

Pre-Elementary Education Longitudinal Study



# Early Childhood Program Director Questionnaire



*friends*



**P E E L S**



*learn*



*“because all children should count...  
read, learn, grow, and have friends...”*

*grow*

## Pre-Elementary Education Longitudinal Study

# Early Childhood Program Director Questionnaire

### Dear Program Director:

One or more children in your program are participating in an important U.S. Department of Education study called the Pre-Elementary Education Longitudinal Study (PEELS). A brochure describing the study is enclosed. The child is one of more than 3,000 children nationwide who are taking part in PEELS. The Program Director Questionnaire is a critical source of information about the educational programs and services for this child. Because of this, your participation is vitally important.

Please complete this questionnaire and return it in the enclosed postage-paid envelope within 2 weeks. Be assured that your answers will be confidential, and no information will be reported that identifies you, this child, or this program. We have included a gift certificate as a token of our appreciation.

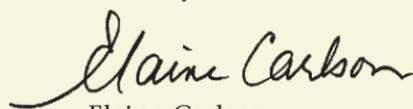
If you have any questions about the study or the survey, please feel free to call the PEELS toll-free hot line free at 1-888-534-8348, send an email to [questions@peels.org](mailto:questions@peels.org), or visit the PEELS web site at [www.peels.org](http://www.peels.org).

Before beginning this survey, you may want to gather the following information so that you will be able to complete the survey more quickly:

- Number of children served by your program;
- Number of children with Individualized Education Programs (IEPs), by disability category; and
- Number and type of specialized services personnel employed by your program and working with children ages 3 through 5 years.

Thank you in advance for your contribution to this very important study.

Sincerely,



Elaine Carlson  
Project Director, PEELS

Call the PEELS  
toll-free hot line:  
1-888-534-8348

Questionnaire?

## Section A:

### ABOUT YOUR PROGRAM

**A1.** Which of the following best describes the agency or organization that operates your program? PLEASE ✓CHECK ONE.

- 1 Public agency related to education (e.g., school district, county office of education, etc.)
- 2 Public agency—Other (health services, developmental disability services, etc.)
- 3 Private nonprofit organization
- 4 Private for-profit organization
- 5 Other (Specify: \_\_\_\_\_)

**A2.** Are you currently a Head Start grantee? PLEASE ✓CHECK ONE.

- 1 Yes
- 2 No

**A3.** Is your program... PLEASE ✓CHECK ONE.

- 1 A single site?
- 2 Part of a larger agency that provides early childhood programs in more than one site?
- 3 Part of a multiservice agency that provides services in addition to early childhood programs?
- 4 Other? (Specify: \_\_\_\_\_)

**A4.** Do you charge parents of children ages 3 through 5 a fee for the services provided? PLEASE ✓CHECK ONE.

- 1 Yes → Continue with Question A5
- 2 No → Go to Question A7

**A5.** Do you use a sliding scale based on parent income? PLEASE ✓CHECK ONE.

- 1 Yes
- 2 No

**A6.** Do you obtain waivers/alternative sources of payment for some parents? PLEASE ✓CHECK ONE.

- 1 Yes
- 2 No

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0656. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** US Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Special Education Programs, US Department of Education, Switzer Building, Room 4622, 330 C Street, SW, Washington, D.C. 20202-4651.

**A7.** Which of the following best describes the community in which your program is located? PLEASE  CHECK ONE.

- 01  Rural community
- 02  Small city or town of fewer than 50,000 people that is not a suburb of a larger city
- 03  Medium-sized city (50,000 to 99,999 people)
- 04  Suburb of a medium-sized city
- 05  Large city (100,000 to 500,000 people)
- 06  Suburb of a large city
- 07  Very large city (more than 500,000 people)
- 08  Suburb of a very large city
- 09  Military base or station
- 10  Indian reservation

**A8.** Is your program licensed or accredited?

PLEASE  CHECK YES OR NO for each option and, if YES, specify the name of the license, accreditation, or issuing agency.

Does your program have...	Yes	No	If "yes," what is the name of the license or accreditation and/or the name of the issuing organization or agency?
a. A license?	1 <input type="radio"/>	2 <input type="radio"/>	<input type="text"/>
b. Accreditation?	1 <input type="radio"/>	2 <input type="radio"/>	<input type="text"/>
c. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>	<input type="text"/>

**A9.** What programs/classrooms for children ages 3 through 5 are offered by your agency or organization? PLEASE  CHECK ALL THAT APPLY.

- 1  a. Center-based preschool or child care program **primarily** serving children **without** disabilities
- 2  b. Center-based preschool or child care program **primarily** serving children **with** disabilities
- 3  c. Center-based preschool or child care program **exclusively** serving children **with** disabilities
- 4  d. Home-based program serving children with disabilities
- 5  e. Clinic services (e.g., occupational therapy, speech and language, etc.)
- 6  f. Other (Specify: \_\_\_\_\_)

**A10.** The following are statements commonly associated with various educational philosophies. Which **three** statements best describe the philosophy or approach of your program?

- Write the number **1** next to the most important approach.
- Write the number **2** next to the second most important approach.
- Write the number **3** next to the third most important approach.

	Rank 1, 2, 3
a. We assume that children learn naturally when they are developmentally ready. The interest of the child and age appropriateness of skills are emphasized in determining program content.	<input type="text"/>
b. We believe that teaching children the knowledge and skills they need to succeed in school is critical. Structured learning experiences in academic content areas are a central part of the program.	<input type="text"/>
c. We emphasize principles of behavior modification and precision teaching. Target behaviors are specified and skills are sequenced and taught using strategies such as modeling, prompting, fading, and reinforcing of successive approximation.	<input type="text"/>
d. We combine developmental theory with a behavioral model to identify target behaviors and use behavioral strategies when appropriate.	<input type="text"/>
e. We emphasize the way individual children and parents/guardians influence each other's behavior. Interventions target primarily the parent/guardian, who is taught to interpret the child's behavior and respond appropriately.	<input type="text"/>
f. We focus on a child's medical diagnosis and concentrate on therapeutic interventions.	<input type="text"/>
g. We recognize that the child is a member of a family system and base services on the perceived strengths and priorities of family members.	<input type="text"/>
h. Other (Specify: _____)	<input type="text"/>

**A11.** How many years has your program been in operation? PLEASE GIVE YOUR BEST ESTIMATE.

Number of years in operation  years

**A12.** About how many years has your program served children with disabilities?  
PLEASE GIVE YOUR BEST ESTIMATE.

Number of years serving children with disabilities  years

**A13.** Was your program established for the specific purpose of providing services to children with disabilities? PLEASE ✓ CHECK ONE.

- 1  Yes  
2  No

**A14.** How would you characterize the way children with and without disabilities are brought together in your program? PLEASE ✓ CHECK ONE.

- 01  Not applicable—we do not currently have children without disabilities enrolled in this class or program.  
02  Children with and without disabilities are not in contact with one another.  
03  Classes for children with and without disabilities share common space (e.g., playground and/or lunch room) ONLY.  
04  Children without disabilities spend part of the day in the classroom for children with disabilities.  
05  Children with disabilities spend part of the day in a classroom for children without disabilities.  
06  Children with disabilities spend the entire day in a classroom for children without disabilities.  
07  Other (Specify: \_\_\_\_\_)  
98  Not sure; don't know.

**A15.** Which of the following forms of communication occur between parents of preschool children and staff at your program? PLEASE ✓ CHECK ALL THAT APPLY.

- 01  a. Parents are given regular written progress reports.  
02  b. Regularly scheduled parent-teacher meetings are incorporated.  
03  c. Parents are given phone calls or notes from teachers.  
04  d. Parents talk to teachers before or after school when children are being dropped off or picked up.  
05  e. Parents have access to the school's or program's web site with information specifically for parents.  
06  f. A regular system for communicating with parents exists (e.g., newsletter or phone tree).  
95  g. None of these.

**A16.** Which of the following opportunities are offered by your program to parents of preschoolers? PLEASE ✓ CHECK ALL THAT APPLY.

- 01  a. Open house or "back-to-school night"  
02  b. Regularly scheduled school-wide parent-teacher conferences  
03  c. Special subject-area events to which parents are invited (e.g., plays)  
04  d. Parent education workshops or courses  
05  e. Written contract between school and parent  
06  f. Parent-child learning activities at school (e.g., "Family Math")  
07  g. Parents as volunteers in the school  
08  h. Parents as paid classroom aides  
09  i. Parents involved in instructional issues (e.g., materials selection)  
10  j. Parents involved in governance (e.g., on school site management council)  
11  k. At-home parent-child learning activities to support school objectives  
12  l. Services to support parent involvement (e.g., child care for school events)  
13  m. Translation of school information into languages other than English to be used by parents  
14  n. Parents as advocates  
15  o. Formal parent advisory committee  
16  p. Other (Specify: \_\_\_\_\_)  
95  q. None of these

**A17.** Have children transitioned into your program from early intervention services for children with developmental delays or disabilities? PLEASE ✓ CHECK ONE.

- 1  Yes → Continue with Question A18  
2  No → Go to Question A19

**A18.** Preschool programs sometimes provide support for children and families who are transitioning in from early intervention programs for children with developmental delays or disabilities.

PLEASE ✓CHECK ONE in EACH row to indicate whether or not your program provides these supports.

	Yes	No
a. Children and families visit our program before starting here.	1 <input type="radio"/>	2 <input type="radio"/>
b. Staff from our program go to the location of the early intervention services to meet and observe children.	1 <input type="radio"/>	2 <input type="radio"/>
c. The early intervention program provides information about individual children (e.g., child assessment information, disability awareness).	1 <input type="radio"/>	2 <input type="radio"/>
d. Our program staff meet with those from the early intervention program specifically about individual children.	1 <input type="radio"/>	2 <input type="radio"/>
e. Early intervention staff encourage parents and children to meet with our staff before starting the program here.	1 <input type="radio"/>	2 <input type="radio"/>
f. Our staff participates in the development of IEPs for children with disabilities.	1 <input type="radio"/>	2 <input type="radio"/>
g. Preparatory strategies are developed for individual children who need them (e.g., behavior plans, program scheduling modifications, etc.).	1 <input type="radio"/>	2 <input type="radio"/>
h. Our staff send information or contact families prior to transition.	1 <input type="radio"/>	2 <input type="radio"/>
i. Our staff document the transition process using a checklist of activities.	1 <input type="radio"/>	2 <input type="radio"/>
j. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>

**A19.** Preschool programs sometimes provide supports to children and families who are transitioning out of their programs into kindergarten or into other preschools.

PLEASE ✓CHECK ONE in EACH row to indicate whether or not your program provides these supports.

	Yes	No
a. We arrange for children to visit their next program before starting there.	1 <input type="radio"/>	2 <input type="radio"/>
b. Staff from the receiving program come to our program to meet and observe children.	1 <input type="radio"/>	2 <input type="radio"/>
c. We provide information to the receiving program about individual children (e.g., child assessment information, disability awareness).	1 <input type="radio"/>	2 <input type="radio"/>
d. Our program staff meet with those from the receiving program specifically about individual children.	1 <input type="radio"/>	2 <input type="radio"/>
e. We encourage parents and children to meet with staff of the receiving program individually before starting the program there.	1 <input type="radio"/>	2 <input type="radio"/>
f. Our staff participates in the development of IEPs for children with disabilities.	1 <input type="radio"/>	2 <input type="radio"/>
g. We help develop participatory strategies for individual children who need them (e.g., behavior plans, school scheduling modifications, etc.).	1 <input type="radio"/>	2 <input type="radio"/>
h. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>

**A20.** Is your program a Head Start grantee, a provider of special education and related services to children ages 3 through 5, or neither? PLEASE ✓CHECK ONE.

- 1  Yes, we are a Head Start grantee.
- 2  Yes, we provide special education or related services. } Continue with Question A21
- 3  Neither. → Go to Section B on page 12

**A21.** Preschool programs may provide a variety of services to children ages 3 through 5 with IEPs either directly or through contracts/arrangements with independent providers.

- Please ✓ check in column A ALL of the services that your program provides through staff it employs directly.
- Please ✓ check in column B ALL services provided through contracts with independent providers.

Services for children ages 3 through 5 with IEPs	A Services provided by your program Check all that apply	B Services contracted or arranged for Check all that apply
a. Assistive technology	01 <input type="radio"/>	01 <input type="radio"/>
b. Audiology	02 <input type="radio"/>	02 <input type="radio"/>
c. Behavior management services	03 <input type="radio"/>	03 <input type="radio"/>
d. Consultation with family day care or preschool/nursery school provider(s)	04 <input type="radio"/>	04 <input type="radio"/>
e. Consultation among service providers for children ages 3 through 5	05 <input type="radio"/>	05 <input type="radio"/>
f. Developmental monitoring	06 <input type="radio"/>	06 <input type="radio"/>
g. Diagnostic services	07 <input type="radio"/>	07 <input type="radio"/>
h. Family counseling/mental health counseling	08 <input type="radio"/>	08 <input type="radio"/>
i. Family training/parent training	09 <input type="radio"/>	09 <input type="radio"/>
j. Other family support	10 <input type="radio"/>	10 <input type="radio"/>
k. Other therapeutic services (art, hydrotherapy, music, play, etc.)	11 <input type="radio"/>	11 <input type="radio"/>
l. Genetic counseling/evaluation	12 <input type="radio"/>	12 <input type="radio"/>
m. Health services	13 <input type="radio"/>	13 <input type="radio"/>

continued >

Services for children ages 3 through 5 with IEPs	A Services provided by your program Check all that apply	B Services contracted or arranged for Check all that apply
n. Medical diagnosis/evaluation	14 <input type="radio"/>	14 <input type="radio"/>
o. Nursing services	15 <input type="radio"/>	15 <input type="radio"/>
p. Nutrition services	16 <input type="radio"/>	16 <input type="radio"/>
q. Occupational therapy	17 <input type="radio"/>	17 <input type="radio"/>
r. Physical therapy	18 <input type="radio"/>	18 <input type="radio"/>
s. Psychological or psychiatric services	19 <input type="radio"/>	19 <input type="radio"/>
t. Respite care	20 <input type="radio"/>	20 <input type="radio"/>
u. Service coordination	21 <input type="radio"/>	21 <input type="radio"/>
v. Social work services	22 <input type="radio"/>	22 <input type="radio"/>
w. Special instruction for the child	23 <input type="radio"/>	23 <input type="radio"/>
x. Speech/language therapy	24 <input type="radio"/>	24 <input type="radio"/>
y. Transition services (interpreter)	25 <input type="radio"/>	25 <input type="radio"/>
z. Transportation and/or related costs	26 <input type="radio"/>	26 <input type="radio"/>
aa. Vision services	27 <input type="radio"/>	27 <input type="radio"/>
bb. Other (Specify: _____)	28 <input type="radio"/>	28 <input type="radio"/>

**A22.** Where does your program provide the services indicated in Question A21?

PLEASE ✓ CHECK ALL THAT APPLY.

- 01  a. Regular nursery school, preschool, or child care center
- 02  b. Special education preschool classroom
- 03  c. Family's home
- 04  d. Family day care home
- 05  e. Hospital (inpatient)
- 06  f. Outpatient medical service facility or clinic/therapy site
- 07  g. Residential facility
- 08  h. Other setting (Specify: \_\_\_\_\_)

**A23.** Preschool programs may employ a variety of personnel, either directly or through contracts with independent providers.

- In column A, PLEASE ✓ CHECK ALL that correspond to the kinds of preschool personnel who are employed by your program.
- In column B, PLEASE ✓ CHECK ALL that correspond to the kinds of preschool personnel your program contracts with or arranges for.

Personnel serving children ages 3 through 5 with IEPs	A Personnel employed by your program Check all that apply	B Personnel contracted with or by your program Check all that apply
a. Audiologist	01 <input type="radio"/>	01 <input type="radio"/>
b. Behavior therapist or specialist	02 <input type="radio"/>	02 <input type="radio"/>
c. Counselor or mental health professional (not a psychologist)	03 <input type="radio"/>	03 <input type="radio"/>
d. Certified occupational therapy assistant	04 <input type="radio"/>	04 <input type="radio"/>
e. Family support specialist	05 <input type="radio"/>	05 <input type="radio"/>
f. General education teacher (early childhood teacher)	06 <input type="radio"/>	06 <input type="radio"/>
g. General education teacher aide or other early childhood paraprofessional	07 <input type="radio"/>	07 <input type="radio"/>
h. Hearing specialist to work with children with hearing loss	08 <input type="radio"/>	08 <input type="radio"/>
i. Nurse	09 <input type="radio"/>	09 <input type="radio"/>
j. Nutritionist	10 <input type="radio"/>	10 <input type="radio"/>
k. Occupational therapist	11 <input type="radio"/>	11 <input type="radio"/>

continued >

Personnel serving children ages 3 through 5 with IEPs	A Personnel employed by your program Check all that apply	B Personnel contracted with or by your program Check all that apply
l. Orientation/mobility specialist	12 <input type="radio"/>	12 <input type="radio"/>
m. Physical therapist	13 <input type="radio"/>	13 <input type="radio"/>
n. Physical therapist assistant	14 <input type="radio"/>	14 <input type="radio"/>
o. Physician	15 <input type="radio"/>	15 <input type="radio"/>
p. Psychologist, psychiatrist, or other diagnostic personnel	16 <input type="radio"/>	16 <input type="radio"/>
q. Sign language interpreter for children with hearing loss	17 <input type="radio"/>	17 <input type="radio"/>
r. Social worker	18 <input type="radio"/>	18 <input type="radio"/>
s. Special education teacher	19 <input type="radio"/>	19 <input type="radio"/>
t. Special education teacher aide or other special education paraprofessional	20 <input type="radio"/>	20 <input type="radio"/>
u. Speech/language pathologist	21 <input type="radio"/>	21 <input type="radio"/>
v. Vision specialist	22 <input type="radio"/>	22 <input type="radio"/>
w. Other (Specify: _____)	23 <input type="radio"/>	23 <input type="radio"/>

# Section B:

## ABOUT THE CHILDREN AND FAMILIES YOU SERVE

**B1.** Around October 1 of this school year, approximately how many children ages 3 through 5 were enrolled in your program? PLEASE GIVE YOUR BEST ESTIMATE.

Number of children ages 3 through 5 enrolled on October 1

**B2.** How many children ages 3 through 5 with IEPs/IFSPs currently enrolled in your program are identified in each of the following **primary** disability categories?

• PLEASE GIVE YOUR BEST ESTIMATE. INCLUDE EACH CHILD IN ONLY ONE CATEGORY.

	Number of children who have the following as a <b>primary</b> disability
a. Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)	<input type="text"/>
b. Autism/Asperger's syndrome	<input type="text"/>
c. Deaf/blindness	<input type="text"/>
d. Developmental delay	<input type="text"/>
e. Emotional disturbance/behavior disorder	<input type="text"/>
f. Health impairments	<input type="text"/>
g. Hearing impairment/deafness	<input type="text"/>
h. Learning disability	<input type="text"/>
i. Mild mental retardation	<input type="text"/>
j. Moderate/severe mental retardation	<input type="text"/>
k. Multiple disabilities	<input type="text"/>
l. Orthopedic impairment	<input type="text"/>
m. Speech or language impairment	<input type="text"/>
n. Traumatic brain injury	<input type="text"/>
o. Visual impairment/blindness	<input type="text"/>
p. Other (Specify: _____)	<input type="text"/>

**B3.** What percentage of the children ages 3 through 5 whom you serve live in low-income households (e.g., receive income assistance or food stamps)? PLEASE  CHECK ONE.

- 1  Less than 25%
- 2  25%-50%
- 3  51%-75%
- 4  More than 75%
- 8  Don't know

**B4.** Of the children receiving services from your program, about what percentage have families that speak a language other than English at home? PLEASE  CHECK ONE.

- 1  Less than 25%
- 2  25%-50%
- 3  51%-75%
- 4  More than 75%
- 8  Don't know

**B5.** Of the children receiving services from your program on or around October 1 of this school year, about how many belonged to each of the following racial/ethnic groups? PLEASE INDICATE PERCENTAGE OR NUMBER IN EACH ROW.

	Percentage of children	OR	Number of children
a. American Indian or Alaska Native, not Hispanic	<input type="text"/> %		<input type="text"/>
b. Asian, not Hispanic	<input type="text"/> %		<input type="text"/>
c. Black or African American, not Hispanic	<input type="text"/> %		<input type="text"/>
d. Hispanic or Latino	<input type="text"/> %		<input type="text"/>
e. Native Hawaiian or Other Pacific Islander, not Hispanic	<input type="text"/> %		<input type="text"/>
f. White, not Hispanic	<input type="text"/> %		<input type="text"/>

# Section C:

## ABOUT YOUR STAFF

**C1.** How many full-time-equivalent (FTE) staff employed by your program are involved in some way with children ages 3 through 5?

For example, 2 half-time positions equals 1 FTE. If staff work with age groups other than children ages 3 through 5, please count only the portion of their time spent with children ages 3 through 5. PLEASE GIVE YOUR BEST ESTIMATE.

Total number of FTEs involved with children ages 3 through 5

**C2.** How many FTE staff provide direct services to children ages 3 through 5 and their families? PLEASE EXCLUDE ADMINISTRATIVE AND CLERICAL STAFF. PLEASE GIVE YOUR BEST ESTIMATE.

Number of FTEs providing direct services to children ages 3 through 5

**C3.** How many FTE staff provide direct services to children ages 3 through 5 WITH IEPs and their families? PLEASE EXCLUDE ADMINISTRATIVE AND CLERICAL STAFF. PLEASE GIVE YOUR BEST ESTIMATE.

Number of FTEs providing direct services to children ages 3 through 5 with IEPs

**C4.** How many FTE staff who provide direct services to children ages 3 through 5 with IEPs left your program in the last 12 months? PLEASE GIVE YOUR BEST ESTIMATE.

Number of FTE staff who left in last 12 months

**C5.** Do you currently have any unfilled staff positions among those who work with children ages 3 through 5 with IEPs? PLEASE GIVE YOUR BEST ESTIMATE.

- 1  Yes → How many FTEs?
- 2  No

**C6.** Which of the following employee benefits are provided to staff by your program? PLEASE CHECK ALL THAT APPLY.

- 1  a. None
- 2  b. Paid vacation and holidays
- 3  c. Paid sick leave
- 4  d. Health insurance
- 5  e. Contribution to a retirement plan
- 6  f. Other

**C7.** Generally, how well prepared is your whole staff to work with children ages 3 through 5 with disabilities? PLEASE CHECK ONE.

- 1  Not at all prepared
- 2  Not well prepared
- 3  Somewhat prepared
- 4  Well prepared
- 5  Very well prepared
- 8  Unsure

**C8.** Generally, how well prepared is your special education and related services staff to work with children ages 3 through 5 with disabilities? PLEASE CHECK ONE.

- 1  Not at all prepared
- 2  Not well prepared
- 3  Somewhat prepared
- 4  Well prepared
- 5  Very well prepared
- 8  Unsure

**C9.** Other than at IEP meetings, how does your staff that works with children ages 3 through 5 with IEPs come together to discuss and plan progress and programs? PLEASE CHECK ALL THAT APPLY.

- 01  a. Staff communicates on an as-needed basis.
- 02  b. We hold regular weekly meetings.
- 03  c. We hold regular biweekly meetings.
- 04  d. We hold regular monthly meetings.
- 05  e. We provide release time or change program hours so that both special education and early childhood teachers can attend meetings regularly.
- 06  f. We hold common inservice meetings and training sessions for general education and special education staff.
- 07  g. We provide a forum or structure for networking among staff on behalf of the children and families, including troubleshooting, referrals, links to therapists and specialists, etc.
- 08  h. Other (Specify: \_\_\_\_\_)

# Section D:

## ABOUT YOU

Below are listed a variety of disciplines in which early childhood education professionals might hold degrees, certificates, or licenses. Please use the codes listed below to answer Questions D1 and D2.

Code	Discipline	Code	Discipline
01	Audiology	10	Occupational therapy
02	Child development	11	Orientation/mobility
03	Elementary/secondary education	12	Physical therapy
04	Early childhood education	13	Psychology
05	Early childhood special education	14	Public health
06	Family therapy/counseling	15	Social work
07	Medicine	16	Special education
08	Nursing	17	Speech/language pathology
09	Nutrition	18	Other (Specify: _____)

**D1.** Please check each type of degree you have received. Then, using the discipline codes above, please write in the discipline(s) or subject area(s) of your degree(s). PLEASE ✓CHECK AND WRITE IN ALL THAT APPLY.

1  High school diploma or GED

2  Associate degree                      Discipline code(s)

3  Bachelor's degree                      Discipline code(s)

4  Master's degree                      Discipline code(s)

5  Doctoral degree                      Discipline code(s)

**D2.** Using the discipline codes listed at the top of the page, please write in the space provided below any discipline(s) in which you hold a professional license or certificate.

<input type="text"/>				
----------------------	----------------------	----------------------	----------------------	----------------------

Professional license(s) or certificate(s) held

---

**D3.** Do you have an immediate family member with a disability (e.g., a spouse, child, parent, or sibling)? PLEASE ✓CHECK ONE.

1  Yes

2  No

**D4.** What is your sex/gender? PLEASE ✓CHECK ONE.

1  Female

2  Male

**D5.** What is your race? PLEASE ✓CHECK ALL THAT APPLY.

1  a. African American or Black

2  b. American Indian or Alaska Native

3  c. Asian or Pacific Islander

4  d. White

**D6.** Are you of Hispanic origin? PLEASE ✓CHECK ONE.

1  Yes

2  No

**D7.** What is your age? PLEASE ✓CHECK ONE.

1  20 years old or younger

2  21 to 30 years old

3  31 to 40 years old

4  41 to 50 years old

5  51 to 60 years old

6  More than 60 years old

Date Completed: \_\_\_/\_\_\_/\_\_\_  
mm dd yy

Please provide your name and contact information below, so that we can reach you if we have questions.

Your Name: \_\_\_\_\_

School/Program Name: \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_

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

*Thank you for completing  
this questionnaire.*

Please return this questionnaire  
in the postage-paid envelope to:

Pre-Elementary Education Longitudinal Study  
Westat  
1650 Research Blvd.  
Rockville, MD 20850



*thank you!*



U.S. Office of Special  
Education Programs

WESTAT

14090.0903.30278

*“because **all** children should **count...**  
read, learn, grow, and have friends...”*