

Pre-Elementary Education Longitudinal Study



Elementary School Teacher Questionnaire



friends



PEELS



learn



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

grow

Pre-Elementary Education Longitudinal Study

Elementary School Teacher Questionnaire

Dear Teacher:

Your school district is participating in an important U.S. Department of Education study called the Pre-Elementary Education Longitudinal Study (PEELS). The child named on the label is one of more than 3,000 children nationwide who are taking part in PEELS.

The study is following the children as they move through preschool, kindergarten, and into the early elementary school years. This questionnaire is the only source of information about this year's school programs and experiences for this child. Because of this, your participation is vitally important.

Please complete this questionnaire and return it in the postage-paid envelope within 3 weeks. Answer all questions to the best of your knowledge and use your best guess when answering questions for which you are not quite sure of the answer. However, try as best you can to avoid responses that represent complete guesses. If necessary, please consult with colleagues in answering questions. Be assured that your answers will be completely confidential, and no information will be reported that identifies you, this child, or this school. We have enclosed \$10 as a token of our appreciation.

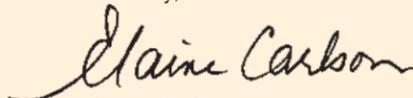
Before beginning this questionnaire, you may want to gather the following information so that you will be able to complete the questionnaire more quickly:

- The school file for the child whose name is on the label, including, if applicable, the most recent Individualized Education Program (IEP);
- Attendance records for this child during October of this school year; and
- Child's previous school records.

If you have any questions about the study or the questionnaire, please feel free to call the PEELS toll-free hot line at 1-888-534-8348, send an email to questions@peels.org, or visit the PEELS web site at www.peels.org.

Thank you so much 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?

Who should complete this questionnaire?

This questionnaire should be completed by the **teacher or service provider** who **knows the child whose name appears on the label above** and can describe the elementary education or special education and related services for this child.

- Can you tell us about the child whose name appears on the label?

1 Yes

2 No

- Can you tell us about this child's elementary school program?

1 Yes

2 No

- Can you tell us about special services this child receives (e.g., speech therapy)?

1 Yes

2 No

If you answered **NO** to **ALL** three questions:

DO NOT COMPLETE THIS QUESTIONNAIRE. PLEASE PASS THE QUESTIONNAIRE ON TO THE PERSON WHO IS BEST ABLE TO DESCRIBE THIS CHILD'S ELEMENTARY EDUCATION PROGRAM OR SPECIAL SERVICES.

If you answered **YES** to **ANY** of the three questions:

PLEASE PROCEED TO SECTION A →

note:

All references to "this child" mean the child whose name appears on the label. "IEP" refers to an Individualized Education Program for a child with a disability. "Special education setting" and "special education classroom" could be a self-contained day classroom or a resource room.

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.

Section A:

ELEMENTARY SCHOOL PROGRAM AND CHILD PROGRESS

REMINDER: "This child" refers to the child whose name appears on the label.

A1. What is the current grade-level placement of this child? PLEASE ✓ CHECK ONE.

- 0 Ungraded
- 1 1st grade
- 2 2nd grade
- 3 3rd grade
- 4 4th grade
- 5 Other (Specify: _____)

A2. Approximately how much school time per week does this child currently spend in the following settings? PLEASE INDICATE EITHER MINUTES OR HOURS PER WEEK.

	Number of minutes/week	OR	Number of hours/week
a. Regular education classroom	<input type="text"/>		<input type="text"/>
b. Special education setting	<input type="text"/>		<input type="text"/>
c. Therapy/special service setting (office, small room, etc.)	<input type="text"/>		<input type="text"/>
d. Setting outside of the classroom for other remediation or assistance (e.g., Title I, English as a second language [ESL])	<input type="text"/>		<input type="text"/>
e. Home instruction	<input type="text"/>		<input type="text"/>

A3. Which of the settings below is considered to be this child's **main** education setting? PLEASE ✓ CHECK ONE.

- 01 Regular education classroom
- 02 Special education setting
- 03 Home
- 04 Other (Specify: _____)

A4. In what capacity (or capacities) are you involved with this child? PLEASE ✓ CHECK ALL THAT APPLY.

- 01 a. Provide instruction directly to this child
- 02 b. Provide related services directly to this child
- 03 c. Provide consultation to this child's teacher(s)
- 04 d. Provide case management (e.g., program monitoring) for this child
- 05 e. Program administrator/supervisor for this child's program
- 06 f. Supervise instructional assistant assigned to work with this child
- 07 g. Other (Specify: _____)

A5. What is your **main** role in this school? PLEASE ✓ CHECK ONE.

- 1 Regular education classroom teacher
- 2 Special education teacher
- 3 Related service provider (Specify: _____)
- 4 Other (Specify: _____)

A6. How many years have you been teaching or working in your current professional capacity?

Number of years

A7. Approximately how many TOTAL hours per week does this child attend school? (If this child does not attend school [e.g., home schooled], indicate approximately how many total hours of instruction he/she receives in a typical week.)

TOTAL hours per week child attends school or receives instruction

A8. Please indicate **all** the settings in which this child currently receives instruction for each subject listed here. (NOTE: Some children may receive instruction in a subject area in multiple settings, such as a special education setting **and** a general education classroom.) PLEASE ✓ CHECK ALL THAT APPLY IN EACH ROW. PLEASE ✓ CHECK NOT APPLICABLE IF CHILD DOES NOT RECEIVE INSTRUCTION IN A SUBJECT AREA.

	Regular education classroom	Special education setting	Pull-out program (not special education)	Home-bound instruction	Not applicable
a. Language arts	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Mathematics	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Science	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Social studies	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Art, music	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Physical education	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Self-help skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Social skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

A9. Does this child participate in the following? PLEASE ✓ CHECK ONE IN EACH ROW.

	Yes	No	Don't know
a. Program for gifted and talented students	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
b. Title I	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
c. Bilingual education or instruction for English language learners (ELL) (e.g., ESL or limited English proficient [LEP])	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
d. Program for children with behavioral or emotional problems	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
e. Free/reduced-price lunch program	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>

A10. How many of the following people are usually in the room during the majority of this child's time in **your** classroom? PLEASE ENTER ONE NUMBER ON EACH LINE. ENTER "0" IF NONE.

	Number of people
a. Regular education teachers	<input type="text"/>
b. Special education teachers	<input type="text"/>
c. One-to-one assistants or aides assigned to this child	<input type="text"/>
d. One-to-one assistants or aides assigned to any other child in this child's class	<input type="text"/>
e. Teacher aides	<input type="text"/>
f. Other specialists	<input type="text"/>
g. Adult volunteers	<input type="text"/>

A11. What are the total numbers of children with IEPs and without IEPs enrolled in this child's **main** class? PLEASE ENTER ONE NUMBER ON EACH LINE. IF THE CHILD IS ENROLLED IN MORE THAN ONE CLASS, PLEASE RESPOND FOR THE CLASS IN WHICH THE CHILD SPENDS THE MOST TIME.

Number of children with IEPs in child's class

Number of children without IEPs in child's class } If "0," go to Question A13

A12. Among the children **without** IEPs in this child's main classroom, how many are currently under formal review for special education services? PLEASE ENTER ONE NUMBER.

Number of children under formal review

A13. Has this child missed 2 or more weeks of school this year because of a health problem? PLEASE ✓ CHECK ONE.

- 1 Yes
- 2 No
- 8 Don't know

A14. During October of this school year, how many days was this child absent?
PLEASE ENTER THE NUMBER OF DAYS.

Number of days absent

A15. How many of these were unexcused absences?
PLEASE ENTER THE NUMBER OF DAYS.

Number of unexcused absences

A16. Which of the following best describes the curriculum materials for this child?
PLEASE CHECK ONE.

- 1 Regular education grade-level curriculum materials are used without modification.
- 2 Some modifications in regular education curriculum materials have been made.
- 3 Substantial modifications in regular curriculum materials have been made.
- 4 Specialized curriculum or materials are used.

A17. What percentage of the day does this child spend in the following activities?
THE PERCENTAGES YOU PROVIDE SHOULD TOTAL 100%. PLEASE EXCLUDE TIME FOR LUNCH AND RECESS IN CALCULATING PERCENTAGES.

a. Instructional or therapy services outside the classroom	<input type="text"/>	%
b. Adult-directed whole class activities	<input type="text"/>	%
c. Adult-directed small group activities	<input type="text"/>	%
d. Adult-directed individual activities	<input type="text"/>	%
e. Child-selected activities	<input type="text"/>	%
f. Other (Specify: _____)	<input type="text"/>	%

A18. Which of the following teaching practices and methods are used with this child on a regular basis? PLEASE CHECK ONE IN EACH ROW.

	Yes	No	Don't know
a. One-on-one instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
b. Small-group instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
c. Large-group instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
d. Cooperative learning	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
e. Peer tutoring	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
f. Computer-based instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
g. Direct instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
h. Cognitive strategies	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
i. Self-management	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
j. Behavior management	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
k. Not applicable, you do not deliver regular instruction to this child	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>

PRESCHOOL AND KINDERGARTEN BEHAVIOR SCALES

Please rate the child on each of the items on A19 and A20. Ratings should be based on your observations of this child's behavior **during the past 3 months**. The rating points after each item appear in the following format:

- 0 = **Never** Child does not exhibit a specified behavior, or you have not had an opportunity to observe it.
- 1 = **Rarely** Child exhibits a specified behavior or characteristic, but only very infrequently.
- 2 = **Sometimes** Child occasionally exhibits a specified behavior or characteristic.
- 3 = **Often** Child frequently exhibits a specified behavior or characteristic.

A19. Social Skills Scale

PLEASE ✓ CHECK ONE IN EACH ROW.

	Never	Rarely	Sometimes	Often
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
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	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
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	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

	Never	Rarely	Sometimes	Often
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
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	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

A20. Problem Behavior Scale

PLEASE ✓ CHECK ONE IN EACH ROW.

	Never	Rarely	Sometimes	Often
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
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	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

	Never	Rarely	Sometimes	Often
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
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	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
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	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

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GROSS AND FINE MOTOR SKILLS

The Vineland Motor Skills checklist is divided into two domains: (1) gross motor and (2) fine motor. After reading the item, decide whether or not you have actually observed situations in which the child performed the activity. If you have observed the child in the situation, then select a rating from one of the *OBSERVED* performance columns. If you haven't, or if you are unsure, then select a rating from one of the *ESTIMATED* performance columns. Please note that there is no penalty for selecting the *Estimated* performance columns over the *Observed* performance columns.

Select a rating that best describes what you have observed or estimate the child does. Be careful not to make a rating based on what you think the child can or could do if given the opportunity.

Items with multiple activities (e.g., screws and unscrews jar lids; marks with pencil, crayon, or chalk) require special attention. Items with AND require that both activities be performed by the child. Items with OR require only one of the activities be performed by the child.

Check *USUALLY* if the child satisfactorily and habitually performs the activity.
 Check *SOMETIMES OR PARTIALLY* if the activity is in an emergent or transitional state, if the activity is only sometimes performed with complete success, or if only part of the activity is performed with complete success.

Check *NEVER* if the child does not or seldom performs the activity, or if limiting circumstances (e.g., physical limitation or sensory impairment) prevent the performance of the activity.

Please be sure to check one circle in each row. Leaving a row blank will invalidate the child's score.

A21. Gross Motor
 PLEASE ✓ ONE IN EACH ROW.

	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

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continued >

THIS CHILD...	Observed			Estimated		
	Usually	Sometimes or partially	Never	Usually	Sometimes or partially	Never
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>		3 <input type="radio"/>	4 <input type="radio"/>		6 <input type="radio"/>
	1 <input type="radio"/>		3 <input type="radio"/>	4 <input type="radio"/>		6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

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A22. Fine Motor
PLEASE ✓ ONE IN EACH ROW.

THIS CHILD...	Observed			Estimated		
	Usually	Sometimes or partially	Never	Usually	Sometimes or partially	Never
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>		3 <input type="radio"/>	4 <input type="radio"/>		6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

Vineland Adaptive Behavior Scales Classroom Edition Questionnaire, Motor Skills Domain by Sara Sparrow, David Balla, and Domenic Cicchetti © 1985 American Guidance Service, Inc., 4201 Woodland Road, Circle Pines, MN 55014-1796. Permission to reproduce granted to Westat for research purposes only. All rights reserved. www.agsnet.com

ACADEMIC RATING SCALE

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-point scale** is used for each of the questions. It reflects the degree to which a child has acquired/chooses to demonstrate the targeted skills, knowledge, and behaviors.

- 1 = **Not yet** Child has *not yet* demonstrated skill, knowledge, or behavior.
- 2 = **Beginning** Child is *just beginning* to demonstrate skill, knowledge, or behavior but does so very inconsistently.
- 3 = **In progress** Child demonstrates skill, knowledge, or behavior *with some regularity* but varies in level of competence.
- 4 = **Intermediate** Child demonstrates skill, knowledge, or behavior *with increasing regularity and average competence* but is not completely proficient.
- 5 = **Proficient** Child demonstrates skill, knowledge, or behavior *competently and consistently*.
- N/A = **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 to 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 the numbers **1 through 5**. Check "NA" only if the skill, knowledge, or behavior has not been introduced in your classroom setting.

Children with limited English proficiency: Please answer the question 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/use of adaptive equipment. Some children may utilize alternative forms of verbal communication (e.g., sign language, communication boards) or written communication (e.g., work processors, Braille, dictation). Please answer the questions with these adaptations in mind.

A23. Language and literacy

PLEASE ✓ CHECK ONE IN EACH ROW.

THIS CHILD...	Not yet	Beginning	In progress	Intermediate	Proficient	Not applicable
a. Contributes relevant information to classroom discussions (e.g., during a class discussion, can express an idea or a personal opinion on a topic and the reasons behind the opinion).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
b. Understands and interprets a story or other text read to him/her (e.g., by writing a sequel to a story, dramatizing part of a story, or posing a question about why a particular story event occurred as it did).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
c. Reads words with regular vowel sounds (e.g., reads "coat", "junk", "lent", "chimp", "halt", or "bite").	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
d. Reads words with irregular vowel sounds (e.g., reads "through", "point", "enough", or "shower").	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
e. Reads first grade books independently with comprehension (e.g., reads most words correctly and answers questions about what was read, makes predictions while reading, and retells story after reading).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
f. Reads first grade books fluently (e.g., easily reads words in meaningful phrases rather than reading word by word).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
g. Composes a story with a clear beginning, middle, and end.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
h. Demonstrates an understanding of some of the conventions of print (e.g., appropriately using question marks, exclamation points, and quotation marks).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
i. Uses the computer for a variety of purposes (e.g., by writing a page for a class book, looking up information on a topic of interest, solving math problems, or recording a scientific observation).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>

A24. Mathematical thinking

PLEASE ✓ CHECK ONE IN EACH ROW.

THIS CHILD...	Not yet	Beginning	In progress	Inter-mediate	Proficient	Not applicable
a. Demonstrates an understanding of place value (e.g., explaining that 14 is 10 plus 4, or using two stacks of 10 and 5 single cubes to represent the number 25).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
b. Models, reads, writes, and compares whole numbers (e.g., recognizing that 30 is the same quantity if it is 30 rabbits or 30 tallies or 15 + 15 red dots, or describing that the number 25 is smaller than 41).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
c. Counts change with two different types of coins (e.g., two quarters and a nickel, or three dimes and two pennies).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
d. Surveys, collects, and organizes data into simple graphs (e.g., making tally marks to represent the number of children who want to play jump rope at recess, or making a picture, bar, line, or circle graph to show the different kinds of fruit children bring to school and the quantity of each type).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
e. Makes reasonable estimates of quantities (e.g., looking at a group of objects and deciding if it is more than 10, about 50, or less than 100).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
f. Measures to the nearest whole number using common instruments (e.g., rulers, or tape measures, or thermometers, or scales).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
g. Uses a variety of strategies to solve math problems (e.g., using manipulative materials, using trial and error, making an organized list or table, drawing a diagram, looking for a pattern, acting out a problem, or talking with others).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>

A25. Overall, how would you rate this child's academic skills compared to typical children of the same grade level? PLEASE ✓ CHECK ONE.

- 1 Far below average
- 2 Below average
- 3 Average
- 4 Above average
- 5 Far above average

A26. How does this child compare with other children in the class in terms of physical activity? PLEASE ✓ CHECK ONE.

- 1 A lot less active than most
- 2 A little less active than most
- 3 About the same as most
- 4 A little more active than most
- 5 A lot more active than most

A27. Compared to his/her classmates, how many friends does this child have in your classroom? PLEASE ✓ CHECK ONE.

- 1 Far fewer than most
- 2 Fewer than most
- 3 As many as most
- 4 More than most
- 5 Far more than most

A28. Overall, how appropriate do you think this child's placement is in your classroom? PLEASE ✓ CHECK ONE.

- 1 Very appropriate
- 2 Somewhat appropriate
- 3 Not very appropriate
- 4 Not at all appropriate
- 8 Don't know

A29. Which of the following methods do you commonly use to assess how well this child is doing in your class? PLEASE ✓ CHECK ALL THAT APPLY.

- 01 a. Impressions based on experience with child and written notes about specific events
- 02 b. Direct observation with general anecdotal notes
- 03 c. Direct observation with checklist of skills
- 04 d. Direct assessment or testing
- 05 e. Test developed to accompany published curriculum
- 06 f. Teacher-developed tests
- 07 g. Video/audio recording
- 08 h. Portfolios of children's work samples
- 09 i. Other (Specify: _____)
- 10 j. Child progress is not formally monitored

A30. During the current school year, to what extent will this child participate in any mandated standardized test(s) administered as part of a school-, district-, or statewide testing program? PLEASE ✓ CHECK ONE.

- 0 There is no such testing at this grade level.
- 1 Child did not take such tests or is not expected to take them.
- 2 Child participated in some of the testing program without accommodations or modifications or is expected to do so.
- 3 Child participated in most or all of the testing program without accommodations or modifications or is expected to do so.
- 4 Child participated in some of the testing program with accommodations or modifications or is expected to do so.
- 5 Child participated in most or all of the testing program with accommodations or modifications or is expected to do so.

Go to Question A33

Continue with Question A31

A31. Which of the following accommodations/modifications were provided to this child to participate in mandated standardized tests? PLEASE ✓ CHECK ALL THAT APPLY.

- 01 a. Given test orally
- 02 b. Reader provided
- 03 c. Dictated responses
- 04 d. Shortened test
- 05 e. Alternative setting
- 06 f. Additional time
- 07 g. Alternative format for responding (e.g., pointing, typing, etc.)
- 08 h. Braille/large-print version of test
- 09 i. Other (Specify: _____)

A32. For what type(s) of test were the above accommodations provided? PLEASE ✓ CHECK ALL THAT APPLY.

- 1 a. Math assessments
- 2 b. Reading/language assessments
- 3 c. Other (Specify: _____)

A33. What grade level in reading and mathematics has this child achieved as of the most recent assessment(s)? PLEASE ✓ CHECK ONE FOR READING AND ONE FOR MATH.

	Grade level in:	
	Reading	Mathematics
No grade level determined	95 <input type="radio"/>	95 <input type="radio"/>
Preschool/Kindergarten	00 <input type="radio"/>	00 <input type="radio"/>
Grade 1	01 <input type="radio"/>	01 <input type="radio"/>
Grade 2	02 <input type="radio"/>	02 <input type="radio"/>
Grade 3	03 <input type="radio"/>	03 <input type="radio"/>
Grade 4	04 <input type="radio"/>	04 <input type="radio"/>
Grade 5	05 <input type="radio"/>	05 <input type="radio"/>
Grade 6 or above	06 <input type="radio"/>	06 <input type="radio"/>

A34. Date of most recent reading assessment:

Month/year

A35. Date of most recent math assessment:

Month/year

A36. How do you communicate with the parents or guardians of this child?

PLEASE ✓ CHECK ALL THAT APPLY.

- 01 a. I give parents regular written progress reports.
- 02 b. I regularly give parents report cards for this child.
- 03 c. I call them on the phone, send email, or send notes home.
- 04 d. I speak with parents before or after school when this child is being dropped off or picked up.
- 05 e. We have regularly scheduled parent-teacher meetings.
- 06 f. We share a daily or weekly journal for this child.
- 07 g. There is a regular system for communicating with parents (e.g., newsletter or phone tree).
- 08 h. Parents have access to the school's web site with information specifically for parents.

A37. During this school year, approximately how often have you and **this child's** parents or guardians communicated (by phone, in person, or in writing) about his/her progress, excluding routine progress reports or report cards? PLEASE ✓ CHECK ONE.

- 1 At least once a week
- 2 A few times a month
- 3 About once a month
- 4 Less than once a month
- 0 Never

A38. How involved are this child's parents or guardians in his/her school experiences (e.g., monitoring homework or child's progress in school)? PLEASE ✓ CHECK ONE.

- 1 Not at all involved
- 2 Not very involved
- 3 Fairly involved
- 4 Very involved
- 8 Don't know

A39. During this school year, did this child's parents or guardians attend a parent-teacher conference or "back-to-school night"? PLEASE ✓ CHECK ONE.

- 1 Yes
- 2 No
- 3 Not applicable; we do not have parent conferences or "back-to-school night"
- 8 Don't know

A40. To what extent were you involved in planning this child's transition into your class?

PLEASE ✓ CHECK ONE.

- 1 Not at all
- 2 Somewhat
- 3 Extensively
- 0 Not applicable—transition planning not done

A41. How easy was it for this child to make the transition into your class or program?

PLEASE ✓ CHECK ONE.

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult

A42. Did this child have an IEP during the year prior to this school year?

PLEASE ✓ CHECK ONE.

- 1 Yes → Continue with Question A43
- 2 No
- 8 Don't know } Go to Question A44

A43. To what extent did you communicate with the person(s) who provided special education for this child last year? PLEASE ✓ CHECK ONE.

- 0 Not at all
- 1 Somewhat
- 2 Extensively
- 3 I provided special education services

A44. Does this child currently have either an IEP or a 504 plan for children with disabilities? PLEASE ✓ CHECK ONE.

- 1 Yes, this child has an IEP for special education services. } Continue with Question A45
- 2 Yes, this child has a 504 plan. → Go to Question A46
- 3 No, this child does not have an IEP or 504 plan. → Go to Question A50
- 8 Don't know. → Go to Question A46

A45. How are this child's IEP goals and objectives addressed in the regular education classroom? PLEASE ✓ CHECK THE ONE THAT BEST DESCRIBES HOW GOALS AND OBJECTIVES ARE ADDRESSED.

- 01 Not applicable—the child is not in a regular education classroom.
- 02 Not applicable—the child's IEP goals are not addressed in the regular education classroom; they are addressed elsewhere.
- 03 The special education teacher or aide works individually with the child on special tasks.
- 04 The regular education teacher or aide works individually with the child on special tasks.
- 05 Related services personnel work individually with the child on special tasks.
- 06 Related services personnel work with the child in group activities.
- 07 The goals and objectives are embedded in common classroom activities.

A46. Overall, how adequate are the supports that are provided to **this child** because of his/her disabilities? PLEASE ✓ CHECK ONE.

- 1 Very adequate
- 2 Somewhat adequate
- 3 Not very adequate
- 4 Not adequate at all
- 8 Don't know
- 0 No support is needed

A47. Overall, how adequate are the supports and resources that are provided to **you** for this child because of his/her disabilities? PLEASE ✓ CHECK ONE.

- 1 Very adequate
- 2 Somewhat adequate
- 3 Not very adequate
- 4 Not adequate at all
- 8 Don't know
- 0 No support is needed

A48. Does your program support social interaction between this child and children without disabilities? PLEASE ✓ CHECK ONE.

- 1 Yes → Continue with Question A49
 - 2 Not applicable—we do not currently have children without disabilities enrolled in this class or program.
 - 3 Not applicable—this child does not have contact with children without disabilities during our program.
 - 4 Not applicable—no support is needed.
 - 5 No
- } Go to Question A50

A49. Does your program use any of the following methods to support social interaction between this child and children without disabilities? PLEASE ✓ CHECK ONE IN EACH ROW.

	Yes	No
a. We present a specific disability awareness program during group times.	1 <input type="radio"/>	2 <input type="radio"/>
b. We assign children without disabilities to be "helpers" or "buddies" to this child.	1 <input type="radio"/>	2 <input type="radio"/>
c. We prompt and reinforce this child for initiating and maintaining interactions with children without disabilities.	1 <input type="radio"/>	2 <input type="radio"/>
d. We prompt and reinforce the children without disabilities for initiating and maintaining interactions with this child.	1 <input type="radio"/>	2 <input type="radio"/>
e. We structure play and task situations so that they require interaction between this child and children without disabilities.	1 <input type="radio"/>	2 <input type="radio"/>
f. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>

A50. To the best of your knowledge, what school and grade level do you **anticipate** this child will be in next year? PLEASE ✓ CHECK ONE.

	1st grade	2nd grade	3rd grade	4th grade	Other
a. Same school as this year	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	(Specify: _____)
b. Different school next year	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	(Specify: _____)
c. Don't know	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	(Specify: _____)

Please write the name and address of the school (if known) if you expect this child will attend a different school next year.

Name of new school: _____

School address: _____

A51. We want to know what you think about special education for young children. In the space provided, please print any suggestions or concerns you have regarding the provision of special education services for young children. (Be assured that your answers will be confidential.)

Instructions for Section B of this Questionnaire:

1. Section B of the questionnaire is to be completed **only** for children with IEPs or 504 plans. Does this child have an IEP or 504 plan?
 - YES, this child **DOES** have an IEP or 504 plan. Please continue with next question.
 - NO, this child does **NOT** have an IEP or 504 plan. Please go to page 33 of this questionnaire.
2. Section B is to be completed by the teacher or specialist most familiar with the child's special education and related services. Can you describe this child's special services?
 - YES. Please continue with Section B on the next page.
 - NO. Please remove Section B and give it to the person who you feel could best answer questions about this child's special education or related services. Please provide this person's name and phone number below. When this person completes Section B, please have him or her return it directly to Westat using the self-mailer.

Name: _____
Phone: () _____

Thank you for completing this questionnaire.

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: _____	

Please continue to the back cover.

*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!



14094.0204.30282

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



Section B:

SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES



Pre-Elementary Education Longitudinal Study Elementary School Teacher Questionnaire

Dear Education Professional:

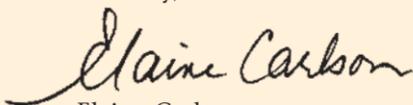
Your school district is participating in an important U.S. Department of Education study called the Pre-Elementary Education Longitudinal Study (PEELS). The child named on the label is one of more than 3,000 children nationwide who are taking part in PEELS. This questionnaire is the only source of information about this child's special education and related services. Because of this, your participation is vitally important.

Please complete Section B of this questionnaire and return it in the self-mailer within 3 weeks. To use the self-mailer, simply fold the questionnaire in half, affix the seal to secure it, and drop it in your mailbox. Be assured that your answers will be confidential, and no information will be reported that identifies you, this child, or this school.

In completing this questionnaire, you may need to refer to the child's most recent Individualized Education Program (IEP). If you have any questions about the study or the questionnaire, please feel free to call the PEELS toll-free hot line at 1-888-534-8348, send an email to questions@peels.org, or visit the PEELS web site at www.peels.org.

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

Sincerely,



Elaine Carlson
Project Director, PEELS

Questionnaire?

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

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.

Section B:

SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

REMINDER: "This child" refers to the child whose name appears on the label.

B1. What are this child's disabilities?

PLEASE ✓ CHECK ALL THAT APPLY IN COLUMN A.

PLEASE ✓ CHECK ONE PRIMARY DISABILITY IN COLUMN B.

	A All disability categories applicable to this child Check all that apply	B This child's primary disability category Check one
a. Autism	01 <input type="radio"/>	01 <input type="radio"/>
b. Deaf/blindness	02 <input type="radio"/>	02 <input type="radio"/>
c. Deafness	03 <input type="radio"/>	03 <input type="radio"/>
d. Developmental delay	04 <input type="radio"/>	04 <input type="radio"/>
e. Emotional disturbance/behavior disorder	05 <input type="radio"/>	05 <input type="radio"/>
f. Hearing impairment	06 <input type="radio"/>	06 <input type="radio"/>
g. Learning disability	07 <input type="radio"/>	07 <input type="radio"/>
h. Mild mental retardation	08 <input type="radio"/>	08 <input type="radio"/>
i. Moderate/severe mental retardation	09 <input type="radio"/>	09 <input type="radio"/>
j. Multiple disabilities	10 <input type="radio"/>	10 <input type="radio"/>
k. Orthopedic impairment	11 <input type="radio"/>	11 <input type="radio"/>
l. Other health impairment	12 <input type="radio"/>	12 <input type="radio"/>
m. Speech or language impairment	13 <input type="radio"/>	13 <input type="radio"/>
n. Traumatic brain injury	14 <input type="radio"/>	14 <input type="radio"/>
o. Visual impairment/blindness	15 <input type="radio"/>	15 <input type="radio"/>
p. Other (Specify: _____)	16 <input type="radio"/>	16 <input type="radio"/>
q. Not sure	98 <input type="radio"/>	98 <input type="radio"/>

B2. Does this 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 ✓ CHECK ONE.

1 Yes

2 No

B3. Who participated in the most recent IEP or 504 plan development or review for this child? PLEASE ✓ CHECK ALL THAT APPLY.

- 01 a. Regular education academic subject teacher(s)
- 02 b. Regular education vocational teacher(s)
- 03 c. Special education teacher(s)
- 04 d. School administrator (e.g., principal, special education director, program coordinator)
- 05 e. School counselor or psychologist
- 06 f. Related services personnel (e.g., speech therapist, physical therapist, nutritionist)
- 07 g. Parent/guardian(s)
- 08 h. Child
- 09 i. Staff of outside service agency or outside consultant
- 10 j. Advocate
- 11 k. Other (Specify: _____)
- 98 l. Don't know

B4. For this school year, what are the most important IEP goals for this child? PLEASE ✓ CHECK UP TO THREE.

- 01 a. Not applicable—the child does not have an IEP. → Go to Question B7
- 02 b. Improve overall school readiness
- 03 c. Improve academic performance in a specific area: _____
- 04 d. Improve social skills
- 05 e. Improve appropriateness of general behavior
- 06 f. Improve adaptive behavior or self-help skills
- 07 g. Improve speech/communication skills
- 08 h. Improve fine motor skills
- 09 i. Improve gross motor skills
- 10 j. Other (Specify: _____)
- 98 k. Don't know

B5. Which of the following best describes the amount of progress this child has made in this school year with regard to the goals specified in the IEP? PLEASE ✓ CHECK ONE.

This child has made:

- 1 Much more progress than expected
- 2 More progress than expected
- 3 As much progress as expected
- 4 Less progress than expected
- 5 Much less progress than expected
- 8 Don't know

B6. In which of the following settings does this child receive special education and related services? Please think about all the settings in which this child receives services. PLEASE ✓ CHECK ONE IN EACH ROW.

	Yes	No	Don't know
a. Regular education classroom	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
b. Regular education program but outside the classroom	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
c. Special education classroom	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
d. Special education setting, but not a classroom	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
e. Therapy site for special services located at a regular elementary school	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
f. An outpatient medical service facility, clinic, or therapy site	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
g. Child's home	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
h. Someone else's home (e.g., a babysitter)	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
i. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>

B7. Which of the following are provided to this child as part of his/her IEP or 504 plan? PLEASE ✓ CHECK ALL THAT APPLY.

Accommodations/modifications

- 01 a. Modified grading standards
- 02 b. Slower-paced instruction
- 03 c. Additional time to complete assignments
- 04 d. Modified assignments
- 05 e. Physical adaptations (e.g., preferential seating, special desks)

Learning aids

- 06 f. Books on tape
- 07 g. Communication aids (e.g., Touch Talker, manual printing board)
- 08 h. Use of spell checker
- 09 i. Computer software designed for children with disabilities
- 10 j. Computer hardware adapted for child's unique needs (e.g., alternative keyboards, switch interface)
- 11 k. Other (Specify: _____)

95 No accommodations/modifications or learning aids provided (NOT ANY of items a. through k., above)

B8. Were any of the following services provided to this child through the school system during the current school year? (Include services the school contracted from other agencies.) PLEASE ✓ CHECK ONE IN EACH ROW.

	Yes	No	Don't know
a. Adaptive physical education	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
b. Assistive technology services/devices	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
c. Audiology	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
d. Augmentative or alternative communication system	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
e. Behavior management program	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
f. Health services (e.g., administering of medication, oxygen, tracheostomy care, tube feeding, catheterization)	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
g. Instruction in American Sign Language	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
h. Instruction in Manual English or Cued Speech	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
i. Instruction in Braille	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
j. Learning strategies/study skills assistance by a special educator	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
k. Mental health services, personal/group counseling, therapy, or psychiatric care provided to this child	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
l. Occupational therapy	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
m. One-to-one para-educator/assistant (e.g., teacher aide, nurse's aide, full-inclusion assistant, behavioral assistant)	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
n. Physical therapy	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
o. Reader or interpreter	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
p. Service coordination/case management	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
q. Social work services	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
r. Special transportation because of disability (e.g., help in travel or special equipment such as lifts, ramps)	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
s. Specialized computer software or hardware	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
t. Speech or language therapy	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
u. Training, counseling, and other supports/ services provided to this child's family	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
v. Tutoring/remediation by a special education teacher	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
w. Vision services	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
x. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>

- IF YOU COMPLETED SECTION A, please go to back cover.
- IF SOMEONE ELSE COMPLETED SECTION A, please continue with B9.

B9. In what capacity (or capacities) are you involved with this child? PLEASE ✓ CHECK ALL THAT APPLY.

- 01 a. Provide instruction directly to this child
- 02 b. Provide related services directly to this child
- 03 c. Provide consultation services to child's teacher(s)
- 04 d. Provide case management (e.g., program monitoring) for this child
- 05 e. Serve as program administrator or supervisor
- 06 f. Supervise instructional assistant or para-educator assigned to work with this child
- 07 g. Other (Specify: _____)

B10. We want to know what you think about special education for young children. In the space provided, please print any suggestions or concerns you have regarding the provision of special education services for young children. (Be assured that your answers will be confidential.)

Thank you for completing this questionnaire.

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: _____	

Please continue to the back cover.

Thank you for completing
this questionnaire.

When you have completed this portion of the
questionnaire, please seal it with the label
below and place it in your local mailbox.

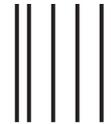
thank you!



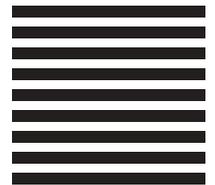
14094 0204 30282

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

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