestones - Ceiling	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Identify [him/herself] and other family members in photographs by pointing or saying the right name?	1	2	3	F3	F4
b.	Refer to things as "mine"?	1	2	3	F3	F4
c.	Give both [his/her] first <u>and</u> last name?	1	2	3	F3	F4
d.	Know [his/her] age, [he/she] can either say the number or show the right number of fingers?	1	2	3	F3	F4
e.	Answer correctly when asked if [he/she] is a boy or a girl?	1	2	3	F3	F4
f.	Understand concept of 3-- will give 3 pieces of candy?	1	2	3	F3	F4
g.	Draw a person with a recognizable head and body, or head, nose, eyes, mouth?	1	2	3	F3	F4
h.	Know a penny from a nickel by pointing or naming?	1	2	3	F3	F4
i.	Tell full address if asked?	1	2	3	F3	F4
j.	Know what half means?	1	2	3	F3	F4
k.	Know right from left?	1	2	3	F3	F4

CHECKPOINT: IF B69a, B69b, AND B69c DO NOT ALL EQUAL 3, CONTINUE WITH B70. IF B69a, B69b, AND B69c ALL = 3, GO TO B71.

B70. How well does [CHILD]...? READ REMAINING CATEGORIES. CODE ONE NUMBER ON EACH LINE. IF 3 ITEMS IN A ROW ARE CODED 3 (DOES IT WELL), GO TO B71.

	Cognitive Milestones - Basal	Doesn't do it at all	Does it but not well	Does it well	DON'T KNOW	REFUSED
a.	Give [his/her] first name?	1	2	3	F3	F4
b.	Show that (he/she) knows 2 body parts by touching or naming them when asked, for example, "Where is your nose?"	1	2	3	F3	F4
c.	Respond to [his/her] name?	1	2	3	F3	F4
d.	Show interest in [himself/herself] in a mirror by smiling?	1	2	3	F3	F4
e.	Look for a toy or object that has gone out of sight, like when a spoon falls off the table or a ball rolls under a sofa?	1	2	3	F3	F4
f.	Reach out <u>and</u> grab things that interest [him/her]?	1	2	3	F3	F4

NHES

		T		S	K	L
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B71. Can [CHILD] recognize... [READ CATEGORIES. CODE ONE CATEGORY]

All the letters of the alphabet,	1
Most of them,	2
Some of them, or	3
None of them?	4
DON'T KNOW	F3
REFUSED	F4

NHES

		T		S	K	L
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B72. How high can [CHILD] count? [NOTE: IF B4b HAS 5, 6, OR 7 TOGGLED (USES COMMUNICATION AIDS), ADD: verbally or however [he/she] communicates?] Would you say ... READ CATEGORIES. CODE ONE CATEGORY.

Not at all,	1
Up to five,	2
Up to 10,	3
Up to 20,	4
Up to 50, or	5
Up to 100 or more?	6
DON'T KNOW	F3
REFUSED	F4

ECLS-K

		T		S	K	L
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B73. In the past week, how often did [CHILD] look at books on [his/her] own? Would you say..... READ CATEGORIES. CODE ONE CATEGORY. [NOTE: THESE CAN BE PICTURE BOOKS OR STORY BOOKS, BUT DO NOT INCLUDE COLORING BOOKS.]

	Never,	1
	Once or twice,	2
	3 to 6 times, or	3
	Every day?	4
GO TO SECTION C	CHILD IS BLIND	5
	DON'T KNOW	F3
	REFUSED	F4

NHES

					K	L
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B74. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say...

	None of them,	1
	Some of them, or	2
	All of them?	3
GO TO SECTION C	CHILD IS BLIND	4
	DON'T KNOW	F3
	REFUSED	F4

NHES

					K	L
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B75a. Is [CHILD] able to read story books on [his/her] own now?

	YES	1
	NO	2
GO TO B75c	DON'T KNOW	F3
	REFUSED	F4

NHES

					K	L
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B75b. Does [CHILD] actually read the words written in the book, or does [he/she] look at the book and pretend to read?

GO TO SECTION C	READS THE WRITTEN WORDS	1
GO TO B75d	PRETENDS TO READ	2
	DOES BOTH	3
GO TO SECTION C	DON'T KNOW	F3
	REFUSED	F4

NHES

					K	L
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B75c. [IF B75a = 2, SAY: "Although [CHILD] doesn't yet read story books on [his/her] own,"] Does [he/she] look at a book with pictures and pretend to read?

	YES	1
GO TO SECTION C	NO	2
GO TO SECTION C	DON'T KNOW	F3
GO TO SECTION C	REFUSED	F4

NHES

					K	L
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B75d. When [he/she] pretends to read a book, does it sound like a connected story, or does [he/she] tell what's in each picture without much connection between them?

SOUNDS LIKE CONNECTED STORY	1
TELLS WHAT'S IN EACH PICTURE	2
DOES BOTH	3
DON'T KNOW	F3
REFUSED	F4

Section C. Special Education Services

CREATE VARIABLE: IF CHILD ATTENDS SPECIAL SCHOOL OR PROGRAM FOR CHILDREN WITH DISABILITIES (S8a = 2 AND S8b = 8) OR (AP4 = 1 AND (AP6=6 OR AP8 = 1)) OR (AP5 > 1 AND (AP22=6 OR AP24 = 1)) OR (AP5 = DK AND AP21 = 1 AND (AP22=6 OR AP24=1)) OR AK4 = 2, THEN SPEC_SCH = 1. ELSE SPEC_SCH = 0.

					K	L
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C1. Is [CHILD] currently receiving special education or therapy services provided by the public schools or paid for by the public schools? (CURRENTLY MEANS WITHIN THE LAST TWO MONTHS.)

GO TO CHECKPOINT BEFORE C4	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

CHECKPOINT: IF SPEC_SCH = 0 GO TO CHECKPOINT BEFORE C3.

					K	L
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C2a. Earlier you told me that [CHILD] attended a special program for children with disabilities. Is that program for children with disabilities...

CODE C1 = 1 AND GO TO CHECKPOINT BEFORE C4.	in a public school,	1
	paid for by the public school system, or	2
GO TO CHECKPOINT	is it completely covered by you or by insurance?	3
DO NOT READ	CHILD IS NOT IN A SPECIAL PROGRAM FOR CHILDREN WITH DISABILITIES	4
CODE C1 = 1 AND GO TO CHECKPOINT BEFORE C4.	DON'T KNOW	F3
GO TO CHECKPOINT	REFUSED	F4

C2b. I must have made an error. Let me go back and re-ask the earlier questions.
 IF S8a = 2 AND S8b = 8 THEN JUMP BACK TO S8a.
 ELSE IF AP6 = 6, THEN JUMP BACK TO AP6.
 ELSE IF AP8 = 1, THEN JUMP BACK TO AP8.
 ELSE IF AP22 = 6, THEN JUMP BACK TO AP22.
 ELSE IF AP24 = 1, THEN JUMP BACK TO AP24.
 ELSE IF AK4 = 2, THEN JUMP BACK TO AK4.

THIS NEXT QUESTION IS ONLY FOR CHILDREN IN KINDERGARTEN

CHECKPOINT: IF A1 = NO, DK, OR REF (NOT IN KINDERGARTEN) AND AP1 NOT EQUAL 7 (NOT IN FIRST GRADE) GO TO C21a.

SEELS

					K	L
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C3. Does [CHILD] now have a 504 plan for accommodations because of [his/her] special needs?

ALL GO TO C21a	YES	1
	NO	2
	DON'T KNOW	F3

	REFUSED	F4
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CHECKPOINT: IF A1 = YES (IN KINDERGARTEN) OR A1 = 3 (UNGRADED CLASS OR ALTERNATIVE PROGRAM ABOVE PRE-KINDERGARTEN WITH CHILDREN CHILD'S AGE OR OLDER) OR AP1 = 7 (IN FIRST GRADE) GO TO C4. IF AP4 = YES (IN PRESCHOOL) GO TO C6. ELSE GO TO C9.

					K	L
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C4 IS ONLY FOR CHILDREN IN KINDERGARTEN AND C1=YES

SEELS

C4. Which of the following best describes where [CHILD] spends [his/her] time at school? Does [he/she]...

	Spent the entire time in the regular class working only with the regular teaching staff,	1
	Spent the entire day in the regular class and specialists come in and work with [him/her] there,	2
	Spent most of the time in the regular class but is taken out of the classroom to receive some special services,	3
	Spent some time in the regular class and some time in a special class for children with special needs, or	4
	Spent the entire day in a special class for children with special needs?	5
DO NOT READ	SPEND ALL THE TIME WITH ONE OR MORE ADULTS RECEIVING INDIVIDUAL HELP	6
	OTHER (DESCRIBE: _____)	7
	DON'T KNOW	F3
	REFUSED	F4

C5. How would you rate the amount of time [CHILD] spends at school with typically developing children? Does [he/she] spend...READ CATEGORIES, CODE ONE.

Too much time with typically developing children,	1
About the right amount of time, or	2
Not enough time?	3
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: ALL GO TO C10

C6 IS FOR CHILDREN IN A PRESCHOOL PROGRAM AND C1=YES

					K	L
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C6. Earlier you told me that [CHILD] attended a [FILL PGMTYPE (variable created after AP36)]. Does [he/she] receive special education, therapy, or other special services in that program?

	YES	1
GO TO C9	NO	2
GO TO C9	DON'T KNOW	F3
GO TO C9	REFUSED	F4

					K	L
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C7. I am going to ask you some questions about how [CHILD] receives special education and other special services.

CHECKPOINT: IF SPEC_SCH = 1 GO TO C7b.

		YES	NO	DK	REF
a.	Does a specialist meet with [CHILD]'s teacher or child care provider to show the teacher how to work with [him/her]?	1	2	F3	F4
b.	Does a specialist come to the program and provide services to [CHILD] in the classroom?	1	2	F3	F4
c.	Does a specialist come to the program and take [CHILD] out of class to provide special services?	1	2	F3	F4
d.	Does your family take [CHILD] to a clinic or some other place for special services?	1	2	F3	F4
e.	Does a specialist come to your home to work with the child or a family member?	1	2	F3	F4
f.	Does a specialist go to [CHILD]'s babysitter's home to work with the child or the babysitter?	1	2	F3	F4
g.	Is there any other way that [CHILD] receives services? (DESCRIBE: _____)	1	2	F3	F4

C8. How would you rate the amount of time [CHILD] spends at [USE TYPE OF PRESCHOOL PROGRAM FROM PREVIOUS SECTION] with typically developing children? Does [he/she] spend...READ CATEGORIES, CODE ONE.

Too much time with typically developing children,	1
About the right amount of time, or	2
Not enough time?	3
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: ALL GO TO C10.

THIS QUESTION IS FOR CHILDREN WITH C1=YES BUT NOT IN KINDERGARTEN, NOT IN A PRESCHOOL PROGRAM, OR IN A PRESCHOOL PROGRAM WITH NO SERVICES.

					K	L
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C9. I am going to ask you some questions about how [CHILD] receives special education and other special services.

		YES	NO	DK	REF
a.	Does your family take [CHILD] to a school, office, or clinic for special services?	1	2	F3	F4
b.	Does a specialist come to [CHILD]'s home to work with [him/her] or a family member?	1	2	F3	F4
c.	Does specialist go to [CHILD]'s babysitter's home to work with the child or the babysitter?	1	2	F3	F4
d.	Is there any other way [he/she] receives services? DESCRIBE: _____)	1	2	F3	F4

THESE QUESTIONS ABOUT SERVICES ARE FOR ALL KIDS WITH C1=YES
My next set of questions refer only to the services [CHILD] is receiving which are provided by or paid for by the public schools.

					K	L
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ECLS-K

C10. I'm going to read a list of services. For each service, please tell me if [CHILD] is now receiving this service through the public schools. ("NOW" MEANS WITHIN THE LAST TWO MONTHS.)

		YES	NO	DK	REF
a.	Speech or language therapy?	1	2	F3	F4
b.	Occupational therapy?	1	2	F3	F4
c.	Physical therapy?	1	2	F3	F4
d.	Special education or instruction in school (EXTRA HELP, AN AIDE, SPECIAL PROGRAM)?	1	2	F3	F4
e.	Private tutoring or help for learning problems?	1	2	F3	F4

					K	L
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C11a. Is [CHILD] receiving any other services through the public schools, other than therapy, special ed and tutoring?

	YES	1
Go to C12	NO	2
Go to C12	DON'T KNOW	F3
Go to C12	REFUSED	F4

					K	L
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C11b. What other services is [CHILD] receiving? (YOU MAY READ THE CATEGORIES, AS NEEDED. PROBE FOR ONE OR MORE OF THE SPECIFIC RESPONSES BELOW. CODE ALL THAT APPLY.)

AUDIOLOGICAL SERVICES	01
AUDITORY INTEGRATION THERAPY	02
BEHAVIOR THERAPY (ABA - APPLIED BEHAVIOR ANALYSIS; LOVAAS)	03
FEEDING RELATED SERVICES (NUTRITIONIST, DIETICIAN)	04
MUSIC OR ART THERAPY	05
NURSING	06
PLAY THERAPY OR PLAY GROUP	07
COUNSELING / PSYCHOLOGICAL THERAPY / MENTAL HEALTH / SOCIAL WORK	08
RESPIRE CARE	09
SENSORY INTEGRATION THERAPY	10
TRANSPORTATION	11
VISION SERVICES	12
OTHER (SPECIFY)	13
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

					K	L
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SEELS

C12. During the last year, did you or another adult in [CHILD]'s household go to a meeting about an Individualized Education Plan, or IEP, about [CHILD]'s special education program or services? [IF ASKED WHAT AN IEP IS, SAY: AN INDIVIDUALIZED EDUCATION PLAN (OR PROGRAM) IS A WRITTEN DOCUMENT THAT CONTAINS INFORMATION ABOUT SPECIAL SERVICES [CHILD] RECEIVES TO MEET HIS EDUCATIONAL NEEDS.]

	YES	1
GO TO C16	NO	2
GO TO C16	DON'T KNOW	F3
GO TO C16	REFUSED	F4

					K	L
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NEILS; SEELS

C13. Who came up with the goals on [his/her] IEP? Was it ... (IF FAMILY HAD AN ADVOCATE OR CONSULTANT, THIS PERSON IS TO BE CONSIDERED PART OF THE FAMILY)

Mostly your family,	1
Mostly teachers and other school staff, or	2
You and the school staff together?	3
DON'T KNOW ABOUT ANY GOALS	4
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

NEILS

C17. I am going to read you some statements about the special education teachers, therapists, and other professionals who work with children with special needs. For each statement I read, please tell whether you strongly agree, agree, disagree, or strongly disagree with the statement. READ FIRST STATEMENT. Do you strongly agree, agree, disagree, or strongly disagree that this sounds like you?

		Strongly Agree	Agree	Disagree	Strongly Disagree	DK	REF
a.	I have good feelings about the professionals who work with children with special needs and their families.	1	2	3	4	F3	F4
b.	Professionals who work with children with special needs respect the values and cultural background of my family.	1	2	3	4	F3	F4
c.	Professionals who work with children with special needs ignore my opinions.	1	2	3	4	F3	F4
d.	Professionals who work with children with special needs make me feel optimistic and hopeful about [CHILD]'s future.	1	2	3	4	F3	F4

E I T H S K L

NEILS - adapted

C18. How would you rate the amount of special education and therapy services [CHILD] is getting through the school system? Would you say it is...

More than needed,	1
About the right amount, or	2
Less than needed?	3
ENOUGH OF SOME, BUT NOT OF OTHERS	4
DON'T KNOW	F3
REFUSED	F4

NEILS - adapted

E | I | T | H | S | K | L

C19. How would you rate the general quality of the special education and therapy services [CHILD] is getting **through the school system**? Would you say it is...

Excellent,	1
Good,	2
Fair, or	3
Poor?	4
MIXED; SOME OK, SOME NOT	5
DON'T KNOW	F3
REFUSED	F4

E | I | T | H | S | K | L

C20a. Are there any special education services or therapies that [CHILD] is now getting through the school system that you think [he/she] needs more of?

	YES	1
GO TO C21a	NO	2
GO TO C21a	DON'T KNOW	F3
GO TO C21a	REFUSED	F4

E I T H S K L

NEILS

C20b. What therapy or services do you think [he/she] needs more of? DON'T READ CATEGORIES. CODE ALL THAT APPLY. ONLY RESPONSES GIVEN TO C10 OR C11B SHOULD SHOW ON SCREEN, PLUS 19, DK, AND REF.

SPEECH OR LANGUAGE THERAPY	01
OCCUPATIONAL THERAPY	02
PHYSICAL THERAPY	03
SPECIAL INSTRUCTION IN SCHOOL (EXTRA HELP, AN AIDE, SPECIAL PROGRAM)	04
PRIVATE TUTORING OR SCHOOLING FOR LEARNING PROBLEMS	05

AUDIOLOGICAL SERVICES	06
AUDITORY INTEGRATION THERAPY	07
BEHAVIOR THERAPY (ABA - APPLIED BEHAVIOR ANALYSIS; LOVAAS)	08
FEEDING RELATED SERVICES (NUTRITIONIST, DIETICIAN)	09
MUSIC OR ART THERAPY	10
NURSING	11
PLAY THERAPY OR PLAY GROUP	12
COUNSELING / PSYCHOLOGICAL THERAPY / MENTAL HEALTH / SOCIAL WORK	13
RESPITE CARE	14
SENSORY INTEGRATION THERAPY	15
TRANSPORTATION	16
VISION SERVICES	17
OTHER (TEXT SPECIFIED IN C11b)	18
R MENTIONED SOMETHING NOT LISTED HERE	19
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

CHECKPOINT: IF R MENTIONED SOMETHING NOT LISTED IN C10 OR C11b, ASK C20c. OTHERWISE, GO TO C21a.

K L

C20c. You mentioned a service that I hadn't recorded from before. Let me go back and be sure I have things correctly.

GO TO C10	GO BACK TO C10 OR C11b TO RECORD AN ADDITIONAL SERVICE	1
GO TO C20a	R MISUNDERSTOOD THIS ITEM. RETURN TO THE TOP TO FIX THINGS.	2

ALL RESPONDENTS SHOULD COME TO THIS POINT

E I T H S K L

NEILS

C21a. Are there any special education services or therapies that you think [CHILD] should be getting through the school system, but isn't?

	YES	1
GO TO C22	NO	2
GO TO C22	DON'T KNOW	F3
GO TO C22	REFUSED	F4

E I T H S K L

NEILS

C21b. What therapy or services do you think [he/she] needs, but isn't getting? DON'T READ CATEGORIES. CODE ALL THAT APPLY.

SPEECH OR LANGUAGE THERAPY	01
OCCUPATIONAL THERAPY	02
PHYSICAL THERAPY	03
SPECIAL INSTRUCTION IN SCHOOL (EXTRA HELP, AN AIDE, SPECIAL PROGRAM)	04
PRIVATE TUTORING OR SCHOOLING FOR LEARNING PROBLEMS	05

AUDIOLOGICAL SERVICES	06
AUDITORY INTEGRATION THERAPY	07
BEHAVIOR THERAPY (ABA - APPLIED BEHAVIOR ANALYSIS; LOVAAS)	08
FEEDING RELATED SERVICES (NUTRITIONIST, DIETICIAN)	09
MUSIC OR ART THERAPY	10
NURSING	11
PLAY THERAPY OR PLAY GROUP	12
COUNSELING / PSYCHOLOGICAL THERAPY / MENTAL HEALTH / SOCIAL WORK	13
RESPIRE CARE	14
SENSORY INTEGRATION THERAPY	15
TRANSPORTATION	16
VISION SERVICES	17
OTHER (SPECIFY: _____)	18
OTHER (SPECIFY: _____)	19
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

- C22. Does [CHILD] receive any special education or therapy services that are paid for by a source other than the public schools such as your family, your insurance, or another public program?

GO TO CHECKPOINT BEFORE SECTION CP	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

- C23. What special education or therapy services does your family, insurance or another agency pay for? DON'T READ CATEGORIES. CODE ALL THAT APPLY.

SPEECH OR LANGUAGE THERAPY	01
OCCUPATIONAL THERAPY	02
PHYSICAL THERAPY	03
SPECIAL INSTRUCTION IN SCHOOL (EXTRA HELP, AN AIDE, SPECIAL PROGRAM)	04
PRIVATE TUTORING OR SCHOOLING FOR LEARNING PROBLEMS	05
AUDIOLOGICAL SERVICES	06
AUDITORY INTEGRATION THERAPY	07
BEHAVIOR THERAPY (ABA - APPLIED BEHAVIOR ANALYSIS; LOVAAS)	08
FEEDING RELATED SERVICES (NUTRITIONIST, DIETICIAN)	09
MUSIC OR ART THERAPY	10
NURSING	11
PLAY THERAPY OR PLAY GROUP	12
COUNSELING / PSYCHOLOGICAL THERAPY / MENTAL HEALTH / SOCIAL WORK	13
RESPIRE CARE	14
SENSORY INTEGRATION THERAPY	15
TRANSPORTATION	16
VISION SERVICES	17
OTHER (SPECIFY: _____)	18
OTHER (SPECIFY: _____)	19
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

CHECKPOINT: IF "L" INTERVIEW, GO TO SECTION D.

Section CP. SERVICES BETWEEN EARLY INTERVENTION AND NOW

My next set of questions refer to the time between when [CHILD] stopped receiving early intervention services and the beginning of this school year .

						K	
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CP1. How old was [CHILD] when [he/she] received [his/her] last service from an early intervention program? (IF CHILD HAS BEEN IN SERVICES CONTINUOUSLY AND RECEIVED SERVICES THROUGH A **PUBLIC** SCHOOL SYSTEM PRIOR TO AGE 3, IT MAY NOT BE OBVIOUS TO THE RESPONDENT WHEN THE CHILD LEFT EARLY INTERVENTION. IF RESPONDENT ANSWERS CHILD HAS BEEN RECEIVING SERVICES CONTINUOUSLY, CODE '3 YEARS' FOR CP1. IF RESPONDENT ANSWERS DK TO CP1 AND LATER ANSWERS YES/1 TO CP7, PROGRAM CP1 TO BE 3 YEARS.)

____/____ or _____/_____
 month/year Age in years / months

DO NOT READ

NEVER HAD EARLY INTERVENTION SERVICES	99
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF CHILD WAS YOUNGER THAN 29 MONTHS WHEN LEFT EARLY INTERVENTION, GO TO CHECKPOINT BEFORE CP5.

						K	
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CP2. Was an individualized education plan for special services or IEP developed for [CHILD] around the time [he/she] turned three?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

						K	
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CP3. Did [CHILD] begin to receive special services from a public school system within one month of leaving [his/her] early intervention program?

GO TO CHECKPOINT BEFORE CP7	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

					K	
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CP4. Why didn't [CHILD] receive special services through a school system right after early intervention? DON'T READ CATEGORIES. CODE ALL THAT APPLY.

CHILD	CHILD WAS NOT OLD ENOUGH	1
	DID NOT QUALIFY FOR SERVICES/WASN'T ELIGIBLE	2
	NO LONGER NEEDED SERVICES/DOING FINE	3
	WAS RECEIVING SERVICES SOMEWHERE OTHER THAN THROUGH A SCHOOL SYSTEM	4
FAMILY	FAMILY DID NOT LIKE THE SERVICES THAT WERE AVAILABLE.	5
	FAMILY NEVER LOOKED INTO IT	6
	FAMILY WANTED TO TAKE A BREAK	7
SCHOOL	PAPERWORK/SCHOOL SYSTEM WASN'T READY	8
	SCHOOL SYSTEM DIDN'T OFFER SERVICES OVER THE SUMMER	9
	SERVICES WERE NOT AVAILABLE	10
	WAS ON A WAITING LIST FOR SERVICES	11
	SOME OTHER REASON (SPECIFY: _____)	12
	DON'T KNOW	F3
	REFUSED	F4
ALL COMPLETE	F9	

CHECKPOINT: IF C1 = 1 (GETTING SERVICES THROUGH THE SCHOOLS NOW), GO TO CP6.

					K	
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CP5. Since leaving early intervention, did [CHILD] **ever** receive special education services or therapy services through a public school system?

	YES	1
GO TO CP15a	NO	2
GO TO CP15a	DON'T KNOW	F3
GO TO CP15a	REFUSED	F4

					K	
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CP6. When did [CHILD] begin receiving special education or therapy services **through a school system**? (YOU CAN TELL ME THE DATE OR [CHILD]'S AGE.)

_____/____/____ or ____/____/____
month/year Age in years / months

CHECKPOINT: IF C1 DOES NOT EQUAL 1, GO TO CP8.

					K	
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CP7. IF CP3 = 2, DK OR REF, or CP1 is younger than 29 months, SAY "Once [CHILD] started receiving services through the public schools, has [he/she] been receiving special education services or therapy services through the public schools more or less continuously?" ELSE SAY, "Has [CHILD] been receiving special education services or therapy services through the public schools more or less continuously since the end of early intervention?"

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: GO TO CP9.

					K	
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CP8. When did the last of the services that [CHILD] received through the school system end? (IF MORE THAN ONE DATE, ASK FOR THE LATEST.)

____/____ or _____/_____
 month/year Age in years / months

DON'T KNOW	F3
REFUSED	F4

My next set of questions refer to the services [CHILD] received through the public schools between the end of early intervention but before this school year.

					K	
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ECLS-K

CP9. I'm going to read a list of services. For each service, please tell me if [CHILD] received this service through the public schools between the time [he/she] left early intervention but before this school year.

		YES	NO	DK	REF
a.	Speech or language therapy?	1	2	F3	F4
b.	Occupational therapy?	1	2	F3	F4
c.	Physical therapy?	1	2	F3	F4
d.	Special education or instruction in school? (EXTRA HELP, AN AIDE, SPECIAL PROGRAM)	1	2	F3	F4
e.	Private tutoring or help for learning problems?	1	2	F3	F4

					K	
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CP10a. Did [CHILD] receive any other services through the public schools since leaving early intervention but prior to this school year, other than therapy, special ed and tutoring?

	YES	1
Go to CP11	NO	2
Go to CP11	DON'T KNOW	F3
Go to CP11	REFUSED	F4

					K	
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CP10b. What other services did [CHILD] receive through the public schools (SINCE LEAVING EARLY INTERVENTION BUT PRIOR TO THIS SCHOOL YEAR)? (CODE ALL THAT APPLY)

AUDIOLOGICAL SERVICES	01
AUDITORY INTEGRATION THERAPY	02
BEHAVIOR THERAPY (ABA - APPLIED BEHAVIOR ANALYSIS; LOVAAS)	03
FEEDING RELATED SERVICES (NUTRITIONIST, DIETICIAN)	04
MUSIC OR ART THERAPY	05
NURSING	06
PLAY THERAPY OR PLAY GROUP	07
COUNSELING / PSYCHOLOGICAL THERAPY / MENTAL HEALTH / SOCIAL WORK	08
RESPIRE CARE	09
SENSORY INTEGRATION THERAPY	10
TRANSPORTATION	11
VISION SERVICES	12
OTHER (SPECIFY: _____)	13
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

					K	
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CP11. Since leaving early intervention and prior to this school year, was [CHILD] ever in a special class or group that included only children with disabilities or special needs?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K

NEILS

CP12. How would you rate the general quality of the special education and therapy services [CHILD] received from the school system after early intervention and prior to this school year? Would you say they were..

Excellent,	1
Good,	2
Fair, or	3
Poor?	4
MIXED; SOME OK, SOME NOT	5
DON'T KNOW	F3
REFUSED	F4

E I T H S K

NEILS

CP13. Thinking about all the services [CHILD] received between when [he/she] turned 3 and this school year, how much impact have those services had on [his/her] development. Would you say ...

No impact,	1
Some impact, or	2
A lot of impact?	3
NEGATIVE IMPACT	5
DON'T KNOW	F3
REFUSED	F4

K

CP14a. Are there any services or therapies that [CHILD] received between when [he/she] turned 3 and this school year that you think [he/she] should have received more of?

	YES	1
GO TO CP15a	NO	2
GO TO CP15a	DON'T KNOW	F3
GO TO CP15a	REFUSED	F4

					K	
--	--	--	--	--	---	--

NEILS

CP14b. What therapy or services do you think [he/she] should have received more of (BETWEEN WHEN [HE/SHE] TURNED 3 AND THIS SCHOOL YEAR)? DON'T READ CATEGORIES. CODE ALL THAT APPLY. ONLY RESPONSES GIVEN TO CP9 AND CP10b SHOULD SHOW ON SCREEN, PLUS CODE 19, DK, AND REF.

SPEECH OR LANGUAGE THERAPY	01
OCCUPATIONAL THERAPY	02
PHYSICAL THERAPY	03
SPECIAL INSTRUCTION IN SCHOOL (EXTRA HELP, AN AIDE, SPECIAL PROGRAM)	04
PRIVATE TUTORING OR SCHOOLING FOR LEARNING PROBLEMS	05
AUDIOLOGICAL SERVICES	06
AUDITORY INTEGRATION THERAPY	07
BEHAVIOR THERAPY (ABA - APPLIED BEHAVIOR ANALYSIS; LOVAAS)	08
FEEDING RELATED SERVICES (NUTRITIONIST, DIETICIAN)	09
MUSIC OR ART THERAPY	10
NURSING	11
PLAY THERAPY OR PLAY GROUP	12
COUNSELING / PSYCHOLOGICAL THERAPY / MENTAL HEALTH / SOCIAL WORK	13
RESPIRE CARE	14
SENSORY INTEGRATION THERAPY	15
TRANSPORTATION	16
VISION SERVICES	17
[SPECIFY TEXT FROM CP10b]	18
R MENTIONED SOMETHING NOT LISTED HERE	19
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

CHECKPOINT: IF R MENTIONED SOMETHING NOT LISTED IN CP9 OR CP10B, ASK CP14c. OTHERWISE, GO TO CP15a.

					K	
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CP14c. You mentioned a service that I hadn't recorded from before. Let me go back and be sure I have things correctly.

GO TO CP9	GO BACK TO CP9 OR CP10b TO RECORD AN ADDITIONAL SERVICE	1
GO TO CP14a	R MISUNDERSTOOD THIS ITEM. RETURN TO THE TOP TO FIX THINGS.	2

THOSE WITH NO SERVICES SINCE TURNING 3 COME IN HERE.

E I T H S K

NEILS

CP15a. Are there any special education services or therapies that you think [CHILD] should have been getting through the school system after turning three and prior to this school year, but didn't get?

	YES	1
GO TO CP16a	NO	2
GO TO CP16a	DON'T KNOW	F3
GO TO CP16a	REFUSED	F4

E I T H S K

NEILS

CP15b. What therapy or services do you think [he/she] needed, but didn't get? DON'T READ CATEGORIES. CODE ALL THAT APPLY.

SPEECH OR LANGUAGE THERAPY	01
OCCUPATIONAL THERAPY	02
PHYSICAL THERAPY	03
SPECIAL INSTRUCTION IN SCHOOL (EXTRA HELP, AN AIDE, SPECIAL PROGRAM)	04
PRIVATE TUTORING OR SCHOOLING FOR LEARNING PROBLEMS	05

AUDIOLOGICAL SERVICES	06
AUDITORY INTEGRATION THERAPY	07
BEHAVIOR THERAPY (ABA - APPLIED BEHAVIOR ANALYSIS; LOVAAS)	08
FEEDING RELATED SERVICES (NUTRITIONIST, DIETICIAN)	09
MUSIC OR ART THERAPY	10
NURSING	11
PLAY THERAPY OR PLAY GROUP	12
COUNSELING / PSYCHOLOGICAL THERAPY / MENTAL HEALTH / SOCIAL WORK	13
RESPIRE CARE	14
SENSORY INTEGRATION THERAPY	15
TRANSPORTATION	16
VISION SERVICES	17
OTHER (SPECIFY: _____)	18
OTHER (SPECIFY: _____)	19
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

					K	
--	--	--	--	--	---	--

CP16a. Between turning three and the beginning of this school year, did [CHILD] ever receive any special education services or therapy services that [his/her] family, insurance, or some organization other than the public school system paid for?

	YES	1
GO TO SECTION D	NO	2
GO TO SECTION D	DON'T KNOW	F3
GO TO SECTION D	REFUSED	F4

					K	
--	--	--	--	--	---	--

CP16b. What therapy or services did [CHILD]'s family, insurance or organization other than the school system pay for? DON'T READ CATEGORIES. CODE ALL THAT APPLY.

SPEECH OR LANGUAGE THERAPY	01
OCCUPATIONAL THERAPY	02
PHYSICAL THERAPY	03
SPECIAL INSTRUCTION IN SCHOOL (EXTRA HELP, AN AIDE, SPECIAL PROGRAM)	04
PRIVATE TUTORING OR SCHOOLING FOR LEARNING PROBLEMS	05

AUDIOLOGICAL SERVICES	06
AUDITORY INTEGRATION THERAPY	07
BEHAVIOR THERAPY (ABA - APPLIED BEHAVIOR ANALYSIS; LOVAAS)	08
FEEDING RELATED SERVICES (NUTRITIONIST, DIETICIAN)	09
MUSIC OR ART THERAPY	10
NURSING	11
PLAY THERAPY OR PLAY GROUP	12
COUNSELING / PSYCHOLOGICAL THERAPY / MENTAL HEALTH / SOCIAL WORK	13
RESPIRE CARE	14
SENSORY INTEGRATION THERAPY	15
TRANSPORTATION	16
VISION SERVICES	17
OTHER (SPECIFY: _____)	18
OTHER (SPECIFY: _____)	19
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

CHECKPOINT: IF "L" INTERVIEW, GO TO D4.

Section D. Family Issues and Home Environment

Now I want to ask you about how you now feel about your family's experiences in early intervention when [CHILD] was under 3 years old.

E | I | T | H | S | K |

- D1. Thinking back now, overall, how would you rate the help and information your family received through early intervention? Was it...

	Excellent,	1
	Good,	2
	Fair, or	3
	Poor?	4
	MIXED, SOME OK, SOME NOT	5
GO TO D3	DIDN'T RECEIVE ANY HELP OR INFORMATION	6
	DON'T KNOW	F3
	REFUSED	F4

E | I | T | H | S | K |

- D2. Thinking back now, how did the help and information your family received through early intervention affect your family? Do you think your family is...? READ CATEGORIES. CODE ONE CATEGORY.

	Much better off than it would have been without it,	1
	Somewhat better off,	2
	About the same, or	3
	Worse off?	4
	TOO SOON TO TELL	5
	DON'T KNOW	F3
	REFUSED	F4

E | I | T | H | S | K |

- D3. Thinking back now, how much impact have the early intervention services [CHILD] received had on (his/her) development? Would you say...

	No impact,	1
	A little impact, or	2
	A lot of impact?	3
	TOO SOON TO TELL	4
	NEGATIVE IMPACT	5
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

D4. Now I'm going to read some statements. For each statement I read, please tell me whether you strongly agree, agree, disagree, or strongly disagree that it sounds like how you feel. (READ FIRST ITEM.) Do you ... (READ IF NECESSARY)

		Strongly agree	Agree	Disagree	Strongly disagree	DK	REF
a.	I know how to care for [CHILD]'s basic needs, like feeding, bathing, and dressing. NOTE: BASIC NEEDS INCLUDE EVERYTHING RELATED TO THE DAY-TO-DAY CARE OF THE CHILD (E.G., GETTING [HIM/HER] TO SLEEP AT NIGHT, TOILETING, TAKING CARE OF [HIM/HER] WHEN [HE/SHE] IS SICK).	1	2	3	4	F3	F4
b.	I know how to help [CHILD] learn and develop.	1	2	3	4	F3	F4
c.	I have relatives or friends to turn to for help or support when I need it.	1	2	3	4	F3	F4
d.	I often have a difficult time figuring out what to do about [CHILD]'s behavior.	1	2	3	4	F3	F4
e.	I know what to do if I'm worried that [CHILD] might need some special help, programs, or services.	1	2	3	4	F3	F4
f.	I have little chance to take part in community activities, such as religious, school, or social events.	1	2	3	4	F3	F4
g.	I have relatives, friends, or others who help me deal with the challenges I face because of [CHILD]'s special needs.	1	2	3	4	F3	F4
h.	Our ability to work and to play together as a family is pretty normal.	1	2	3	4	F3	F4

Now I want to ask you about your family's activities.

UNC

K L

D5. Thinking about a typical day, about how many hours a day does [CHILD] spend:

		# HOURS	DON'T KNOW	REFUSED
a.	Watching TV alone?		F3	F4
b.	Doing things with a household member?		F3	F4
c.	Playing with brothers, sisters, or other children in the household?		F3	F4
d.	Playing with other children from outside the household?		F3	F4
e.	Playing or being alone with no one else in the room or yard?		F3	F4

UNC

					K	L
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D6. How many days a week do you and [CHILD] usually eat at least one meal together? Would you say...

Daily,	1
Every other day,	2
Once or twice a week, or	3
Never?	4
DON'T KNOW	F3
REFUSED	F4

SEELS (PEELS)

					K	L
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D7. During the past year, has [he/she] been invited to another child's birthday party?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

PEELS

					K	L
--	--	--	--	--	---	---

D8. Compared to other families with children [CHILD]'s age, would you say that your family has difficulty doing the following activities because of [CHILD]? Would you say your family has difficulty...(READ THE FOLLOWING ITEMS, CODE EACH ITEM).

		YES	NO	NOT APPLICABLE	DON'T KNOW	REF
a.	Going to a grocery store?	1	2	3	F3	F4
b.	Going to a shopping mall, department store, or discount store?	1	2	3	F3	F4
c.	Going to a restaurant or fast food place?	1	2	3	F3	F4
d.	Going to a public park or playground?	1	2	3	F3	F4
e.	Going to a church, synagogue, or place of worship?	1	2	3	F3	F4
f.	Going to the library?	1	2	3	F3	F4
g.	Going to a movie?	1	2	3	F3	F4
h.	Going on vacations?	1	2	3	F3	F4

FACES (PEELS)

						K	L
--	--	--	--	--	--	---	---

D9. In the past month, that is, since [MONTH] [DAY], has anyone in your family done the following things with [CHILD]? (IF ANY ITEMS CODED N/A IN D8, SKIP THAT/THOSE ITEMS IN THIS QUESTION.)

		YES	NO	DON'T KNOW	REFUSED
a.	Gone to a grocery store?	1	2	F3	F4
b.	Gone to a shopping mall, department store, or discount store?	1	2	F3	F4
c.	Gone to a restaurant or fast food place?	1	2	F3	F4
d.	Gone to a public park or playground?	1	2	F3	F4
e.	Gone to a church, synagogue, or place of worship?	1	2	F3	F4
f.	Gone to the library?	1	2	F3	F4
g.	Gone to a movie?	1	2	F3	F4

E	I	T	H	S	K	L
---	---	---	---	---	---	---

D10. Thinking about your family's overall life situation now, would you describe it as...

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
---	---	---	---	---	---	---

D11. Thinking about [CHILD]'s overall life situation now, would you say it is...

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

D12. Looking toward the future, do you expect that your family's overall life situation will be...

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

D13. Looking toward the future, do you expect that [CHILD]'s overall life situation will be...

NOTE: USE OPTION 6 (CHILD IS TERMINALLY ILL) ONLY IF RESPONDENT MENTIONS IT WITHOUT CHOOSING ONE OF THE OTHER CATEGORIES.

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
CHILD IS TERMINALLY ILL	6
DON'T KNOW	F3
REFUSED	F4

ECLS-K - Modified

K L

D14. How far in school do you expect [CHILD] to go? Would you say you expect [him/her]...

Not to graduate from high school,	1
to graduate from high school,	2
to attend some college or take postsecondary vocational courses,	3
to receive a 2- or 3-year college degree (AA DEGREE) or vocational school diploma,	4
to earn a 4-year college degree (BA, BS DEGREE), or	5
to earn a graduate degree (MA, MBA, Ph.D., JD, MD)?	6
DON'T KNOW	F3
REFUSED	F4

Section E. Child Care and Other Activities

CHECKPOINT: IF S8a = 2 AND S8b = 7 OR 8 (CHILD LIVING IN A HOSPITAL OR AT A RESIDENTIAL SCHOOL), SKIP SECTION E. IF A1 = NO, DK, OR REF AND AP4 = 1, GO TO E2; ELSE GO TO E1.

Next, I'd like to talk with you about the child care arrangements you have for [CHILD], both this year and last year.

NEILS

E1. Is [CHILD] now being regularly cared for by someone other than a parent, or guardian, ? (EXCLUDE FOSTER PARENT AND ONE-ON-ONE AIDE OR NURSING CARE WHILE AT SCHOOL OR WHEN A PARENT IS PRESENT.) By regular, we mean for 10 or more hours a week most weeks. This includes child care while a parent or guardian works or goes to school.

GO TO E3	YES	1
GO TO CHECKPOINT BEFORE E30	NO	2
	DON'T KNOW	F3
	REFUSED	F4

E2. Earlier you mentioned that [CHILD] attended [FILL PGMTYPE]. Is [he/she] in any other arrangement where [he/she] is regularly cared for 10 hours or more a week by someone other than a parent or a guardian?

	YES	1
Go to CHECKPOINT BEFORE E27	NO	2
Go to CHECKPOINT BEFORE E27	DON'T KNOW	F3
Go to CHECKPOINT BEFORE E27	REFUSED	F4

NEILS

E3. How many (IF AP4 = 1, SAY: **other**) different child care arrangements (IF AP4 IS NOT YES, SAY: or programs) is [he/she] in now? (NOTE: BABYSITTING IN SOMEONE'S HOME COUNTS AS ONE ARRANGEMENT.) IF AP4 = 1, SHOW: (THIS SHOULD NOT INCLUDE DAY CARE ASKED ABOUT EARLIER.)

Number _____ (RANGE = 1-6)

DON'T KNOW	F3
REFUSED	F4

FIRST CHILD CARE ARRANGEMENT:

CHECKPOINT: IF AP4 DOES NOT EQUAL 1, GO TO E4b.

NEILS

E4a. (IF MORE THAN ONE ARRANGEMENT, SAY: I want to ask you about each arrangement separately. Let's begin with the arrangement in which [CHILD] spends the most time.) Is this care in ...

ALL GO TO E5	[CHILD]'s home,	1
	Someone else's home,	2
	or somewhere else? SPECIFY _____	4
	DON'T KNOW	F3
	REFUSED	F4

NEILS

E4b. (IF MORE THAN ONE ARRANGEMENT, SAY: I want to ask you about each arrangement separately. Let's begin with the arrangement in which [CHILD] spends the most time.) Is this care in ...

	[CHILD]'s home,	1
	Someone else's home,	2
GO TO CHECKPOINT BEFORE E6	A child care center,	3
	or somewhere else? SPECIFY _____	4
	DON'T KNOW	F3
	REFUSED	F4

NEILS

E5. Is this care provided by a relative of [CHILD]'s?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF AP4 DOES NOT EQUAL 1 AND E4b = 3, ASK E6. ELSE, GO TO E7.

ECLS-K

E6 SHOULD ONLY BE ASKED IF CHILD IS IN KINDERGARTEN AND CHILD CARE. THE OTHER QUESTIONS IN E6 ARE FOR PRESCHOOLERS IN PROGRAMS AND ARE ALREADY IN THE AP QUESTIONS.?

E6. IF A1=1 OR 3 SAY: Is this center located at the school where [CHILD] attends kindergarten? ELSE IF AP1 = 7, SAY: Is this center located at the school where [CHILD] attends first grade?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

NEILS

E7. How many hours a week is [CHILD] in this arrangement? NOTE: IF MORE THAN ONE ARRANGEMENT, WE WANT THE NUMBER OF HOURS PER WEEK FOR THIS ARRANGEMENT ONLY.

of hours per week _____ (RANGE = 1-100)

DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF E3 = 1 AND 0 < E7 < 10 THEN ASK E7chk. ELSE, GO TO E8.

E7chk. I am interested in childcare of 10 or more hours per week. I recorded that [CHILD] is in only one childcare arrangement of [FILL E7] hours per week. This is less than 10 hours. Is that correct?

IF AP4 NE 1, CODE E1 = 2; ELSE IF AP4 = 1 CODE E2 = 2. GO TO E30.	YES	1
GO TO E7	NO - GO BACK TO CORRECT NUMBER OF HOURS PER WEEK IN THIS ARRANGEMENT	2
	DON'T KNOW	F3
	REFUSED	F4

NEILS

E8. How many other children is [CHILD] usually with when [he/she] is in this arrangement? NOTE: WE WANT THE NUMBER OF CHILDREN IN THE CHILD'S GROUP OR CLASS, NOT THE TOTAL NUMBER IN THE PROGRAM OR CENTER.

of children _____ (RANGE = 0-80)

DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF E8 = 0, GO TO E10.

E9. How many of the children have special needs or disabilities? Is it ...

All of them,	1
Some of them, or	2
None of them?	3
DON'T KNOW	F3
REFUSED	F4

NEILS

E10. How many adults is [CHILD] usually with when [he/she] is in this arrangement?

of adults _____ (RANGE = 0-20)

DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF E3 = 1 (ONLY ONE ARRANGEMENT), GO TO CHECKPOINT BEFORE E27.
IF E3 > 1 GO TO E12.

SECOND CHILD CARE ARRANGEMENT:

E11. IF NUMBER OF CARE ARRANGEMENTS = DK OR REF: Is CHILD in another care arrangement now?

	YES	1
GO TO CHECKPOINT BEFORE E27	NO	2
GO TO CHECKPOINT BEFORE E27	DON'T KNOW	F3
GO TO CHECKPOINT BEFORE E27	REFUSED	F4

CHECKPOINT: IF AP4 DOES NOT EQUAL 1, GO TO E12b.

NEILS

E12a. IF E3 = 2 OR E11 = 1, SAY: Is the second arrangement in ... IF E3 > 2, SAY: Is the arrangement [CHILD] is in next most often in...)

ALL GO TO E13	[CHILD]'s home,	1
	Someone else's home,	2
	or somewhere else? SPECIFY _____	4
	DON'T KNOW	F3
	REFUSED	F4

E12b. IF E3 = 2 OR E11 = 1 SAY: Is the second arrangement in ... IF E3 > 2, SAY:) Is the arrangement [CHILD] is in next most often in...

GO TO CHECKPOINT BEFORE E14	[CHILD]'s home,	1
	Someone else's home,	2
	A child care center,	3
	or somewhere else? SPECIFY _____	4
	DON'T KNOW	F3
	REFUSED	F4

E13. Is this second arrangement provided by a relative of [CHILD]'s?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF AP4 DOES NOT EQUAL 1 AND E12b = 3, ASK E14. ELSE, GO TO E15.

ECLS-K

E14. IF A1=1 OR 3, SAY: Is this center located at the school where [CHILD] attends kindergarten? ELSE IF AP1 = 7 SAY: Is this center located at the school where [CHILD] attends first grade?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E15. How many hours a week is [CHILD] in this second arrangement?

of hours per week _____ (RANGE = 1-100)

DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF E3 = 2 AND E7 > 0 AND E15 > 0 AND E7 PLUS E15 < 10 THEN ASK E15chk. ELSE, GO TO E16.

E15chk. I am interested in childcare of 10 or more hours per week. I recorded that [CHILD] is in two childcare arrangements of [FILL E7] and [FILL E15] hours per week. This is less than 10 hours. Is that correct?

IF AP4 NE 1, CODE E1 = 2; ELSE IF AP4 = 1 CODE E2 = 2. GO TO E30.	YES	1
GO TO E7	NO - CORRECT HOURS PER WEEK IN FIRST ARRANGEMENT	2
GO TO E15	NO - CORRECT HOURS PER WEEK IN SECOND ARRANGEMENT	3
	DON'T KNOW	F3
	REFUSED	F4

E16. How many other children is [CHILD] usually with when [he/she] is in this second arrangement?
NOTE: WE WANT THE NUMBER OF CHILDREN IN THE CHILD'S GROUP OR CLASS, NOT THE TOTAL NUMBER IN THE PROGRAM OR CENTER.

of children _____ (RANGE = 0-80)

DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF E16 = 0, GO TO E18.

NEILS

E17. How many of the children in [CHILD]'s second arrangement have special needs or disabilities? Is it ...

All of them,	1
Some of them, or	2
None of them?	3
DON'T KNOW	F3
REFUSED	F4

E18. How many adults is [CHILD] usually with when [he/she] is in this second arrangement?

of adults _____ (RANGE = 0-20)

DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF E3 = 2, (TWO ARRANGMENTS) GO TO CHECKPOINT BEFORE E27.
IF E3 > 2, GO TO E20.

THIRD CHILD CARE ARRANGEMENT:

E19. (IF NUMBER OF CARE ARRANGEMENTS = DK OR REF): Is CHILD in another child care arrangement now?

	YES	1
GO TO CHECKPOINT BEFORE E27	NO	2
GO TO CHECKPOINT BEFORE E27	DON'T KNOW	F3
GO TO CHECKPOINT BEFORE E27	REFUSED	F4

CHECKPOINT: IF AP4 DOES NOT EQUAL 1, GO TO E20b.

NEILS

E20a. IF E3 = 3 OR E19 = 1, SAY: Is the third arrangement in ... IF E3 > 3, SAY: Is the arrangement [CHILD] is in next most often in...)

ALL GO TO E21	[CHILD]'s home,	1
	Someone else's home,	2
	or somewhere else? SPECIFY _____	4
	DON'T KNOW	F3
	REFUSED	F4

E20b. IF E3 = 3 SAY: Is this third arrangement in ... (IF E3 > 3, SAY:) Is the arrangement [CHILD] is in next most often in...

GO TO E22	[CHILD]'s home,	1
	Someone else's home,	2
	A child care center,	3
	or somewhere else? SPECIFY _____	4
	DON'T KNOW	F3
	REFUSED	F4

E21. Is this third arrangement provided by a relative of [CHILD]'s?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF AP4 DOES NOT EQUAL 1 AND E20b = 3, ASK E22. ELSE, GO TO E23.

ECLS-K

E22. IF A1=1 OR 3, SAY: Is this center located at the school where [CHILD] attends kindergarten?
ELSE IF AP1 = 7 SAY: Is this center located at the school where [CHILD] attends first grade?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E23. How many hours a week is [CHILD] in this third arrangement?

of hours per week _____ (RANGE = 1-100)

DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF E3 > 2 AND E7 > 0 AND E15 > 0 AND E23 > 0 AND E7 PLUS E15 PLUS E23 < 10 THEN ASK E23chk. ELSE, GO TO E24.

E23chk. I am interested in childcare of 10 or more hours per week. I recorded that [CHILD] is in three childcare arrangements of [FILL E7] and [FILL E15] and [FILL E23] hours per week. This is less than 10 hours. Is that correct?

IF AP4 NE 1, CODE E1 = 2; ELSE IF AP4 = 1 CODE E2 = 2. GO TO E30.	YES	1
GO TO E7	NO - CORRECT HOURS PER WEEK IN FIRST ARRANGEMENT	2
GO TO E15	NO - CORRECT HOURS PER WEEK IN SECOND ARRANGEMENT	3
GO TO E23	NO - CORRECT HOURS PER WEEK IN THIRD ARRANGEMENT	4
	DON'T KNOW	F3
	REFUSED	F4

E24. How many other children is [CHILD] usually with when [he/she] is in this third arrangement?
NOTE: WE WANT THE NUMBER OF CHILDREN IN THE CHILD'S GROUP OR CLASS, NOT THE TOTAL NUMBER IN THE PROGRAM OR CENTER.

of children _____ (RANGE = 0-80)

DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF E24 = 0, GO TO E26.

E25. How many of the children in [CHILD]'s third arrangement have special needs or disabilities? Is it ...

All of them,	1
Some of them, or	2
None of them?	3
DON'T KNOW	F3
REFUSED	F4

E26. How many adults is [CHILD] usually with when [he/she] is in this third arrangement?

of adults _____ (RANGE = 0-20)

DON'T KNOW	F3
REFUSED	F4

CREATE VARIABLE: IF B37a = 1 (DIAGNOSED CONDITIONS OR DELAYS) OR B38b = 1 (CHILD'S ACTIVITIES ARE LIMITED IN ANY WAY BECAUSE OF A HEALTH PROBLEM) OR C1 = 1 (RECEIVING SCHOOL SERVICES) OR C2A = 3 (CHILD IN SPECIAL PROGRAM, NOT PAID FOR BY SCHOOLS) OR C3 = 1 (CHILD HAS 504 PLAN) OR C22 = 1 (CHILD RECEIVES SPECIAL ED OR THERAPY SERVICES NOT THROUGH THE SCHOOLS) THEN SPECNEED = 1. ELSE SPECNEED = 0.

CHECKPOINT: IF SPECNEED = 1 THEN ASK E27. ELSE, GO TO E29.

CREATE VARIABLE: IF A1 = 1 OR A1 = 3 OR AP1 = 7, THEN ARR_TYPE = "child care." ELSE IF AP4 = 1 AND E2 IS NOT 1, THEN ARR_TYPE = [FILL PGMTYPE]. ELSE IF AP4 = 1 AND E2 = 1, THEN ARR_TYPE = "child care and [FILL PGMTYPE]." ELSE ARR_TYPE = "child care."

NEILS

E27. Overall, how difficult was it for you to find appropriate [FILL ARR_TYPE] for [CHILD] for this year given [his/her] special needs? Would you say it was...

Very difficult,	1
Somewhat difficult, or	2
Not at all difficult?	3
DON'T KNOW	F3
REFUSED	F4

NEILS

E28. Overall, how satisfied are you with the ability of [CHILD]'s [FILL ARR_TYPE] to meet [his/her] special needs? Would you say you are generally ...

Very satisfied,	1
Somewhat satisfied,	2
Somewhat dissatisfied, or	3
Very dissatisfied?	4
MIXED	5
DON'T KNOW	F3
REFUSED	F4

NEILS

E29. If all [FILL ARR_TYPE] cost the same as you pay now, would you use the same arrangement(s) you have now?

YES	1
NO	2
MIXED	3
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF "L" INTERVIEW, GO TO E35.

E30. Let's talk about the preschool or child care arrangement that [CHILD] was in a year ago. A year ago, was [CHILD] being regularly cared for by someone other than a parent or guardian? (DO NOT COUNT FOSTER PARENT OR HOSPITAL.) By regularly, we mean for 10 or more hours a week most weeks. This includes child care while a parent or guardian works or goes to school. It also includes preschool or nursery school.

	YES	1
GO TO E35	NO	2
GO TO E35	DON'T KNOW	F3
GO TO E35	REFUSED	F4

CHECKPOINT: IF E1 IS NO, DK, OR REF, (CHILD IS NOT IN CHILD CARE NOW) OR A1 = NO, DK, OR REF AND AP4 = NO, DK, OR REF (CHILD IS NOT IN PRESCHOOL OR DAYCARE NOW), GO TO E34.

E31. Does [CHILD] go to the same place for [FILL ARR_TYPE] as [he/she] did a year ago?

GO TO E35	YES	1
	NO	2

GO TO E35	DON'T KNOW	F3
GO TO E35	REFUSED	F4

NEILS

E32. How many different child care arrangements or preschool programs was [he/she] in a year ago?

Number _____ (RANGE = 1-6)

DON'T KNOW	F3
REFUSED	F4

NEILS

E33. What was the total number of hours per week that [CHILD] was in child care and preschool a year ago?

of hours per week _____ (RANGE = 1-100)

DON'T KNOW	F3
REFUSED	F4

NEILS

E34. Did any of the children in child care or preschool with [CHILD] a year ago have special needs or disabilities? Was it ...

DO NOT READ	All of them,	1
	Some of them, or	2
	None of them?	3
	NO OTHER CHILDREN	4
	DON'T KNOW	F3
	REFUSED	F4

OTHER ACTIVITIES

NEILS

E35. Are there any other **organized** children's group activities that [CHILD] goes to regularly, such as story hours, play groups, lessons, Sunday school, gym programs, or other programs? NOTE: BY REGULARLY, WE MEAN AT LEAST MONTHLY.

	YES	1
GO TO SECTION F	NO	2
GO TO SECTION F	DON'T KNOW	F3
GO TO SECTION F	REFUSED	F4

NEILS

E36. What **organized** group activities does [he/she] go to at least monthly? DO NOT READ CATEGORIES. CODE ALL THAT APPLY.

PLAY GROUP (AT SOMEONE'S HOME OR AT A PROGRAM, BABYSITTING WITH OTHER CHILDREN, PARK/REC PLAY TIME)	1
STORY HOUR (E.G., AT LIBRARY)	2
SUNDAY SCHOOL/CHURCH GROUP OR CHILD CARE	3
LESSONS (E.G., SWIMMING, GYM, ART, MUSIC, DANCE)	4
ATHLETIC TEAMS, I.E., SOCCER, T-BALL	5
CHILDREN'S ORGANIZATIONS, I.E., SCOUTS, BROWNIES	6
DAY CARE LESS THAN 10 HOURS PER WEEK	7
OTHER, SPECIFY _____	8
DON'T KNOW	F3
REFUSED	F4
ALL COMPLETE	F9

NEILS

E37. In (IF E36 HAS ONLY ONE ITEM TOGGLED, SAY "this activity", IF E36 HAS MORE THAN ONE, SAY "these activities"), how many children have special needs or disabilities? Is it...

All of them,	1
Some of them, or	2
None of them?	3
VARIES WITH ACTIVITY	
DON'T KNOW	F3
REFUSED	F4

Section F. Household Characteristics

My next questions are about [CHILD]'s household. IF S8b = 7, ADD "These questions refer to the home where [CHILD] would be living if [he/she] wasn't in the hospital". IF S8b = 8, ADD "These questions refer to the home where [CHILD] would be living if [he/she] wasn't in a special school or home for children with special needs".

E I T H S K L

F1a. How many people live in [CHILD]'s household? By household, we mean people who live in the same housing unit at least four nights a week most weeks. Please do not include anyone staying there temporarily who usually lives somewhere else.

Number of persons in household _____ (RANGE = 2-24)

DON'T KNOW	F3
REFUSED	F4

					K	L
--	--	--	--	--	---	---

F1b. I'd like to learn a little about the people who live with [CHILD]. [IF S8a = 1 OR (S8a = 2 AND S8b = 7 OR 8 AND S8C = 1, SAY: I have your first name as [FILL RESPONDENT FIRST NAME]. Is that correct? PUT IN WHATEVER CODE IS NEEDED TO FIX RESPONDENT'S NAME.] Please tell me the first names of all the [IF S8a = 1 OR (S8a = 2 AND S8b = 7 OR 8 AND S8C = 1, SAY: other] people who normally live in the household with [CHILD]. (KEEP ASKING "Who else?" UNTIL ALL LINES ARE FILLED.)

DON'T KNOW	F3
REFUSED	F4

(SHOW AS MANY LINES AS THE RESPONSE TO F1a.)

	FIRST NAME	RELATIONSHIP TO [CHILD]	AGE
R	[IF S8a = 1 OR (S8a = 2 AND S8b = 7 OR 8 AND S8C = 1, THEN DISPLAY RESPONDENT FIRST NAME]	[IF S5 = 2 THEN DISPLAY S6. ELSE IF S5 = 1, DISPLAY S7.]	
C	[FILL CHILD FIRST NAME]	XXX	[FILL CHILD'S AGE AS CALCULATED FROM DOB AND INTERVIEW DATE]

F1c. FOR EACH NAME ON ROSTER, ASK: What is [FILL NAME]'s relationship to [CHILD]?

Relationship Codes:	
01=Biological Mother	21=Biological Father
02=Adoptive Mother	22=Adoptive Father
03=Stepmother	23=Stepfather
04=Foster Mother	24=Foster Father
05=Legal Guardian (Female)	25=Legal Guardian (Male)
06=Sister/Stepsister/Half Sister	26=Brother/Stepbrother/Half Brother
07=Foster sister	27=Foster brother
08=Unrelated female child	28=Unrelated male child
09=Aunt/Great Aunt	29=Uncle/Great Uncle
10=Grandmother/Grt Grandmother	30=Grandfather/Grt Grandfather
11=Cousin (Female)	31=Cousin (Male)
12=Niece	32=Nephew
13=Parent's female partner	33=Parent's male partner
14=Other female relative or in-law (SPECIFY): _____	34=Other male relative or in-law (SPECIFY): _____
15=Other female non-relative (SPECIFY): _____	35=Other male non-relative (SPECIFY): _____

F1d. IF S8a = 1 OR (S8a = 2 AND S8b = 7 OR 8 AND S8C = 1, SAY: How old are you? FOR EACH (OTHER) NAME ON ROSTER, ASK: How old is [FILL NAME]?

NOTE: AGES OF CHILDREN UNDER 36 MONTHS SHOULD BE RECORDED TO THE MONTH, EITHER AS MONTHS ONLY OR AS A COMBINATION OF YEARS AND MONTHS.

CHECKPOINT: IF S8a = 1 OR (S8a = 2 AND S8b = 7 OR 8 AND S8C = 1) (CHILD LIVES WITH RESPONDENT) and F1a > 2, ASK F2A. ELSE, GO TO F3a.

ECLS

					K	L
--	--	--	--	--	---	---

F2a. Do you have a spouse or partner who lives in your household?

	YES	1
GO TO F3a	NO	2
GO TO F3a	DON'T KNOW	F3
GO TO F3a	REFUSED	F4

ECLS

					K	L
--	--	--	--	--	---	---

F2b. Who in the household is your spouse or partner? (DISPLAY ROSTER WITH TOGGLES)
SELECT NAME FROM ROSTER.

IF NAME NOT LISTED, GO BACK TO F1A TO FIX THE NUMBER IN THE HOUSEHOLD AND ADD PERSON TO ROSTER.

DON'T KNOW	F3
REFUSED	F4

					K	L
--	--	--	--	--	---	---

F2c. Are you legally married to that person?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E	I	T	H	S	K	L
---	---	---	---	---	---	---

F3a. IF S8a = 1 OR (S8a = 2 AND S8b = 7 OR 8 AND S8C = 1) (CHILD LIVES WITH RESPONDENT) and F1a = 2, SAY: "Do you have a special need, delay, or disability?" IF SPECNEED =1 SAY: Not including [CHILD], does anyone else in the household have a special need, delay, or disability? ELSE SAY: Does anyone in the household have a special need, delay, or disability?

	YES	1
GO TO F4a	NO	2
GO TO F4a	DON'T KNOW	F3
GO TO F4a	REFUSED	F4

CHECKPOINT: IF S8A = 1 OR (S8A = 2 AND S8B = 7 OR 8 AND S8C = 1) (CHILD LIVES WITH RESPONDENT) AND F1A = 2 AND F3A = 1, THEN FILL F3B = 1, TOGGLE F3C FOR RESPONDENT, AND GO TO F4A.

E I T H S K L

F3b. How many (IF SPECNEED =1 SAY: others in the household besides [CHILD], ELSE SAY: people in the household) have a special need, delay, or disability?

_____ # PEOPLE (RANGE 1-10)

GO TO F4a	DON'T KNOW	F3
GO TO F4a	REFUSED	F4

E I T H S K L

F3c. SHOW GRID WITH ALL NAMES BUT CHILD. IF F3b = 1, SAY: Which person in the household has special needs? IF F3b > 1, SAY: Which people in the household have special needs? MARK ON GRID.

GO TO F4a	DON'T KNOW	F3
GO TO F4a	REFUSED	F4

CHECKPOINT: IF THE NUMBER MARKED ON THE GRID IS LESS THAN F3b, SAY: Who else?

E I T H S K L

F4a. Now I'd like to ask some questions about you. Do you have a paid job now? NOTE: WORKING AS A TEMP WOULD BE INCLUDED IF IT IS DONE USUALLY (MOST WEEKS).

	YES	1
GO TO F5a	NO	2
GO TO F5a	DON'T KNOW	F3
GO TO F5a	REFUSED	F4

E I T H S K L

F4b. In an average week, about how many hours do you work for pay? NOTE: IF RESPONDENT DOESN'T KNOW EXACT NUMBER, CODE "DK" TO GET LIST OF CATEGORIES.

Number of hours per week _____ (RANGE = 1-80)

IF DON'T KNOW: Do you usually work...

READ CATEGORIES. CODE ONE CATEGORY.	Less than 20 hours	91
	20 to 35 hours, or	92
	More than 35 hours?	93
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

F5a. Are you now taking any courses from a school, college, or university?

	YES	1
GO TO F6a	NO	2
GO TO F6a	DON'T KNOW	F3
GO TO F6a	REFUSED	F4

E I T H S K L

F5b. Are you involved in this full-time or part-time? (PROBE: BY FULL-TIME, WE MEAN 12 OR MORE SEMESTER UNITS, 15 OR MORE QUARTER UNITS, OR YOU ARE GONE FROM THE HOME 35 HOURS A WEEK OR MORE FOR SCHOOL PURPOSES.)

FULL TIME	1
PART TIME	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F6a. Are you now in any kind of job training program? NOTE: IF F5a = 1 (HAS A PAID JOB NOW), ADD: We mean separate from your job.

	YES	1
GO TO CHECKPOINT	NO	2
GO TO CHECKPOINT	DON'T KNOW	F3
GO TO CHECKPOINT	REFUSED	F4

E I T H S K L

F6b. Are you involved in this full-time or part-time? (PROBE: BY FULL-TIME, WE MEAN GONE FROM THE HOME 35 HOURS A WEEK OR MORE FOR THE JOB TRAINING PROGRAM.)

FULL TIME	1
PART TIME	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF F4a, F5a, AND F6a = 2 (NO JOB, JOB TRAINING, OR SCHOOL), ASK F7. OTHERWISE, GO TO F8.

E I T H S K L

F7. Would you work, be in job training, or go to school if you had someone to care for [CHILD]?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F8. What is the highest year or grade you finished in school? (READ CATEGORIES IF NECESSARY. CODE ONE CATEGORY.)

Less than high school diploma, with no GED	1
High school diploma or GED	2
Some college/some postsecondary vocational courses	3
2-year or 3-year college degree (AA degree) or vocational school diploma	4
4-year college degree (BA, BS degree)	5
Some graduate work/no graduate degree	6
Graduate degree (MA, MBA, Ph.D., JD, MD)	7
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF F2c = 1, GO TO CHECKPOINT.

K L

F9. What is your legal marital status? (IF "SINGLE", SAY: "IS THAT NEVER MARRIED, SEPARATED, DIVORCED, OR WIDOWED?")

Never Married	1
Married	2
Separated	3
Divorced	4
Widowed	5
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF S8a = 1 OR (S8a = 2 AND S8b = 7 OR 8 AND S8c = 1) (CHILD LIVES WITH RESPONDENT), GO TO NEXT CHECKPOINT. ELSE, GO TO CHECKPOINT BEFORE F15.

CHECKPOINT: IF F2a = 1 (SPOUSE/PARTNER LIVES IN HOUSEHOLD), GO TO F10a. OTHERWISE, GO TO CHECKPOINT BEFORE F15.

The next set of questions is about your [IF F2c = 1, SAY: spouse, ELSE SAY partner].

E | I | T | H | S | K | L

F10a. Does [FILL SPOUSE/PARTNER NAME] have a paid job now?

	YES	1
GO TO F11a	NO	2
GO TO F11a	DON'T KNOW	F3
GO TO F11a	REFUSED	F4

E | I | T | H | S | K | L

F10b. In an average week, about how many hours does [FILL SPOUSE/PARTNER NAME] work for pay?

NOTE: IF RESPONDENT DOESN'T KNOW EXACT NUMBER, CODE "DK" TO GET LIST OF CATEGORIES.

Number of hours per week _____ Range (1-80)

IF RESPONDENT SAYS DON'T KNOW: Does that person usually work...

READ CATEGORIES. CODE ONE CATEGORY.	Less than 20 hours	91
	20 to 35 hours, or	92
	More than 35 hours?	93
	DON'T KNOW	F3
	REFUSED	F4

E | I | T | H | S | K | L

F11a. Is [FILL SPOUSE/PARTNER NAME] now taking any courses from a school, college, or university?

	YES	1
GO TO F12a	NO	2
GO TO F12a	DON'T KNOW	F3
GO TO F12a	REFUSED	F4

E I T H S K L

F11b. Is [FILL SPOUSE/PARTNER NAME] involved in this full-time or part-time? NOTE: BY FULL-TIME WE MEAN PARTNER IS TAKING 12 OR MORE SEMESTER UNITS, 15 OR MORE QUARTER UNITS, OR IS GONE FROM THE HOME 35 HOURS A WEEK OR MORE FOR SCHOOL PURPOSES.

FULL TIME	1
PART TIME	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F12a. Is [FILL SPOUSE/PARTNER NAME] now in any kind of job training program? NOTE: IF F12a = 1 (HAS A PAID JOB NOW), ADD: We mean separate from a job?

	YES	1
GO TO CHECKPOINT BEFORE F13	NO	2
GO TO CHECKPOINT BEFORE F13	DON'T KNOW	F3
GO TO CHECKPOINT BEFORE F13	REFUSED	F4

E I T H S K L

F12b. Is [FILL SPOUSE/PARTNER NAME] involved in this full-time or part-time? NOTE: BY FULL-TIME WE MEAN GONE FROM THE HOME 35 HOURS A WEEK OR MORE FOR THE JOB TRAINING PROGRAM.

FULL TIME	1
PART TIME	2
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF F10a, F11a, AND F12a = 2 (NO JOB, JOB TRAINING, OR SCHOOL), ASK F13. OTHERWISE, GO TO F14.

E I T H S K L

F13. Would [FILL SPOUSE/PARTNER NAME] work, be in job training, or go to school if [he/she] had someone to care for [CHILD]?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F14. What is the highest year or grade that [FILL SPOUSE/PARTNER NAME] finished in school? OK TO READ CATEGORIES. CODE ONE CATEGORY.

Less than high school diploma, with no GED	1
High school diploma or GED	2
Some college/some postsecondary vocational courses	3
2-year or 3-year college degree (AA degree) or vocational school diploma	4
4-year college degree (BA, BS degree)	5
Some graduate work/no graduate degree	6
Graduate degree (MA, MBA, Ph.D., JD, MD)	7
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF RESPONDENT IS BIOLOGICAL MOTHER (S5 = 2 AND S6 = 1), GO TO CHECKPOINT BEFORE BIOLOGICAL FATHER SERIES AT F18. IF R IS MARRIED TO OR PARTNERED WITH BIOLOGICAL MOTHER (IF PERSON TOGGLED IN F2b IS BIOLOGICAL MOTHER), GO TO CHECKPOINT BEFORE BIOLOGICAL FATHER SERIES AT F18. IF BIOLOGICAL MOTHER LISTED AS LIVING IN CHILD'S HOUSEHOLD (F1c = 01), GO TO F17. ELSE, CONTINUE.

BIOLOGICAL MOTHER SERIES:

My next questions are about [CHILD]'s biological mother.

E I T H S K L

F15. How much contact does [CHILD] have with [his/her] biological mother? Is it ... READ CATEGORIES.

GO TO F17	No contact,	1
	Occasional contact, or	2
	Frequent contact?	3
GO TO F17	DECEASED	4
GO TO CHECKPOINT BEFORE F18	DON'T KNOW WHO BIOLOGICAL MOTHER IS	5
GO TO F17	DON'T KNOW	F3
GO TO F17	REFUSED	F4

E I T H S K L

F16. About how many days has [CHILD] spent time with [his/her] biological mother in the last month?
NOTE: COUNT EACH DAY THAT THE BIOLOGICAL MOTHER SPENT A MINIMUM OF AN HOUR WITH HIM/HER AND TOTAL THE NUMBER OF SUCH DAYS OVER THE PAST MONTH.

Number of days _____ (RANGE = 0-31)

DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F17. What is the highest year or grade [CHILD]'s biological mother finished in school? (READ CATEGORIES IF NECESSARY. CODE ONE CATEGORY.)

Less than high school diploma, with no GED	1
High school diploma or GED	2
Some college/some postsecondary vocational courses	3
2-year or 3-year college degree (AA degree) or vocational school diploma	4
4-year college degree (BA, BS degree)	5
Some graduate work/no graduate degree	6
Graduate degree (MA, MBA, Ph.D., JD, MD)	7
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: IF RESPONDENT IS BIOLOGICAL FATHER (S7 = 1), GO TO F20. IF RESPONDENT IS MARRIED TO OR PARTNERED WITH BIOLOGICAL FATHER (IF PERSON TOGGLED IN F2b IS BIOLOGICAL FATHER), GO TO F20. IF BIOLOGICAL FATHER LISTED AS LIVING IN CHILD'S HOUSEHOLD (F1c = 21), GO TO F19. ELSE, CONTINUE.

BIOLOGICAL FATHER SERIES:

My next questions are about [CHILD]'s biological father.

E I T H S K L

F18a. How much contact does [CHILD] have with [his/her] biological father? Is it ... READ CATEGORIES.

GO TO F19	No contact,	1
	Occasional contact, or	2
	Frequent contact?	3
GO TO F19	DECEASED	
GO TO F20a	DON'T KNOW WHO BIOLOGICAL FATHER IS	
GO TO F19	DON'T KNOW	F3
GO TO F19	REFUSED	F4

E I T H S K L

F18b. About how many days has [CHILD] spent time with [his/her] biological father in the last month?
NOTE: COUNT EACH DAY THAT THE BIOLOGICAL FATHER SPENT A MINIMUM OF AN HOUR WITH CHILD AND TOTAL THE NUMBER OF SUCH DAYS OVER THE PAST MONTH.

Number of days _____ (RANGE = 0-31)

DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F19. What is the highest year or grade [CHILD]'s biological father finished in school? (READ CATEGORIES IF NECESSARY. CODE ONE CATEGORY.)

Less than high school diploma, with no GED	1
High school diploma or GED	2
Some college/some postsecondary vocational courses	3
2-year or 3-year college degree (AA degree) or vocational school diploma	4
4-year college degree (BA, BS degree)	5
Some graduate work/no graduate degree	6
Graduate degree (MA, MBA, Ph.D., JD, MD)	7
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F20a. My next questions are about government benefits you or others in your household may receive. Do you or anyone in the household now receive money from AFDC (Aid to Families with Dependent Children), TANF (Temporary Assistance to Needy Families) or the state welfare program?

GO TO F20c	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

F20b. Did you or anyone in the household get any of these welfare benefits anytime in the last year?

GO TO F21	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

F20c. IF F20a = 1 SAY: Who gets those welfare benefits? Is it... ELSE IF F20b = 1 SAY: Who got those welfare benefits? Was it...

GO TO F21	You,	1
	Someone else in the household, or	2
	Or both you and someone else in the household?	3
GO TO F21	DON'T KNOW	F3
GO TO F21	REFUSED	F4

CHECKPOINT: IF F20a=1, GO TO F21.

E I T H S K L

F20d. Did you stop getting these welfare benefits because you ... READ CATEGORIES 1-3.

		Started working,	1
	GO TO F21	your income was too high, or	2
	GO TO F21	Some other reason? Specify _____	3
DO NOT READ	GO TO F21	FAMILY MOVED	4
	GO TO F21	CHANGE IN LIVING SITUATION (E.G., BOYFRIEND MOVED IN)	5
	GO TO F21	ON WAITING LIST, WAITING FOR APPROVAL	6
	GO TO F21	STARTED GETTING CHILD SUPPORT	7
	GO TO F21	OTHER HOUSEHOLD MEMBER STARTED WORKING	8
	GO TO F21	PREGNANCY/BIRTH OF CHILD	9
	GO TO F21	DIDN'T WANT BENEFITS	10
	GO TO F21	SSI RECEIVED	11
	GO TO F21	GOT MARRIED	12
	GO TO F21	TIME RAN OUT /WELFARE REFORM	13
	GO TO F21	DON'T KNOW	F3
	GO TO F21	REFUSED	F4

E I T H S K L

F20e. Did you start working because you wanted to or because your welfare benefits were ending?

RESPONDENT WANTED TO	1
WELFARE BENEFITS WERE ENDING	2
BOTH	3
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F21. Do you or anyone in the household receive food stamps now?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F22. Do you now get food or food vouchers from WIC (or the Women, Infants, and Children's program)?

YES	1
NO	2
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F23a. Do you now receive money for [CHILD] from the Supplemental Security Income or SSI program?

GO TO F24	YES	1
	NO	2
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

F23b. Did you ever get money for [CHILD] from the Supplemental Security Income or SSI program?

	YES	1
GO TO F24	NO	2
GO TO F24	DON'T KNOW	F3
GO TO F24	REFUSED	F4

E I T H S K L

F23c. Did you stop getting money from SSI for [CHILD] because ... READ CATEGORIES

Your household income was too high, or [CHILD] no longer qualified?	1
[CHILD] no longer qualified?	2
BOTH; INCOME TOO HIGH AND CHILD NO LONGER ELIGIBLE	3
OTHER (SPECIFY): _____	4
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F24. Is your housing ... READ CATEGORIES. CODE ONE CATEGORY.

	Public housing - either subsidized or Section 8,	1
	Rented by the household,	2
	Owned by someone in the household, or	3
	Something else? (SPECIFY): _____	4
DO NOT READ	FAMILY IS HOMELESS, LIVES IN A SHELTER	5
	LIVING WITH OTHERS (FAMILY/FRIENDS)	6
	MILITARY HOUSING	7
	HOUSING OWNED BY FAMILY OR FRIEND NOT IN THE HOUSEHOLD	8
	DON'T KNOW	F3
	REFUSED	F4

E I T H S K L

F25. How well does your current housing meet your family's needs? Would you say the way it meets your needs is....

Excellent,	1
Good,	2
Fair, or	3
Poor?	4
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F26. How well does your current transportation meet your family's needs? Would you say the way it meets your needs is..

Excellent,	1
Good,	2
Fair, or	3
Poor?	4
DON'T KNOW	F3
REFUSED	F4

NEILS modified, PEELS

E I T H S K L

F27a. In studies like these, households are sometimes grouped according to income. Please tell me which group best describes the total income of all persons in your household over the past year, including salaries or other earnings, money from public assistance, retirement, and so on for all household members. Was your household income in the past year ... READ CATEGORIES. CODE ONE CATEGORY.

GO TO F27b	\$25,000 or less, or	1
GO TO F27c	More than \$25,000?	2
GO TO F28	DON'T KNOW	F3
GO TO F28	REFUSED	F4

NEILS modified, PEELS

K L

F27b. Was it... READ CATEGORIES. CODE ONE CATEGORY.

\$5,000 or less,	1
\$5,001 to \$10,000,	2
\$10,001 to \$15,000,	3
\$15,001 to \$20,000, or	4
20,001 to \$25,000?	5
DON'T KNOW	F3
REFUSED	F4

CHECKPOINT: GO TO F28.

NEILS

K L

F27c. Was it...READ CATEGORIES. CODE ONE CATEGORY.

\$25,000 to \$30,000,	1
\$30,001 to 35,000,	2
\$35,001 to \$40,000,	3
\$40,001 to \$50,000,	4
\$50,001 to \$75,000, or	5
Over \$75,000?	6
DON'T KNOW	F3
REFUSED	F4

--

E	I	T	H	S	K
---	---	---	---	---	---

F28. Now, I have just a few more questions. We want to make sure we don't lose track of you. Could you please tell me the name and address of someone **who does not currently live with you** who is likely to know where you are if you move? RECORD NAME OR INDICATE REFUSAL. What is their address? RECORD ADDRESS. What is their phone number? RECORD PHONE NUMBER. RECORD AS MUCH INFORMATION AS SUBJECT KNOWS. ALWAYS PROBE FOR PHONE NUMBER, STATE AND CITY. IF STREET NUMBER IS NOT KNOWN, PROBE FOR THE STREET NAME OR OTHER IDENTIFYING INFORMATION.

GO TO F33	DON'T KNOW	F3
GO TO F33	REFUSED	F4

Name: _____

Address:

(Street/avenue) : _____

: _____

(City/state) : _____

(Zip) : _____

Country/postal code : _____

Phone number : (_____) _____ - _____

[phone check]

INVALID PHONE NUMBER...MUST BE 10 DIGITS

GO TO F29	DON'T KNOW	F3
GO TO F29	REFUSED	F4

PRESS F10 FOR STATES

E I T H S K

F29. What is this person's relationship to [CHILD]?

MOTHER	01
ADOPTIVE MOTHER	02
STEPMOTHER	03
FOSTER MOTHER	04
LEGAL GUARDIAN	05
SISTER/STEP SISTER	06
AUNT	07
GRANDMOTHER	08
FATHER	09
ADOPTIVE FATHER	10
STEPFATHER	11
FOSTER FATHER	12
LEGAL GUARDIAN	13
BROTHER/STEP BROTHER	14
UNCLE	15
GRANDFATHER	16
COUSIN	17
FAMILY FRIEND/NEIGHBOR	18
GREAT GRANDPARENT	19
GODPARENT	20
OTHER (SPECIFY) _____	97
DON'T KNOW	F3
REFUSED	F4

E I T H S K

F30. Is there someone else who also would know where you are if you move?

	YES	1
GO TO F33	NO	2
GO TO F33	DON'T KNOW	F3
GO TO F33	REFUSED	F4

E I T H S K

F31. What is their name and address? RECORD NAME AND ADDRESS. What is their phone number? RECORD PHONE NUMBER.

Name: _____

Address:

(Street/avenue) : _____

: _____

(City/state) : _____

(Zip) : _____

Country/postal code : _____

Phone number : (_____) _____ - _____

[phone check]

INVALID PHONE NUMBER...MUST BE 10 DIGITS

GO TO F32	DON'T KNOW	F3
GO TO F32	REFUSED	F4

PRESS F10 FOR STATES

E	I	T	H	S	K
---	---	---	---	---	---

F32. What is this person's relationship to [CHILD]?

MOTHER	01
ADOPTIVE MOTHER	02
STEPMOTHER	03
FOSTER MOTHER	04
LEGAL GUARDIAN	05
SISTER/STEP SISTER	06
AUNT	07
GRANDMOTHER	08
FATHER	09
ADOPTIVE FATHER	10
STEPFATHER	11
FOSTER FATHER	12
LEGAL GUARDIAN	13
BROTHER/STEP BROTHER	14
UNCLE	15
GRANDFATHER	16
COUSIN	17
FAMILY FRIEND/NEIGHBOR	18
GREAT GRANDPARENT	19
GODPARENT	20
OTHER (SPECIFY) _____	97
DON'T KNOW	F3
REFUSED	F4

E I T H S K L

F33. Let me confirm your name.

NAME: _____

DON'T KNOW	F3
REFUSED	F4

F34. Let me also confirm your address and telephone number. (DISPLAY SAMPLE MEMBER ADDRESS AND PHONE NUMBER. INTERVIEWER MUST CONFIRM OR UPDATE AS NEEDED.)

Address:

(Street/avenue) : _____

: _____

(City/state) : _____

(Zip) : _____

Country/postal code : _____

Phone number : (____) _____ - _____

[phone check]

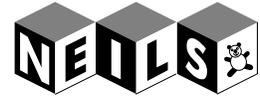
INVALID PHONE NUMBER...MUST BE 10 DIGITS

DON'T KNOW	F3
REFUSED	F4

PRESS F10 FOR STATES

E I T H S K L

Closing: Thank you very much for taking time to answer these questions and help us with this important study. IF A1 IS NOT 1 OR 3 (NOT IN KINDERGARTEN AND NOT IN UNGRADED CLASS OR ALTERNATIVE PROGRAM) AND AP1 IS NOT 7 (NOT IN FIRST GRADE) THEN SAY: "Since [CHILD] is not in kindergarten this year, we will be contacting you again next fall for another interview."



National Early Intervention Longitudinal Study
FAMILY SURVEY
For Families with Kindergarten-Age Children

Please answer the following questions for the child named on the label above. If any information on the label is incorrect, please cross it out and write in the correct information.

About This Child

1a. Does this child live with you now? *PLEASE CIRCLE ONE NUMBER.*

1 Yes → **PLEASE GO TO QUESTION 2**

↓ 2 No **PLEASE ANSWER QUESTION 1b BELOW**

1b. Where does this child live now? *PLEASE CIRCLE ONE NUMBER.*

1 With a parent in a different household

2 With another relative who is not this child's parent

8 Other (Please describe: _____)

9 Don't know

2. Compared with other children about the same age, how is this child's general health?
PLEASE CIRCLE ONE NUMBER.

1 Excellent

4 Fair

2 Very good

5 Poor

3 Good

9 Don't know

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a survey unless it displays a valid OMB control number. The valid OMB control number for this survey is: 1820-0616. The time required to respond to this request is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and submit the information. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Office of Special Education Programs, Washington, D.C. 20202-4651 or call 202-205-9364. Approval expires December 31, 2003.

3. How well would you say this child hears without any special device like a hearing aid? *PLEASE CIRCLE ONE NUMBER.*
- | | |
|--------------------------------|-------------------------------|
| 1 Hears normally | 3 Does have a hearing problem |
| 2 Might have a hearing problem | 9 Don't know |
4. How is this child's eyesight? *PLEASE CIRCLE ONE NUMBER.*
- | | |
|---------------------------------|------------------------------|
| 1 Sees normally without glasses | 3 Does have a vision problem |
| 2 Might have a vision problem | 9 Don't know |
5. How well does this child use his or her arms and hands? Please do not consider temporary injuries like a broken arm when answering this question. *PLEASE CIRCLE ONE NUMBER.*
- 1 Uses both left and right arms and hands normally
 - 2 Has a little trouble using one or both
 - 3 Has a lot of trouble using one or both
 - 4 Has no use at all of one or both
 - 9 Don't know
6. How well does this child use his or her legs and feet? Please do not consider temporary injuries when answering this question. *PLEASE CIRCLE ONE NUMBER.*
- 1 Uses both right and left legs and feet normally
 - 2 Has a little trouble using one or both
 - 3 Has a lot of trouble using one or both
 - 4 Has no use at all of one or both
 - 9 Don't know
7. Compared with other children about the same age, how well does this child make his or her needs known to you and others? *PLEASE CIRCLE ONE NUMBER.*
- | | |
|---|------------------------------|
| 1 Communicates just as well as other children | 4 Doesn't communicate at all |
| 2 Has a little trouble communicating | 9 Don't know |
| 3 Has a lot of trouble communicating | |
8. Compared with other children about the same age, how would you describe this child's **understanding** of verbal or nonverbal communication (signs, gestures, symbol systems)? *PLEASE CIRCLE ONE NUMBER.*
- | | |
|---|-----------------------------|
| 1 Understands as well as other children | 4 Doesn't understand at all |
| 2 Has a little trouble understanding | 9 Don't know |
| 3 Has a lot of trouble understanding | |
9. Compared with other children about the same age, how would you describe this child's social skills? *PLEASE CIRCLE ONE NUMBER.*

- 1 Typical and appropriate for his or her age 4 Has severe difficulty
 2 Has mild difficulty 9 Don't know
 3 Has moderate difficulty
10. Compared with other children about the same age, how well does this child learn, think, and solve problems? *PLEASE CIRCLE ONE NUMBER.*
- 1 Better than other children his or her age 4 Much less well than other children
 2 As well as other children 9 Don't know
 3 Slightly less well than other children
11. Compared with other children about the same age, how easy is it to take this child with you when you do things like going to the store or keeping an appointment? *PLEASE CIRCLE ONE NUMBER.*
- 1 Easier to take places than other children his or her age
 2 Just as easy to take places as other children
 3 A little harder to take places than other children
 4 Much harder to take places than other children
 9 Don't know
12. How would you describe the way this child plays with other children? *PLEASE CIRCLE ONE NUMBER.*
- 1 Has no trouble playing with other children 3 Has a lot of trouble playing with other children
 2 Has some trouble playing with other children 9 Don't know
13. How many letters of the alphabet can this child recognize? *PLEASE CIRCLE ONE NUMBER.*
- 1 All of them 4 None of them
 2 Most of them 9 Don't know
 3 Some of them
14. How high can this child count? *PLEASE CIRCLE ONE NUMBER.*
- 1 Not at all 5 Up to 50
 2 Up to 5 6 Up to 100 or more
 3 Up to 10 9 Don't know
 4 Up to 20

15. **In the past week**, how often has this child been invited to play at another child's house?
PLEASE CIRCLE ONE NUMBER.

- | | |
|----------------------|--------------|
| 1 Not at all | 4 Every day |
| 2 Once or twice | 9 Don't know |
| 3 Three to six times | |

16. Listed below are some things that this child may or may not be doing yet. For each one, please circle the number for whether he or she doesn't do it at all yet, does it but not well, or does it well.
PLEASE CIRCLE ONE NUMBER ON EACH LINE.

	Not at all yet	Does it, but not well	Does it well	Don't know
a. Walk without holding on to anything.	1	2	3	9
b. Walk quickly or run.	1	2	3	9
c. Skip with alternating feet.	1	2	3	9
d. Take the paper off candy to unwrap it.	1	2	3	9
e. Copy a circle.	1	2	3	9
f. Color within the lines of a coloring book.	1	2	3	9
g. Spread food, like butter or jelly, on bread or crackers using a utensil (like a spoon, fork, or knife).	1	2	3	9
h. Put on a shirt or jacket without help.	1	2	3	9
i. Put shoes on correct feet.	1	2	3	9
j. Tie his or her shoelaces.	1	2	3	9
k. Have bladder control during the day.	1	2	3	9
l. Understand and stay away from common dangers (like the stove, the street, or sharp objects).	1	2	3	9
m. Use motions or gestures as a way to communicate (like shaking head "no" or holding his or her arms out to be picked up).	1	2	3	9
n. Say at least 20 different words.	1	2	3	9
o. Say at least 50 different words.	1	2	3	9
p. Tell a simple story if asked.	1	2	3	9
q. Follow a two-step verbal direction, such as "Shut the door and come here."	1	2	3	9
r. Use toys in different ways showing that he or she knows what they are for (like balls are for rolling, dolls are for holding).	1	2	3	9
s. Pretend that one object is a substitute for something else (like using a towel as a blanket or a box for a house).	1	2	3	9
t. Cooperate with another child to do something together (like building a tower together with blocks).	1	2	3	9
u. Follow rules in board games.	1	2	3	9
v. Give his or her first and last name.	1	2	3	9
w. Draw a person with a recognizable head and body, or head, nose, eyes, and mouth.	1	2	3	9
x. Know right from left.	1	2	3	9

26. What therapy or services did this child receive **through the public schools** after turning three but before this school year? *PLEASE CIRCLE ALL THAT APPLY.*
- | | | | |
|---|----------------------------------|---|--------------------------------|
| 1 | Speech or language therapy | 8 | Other (Please describe: _____) |
| 2 | Occupational therapy | | _____ |
| 3 | Physical therapy | | _____) |
| 4 | Special education or instruction | 9 | Don't know |
27. Did this child begin to receive special services from **the public school system** within one month of leaving his or her early intervention program? *PLEASE CIRCLE ONE NUMBER.*
- | | | | | | |
|---|-----|---|----|---|------------|
| 1 | Yes | 2 | No | 9 | Don't know |
|---|-----|---|----|---|------------|
28. How would you rate the general **quality** of the special education and therapy services this child received **from the school system** after early intervention and before this school year? *PLEASE CIRCLE ONE NUMBER.*
- | | | | | | |
|---|-----------|---|------|---|------------|
| 1 | Excellent | 3 | Fair | 9 | Don't know |
| 2 | Good | 4 | Poor | | |
29. Since leaving early intervention and before this school year, was this child ever in a special class or group that included only children with disabilities or special needs? *PLEASE CIRCLE ONE NUMBER.*
- | | | | | | |
|---|-----|---|----|---|------------|
| 1 | Yes | 2 | No | 9 | Don't know |
|---|-----|---|----|---|------------|
30. Thinking about all the services this child received between when he or she turned three and this school year, how much impact have those services had on his or her development? *PLEASE CIRCLE ONE NUMBER.*
- | | | | |
|---|-------------|---|-----------------|
| 1 | No impact | 3 | A lot of impact |
| 2 | Some impact | 9 | Don't know |

About This Child's Current Education and Special Services

The questions in this section ask you to think about the education and special services this child is receiving **now**.

31. Is this child now enrolled in kindergarten or first grade? *PLEASE CIRCLE ONE NUMBER.*

	1	This child is not in kindergarten or first grade.	PLEASE GO TO QUESTION 32 } PLEASE GO TO QUESTION 34
	2	This child is enrolled in kindergarten.	
	3	This child is enrolled in first grade.	
	8	Other (Please describe: _____)	

32. Why isn't this child enrolled in kindergarten this year?
-

33. In what year do you expect this child to start kindergarten?

Year: _____ → **IF CHILD IS NOT IN KINDERGARTEN OR FIRST GRADE, PLEASE GO TO QUESTION 42**

34. If this child is enrolled in kindergarten or first grade, which of the following best describes where the child spends his or her time at school? *PLEASE CIRCLE ONE NUMBER.*
- 1 This child spends the entire time in the regular class working only with the regular teaching staff.
 - 2 This child spends the entire time in the regular class, and specialists come in and work with him or her there.
 - 3 This child spends most of the time in the regular class but is taken out of the classroom to receive some special services.
 - 4 This child spends some time in the regular class and some time in a special class for children with special needs.
 - 5 This child spends the entire day in a special class for children with special needs.
 - 8 Other (Please describe: _____
_____)
 - 9 Don't know
35. How would you rate the amount of time this child spends at school with typically developing children? *PLEASE CIRCLE ONE NUMBER.*
- | | |
|--|-------------------|
| 1 Too much time with typically developing children | 4 Not enough time |
| 2 About the right amount of time | 9 Don't know |
36. How easy or hard do you think the transition to kindergarten (or first grade) has been for this child? *PLEASE CIRCLE ONE NUMBER.*
- | | |
|-----------------|--------------|
| 1 Very easy | 4 Very hard |
| 2 Somewhat easy | 9 Don't know |
| 3 Somewhat hard | |
37. Which of the following best describes the school this child attends? *PLEASE CIRCLE ONE NUMBER.*
- 1 A regular school that serves a wide variety of students
 - 2 A school that serves only students with disabilities or special needs
 - 8 Another kind of school (Please describe: _____
_____)
 - 9 Don't know

44. How would you rate the **amount** of special education and therapy services this child is getting **through the school system**? *PLEASE CIRCLE ONE NUMBER.*

- 1 This child is receiving more services than are needed.
- 2 This child is receiving about the right amount of services.
- 3 This child is receiving fewer services than are needed.
- 9 Don't know

45. Following are some statements about the special education teachers, therapists, and other professionals who work with children with special needs. How much do you agree or disagree with each of the following statements? *PLEASE CIRCLE ONE NUMBER ON EACH LINE.*

	Strongly agree	Agree	Dis-agree	Strongly disagree	Don't know
a. I have good feelings about the professionals who work with children with special needs and their families.	1	2	3	4	9
b. Professionals who work with children with special needs respect the values and cultural background of my family.	1	2	3	4	9
c. Professionals who work with children with special needs ignore my opinions.	1	2	3	4	9
d. Professionals who work with children with special needs make me feel optimistic and hopeful about this child's future.	1	2	3	4	9

About Child Care

46. Is this child **now** being regularly cared for by someone other than a parent or guardian? *PLEASE CIRCLE ONE NUMBER.*

- 1 Yes **PLEASE GO TO QUESTION 47**
- 2 No **PLEASE GO TO QUESTION 50 ON THE NEXT PAGE**

47. How many hours per week is this child in child care? Hours per week: _____

48. Overall, how difficult was it for you to find appropriate child care for this child, given his or her special needs? *PLEASE CIRCLE ONE NUMBER.*

- 0 Does not apply. This child does not have special needs.
- 1 Not at all difficult
- 2 Somewhat difficult
- 3 Very difficult
- 9 Don't know

49. Overall, how satisfied are you with the ability of the current child care arrangements to meet this child's special needs? *PLEASE CIRCLE ONE NUMBER.*

- 0 Does not apply. This child does not have special needs.
- 1 Very satisfied
- 2 Somewhat satisfied
- 4 Very dissatisfied
- 9 Don't know

3. ¿Cómo considera usted que el niño oye sin ningún dispositivo especial como, por ejemplo, audífonos? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*
- | | |
|--------------------------------------|-------------------------------|
| 1 Oye con normalidad | 3 Tiene problemas de audición |
| 2 Podría tener problemas de audición | 9 No sé |
4. ¿Cómo está la vista de este niño? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*
- | | |
|------------------------------------|-----------------------------|
| 1 Ve normalmente sin lentes | 3 Tiene problemas de visión |
| 2 Podría tener problemas de visión | 9 No sé |
5. ¿Cómo utiliza este niño los brazos y las manos? Al contestar a esta pregunta, no tome en cuenta lesiones temporales, tales como la fractura de un brazo. *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*
- 1 Utiliza normalmente ambos brazos y ambas manos.
 - 2 Utiliza con cierta dificultad uno o ambos miembros
 - 3 Utiliza con mucha dificultad uno o ambos miembros
 - 4 No utiliza en absoluto uno o ambos miembros
 - 9 No sé
6. ¿Cómo utiliza este niño las piernas y los pies? No tome en cuenta lesiones temporales al contestar a esta pregunta. *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*
- 1 Utiliza normalmente ambas piernas y ambos pies
 - 2 Utiliza con dificultad uno o ambos miembros
 - 3 Utiliza con mucha dificultad uno o ambos miembros
 - 4 No utiliza en absoluto uno o ambos miembros
 - 5 No sé
7. En comparación con otros niños de aproximadamente la misma edad, ¿cómo le comunica este niño sus necesidades a usted o a otras personas? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*
- | | |
|---|------------------------------|
| 1 Se comunica tan bien como los demás niños | 4 No se comunica en absoluto |
| 2 Se comunica con un poco de dificultad | 9 No sé |
| 3 Se comunica con mucha dificultad | |

8. En comparación con otros niños de aproximadamente la misma edad, ¿cómo describiría usted la **comprensión** del niño en la comunicación verbal o no verbal (señales, gestos, sistemas de símbolos)? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*
- | | |
|---|----------------------------|
| 1 Comprende tan bien como los demás niños | 4 No comprende en absoluto |
| 2 Comprende con dificultad | 9 No sé |
| 3 Comprende con mucha dificultad | |
9. En comparación con otros niños que tienen aproximadamente la misma edad, ¿cómo describiría usted las habilidades sociales de este niño? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*
- | | |
|-------------------------------------|-----------------------------|
| 1 Típicas y apropiadas para su edad | 4 Tiene una gran dificultad |
| 2 Tiene una ligera dificultad | 9 No sé |
| 3 Tiene una dificultad moderada | |
10. En comparación con otros niños que tienen aproximadamente la misma edad, ¿cómo aprende este niño, cómo piensa y cómo resuelve los problemas? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*
- | | |
|--|------------------------------------|
| 1 Mejor que otros niños de su edad | 4 Mucho menos bien que otros niños |
| 2 Tan bien como otros niños | 9 No sé |
| 3 Ligeramente menos bien que otros niños | |
11. En comparación con otros niños que tienen aproximadamente la misma edad, ¿Qué tan fácil es llevar a este niño con usted cuando hace cosas como ir a la tienda o asistir a una cita? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*
- | | |
|--|--|
| 1 Más fácil de llevarlo a distintos lugares que otros niños que tienen aproximadamente la misma edad | |
| 2 Tan fácil de llevarlo a distintos lugares como a otros niños | |
| 3 Un poco más difícil de llevarlo a distintos lugares que a otros niños | |
| 4 Mucho más difícil de llevarlo a distintos lugares que a otros niños | |
| 9 No sé | |
12. ¿Cómo describiría usted la forma en que este niño juega con otros niños? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*
- | | |
|--|---|
| 1 No tiene problemas en jugar con otros niños | 3 Tiene muchos problemas en jugar con otros niños |
| 2 Tiene algunos problemas en jugar con otros niños | 9 No sé |

13. ¿Cuántas letras del alfabeto puede reconocer este niño? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*

- | | |
|----------------------------|-------------------------|
| 1 Todas las letras | 4 Ninguna de las letras |
| 2 La mayoría de las letras | 9 No sé |
| 3 Algunas de las letras | |

14. ¿Hasta qué número puede contar este niño? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES:*

- | | |
|-------------------------------|-------------------|
| 1 No puede contar en absoluto | 5 Hasta 50 |
| 2 Hasta 5 | 6 Hasta 100 o más |
| 3 Hasta 10 | 9 No sé |
| 4 Hasta 20 | |

15. **La semana pasada**, ¿Cuántas veces fue invitado este niño a jugar en la casa de otro niño? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*

- | | |
|---------------------|------------------|
| 1 Ninguna | 4 Todos los días |
| 2 Una o dos veces | 9 No sé |
| 3 Tres a seis veces | |

16. Presentamos a continuación una lista de cosas que este niño puede o puede no estar haciendo todavía. En cada una de ellas, marque con un círculo el número correspondiente a si la hace o no la hace todavía, si la hace pero no bien o si la hace bien. *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS EN CADA LÍNEA.*

	No lo hace todavía	Lo hace, pero no bien	Lo hace bien	No sé
a. Andar sin apoyarse de alguna cosa.	1	2	3	9
b. Caminar con rapidez o correr.	1	2	3	9
c. Saltar alternando los pies.	1	2	3	9
d. Quitar el papel de los caramelos para desenvolverlos.	1	2	3	9
e. Copiar un círculo.	1	2	3	9
f. Colorear dentro de las líneas de un libro de colorear.	1	2	3	9
g. Untar alimentos, tales como mantequilla o jalea, en el pan o galletas utilizando un utensilio (como una cuchara, un tenedor o un cuchillo).	1	2	3	9
h. Ponerse una camisa o una chaqueta sin ayuda.	1	2	3	9
i. Ponerse los zapatos en los pies correctos.	1	2	3	9
j. Atarse los cordones de los zapatos.	1	2	3	9
k. Tener control de la orina durante el día.	1	2	3	9
l. Comprender y evitar peligros comunes (como el horno, la calle u objetos afilados).	1	2	3	9
m. Utilizar movimientos y gestos como forma de comunicarse (como mover la cabeza de un lado a otro para decir “no” o	1	2	3	9

- 3 Nuestra familia vive en condiciones aproximadamente iguales.
- 4 Nuestra familia vive en peores condiciones que las que habrían resultado de no recibir ayuda e información.
- 9 No sé

24. Pensando en el pasado, ¿qué efecto han tenido en el desarrollo de este niño los servicios de intervención temprana que ha recibido antes de cumplir los tres años? **MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.**

- 1 Ningún efecto 3 Mucho efecto
- 2 Cierta efecto 9 No sé

Acerca de los servicios que recibió este niño entre la intervención temprana y el jardín de niños “Kindergarten” (después de cumplir los tres años pero antes de este año escolar)

Las preguntas de esta sección tienen por fin hacerle pensar en los servicios que recibió este niño después de terminar la intervención temprana (después de cumplir los tres años) pero antes del año escolar.

25. ¿Recibió este niño alguna terapia o servicios de educación especiales **por parte del sistema de escuelas públicas** después de cumplir los tres años pero antes de este año escolar? **MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.**

	<ul style="list-style-type: none"> 1 Sí 2 No 9 No sé 	<p>PASE A LA PEGUNTA 26 A CONTINUACIÓN</p> <p>PASE A LA PREGUNTA 31 EN LA SECCIÓN SIGUIENTE</p>
--	---	---

26. ¿Qué terapia o servicios recibió este niño **por parte de las escuelas públicas** después de cumplir los tres años pero antes de este año escolar? **MARQUE CON UN CÍRCULO TODO LO QUE CORRESPONDA.**

- 1 Terapia de dicción o lenguaje 8 Otra (Describa, por favor): _____
- 2 Terapia ocupacional _____
- 3 Terapia física _____)
- 4 Educación o instrucción especial 9 No sé

27. ¿Comenzó este niño a recibir servicios especiales del **sistema de escuelas públicas** dentro de un mes de salir de su programa de intervención temprana? **MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.**

- 1 Sí 2 No 9 No sé

28. ¿De qué forma calificaría usted la **calidad** general de los servicios de educación y terapia especiales que recibió este niño **del sistema de escuelas públicas** después de la intervención temprana y antes de este año escolar? **MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.**

- 1 Excelentes 3 Regulares 9 No sé
- 2 Buenos 4 Deficientes

8 Otro (Describa): _____
 _____)

9 No sé

35. ¿Cómo calificaría usted la cantidad de tiempo que este niño dedica a la escuela con niños de desarrollo normal? **MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.**

1 Demasiado tiempo con niños de desarrollo normal 4 Tiempo insuficiente

2 Una cantidad de tiempo bastante adecuada 9 No sé

36. ¿Con cuánta facilidad o dificultad ha realizado este niño la transición al jardín de niños “Kindergarten” (o al primer grado)? **MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.**

1 Mucha facilidad 4 Mucha dificultad

2 Cierta facilidad 9 No sé

3 Cierta dificultad

37. ¿Cuál de las opciones siguientes describe mejor la escuela a la que asiste este niño? **MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.**

1 Una escuela corriente que sirve a una amplia gama de alumnos

2 Una escuela que sirve sólo a alumnos con discapacidades o necesidades especiales

8 Otra clase de escuela (Describa: _____
 _____)

9 No sé

38. Piense en las experiencias de este niño en la escuela desde el comienzo del año escolar. ¿En qué grado está usted de acuerdo o en desacuerdo con cada una de las opciones siguientes? **MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS EN CADA LÍNEA.**

	Muy de acuerdo	De acuerdo	En desacuerdo	Muy en desacuerdo	No sé
a. La escuela es un reto para este niño	1	2	3	4	9
b. A este niño le gusta la escuela	1	2	3	4	9
c. Los maestros de este niño mantienen una buena disciplina en el salón/aula	1	2	3	4	9
d. En la escuela de este niño, gran parte de los alumnos y maestros se respetan.	1	2	3	4	9
e. El director y el asistente del director mantienen una buena disciplina en la escuela de este niño	1	2	3	4	9
f. La escuela responde bien a las necesidades particulares de este niño	1	2	3	4	9

39. El estudio se interesa en saber cuál es el desempeño escolar de este niño. Con su autorización, nos gustaría enviar al maestro de este niño un cuestionario que se refiere a algunas de las actividades

del niño en la escuela. ¿Le parece bien que nos pongamos en contacto con el maestro de este niño?

1 Sí **PASE A LA PREGUNTA 40**

2 No → **PASE A LA PREGUNTA 42**

40. ¿Cuál es el nombre completo y la dirección de la escuela a la que asiste este niño? (Llene todos los datos que pueda.)

Nombre de la escuela: _____

Dirección: _____

Ciudad/Estado/Código de área: _____ Teléfono: (____) _____

41. ¿Cuál es el nombre del maestro de jardín de niños “*Kindergarten*” o de primer grado de este niño?

Nombre del maestro: _____

42. ¿Qué terapia o servicios recibe este niño en la actualidad **a través del sistema de escuelas públicas**? **MARQUE CON UN CÍRCULO TODAS LAS OPCIONES PERTINENTES.**

0 Este niño no recibe en la actualidad servicios por intermedio de las escuelas públicas } **PASE A LA PREGUNTA 46 A CONTINUACIÓN**

1 Terapia de dicción o lenguaje 5 Estudios dirigidos o ayuda para superar problemas de aprendizaje

2 Terapia ocupacional 8 Otro (Describa): _____

3 Terapia física

4 Educación o instrucción especial 9 No sé

43. ¿Cómo calificaría usted en general la **calidad** de la educación especial y de los servicios de terapia que recibe este niño **a través del sistema escolar**? **MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.**

1 Excelente 4 Deficiente

2 Buena 9 No sé

3 Regular

44. ¿Cómo calificaría usted la **cantidad** de educación especial y servicios de terapia que este niño recibe **a través del sistema escolar**? **MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.**

1 Este niño recibe más servicios de los necesarios.

2 Este niño recibe una cantidad de servicios bastante apropiada.

3 Este niño recibe menos servicios de los necesarios.

9 No sé

45. A continuación figuran algunas opiniones acerca de los maestros de educación especial, terapeutas y otros profesionales que trabajan con niños que tienen necesidades especiales. ¿En qué grado está usted de acuerdo o en desacuerdo con cada una de las siguientes opciones? **MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS EN CADA LÍNEA.**

e. Participación en un programa de capacitación en el empleo que no forma parte de un trabajo	1	2
---	---	---

56. ¿Alguien en el hogar de este niño recibe ahora beneficios de alguno de los siguientes programas? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS EN CADA LÍNEA.*

	Sí	No	No sé
a. AFDC (Ayuda a Familias con Hijos Dependientes), TANF (Ayuda Temporal a Familias Necesitadas) o el programa estatal de beneficencia social	1	2	9
b. Estampillas de alimentos	1	2	9
c. WIC (Programa de Alimentación de Mujeres, Infantes y Niños)	1	2	9
d. SSI (Ingreso de Seguridad Suplementario) para este niño	1	2	9

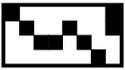
57. ¿Cuál de las siguientes opciones describe mejor la situación general de la vida de su familia en la actualidad? *MARQUE CON UN CÍRCULO UNO DE LOS NÚMEROS SIGUIENTES.*

- | | |
|-------------|--------------|
| 1 Excelente | 4 Regular |
| 2 Muy buena | 5 Deficiente |
| 3 Buena | |

58. ¿Desea hacernos saber algo más acerca de alguno de los temas de esta encuesta? *UTILICE ESTE ESPACIO PARA PROPORCIONAR LOS COMENTARIOS QUE TENGA.*

Gracias por el tiempo dedicado a contestar estas preguntas y ayudarnos con este importante estudio. Sírvase devolver este cuestionario dentro del sobre que le proporcionamos y remítalo a la siguiente dirección:

NEILS
SRI International, Room BS-129
333 Ravenswood Ave.
Menlo Park, CA 94025

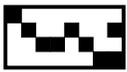


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- - -



**Please use a BLACK pen; pencils or red and blue pens cannot be read by our scanners.
When asked to mark boxes, make an "X" through the boxes.**



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A1. In what capacity (or capacities) are you involved with this child? *PLEASE MARK BOXES FOR ALL THAT APPLY.*

- Provide instruction directly to this child
- Provide related services directly to this child
- Provide consultation to child's teacher(s)
- Provide case management (e.g., program monitoring) for this child
- Program administrator/supervisor
- Supervise instructional assistant assigned to work with this child
- Other (describe):

A2. What is your **main** role in this school? *PLEASE MARK ONE BOX ONLY.*

- General education classroom teacher
- Special education teacher
- Other (describe):

A3. How many years have you been teaching? years

A4. What is the current grade level placement of this child? *PLEASE MARK ONE BOX ONLY.*

- Kindergarten
- Ungraded
- First
- Other (describe):

A5. Does this child participate in the following? *PLEASE MARK ONE BOX ON EACH LINE.*

	Yes	No	Don't know
a. Program for gifted and talented students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Title I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bilingual education or instruction for English language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Program for children with behavioral or emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Free/reduced-price lunch program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A6. Approximately how many **TOTAL hours per week** does this child attend school? (If this child does not attend school, indicate approximately how many total hours of instruction he/she receives in a typical week.)

Number of **TOTAL hours per week** child attends school



A7. Approximately how much school time **per week** does this child currently spend in the following settings? Please provide either minutes or hours.

Number of minutes/week	OR	Number of hours/week	
<input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/>	General education classroom
<input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/>	Special education setting
<input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/>	Therapy setting (office, small room, etc.)
<input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/>	Setting for remedial or special assistance outside the general education classroom that is not special education
<input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/>	Homebound instruction

A8. Please indicate **ALL** the settings in which this child currently receives instruction for each subject listed below. (Please note: Some children may receive instruction in a subject area in multiple settings, such as a special education setting and a general education classroom. Special education or other special services delivered only in the general education classroom should be indicated only in the first column.) **PLEASE MARK ALL THAT APPLY ON EACH LINE. MARK "Not applicable" IF THIS CHILD DOES NOT RECEIVE INSTRUCTION IN A SUBJECT AREA.**

Mark ALL setting(s) of instruction	General education classroom	Special education setting	Pullout program (not spec. educ.)	Home- bound instruction	Not applic- able
a. Language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Art, music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Self-help skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Social skills instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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A9. How many of the following are usually in the classroom during this child's language arts or reading instruction? *PLEASE ENTER ONE NUMBER ON EACH LINE. ENTER "0" IF NONE ARE IN THIS CLASS.*

Number

a. General education **teachers**b. Special education **teachers**

c. Teacher aides

d. One-to-one instructional assistants assigned to a specific child

e. Other specialists

f. Adult volunteers

g. General education **students**h. Special education **students**

A10. Which of the following best describes the curriculum materials for this child?
PLEASE MARK ONE BOX.

- General education grade-level curriculum materials are used without modification.
- Some modifications in general education curriculum materials have been made.
- Substantial modifications in general education curriculum materials have been made.
- Specialized curriculum or materials are used.

A11. In some schools, special efforts are made to make the transition into kindergarten less difficult for children. Which of the following occurs in your school? *PLEASE MARK ONE BOX ON EACH LINE.*

	Yes	No	Don't know
a. I (or someone at the school) phone or send home information about the kindergarten program to parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preschoolers spend some time in the kindergarten classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The school days are shortened at the beginning of the school year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Parents and children visit kindergarten prior to the start of the school year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I (or another teacher) visit the homes of the children at the beginning of the school year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parents come to the school for orientation prior to the start of the school year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



A12. How easy was it for this child to make the transition to kindergarten?

PLEASE MARK ONE BOX ONLY.

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Very difficult |
| <input type="checkbox"/> Easy | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Difficult | |

A13. During this school year, did this child's parent or guardian attend a parent-teacher conference or "back-to-school night"? *PLEASE MARK ONE BOX ONLY.*

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable, we do not have parent conferences or "back-to-school night." |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

A14. Approximately how often have you communicated with this child's parent or guardian during this school year about his/her progress (by phone, in person, or in writing), excluding routine progress reports or report cards? *PLEASE MARK ONE BOX ONLY.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> Once every other month | <input type="checkbox"/> Every day or several times a week |
| <input type="checkbox"/> Once | <input type="checkbox"/> Once a month | |
| <input type="checkbox"/> A few times over the school year | <input type="checkbox"/> Once a week or several times a month | |

A15. Has this child's parent or guardian volunteered to help in your classroom or school during this school year? *PLEASE MARK ONE BOX ONLY.*

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No volunteer opportunities available in the classroom or school |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

A16. How involved is this child's parent or guardian in his/her school experiences (e.g., monitoring homework or child's progress in school)? *PLEASE MARK ONE BOX ONLY.*

- | | |
|--|--|
| <input type="checkbox"/> Not at all involved | <input type="checkbox"/> Fairly involved |
| <input type="checkbox"/> Not very involved | <input type="checkbox"/> Very involved |
| | <input type="checkbox"/> Don't know |



A17. Overall, how would you rate this child's academic skills compared with other children of the same grade level? *PLEASE MARK ONE BOX ONLY.*

- | | |
|--|--|
| <input type="checkbox"/> Far below average | <input type="checkbox"/> Above average |
| <input type="checkbox"/> Below average | <input type="checkbox"/> Far above average |
| <input type="checkbox"/> Average | |

A18. During structured and unstructured play time, how does this child compare with other children in the class in terms of physical activity? *PLEASE MARK ONE BOX ONLY.*

- | | |
|---|---|
| <input type="checkbox"/> A lot less active than most | <input type="checkbox"/> A little more active than most |
| <input type="checkbox"/> A little less active than most | <input type="checkbox"/> A lot more active than most |
| <input type="checkbox"/> About the same as most | |

A19. How many friends does this child have in your classroom? *PLEASE MARK ONE BOX ONLY.*

- | | |
|---|--|
| <input type="checkbox"/> Far fewer than most children | <input type="checkbox"/> More than most children |
| <input type="checkbox"/> Fewer than most children | <input type="checkbox"/> Far more than most children |
| <input type="checkbox"/> As many as most children | |

A20. Has this child missed two or more weeks of school this year because of a health problem? *PLEASE MARK ONE BOX ONLY.*

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

A21. Overall, how appropriate do you think this child's placement is in your classroom? *PLEASE MARK ONE BOX ONLY.*

- | | |
|---|---|
| <input type="checkbox"/> Very appropriate | <input type="checkbox"/> Not at all appropriate |
| <input type="checkbox"/> Somewhat appropriate | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Not very appropriate | |



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A22. How often does this child do each of the following in your classroom?
PLEASE MARK ONE BOX FOR EACH LINE.

	<i>MARK ONE FOR EACH LINE</i>				
	Never	Sometimes	Very often	Not applicable	Don't know
a. Join an ongoing activity or group without being told to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Make friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Initiate conversations with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Control his/her temper in conflict situations with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Easily make transitions from one classroom activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Respond appropriately to teasing by other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Respond appropriately when pushed or hit by other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ask for what s/he needs in order to do his/her best in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Receive criticism well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cooperate with other students without prompting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Fight with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Perform up to his/her ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Argue with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Invite others to join in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Act impulsively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Appear lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Do things on his or her own even if they are hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Keep at a task until s/he is finished, even if it takes a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Have low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Act sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Complete homework on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Communicate his/her thoughts and ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Get easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Follow classroom rules and routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



ACADEMIC RATING SCALE

Directions: The Academic Rating Scale is separated into two areas: (1) Language and Literacy and (2) Mathematical Thinking. You are asked to rate the child's skills, knowledge, and behaviors within each of these areas based on your experience with this child. This is NOT a test and should not be administered directly to the child. Each question includes examples that are meant to help you think of the range of situations in which the child may demonstrate similar skills and behaviors. **The examples do not exhaust all the ways that a child may demonstrate what he/she knows or can do.**

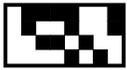
The following **five-category scale** is used for each of the questions. It reflects the degree to which a child has acquired and/or chooses to demonstrate the targeted skills, knowledge, and behaviors.

Not yet	=	Child has not yet demonstrated skill, knowledge, or behavior.
Beginning	=	Child is just beginning to demonstrate skill, knowledge, or behavior but does so very inconsistently.
In progress	=	Child demonstrates skill, knowledge, or behavior with some regularity but varies in level of competence.
Intermediate	=	Child demonstrates skill, knowledge, or behavior with increasing regularity and average competence but is not completely proficient.
Proficient	=	Child demonstrates skill, knowledge, or behavior competently and consistently.
Not applicable	=	Skill, knowledge, or behavior has not been introduced in classroom setting.

Rate only the child's **current** achievement or motivation. Rate each child compared with other children of the same age level. Please use the full range of ratings. If the skill, knowledge, or behavior has been introduced in the classroom, please rate the child using one of the five categories. Mark "**Not applicable**" only if the skill, knowledge, or behavior has not been introduced in your classroom setting.

Children with Limited English Proficiency: Please answer the questions based on your knowledge of this child's skills. If the child does not yet demonstrate skills in English but does demonstrate them in his/her native language, please answer the questions with the child's native language in mind.

Children with Special Needs: It may be necessary to consider adaptations for some questions to make them more inclusive for this child's skills and/or use of adaptive equipment. Some children may utilize alternative forms of verbal communication (e.g., sign language, communication boards) or written communication (e.g., word processors, Braille, dictation). Please answer the questions with these adaptations in mind.



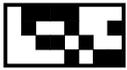
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A23. LANGUAGE AND LITERACY

MARK ONE FOR EACH LINE

This child...

	Not yet	Beginning	In progress	Intermediate	Proficient	Not applicable
a. Uses complex sentence structures - for example, says "If she had brought her umbrella, she wouldn't have gotten wet," or "Yesterday it was raining cats and dogs," or "Why can't we go on the field trip at the same time as the first grade?"	<input type="checkbox"/>					
b. Understands and interprets a story or other text read to him/her - for example, retelling a story just read to the group, or telling about why a story ended as it did, or connecting part of the story to his/her own life.	<input type="checkbox"/>					
c. Easily and quickly names all upper- and lower-case letters of the alphabet.	<input type="checkbox"/>					
d. Produces rhyming words - for example, says a word that rhymes with "chip," "shop," "drink," or "light."	<input type="checkbox"/>					
e. Reads simple books independently - for example, reads books with a repetitive language pattern.	<input type="checkbox"/>					
f. Uses different strategies to read unfamiliar words - for example, examines cues from pictures or context, or uses consonant sounds to read words, or uses prior knowledge in order to make predictions.	<input type="checkbox"/>					
g. Composes simple stories - for example, by writing about a personal experience in a journal.	<input type="checkbox"/>					
h. Demonstrates an understanding of some of the conventions of print - for example, by using both upper- and lower-case letters when writing, or putting spaces between words, or using a period at the end of a sentence.	<input type="checkbox"/>					
i. Uses the computer for a variety of purposes - for example, by drawing a picture, or counting objects, or typing numbers, letters, or words.	<input type="checkbox"/>					



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A24. MATHEMATICAL THINKING

MARK ONE FOR EACH LINE

This child...

	Not yet	Beginning	In progress	Intermediate	Proficient	Not applicable
a. Sorts, classifies, and compares math materials by various rules and attributes - for example, creating a rule for sorting keys, such as "keys with numbers" in one pile and "keys without numbers" in another pile, or sorting shapes by several attributes such as "large plastic shapes" and "small wooden shapes."	<input type="checkbox"/>					
b. Orders a group of objects - for example, by ordering rods or sticks by length, or arranging paints from lightest to darkest, or musical instruments from softest to loudest.	<input type="checkbox"/>					
c. Shows an understanding of the relationship between quantities - for example, knowing that a group of ten small stones is the same quantity as a group of ten larger blocks.	<input type="checkbox"/>					
d. Solves problems involving numbers using concrete objects - for example, "Vera has six blocks, George has three; how many blocks are there in all?" or "How many do I need to give George so he will have the same number of blocks as Vera?"	<input type="checkbox"/>					
e. Demonstrates an understanding of graphing activities - for example, by looking at a picture graph on favorite ice-cream flavors and knowing which flavor is the most popular and which one is the least popular.	<input type="checkbox"/>					
f. Uses instruments accurately for measuring - for example, by using a balance scale to compare the weight of two objects, or using tablespoons and teaspoons during a cooking project, or using a measuring tape to measure the length of different objects.	<input type="checkbox"/>					
g. Uses a variety of strategies to solve math problems - for example, using manipulative materials, looking for a pattern, or acting out a problem.	<input type="checkbox"/>					



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A25. We would like to obtain a profile of this child's abilities and disabilities across major areas of functioning. Mark **ONE** box on each line that best describes this child from normal to extreme difficulty.

<i>MARK ONE FOR EACH LINE</i>						
	Normal for age	Suspected difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Extreme difficulty
a. Hearing	<input type="checkbox"/>					
b. Vision	<input type="checkbox"/>					
c. Use of hands	<input type="checkbox"/>					
d. Use of arms	<input type="checkbox"/>					
e. Use of legs	<input type="checkbox"/>					
f. Muscle tone	<input type="checkbox"/>					
g. Physical health	<input type="checkbox"/>					
h. Communication-Understanding others	<input type="checkbox"/>					
i. Communicating with others	<input type="checkbox"/>					
j. Thinking and reasoning	<input type="checkbox"/>					
k. Behavior	<input type="checkbox"/>					
l. Social skills	<input type="checkbox"/>					

A26. What grade do you expect this child to be in next year? *PLEASE MARK ONE BOX.*

Grade 1

Other (specify):

Kindergarten

Don't know

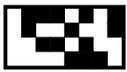
Ungraded

A27. Do you anticipate that this child will have an IEP (Individualized Education Plan) next year? *PLEASE MARK ONE BOX.*

Yes

No

Don't know



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A33. Does this child currently have either an IEP (Individualized Education Plan) or a 504 plan for children with disabilities (this includes an IEP for speech services)? *PLEASE MARK ONE BOX.*

<input type="checkbox"/> Yes, this child has an IEP for special education services.	}	PLEASE CONTINUE WITH QUESTION A34.
<input type="checkbox"/> Yes, this child has a 504 plan.		

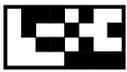
<input type="checkbox"/> No, this child does not have an IEP or 504 plan.	}	PLEASE GO TO NEXT PAGE.
<input type="checkbox"/> Don't know		



A34. Overall, how adequate are the educational supports that are provided to this child because of his/her disabilities? *PLEASE MARK ONE BOX ONLY.*

- | | |
|--|--|
| <input type="checkbox"/> Very adequate | <input type="checkbox"/> Not at all adequate |
| <input type="checkbox"/> Somewhat adequate | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Not very adequate | |

IF THIS CHILD HAS AN IEP OR 504 PLAN FOR THIS SCHOOL YEAR, THEN THE TEACHER OR SPECIALIST MOST FAMILIAR WITH THIS CHILD'S SPECIAL EDUCATION PROGRAM OR 504 PLAN SHOULD COMPLETE SECTION B.



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OPTIONAL

Is there anything else you want to tell us about this child or his/her program?
(Please write your comments in the box below.)

Date completed:

/ /
m m d d y y

THANK YOU FOR COMPLETING THIS SECTION OF THE QUESTIONNAIRE.
PLEASE RETURN BOTH SECTIONS IN THE POSTAGE-PAID ENVELOPE TO:

THE NATIONAL EARLY INTERVENTION LONGITUDINAL STUDY
SRI International, BS 158
333 Ravenswood Avenue
Menlo Park, CA 94025

We need your name and address if you are interested in participating in the
selection for the gift certificate. PLEASE PRINT.

First Name

Last Name

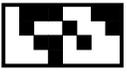
Number & Street Address

City

State

Zip Code

 -



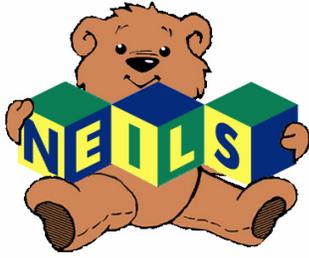
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Teacher ID:
Teacher Name:
School ID:
School Name:
School Year: 2002 to 2003
Child Name:
Child Birthdate:

NATIONAL EARLY INTERVENTION LONGITUDINAL STUDY

SECTION B: SPECIAL SERVICES

*Directions: This section of the questionnaire is to be completed **only for children with IEPs or 504 plans** (this includes an IEP for speech services).*

It is to be completed by the teacher or specialist most familiar with the child's special education program or 504 plan.

If the child does not have an IEP or 504 plan, check the box below, complete the last page if you wish, and return the questionnaire in the enclosed envelope.

This child does not have an IEP or 504 plan.



**Please use a BLACK pen; pencils or red and blue pens cannot be read by our scanners.
When asked to mark boxes, make an "X" through the boxes.**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a request for information unless it displays a valid OMB control number. The valid OMB control number for this survey is 1820-0616. The time required to respond to this information request is estimated to average 15 minutes per response for Section A (general education program and child progress) and 5 minutes per response for Section B (special services), including the time to review instructions, search existing data resources, gather the data needed, and submit the information. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Office of Special Education Programs, Washington, D.C. 20202-4651 or call 202-205-9364. Approval expires December 31, 2003.



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**Please use a BLACK pen; pencils or red and blue pens cannot be read by our scanners.
When asked to mark boxes, make an "X" through the boxes.**



B1. In what capacity (or capacities) are you involved with this child? *PLEASE MARK BOXES FOR ALL THAT APPLY.*

- Provide instruction directly to this child
- Provide related services directly to this child
- Provide consultation to child's teacher(s)
- Provide case management (e.g., program monitoring) for this child
- Program administrator/supervisor
- Supervise instructional assistant assigned to work with this child
- Other (describe):

B2. What is your **main** role in this school? *PLEASE MARK ONE BOX ONLY.*

- General education classroom teacher
- Special education teacher
- Related services provider (e.g., speech therapist)
- Program specialist (e.g., full-inclusion specialist)
- Case manager
- School psychologist
- School counselor
- Other (describe):

B3. How many years have you been working with children with special needs? years

B4. Who participated in the most recent IEP or 504 plan development or review for this child? *PLEASE MARK ALL THAT APPLY.*

- General education academic subject teacher(s)
- General education vocational teacher(s)
- Special education teacher(s)
- School administrator (e.g., principal, special education director, program coordinator)
- School counselor or psychologist
- Related services personnel (e.g., speech therapist/pathologist, occupational therapist, physical therapist)
- Parent/guardian(s)
- Child
- Staff of outside service agency or outside consultant
- Advocate
- Other (please specify):
- Don't know



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B5. In column A, please mark **ALL** of this child's disabilities.
PLEASE MARK ALL THAT APPLY IN COLUMN A.

In column B, please mark the child's **primary** disability.
PLEASE MARK ONE BOX IN COLUMN B.

	A All disability categories (Mark ALL that apply)	B Primary disability category (Mark ONE)
Autism	<input type="checkbox"/>	<input type="checkbox"/>
Deaf-blindness	<input type="checkbox"/>	<input type="checkbox"/>
Deafness	<input type="checkbox"/>	<input type="checkbox"/>
Developmental delay	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>
Mild mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
Moderate/severe mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
Multiple disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic impairment	<input type="checkbox"/>	<input type="checkbox"/>
Other health impairment	<input type="checkbox"/>	<input type="checkbox"/>
Serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
Speech or language impairment	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment/blindness	<input type="checkbox"/>	<input type="checkbox"/>
Other: <input style="width: 150px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

B6. Does the child use any medical devices that require school staff attention during any part of the school day? (Medical devices could include suctioning equipment, oxygen, catheters, etc. Do not include nonmedical devices such as communication devices, electronic equipment, etc.) *PLEASE MARK ONE BOX.*

Yes No

B7. Is there an emergency medical plan for this child? *PLEASE MARK ONE BOX.*

Yes No Don't know



- B8. Were the following services provided to the child through the school system during the current school year? (Include services the school contracted from other agencies.) **MARK ONE BOX ON EACH LINE.**

	Yes	No	Don't know
a. Adaptive physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistive technology services/devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Audiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behavior management program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Communication services (e.g., instruction in sign language or lip reading, Braille, augmentative communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Health services (e.g., administering of medication, oxygen, tracheostomy care, tube feeding, catheterization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Learning strategies/study skills assistance by a special educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Mental health services, personal/group counseling, therapy, or psychiatric care provided to the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. One-to-one paraeducator/assistant (e.g., teacher aide, nurse's aide, full-inclusion assistant, behavioral assistant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Reader or interpreter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Service coordination/case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Social work services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Special transportation because of disability (e.g., help in travel or special equipment such as lifts, ramps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Speech or language therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Training, counseling, and other supports/services provided to the child's family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Tutoring/remediation by a special education teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Vision services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Other (specify): <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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B9. For this school year, what are the primary goals for this child?

PLEASE MARK ALL THAT APPLY.

- Improve overall academic performance
- Improve academic performance in a specific area:
- Build social skills
- Improve appropriateness of general behavior
- Improve adaptive behavior or self-help skills
- Improve speech and communication skills
- Improve fine motor skills
- Improve gross motor skills
- Other (please specify):
- Don't know

B10. Which of the following accommodations, modifications, or learning aids are provided to this child as part of his/her IEP or 504 plan? *PLEASE MARK ALL THAT APPLY.*

- Modified grading standards
- Slower-paced instruction
- Additional time to complete assignments
- Shorter assignments
- Physical adaptations (e.g., preferential seating, special desks)
- Books on tape
- Communication aids (e.g., Touch Talker, manual printing board)
- Use of spell checker
- Computer software designed for children with disabilities
- Computer hardware adapted for child's unique needs (e.g., alternative keyboards, switch interface)
- Other:
- None of these provided**



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OPTIONAL

Is there anything else you want to tell us about this child or his/her program?
(Please write your comments in the box below.)

Date completed:

/ /
m m d d y y

THANK YOU FOR COMPLETING THIS SECTION OF THE QUESTIONNAIRE.
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First Name

Last Name

Number & Street Address

City

State

Zip Code

 -



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CONSENT TO PARTICIPATE IN THE

National Early Intervention Longitudinal Study (NEILS)

You are invited to be part of a national study about children and families receiving early intervention services. The study will help policy makers, program administrators, service providers and others learn more about children and families in early intervention and how to serve them better. If you decide to be part of the study, you will be asked to:

1. Answer some questions about your child and family on the phone with someone from the study. You will be called by someone from the study a few weeks from now, once every year while your child is in early intervention, once when your child turns 3 years old, and once when your child turns 5 years old and starts school. Each phone call will last about 45 minutes. If you don't have a phone, the researchers will arrange to have you call them at no cost to you. The questions you will be asked will be about your child's growth, the services you get from your early intervention program, and how your family is doing.
2. Let the people who give you or your child early intervention services give information about those services to the study. By knowing about your services and those of other families in the study, NEILS staff will be able to learn how to improve services for children and families.
3. When your child is 5 years old, let your child's teachers give information to the study about your child and any service he or she might get. This could include information in school reports.

Your name and the name of your child will never be shared with anyone outside the study and the program. What you say about your child, family, and services will not be shared with anyone in the early intervention program. The information about your child and family will always be combined with information from other families so your privacy is carefully protected.

You are free to decide if you want to be part of the study. If you choose not to take part, your choice will not influence the early intervention services your child gets. If you choose to take part, you can change your mind at any time and stop participating in the study. To withdraw from the study, just call the NEILS researchers toll-free at 1-800-682-9319.

Signing below means that you have read (or someone has read to you) the information above about what it means to be part of the NEILS, that you understand that information, that any questions you might have were answered to your satisfaction, and that you choose to be part of the study. *A copy of this form will be furnished to you.*

I, _____ agree to be part of the National Early Intervention
Printed name

Longitudinal Study (NEILS) being conducted by SRI International for the U.S. Department of Education.

Child's name

Relationship to child

Signature of parent/guardian

Date