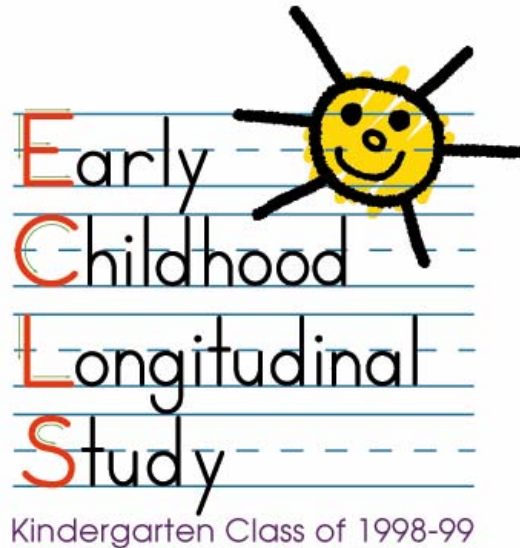


SPRING 2004 SPECIAL EDUCATION TEACHER QUESTIONNAIRE

PART B



L A B E L

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

by Westat
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Rockville, Maryland, 20850

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/service providers of children who are in the study who have Individual Education Programs (IEPs). We are gathering information from these children's regular classroom teachers as well. Our purpose is to investigate the relationship between the children's achievement and various school, classroom, and home factors. This questionnaire collects information on the special education/related services received by the child identified on the cover of this questionnaire.

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. Approximate answers, especially where we are asking for numbers, are completely acceptable.

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 10 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. Is this child currently receiving special education services or gifted/talented services through an IEP? CIRCLE ONE NUMBER.
- a. Special education services due to a disability..... 1 **(GO TO Q2)**
 - b. Gifted/talented services..... 2 **(SKIP TO END. YOU DO NOT NEED TO COMPLETE SPECIAL EDUCATION TEACHER QUESTIONNAIRE A.)**
2. In which grade is this child enrolled? CIRCLE ONE NUMBER.
- a Kindergarten..... 1
 - b First grade 2
 - c. Second grade 3
 - d. Third grade 4
 - e. Fourth grade 5
 - f. Fifth grade 6
 - g. Sixth grade 7
 - h. Seventh grade 8
 - j. This is an ungraded classroom 9
3. When did this child first have an IEP? CIRCLE ONE NUMBER.
- a. Before kindergarten..... 1
 - b. During kindergarten..... 2
 - c. During first grade..... 3
 - d. During second grade..... 4
 - e. During third grade..... 5
 - f. During fourth grade 6
 - g. During fifth grade..... 7
 - h. Other (Please specify): _____ 8

 - i. Don't know..... 9 **(SKIP TO Q5)**
4. Have you reviewed this child's records related to special education services provided before this school year? CIRCLE ONE NUMBER.
- a. Yes 1
 - b. No, I don't have access to the records..... 2
 - c. No, I have access to the records, but have not reviewed them. 3

5. What is this child's **primary** disability as identified on the child's IEP? CIRCLE ONE NUMBER.

- a. Learning disability..... 1
- b. Serious emotional disturbance..... 2
- c. Speech or language impairment 3
- d. Mental retardation 4
- e. Blind/Visual impairment..... 5
- f. Deaf/Hard of hearing..... 6
- g. Health impairment 7
- h. Orthopedic/Physical impairment 8
- i. Multiple impairments 9
- j. Deaf/blind 10
- k. Developmental delay..... 11
- l. Autism..... 12
- m. Traumatic brain injury..... 13
- n. No classification is given 14

6. For which of the following disabilities did this child receive (or is this child receiving) special education or related services this school year? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Learning disability.....	1	2
b. Serious emotional disturbance.....	1	2
c. Speech or language impairment	1	2
d. Mental retardation	1	2
e. Blind/Visual impairment.....	1	2
f. Deaf/Hard of hearing.....	1	2
g. Health impairment	1	2
h. Orthopedic/Physical impairment	1	2
i. Multiple impairments	1	2
j. Deaf/blind	1	2
k. Developmental delay.....	1	2
l. Autism.....	1	2
m. Traumatic brain injury.....	1	2

7. Is this child receiving any special education or related services because of a diagnosed Attention Deficit/Hyperactivity Disorder (ADD/ADHD)

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

The next set of items refers to this child's special education experience **during the current school year**.

8. Which of the following best describes the IEP goals for this child during this school year? CIRCLE ALL OF THE AREAS IN WHICH THIS CHILD HAD IEP GOALS.

Academics

- a. Reading 1
- b. Mathematics 2
- c. Language Arts 3
- d. Science..... 4

Speech and Language

- e. Auditory processing 5
- f. Listening comprehension 6
- g. Oral expression 7
- h. Voice/speech articulation 8
- i. Language pragmatics 9

Social

- j. Social skills 10

Life Skills

- k. Adaptive behavior or self-help skills 11

Physical/Mobility

- l. Fine motor skills 12
- m. Gross motor skills 13
- n. Orientation and mobility 14

Other (Please specify): _____ 15

9. Which of the following related services were provided through the school to this child during this school year? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Audiology.....	1	2
b. Counseling services	1	2
c. Occupational therapy	1	2
d. Physical therapy	1	2
e. Psychological services	1	2
f. Health services.....	1	2
g. Social work services.....	1	2
h. Special transportation.....	1	2
i. Speech or language therapy	1	2
j. Orientation services.....	1	2
k. Mobility services	1	2
l. Rehabilitation services	1	2
m. Other (Please specify): _____	1	2

10. 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) was this child receiving this school year? WRITE NUMBER ON LINE.

_____ Hours per week

11. Did this child receive any of the following? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Adaptive physical education.....	1	2
b. Classroom aides.....	1	2
c. Instruction in Braille	1	2
d. Interpreter for the deaf or hard of hearing (oral or sign).....	1	2
e. Instruction in American Sign Language	1	2
f. Instruction in Manual English	1	2
g. Instruction in Cued Speech	1	2
h. Instruction on the use of Braille.....	1	2
i. Instruction on the use of American Sign Language	1	2
j. Instruction on the use of Manual English	1	2
k. Instruction on the use of Cued Speech	1	2

12. Was this child's **primary** placement a general education classroom? CIRCLE ONE NUMBER.

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

13. Approximately what percentage of the total weekly hours in school did this child receive special education and related services outside of a general education classroom but within the school setting? CIRCLE ONE NUMBER.

- a. 0 percent..... 1
- b. 1-10 percent 2
- c. 11-25 percent 3
- d. 26-50 percent 4
- e. 51-75 percent 5
- f. 76-99 percent 6
- g. 100 percent..... 7

14. What teaching practices and methods are used with this child? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. One-on-one instruction.....	1	2
b. Small-group instruction.....	1	2
c. Large-group instruction	1	2
d. Cooperative learning	1	2
e. Peer tutoring.....	1	2
f. Computer-based instruction	1	2
g. Direct instruction.....	1	2
h. Cognitive strategies.....	1	2
i. Self-management.....	1	2
j. Behavior management	1	2
k. Did not deliver instruction	1	2
l. Instruction received through a sign interpreter.....	1	2
m. Don't know.....	1	2

15. Which of the following best describes the curriculum materials used with this child? CIRCLE ONE NUMBER IN THE GENERAL EDUCATION CLASSROOM COLUMN AND ONE NUMBER IN THE SPECIAL EDUCATION CLASSROOM COLUMN.

	In the general education classroom	In the special education classroom/program
a. General education curriculum materials were used without modification	1	1
b. Some modifications in general education curriculum materials were made.....	2	2
c. Substantial modifications in general education curriculum materials were made.....	3	3
d. Specially designed commercial materials were used.....	4	4
e. Child not in this setting.....	5	5
f. Don't know	8	8

16. To what extent was this child expected to achieve the same general education goals as other children at his/her grade level? CIRCLE ONE NUMBER.

- a. Child was expected to achieve all of the general education goals..... 1
- b. Child was expected to achieve some of the general education goals . 2
- c. Child was expected to achieve only a few of the general education goals 3
- d. Child was not expected to achieve any of the general education goals 4
- e. There are no general education goals at this grade level 5
- f. Don't know..... 8

17. Which of the following assistive technologies and devices did this child use this school year? CIRCLE ALL OF THE ASSISTIVE TECHNOLOGIES THIS CHILD USED.

Child did not use any assistive technologies.....	1	(GO TO Q18)
Mobility aids		
a. Vans, vehicles	2	
b. Wheelchairs.....	3	
c. White canes.....	4	
Communication aids		
d. Electronic with voice output (e.g., Touch Talker)	5	
e. Nonelectronic (e.g., manual printing board)	6	
Hearing assistance		
f. Hearing aids	7	
g. FM loops.....	8	
h. TTYs/TDDs.....	9	
i. Cochlear implants.....	10	
j. Real time captioning.....	11	
Visual aids		
k. Braille texts	12	
l. Electronic Braille devices	13	
m. Digital texts	14	
n. Magnifying devices.....	15	
o. Close captioned television (CCTV)	16	
Learning aids (non-computer)		
p. Tape recorders	17	
q. Calculators.....	18	
r. Electronic spelling devices	19	
Computer hardware designed or adapted for children with disabilities (e.g., alternate keyboards, switch interface)		
s. Used solely by individual child.....	20	
t. Shared with other children.....	21	
Computer software designed for children with disabilities		
u. Reading	22	
v. Writing	23	
w. Mathematics	24	
Other (Please specify): _____	25	

18. Does this child have a computer, laptop, or word processing device assigned to him/her for use full time? CIRCLE ONE NUMBER.
- a. Yes 1
 - b. No 2
19. On average, how often did you meet with general education teacher(s) to discuss this child's program and progress during this school year? CIRCLE ONE NUMBER.
- a. Every day or several times a week 1
 - b. Once a week or several times a month 2
 - c. Once a month 3
 - d. A few times over the school year 4
 - e. Once during this school year 5
 - f. Never during this school year 6 **(SKIP TO Q21)**
 - g. Not applicable to my work with this child 7 **(SKIP TO Q21)**
20. On average, how long were the meetings with the general education teacher(s) to discuss this child's program? CIRCLE ONE NUMBER.
- a. 1 to 15 minutes 1
 - b. 16 to 30 minutes 2
 - c. 31 to 45 minutes 3
 - d. 46 to 60 minutes 4
 - e. More than 60 minutes 5
21. Approximately how often have you communicated with this child's parents during this school year about this child's program or progress (by phone, in person, or in writing)? CIRCLE ONE NUMBER.
- a. Every day or several times a week 1
 - b. Once a week or several times a month 2
 - c. Once a month 3
 - d. A few times over the school year 4
 - e. Once during this school year 5
 - f. Never during this school year 6

22. During the past year, did this child receive any of the following formal individual evaluations for purposes of developing IEP goals? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. Psychological	1	2
b. Speech/language	1	2
c. Vision.....	1	2
d. Hearing.....	1	2
e. Learning style.....	1	2
f. Motor skills.....	1	2
g. Academics.....	1	2
h. Other (Please specify): _____	1	2

23. What percentage of this child's current IEP goals have been met or nearly met at this point in the school year? CIRCLE ONE NUMBER.

a. 76 to 100 percent	1
b. 51 to 75 percent	2
c. 26 to 50 percent	3
d. 1 to 25 percent	4
e. Zero percent.....	5

24. 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? CIRCLE ONE NUMBER.

a. Definitely will continue in special education.....	1
b. Very likely to continue in special education.....	2
c. Rather likely to continue in special education.....	3
d. Rather unlikely to continue in special education.....	4
e. Highly unlikely to continue in special education.....	5
f. Will not continue in special education (will be dismissed from services).....	6

25. 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