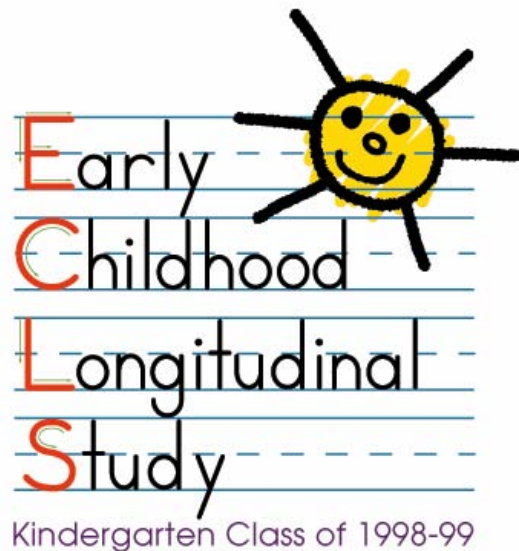


# SPRING 2004 SPECIAL EDUCATION TEACHER QUESTIONNAIRE

## PART A



L A B E L

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

by Westat  
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### **Assurance of Confidentiality**

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. 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. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your response will be reported.

Dear Special Education Teacher/Related Services Provider,

The Early Childhood Longitudinal Study Kindergarten Class of 1998-1999 (ECLS-K) is collecting information from the special education teachers/related service providers of sampled children who have Individual Education Programs (IEPs) to investigate the relationship between the children's achievement and various school, classroom, and home factors. This questionnaire collects information concerning your background and your work with children with disabilities in this school.

Obviously, only you can provide this information. Therefore, although we realize you are very busy, we urge you to complete this questionnaire as accurately as possible. The information you provide is being collected for research purposes. 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, unless otherwise compelled 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.

Please record your answers directly on the questionnaire by circling the appropriate number or by writing your responses in the space provided.

Thank you very much for your help.

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. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. 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, DC 20202-4651. 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., Washington, DC 20006.

1. What is your gender? CIRCLE ONE NUMBER.

- a. Male..... 1
- b. Female..... 2

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

19 \_\_\_\_\_

3. Are you of Hispanic or Latino origin? CIRCLE ONE NUMBER.

- a. Yes ..... 1
- b. No..... 2

4. Which best describes your race? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. American Indian or Alaska Native .....	1	2
b. Asian.....	1	2
c. Black or African American .....	1	2
d. Native Hawaiian or Other Pacific Islander.....	1	2
e. White .....	1	2

5. Counting this school year, how many years in total (including part-time) have you worked in this school? WRITE IN THE YEARS BELOW.

\_\_\_\_\_ Years

6. Counting this school year, how many years (including part-time) have you been working with children receiving special education or related services? WRITE IN THE YEARS BELOW.

\_\_\_\_\_ Years

7. Counting this school year, how many years (including part-time) have you been teaching? WRITE IN THE YEARS BELOW.

\_\_\_\_\_ Years

8. 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? CIRCLE ONE NUMBER.

- a. Regular full-time teacher/service provider..... 1
- b. Regular part-time teacher/service provider ..... 2
- c. Itinerant teacher (i.e., your assignment requires you to provide instruction/related services at more than one school) 3
- d. Long-term substitute (i.e., your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute) ..... 4
- e. Teacher aide ..... 5
- f. Other (Please specify)\_\_\_\_\_ 6

9. What is the highest level of education you have completed? CIRCLE ONE NUMBER.

- a. High school diploma or GED ..... 1
- b. Associate's degree ..... 2
- c. Bachelor's degree ..... 3
- d. At least one year of course work beyond a Bachelor's but not a graduate degree ..... 4
- e. Master's degree..... 5
- f. Education specialist or professional diploma based on at least one year of course work past a Master's degree level... 6
- g. Doctorate ..... 7

10. Which of the following credentials, licenses, or certificates do you have for working with children with disabilities? CIRCLE ONE NUMBER ON EACH LINE.

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. Emergency credential .....   | 1          | 2         |
| b. Provisional or temporary credential .....  | 1          | 2         |
| c. Disability-specific credential or endorsement .....  | 1          | 2         |
| d. Special education credential or endorsement (for more than one disability category) .....  | 1          | 2         |
| e. General education credential .....   | 1          | 2         |
| f. Speech/language state license or certification .....                                       | 1          | 2         |
| g. Physical therapy license or certification .....  | 1          | 2         |
| h. Occupational therapy license or certification .....  | 1          | 2         |
| i. Certificate of Clinical Competence.....  | 1          | 2         |
| j. Other professional license, credential, or endorsement (Please specify): _____             | 1          | 2         |
| k. Don't have special education or other professional credential, endorsement or license..... | 1          | 2         |

11. How many college courses have you completed in the following areas? CIRCLE ONE NUMBER ON EACH LINE.

a. Early childhood education .....	0	1	2	3	4	5	6+
b. Early childhood special education .....	0	1	2	3	4	5	6+
c. Elementary education.....	0	1	2	3	4	5	6+
d. Secondary education.....	0	1	2	3	4	5	6+
e. English as a second language (ESL) .....	0	1	2	3	4	5	6+
f. Bilingual education .....	0	1	2	3	4	5	6+
g. General special education.....	0	1	2	3	4	5	6+
h. Learning disabilities.....	0	1	2	3	4	5	6+
i. Mental retardation .....	0	1	2	3	4	5	6+
j. Orthopedic impairments .....	0	1	2	3	4	5	6+
k. Serious emotional disturbance.....	0	1	2	3	4	5	6+
l. Deafness and hearing .....	0	1	2	3	4	5	6+
m. Blindness and vision.....	0	1	2	3	4	5	6+
n. Communication disorders.....	0	1	2	3	4	5	6+
o. Infants and toddlers with disabilities.....	0	1	2	3	4	5	6+
p. Physical therapy .....	0	1	2	3	4	5	6+
q. Occupational therapy .....	0	1	2	3	4	5	6+
r. School psychology .....	0	1	2	3	4	5	6+
s. Classroom management .....	0	1	2	3	4	5	6+

12. Which of the following best describes your current position in this school? CIRCLE ONE NUMBER.

a. Special education teacher .....	1
b. Special education teacher consultant .....	2
c. General education teacher .....	3
d. Speech - language pathologist.....	4
e. Physical therapist .....	5
f. Physical therapy assistant or aide.....	6
g. Occupational therapist.....	7
h. Occupational therapy assistant or aide .....	8
i. School psychologist.....	9
j. Special education classroom aide.....	10
k. Other (Please specify): _____	11

13. During this school year, where did you work with children with IEPs? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. In a general education classroom .....	1	2
b. In a special education classroom .....	1	2
c. In a non-classroom space (office, therapy room, small work space, mobile van, etc.) .....	1	2
d. Other (Please specify): _____	1	2
e. I do not work directly with children who have IEPs .....	1	2

14. During this school year, how many children with IEPs did you work with, 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) CIRCLE ONE NUMBER.

a. 1-10 .....	1
b. 11-20 .....	2
c. 21-40 .....	3
d. More than 40 .....	4
e. Don't know.....	8

15. Date questionnaire completed:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR

**THANK YOU FOR YOUR COOPERATION**

OFFICE USE ONLY

C, NO DR .....	1
C, DR C .....	2
C, DR R .....	3
R .....	4