

APPENDIX D

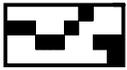
**SPRING SECOND-GRADE
SPECIAL EDUCATION TEACHER
QUESTIONNAIRES**

**Early Childhood Longitudinal Study, Kindergarten Class of 2010-11
(ECLS-K:2011)**

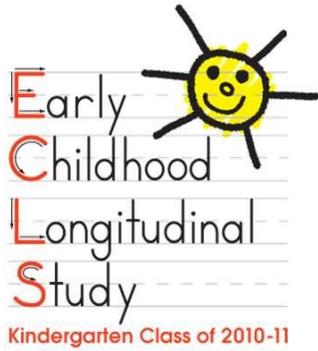
**Spring Second-Grade National Data Collection, Third-Grade Tracking
and Recruitment, Fourth-Grade Tracking**

**OMB Clearance Package
1850-0750 v.12**

**Spring Second-Grade Special Education Teacher
Teacher-Level Questionnaire**



Draft



Spring 2013 Special Education Teacher Questionnaire A

Prepared for the U.S. Department of Education
National Center for Education Statistics by:

Westat
Rockville, Maryland

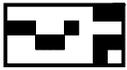
Use a black or blue ball point pen to complete this questionnaire.

RETURN THIS COMPLETED QUESTIONNAIRE DIRECTLY TO YOUR SCHOOL COORDINATOR OR AN ECLS-K:2011 STAFF MEMBER. DO NOT MAIL THIS QUESTIONNAIRE UNLESS YOU ARE ASKED TO DO SO BY STUDY STAFF AND ARE PROVIDED WITH AN ENVELOPE FOR MAILING.

S_ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	T_ID	<input type="text"/>	T	<input type="text"/>				

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. Approval expires XX/XX/XXXX. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Room 9086, Washington, D.C. 20006-5574.

The collection of information in this survey is authorized by 20 U.S. Code, Section 9541. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (20 U.S. Code, Section 9573). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.



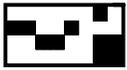
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Dear Special Education Teacher/Related Services Provider,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. The **Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011)** is collecting information from the special education teachers/related service providers of sampled children who have Individualized Education Programs (IEPs) to investigate the relationship between the children's academic progress and various school, classroom, teacher, and home characteristics. This questionnaire collects information about your background and your work in this school with children with disabilities.

Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. However, only you can provide this information. Although we realize you are very busy, we urge you to complete this questionnaire as completely and accurately as possible. The information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

THANK YOU VERY MUCH FOR YOUR HELP.



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MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE PENCIL OR FELT-TIP PEN.

MARKING BOXES

It is important that you mark an "X" in the box next to your answers and print clearly.

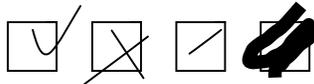
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



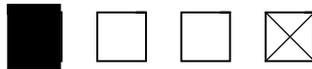
Incorrect Marks:

Light and thin, outside the box, thick or scrawled.



How to Change an Answer:

Completely black out the box of the incorrect answer and mark an "X" in the box next to the correct answer.



PRINTING ANSWERS IN BOXES

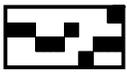
Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write one number per box like this:



Write words like this:





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1. **What is your gender?** *MARK ONE RESPONSE.*

Male

Female

2. **In what year were you born?** *WRITE IN YEAR BELOW.*

1	9		
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YEAR

3. **Are you Hispanic or Latino?** *MARK ONE RESPONSE.*

Yes

No

4. **Which best describes your race?** *MARK ONE OR MORE RESPONSES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

5. **What is the highest level of education you have completed?** *MARK ONE RESPONSE.*

Did not complete high school

High school diploma or equivalent/GED

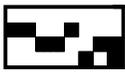
Some college or technical or vocational school

Associate's degree

Bachelor's degree

Master's degree

An advanced professional degree beyond a master's degree (for example, Ph.D., MD)



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6. **What is the highest level of education completed by your own parents? MARK ONE RESPONSE.**

- Did not complete high school
- High school diploma or equivalent/GED
- Some college or technical or vocational school
- Associate's degree
- Bachelor's degree
- Master's degree
- An advanced professional degree beyond a master's degree (for example, Ph.D., MD)
- Don't know

7. **Counting this school year, how many years have you worked in your current school, including years in which you worked part time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."**

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 Year(s)

8. **Counting this school year, how many total years have you been working with children receiving special education or related services, including years in which you worked part time? WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."**

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 Year(s)

9. **Counting this school year, how many total years have you been working with children in any school, including years in which you worked part time? This would include other assignments such as teaching in a regular classroom or otherwise providing services to children. WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE "1."**

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 Year(s)



10. Which of the following credentials, licenses, or certificates do you have for working with children with disabilities? DO NOT INCLUDE ACADEMIC DEGREES, SUCH AS A BACHELOR'S DEGREE, MASTER'S DEGREE, OR PH.D. MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Emergency credential	<input type="checkbox"/>	<input type="checkbox"/>
b. Provisional or temporary credential	<input type="checkbox"/>	<input type="checkbox"/>
c. Disability-specific credential or endorsement	<input type="checkbox"/>	<input type="checkbox"/>
d. Special education credential or endorsement (for more than one disability category)	<input type="checkbox"/>	<input type="checkbox"/>
e. General education credential	<input type="checkbox"/>	<input type="checkbox"/>
f. Speech/language therapy state license or certification	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical therapy state license or certification	<input type="checkbox"/>	<input type="checkbox"/>
h. Occupational therapy state license or certification	<input type="checkbox"/>	<input type="checkbox"/>
i. Social work license or certification	<input type="checkbox"/>	<input type="checkbox"/>
j. School psychology license or certification	<input type="checkbox"/>	<input type="checkbox"/>
k. Clinical psychology license or certification	<input type="checkbox"/>	<input type="checkbox"/>
l. Certificate of Clinical Competence	<input type="checkbox"/>	<input type="checkbox"/>
m. Other professional license, credential, or endorsement (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
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11. Have you taken the exam for National Board for Professional Teaching Standards certification? MARK ONE RESPONSE.

- Not taken
- Taken and passed
- Taken and have not yet passed
- Taken and awaiting test results
- Not applicable



12. Have you ever taken a college course in the following areas? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Early childhood education	<input type="checkbox"/>	<input type="checkbox"/>
b. Early childhood special education	<input type="checkbox"/>	<input type="checkbox"/>
c. Elementary education	<input type="checkbox"/>	<input type="checkbox"/>
d. Child development	<input type="checkbox"/>	<input type="checkbox"/>
e. English as a Second Language (ESL) or teaching English language learners	<input type="checkbox"/>	<input type="checkbox"/>
f. General special education	<input type="checkbox"/>	<input type="checkbox"/>
g. Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>
h. Intellectual disability *	<input type="checkbox"/>	<input type="checkbox"/>
i. Orthopedic impairments	<input type="checkbox"/>	<input type="checkbox"/>
j. Serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
k. Deafness and hearing	<input type="checkbox"/>	<input type="checkbox"/>
l. Blindness and vision	<input type="checkbox"/>	<input type="checkbox"/>
m. Communication disorders	<input type="checkbox"/>	<input type="checkbox"/>
n. Infants and toddlers with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
o. Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>
p. Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
q. School psychology	<input type="checkbox"/>	<input type="checkbox"/>
r. Classroom management	<input type="checkbox"/>	<input type="checkbox"/>

* Including the condition formerly classified as mental retardation



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13. **Have you ever taken a college course that addressed issues related to the following? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Using published research evidence to identify and select effective interventions and supports for students	<input type="checkbox"/>	<input type="checkbox"/>
b. Using formal assessment data to inform the choice of READING interventions and supports for students	<input type="checkbox"/>	<input type="checkbox"/>
c. Using formal assessment data to inform the choice of MATH interventions and supports for students	<input type="checkbox"/>	<input type="checkbox"/>
d. Using data to inform the choice of behavioral interventions and supports for students	<input type="checkbox"/>	<input type="checkbox"/>

14. **Which of the following best describes your current position in this school? MARK ONE RESPONSE.**

- Special education teacher
- Special education teacher consultant
- General education teacher
- Special education classroom aide
- Speech-language pathologist
- Physical therapist
- Physical therapy assistant or aide
- Occupational therapist
- Occupational therapy assistant or aide
- School psychologist
- School counselor
- School social worker
- Other (PLEASE SPECIFY)



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15. How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year? *MARK ONE RESPONSE.*

- Regular full-time teacher/service provider
- Regular part-time teacher/service provider
- Itinerant teacher/service provider (that is, your assignment requires you to provide instruction/related services at more than one school)
- Long-term substitute (that is, your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute)
- Teacher aide
- Other (PLEASE SPECIFY)

16. During this school year, where have you worked with children with IEPs? *INCLUDE ONLY CHILDREN WHO ATTEND THIS SCHOOL. MARK YES OR NO ON EACH ROW.*

	<u>Yes</u>	<u>No</u>
a. In a general education classroom	<input type="checkbox"/>	<input type="checkbox"/>
b. In a special education classroom	<input type="checkbox"/>	<input type="checkbox"/>
c. In a non-classroom space (for example, office, therapy room, small work space, mobile van, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d. In a location outside of the school setting (for example, a child's home, a private clinic, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>



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17. Please indicate the extent to which you agree or disagree with each of the following statements. MARK ONE RESPONSE ON EACH ROW.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
a. I really enjoy my present job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am certain I am making a difference in the lives of the children I work with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could start over, I would choose this career again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am satisfied with my class size/caseload.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. During the school year, how many children with IEPs have you worked with or provided services for, on average, each week? (Include children you work with directly, as well as children for whom you consult with the general education teacher and/or another special education teacher/service provider.) MARK ONE RESPONSE.

- 1-10
- 11-20
- 21-40
- More than 40
- Don't know

19. Date questionnaire completed:

<input type="text"/>							
MONTH		DAY		YEAR			

THANK YOU FOR YOUR COOPERATION!



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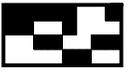


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**Spring Second-Grade Special Education Teacher
Child-Level Questionnaire**



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Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. However, only you can provide this information. Although we realize you are very busy, we urge you to complete this questionnaire as completely and accurately as possible. You may find at least some of the information we are asking for in the child's IEP. All information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law (Education Sciences Reform Act of 2002, 20 U.S.C. § 9573). Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

THANK YOU VERY MUCH FOR YOUR HELP.



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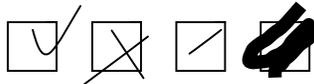
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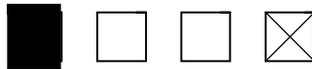
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Write one number per box like this:



Write words like this:





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1. Is this child currently receiving gifted/talented services through an IEP, or has the child received such services during this school year? *MARK ONE RESPONSE.*

Yes

No

2. Is this child currently receiving special education services through an IEP due to a disability or has the child received such services during this school year? *MARK ONE RESPONSE.*

Yes

No (SKIP TO Q 30)

3. In what capacity or capacities do you teach or provide services to this child? *MARK YES OR NO ON EACH ROW.*

	<u>Yes</u>	<u>No</u>
a. Provide instruction directly to the child	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide related services directly to the child	<input type="checkbox"/>	<input type="checkbox"/>
c. Provide consultation services directly to the child	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide indirect consultation services (for example, consultation to the child's teacher)	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide case management	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
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4a. When was this child first determined eligible for special education or related services? *MARK ONE RESPONSE.*

Before kindergarten

During kindergarten

During first grade

During second grade

Other (PLEASE SPECIFY)

Don't know



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4b. When did this child first start receiving special education or related services? MARK ONE RESPONSE.

Before kindergarten

During kindergarten

During first grade

During second grade

Other (PLEASE SPECIFY)

Don't Know

IF THIS SCHOOL YEAR IS THIS CHILD'S FIRST YEAR RECEIVING SPECIAL EDUCATION SERVICES, SKIP TO Q8. IF THIS IS NOT THIS CHILD'S FIRST YEAR RECEIVING SPECIAL EDUCATION SERVICES, GO TO Q5.

5. To what extent were you involved in planning the transition from last year's special education program to this year's special education program for this child? MARK ONE RESPONSE.

Not at all

Somewhat

Extensively

6. To what extent did you communicate with the person(s) who provided special education for this child last year? MARK ONE RESPONSE.

Not at all

Somewhat

Extensively

I provided special education for this child last year.

7. **Have you reviewed this child's records related to special education services provided before this school year? MARK ONE RESPONSE.**

- Yes
- No, I don't have access to the records.
- No, I have access to the records, but have not reviewed them.
- No, I provided special education to this child last year.

8. **What is this child's primary disability as identified on the child's IEP? PLEASE SELECT THE CATEGORY BELOW INTO WHICH THE CHILD'S PRIMARY DISABILITY FITS BEST. MARK ONE RESPONSE.**

- Speech or language impairments
- Specific learning disabilities
- Emotional disturbance
- Intellectual disability *
- Developmental delay
- Visual impairments (including blindness)
- Hearing impairments (including deafness)
- Orthopedic impairments
- Other health impairments
- Autism
- Traumatic brain injury
- Deaf-blindness
- Multiple disabilities (children included in this category should be those who have more than one primary disability which do not include deaf-blindness or developmental delay)
- No classification is given

* Including the condition formerly classified as mental retardation



THE REST OF THE ITEMS IN THIS QUESTIONNAIRE REFER TO THIS CHILD'S SPECIAL EDUCATION EXPERIENCE DURING THE CURRENT SCHOOL YEAR.

9. During this school year, for which of the following disabilities has this child received special education or related services, whether for the child's primary disability or another of his/her disabilities? MARK YES OR NO ON EACH ROW.

	<u>Yes</u>	<u>No</u>
a. Speech or language impairments	<input type="checkbox"/>	<input type="checkbox"/>
b. Specific learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>
c. Emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
d. Intellectual disability *	<input type="checkbox"/>	<input type="checkbox"/>
e. Developmental delay	<input type="checkbox"/>	<input type="checkbox"/>
f. Visual impairments (including blindness)	<input type="checkbox"/>	<input type="checkbox"/>
g. Hearing impairments (including deafness)	<input type="checkbox"/>	<input type="checkbox"/>
h. Orthopedic impairments	<input type="checkbox"/>	<input type="checkbox"/>
i. Other health impairments	<input type="checkbox"/>	<input type="checkbox"/>
j. Autism	<input type="checkbox"/>	<input type="checkbox"/>
k. Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>
l. Deaf-blindness	<input type="checkbox"/>	<input type="checkbox"/>
m. Multiple disabilities (children included in this category should be those who have more than one primary disability which do not include deaf-blindness or developmental delay)	<input type="checkbox"/>	<input type="checkbox"/>
n. No classification given	<input type="checkbox"/>	<input type="checkbox"/>

10. During this school year, has this child received any special education or related services because of a diagnosed Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)? MARK ONE RESPONSE.

Yes

No

* Including the condition formerly classified as mental retardation



11. During this school year, which of the following describe(s) the IEP goals for this child?
MARK YES OR NO ON EACH ROW.

Academics

		<u>Yes</u>	<u>No</u>
a.	Reading	<input type="checkbox"/>	<input type="checkbox"/>
b.	Mathematics	<input type="checkbox"/>	<input type="checkbox"/>
c.	Language Arts	<input type="checkbox"/>	<input type="checkbox"/>
d.	Science	<input type="checkbox"/>	<input type="checkbox"/>

Speech and language

e.	Auditory processing	<input type="checkbox"/>	<input type="checkbox"/>
f.	Listening comprehension	<input type="checkbox"/>	<input type="checkbox"/>
g.	Oral expression	<input type="checkbox"/>	<input type="checkbox"/>
h.	Voice/speech articulation	<input type="checkbox"/>	<input type="checkbox"/>
i.	Language pragmatics	<input type="checkbox"/>	<input type="checkbox"/>

Social

j.	Social skills	<input type="checkbox"/>	<input type="checkbox"/>
k.	General appropriateness of behavior	<input type="checkbox"/>	<input type="checkbox"/>

Life skills

l.	Adaptive behavior or self-help skills	<input type="checkbox"/>	<input type="checkbox"/>
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Physical/Mobility

m.	Fine motor skills	<input type="checkbox"/>	<input type="checkbox"/>
n.	Gross motor skills	<input type="checkbox"/>	<input type="checkbox"/>
o.	Orientation and mobility	<input type="checkbox"/>	<input type="checkbox"/>

Other

p.	Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
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12. During this school year, which of the following related services have been provided through the school to this child? *MARK YES OR NO ON EACH ROW.*

	<u>Yes</u>	<u>No</u>
a. Audiology	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling services	<input type="checkbox"/>	<input type="checkbox"/>
c. Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychological services	<input type="checkbox"/>	<input type="checkbox"/>
f. Health services	<input type="checkbox"/>	<input type="checkbox"/>
g. Social work services	<input type="checkbox"/>	<input type="checkbox"/>
h. Special transportation	<input type="checkbox"/>	<input type="checkbox"/>
i. Speech or language therapy	<input type="checkbox"/>	<input type="checkbox"/>
j. Orientation services	<input type="checkbox"/>	<input type="checkbox"/>
k. Mobility services	<input type="checkbox"/>	<input type="checkbox"/>
l. Rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>		



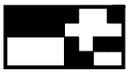
13. **During this school year, has this child received any of the following? MARK YES OR NO ON EACH ROW.**

	<u>Yes</u>	<u>No</u>
a. Adaptive physical education	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistance from classroom aides (for example, teacher aide, behavioral assistant, special education aide)	<input type="checkbox"/>	<input type="checkbox"/>
c. Interpreter for the deaf or hard of hearing (oral or sign)	<input type="checkbox"/>	<input type="checkbox"/>
d. Teacher used Braille to provide instruction	<input type="checkbox"/>	<input type="checkbox"/>
e. Child was taught how to use Braille	<input type="checkbox"/>	<input type="checkbox"/>
f. Teacher used American Sign Language to provide instruction	<input type="checkbox"/>	<input type="checkbox"/>
g. Child was taught how to use American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>
h. Teacher used Manual English to provide instruction	<input type="checkbox"/>	<input type="checkbox"/>
i. Child was taught how to use Manual English	<input type="checkbox"/>	<input type="checkbox"/>
j. Teacher used Cued Speech to provide instruction	<input type="checkbox"/>	<input type="checkbox"/>
k. Child was taught how to use Cued Speech	<input type="checkbox"/>	<input type="checkbox"/>
l. Mental health services, personal/group counseling, therapy, or psychiatric care provided to the child	<input type="checkbox"/>	<input type="checkbox"/>
m. Tutoring/remediation from special education teacher	<input type="checkbox"/>	<input type="checkbox"/>
n. Training, counseling, and other supports/services provided to this child's family	<input type="checkbox"/>	<input type="checkbox"/>

14. **During this school year, has this child's primary placement been a general education classroom? MARK ONE RESPONSE.**

Yes

No



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15. During this school year, approximately how many hours per week of direct special education and related services (that is, service provided directly to the child, from a teacher or another adult) has this child received? *WRITE NUMBER IN BOX.*

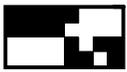
		Hours per week
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16. Of the hours of direct special education and related services reported above, approximately how many of those hours per week were the instruction/services provided outside of a general education classroom but within the school setting? *WRITE NUMBER IN BOX.*

		Hours per week
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17. During this school year, what teaching practices and methods have you and/or other special education service providers used with this child? *MARK ONE RESPONSE ON EACH ROW.*

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
a. One-on-one instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Small-group instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Large-group instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cooperative learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Peer tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Computer-based instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Direct instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cognitive strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Self-management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Behavior management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Instruction received through a sign interpreter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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18a. During this school year, which of the following best describes the curriculum materials used with this child in the general education classroom? *MARK ONE RESPONSE.*

- General education curriculum materials were used without modification
- General education curriculum materials were used with some modifications
- General education curriculum materials were used with substantial modifications
- Specially-designed commercial materials were used
- Teacher-designed materials were used
- Child not in this setting
- Don't know

18b. During this school year, which of the following best describes the curriculum materials used with this child in the special education classroom/program? *MARK ONE RESPONSE.*

- General education curriculum materials were used without modification
- General education curriculum materials were used with some modifications
- General education curriculum materials were used with substantial modifications
- Specially-designed commercial materials were used
- Teacher-designed materials were used
- Child not in this setting
- Don't know



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19. During this school year, which of the following assistive technologies and devices has this child used? MARK YES OR NO ON EACH ROW.

Mobility aids

		<u>Yes</u>	<u>No</u>
a.	Vans, vehicles	<input type="checkbox"/>	<input type="checkbox"/>
b.	Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
c.	Walker	<input type="checkbox"/>	<input type="checkbox"/>
d.	White Cane	<input type="checkbox"/>	<input type="checkbox"/>

Communication aids

e.	Electronic with voice output (for example, Touch Talker)	<input type="checkbox"/>	<input type="checkbox"/>
f.	Electronic without voice output (for example, device with visual display or printed speech output)	<input type="checkbox"/>	<input type="checkbox"/>
g.	Nonelectronic (for example, manual printing board)	<input type="checkbox"/>	<input type="checkbox"/>

Hearing assistance

h.	Hearing aids	<input type="checkbox"/>	<input type="checkbox"/>
i.	FM loops	<input type="checkbox"/>	<input type="checkbox"/>
j.	TTYs/TDDs	<input type="checkbox"/>	<input type="checkbox"/>
k.	Cochlear implants	<input type="checkbox"/>	<input type="checkbox"/>
l.	Real-time captioning	<input type="checkbox"/>	<input type="checkbox"/>

Visual aids

m.	Braille texts	<input type="checkbox"/>	<input type="checkbox"/>
n.	Electronic Braille devices	<input type="checkbox"/>	<input type="checkbox"/>
o.	Digital texts	<input type="checkbox"/>	<input type="checkbox"/>
p.	Magnifying devices	<input type="checkbox"/>	<input type="checkbox"/>
q.	Close-captioned television (CCTV)	<input type="checkbox"/>	<input type="checkbox"/>

Learning aids (non-computer)

r.	Tape recorder	<input type="checkbox"/>	<input type="checkbox"/>
s.	Calculator	<input type="checkbox"/>	<input type="checkbox"/>
t.	Electronic spelling devices	<input type="checkbox"/>	<input type="checkbox"/>

Computer hardware designed or adapted for children with disabilities (for example, alternate keyboards, switch interface)

u.	Used solely by individual child	<input type="checkbox"/>	<input type="checkbox"/>
v.	Shared with other children	<input type="checkbox"/>	<input type="checkbox"/>



19. (CONTINUED) During this school year, which of the following assistive technologies and devices has this child used? MARK YES OR NO ON EACH ROW.

Computer software designed for children with disabilities

		Yes	No
w.	Reading	<input type="checkbox"/>	<input type="checkbox"/>
x.	Writing	<input type="checkbox"/>	<input type="checkbox"/>
y.	Mathematics	<input type="checkbox"/>	<input type="checkbox"/>

Other assistive technologies or devices

z.	Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
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20. Does this child have a computer, laptop, or word processing device assigned to him/her for use full time this school year? MARK ONE RESPONSE.

Yes

No

21. During this school year, on average, how often have you met with general education teacher(s) to discuss this child's program or progress? MARK ONE RESPONSE.

Every day or several times a week

Once a week or several times a month

Once a month

A few times over the school year

Once during this school year

Never during this school year (SKIP TO Q 23)

Not applicable to my work with this child (SKIP TO Q 23)



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22. On average, how long were the meetings with the general education teacher(s) to discuss this child's program or progress? *MARK ONE RESPONSE.*

- 1 to 15 minutes
- 16 to 30 minutes
- 31 to 45 minutes
- 46 to 60 minutes
- More than 60 minutes

23. During this school year, approximately how often have you communicated with this child's parents about this child's program or progress (by phone, in person, or in writing, including e-mail)? *MARK ONE RESPONSE.*

- Every day or several times a week
- Once a week or several times a month
- Once a month
- A few times over the school year
- Once during this school year
- Never during this school year

24. During this school year, has this child received formal individual evaluations in any of the following areas for purposes of developing IEP goals? *MARK YES OR NO ON EACH ROW.*

	<u>Yes</u>	<u>No</u>
a. Psychological	<input type="checkbox"/>	<input type="checkbox"/>
b. Speech/language	<input type="checkbox"/>	<input type="checkbox"/>
c. Vision	<input type="checkbox"/>	<input type="checkbox"/>
d. Hearing	<input type="checkbox"/>	<input type="checkbox"/>
e. Learning style	<input type="checkbox"/>	<input type="checkbox"/>
f. Motor skills	<input type="checkbox"/>	<input type="checkbox"/>
g. Academics	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>



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25. **To what extent is this child expected to achieve the same general education goals as other children at his/her grade level this school year? MARK ONE RESPONSE.**

- Child is expected to attain grade level achievement for all of the academic content standards.
- Child is expected to attain grade level achievement for some of the academic content standards.
- Child is expected to attain grade level achievement for only a few of the academic content standards.
- Child is not expected to attain grade level achievement for any of the academic content standards.
- There are no academic content standards at this grade level.
- Don't know

26. **What percentage of this child's current IEP goals have been met or nearly met at this point in the school year? MARK ONE RESPONSE.**

- 76 to 100 percent
- 51 to 75 percent
- 26 to 50 percent
- 1 to 25 percent
- 0 percent

27. **Which of the following best expresses the likelihood that this child will continue to receive some level of special education services (through an IEP) in the next school year? MARK ONE RESPONSE.**

- Definitely will continue in special education
- Very likely to continue in special education
- Rather likely to continue in special education
- Rather unlikely to continue in special education
- Very unlikely to continue in special education
- Definitely will **not** continue in special education (will be dismissed from services)



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28. **During this school year, to what extent has this child participated in any grade-level assessment administered as part of the school's testing program? MARK ONE RESPONSE.**

- Child did not participate in the school's testing or assessment program. **(SKIP TO Q 30)**
- Child participated in alternate assessments and no regular assessments. **(SKIP TO Q 30)**
- Child participated in some alternate assessments and some regular assessments.
- Child participated fully in the school's regular testing or assessment program.
- There is no testing or assessment program at this grade level. **(SKIP TO Q 30)**
- Don't know **(SKIP TO Q 30)**

29. **Did this child receive special accommodations to participate in the school's regular testing or assessment program this school year? MARK ONE RESPONSE.**

- Yes
- No
- Don't know

30. **In which grade is this child enrolled? MARK ONE RESPONSE.**

- Kindergarten
- First grade
- Second grade
- Third grade or higher
- This child is in an ungraded classroom

31. **Date Questionnaire Completed:**

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MONTH

--	--

DAY

2	0	1	3
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YEAR

THANK YOU FOR YOUR COOPERATION!



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For Office Use Only	
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