LABELED

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

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Assurance of Confidentiality

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). 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 (PL 107-279, Title I, Part C, Sec. 183). 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.
INTRODUCTION

Instructions for Completing this Form

This form is an important part of the Early Childhood Longitudinal Study, Kindergarten Class of 1998 – 1999, a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. Please complete this form after the last day of school for the year so information about this child will be as complete as possible.

This form collects information from student records regarding attendance and whether or not the child has an IEP on record.

Please complete this form for the child whose name appears on the label on the cover whether the child is currently enrolled or has withdrawn from your school. To complete this form, please refer to the child's student record and record your answers directly on the form by circling the appropriate number or by writing your responses in the spaces provided.

If you have questions about completing this form, please call the Respondent Hotline at 1-800-750-6206.

Thank you very much for your help.
1. Was this child enrolled in this school the whole school year?
   a. Yes .............................................................. 1  (SKIP TO Q6)
   b. No ........................................................................ 2  (GO TO Q2)

2. Write the date the child entered school this school year:
   
   ____ / ____ / _____
   MONTH   DAY   YEAR

3. Write the date the child left school:
   
   ____ / ____ / _____
   MONTH   DAY   YEAR

4. Why did the child leave? CIRCLE ONE NUMBER.
   a. Transferred ................................................................. 1  (GO TO Q5)
   b. Other (Please Specify) .................................................. 2
       ______________________________________________________
       ______________________________________________________
   c. Unknown .................................................................. 8

5. Please record the school name and address into which this child transferred:

   ______________________________________________________
   School Name

   ______________________________________________________
   School Address

   ______________________________________________________
   City State ZIP Code

   ______________________________________________________
   (Area Code) Telephone Number
6. Please record the total number of absences for this child for the 2003-2004 school year.
   Check here if your school does not keep attendance records (SKIP TO Q8)

   Total absences
   Excused
   Unexcused

7. Please record the total number of tardies for this child for the 2003-2004 school year.

   Total tardies
   Excused
   Unexcused

8. Does this child have an IEP/IFSP on record? CIRCLE ONE NUMBER.
   a. Yes, the child has an IEP/IFSP on record with the school ..... 1
   b. Yes, the child has an IEP/IFSP and it is on record at another school .............................................................. 2
   c. No, the child does not have an IEP/IFSP ............................... 3 (SKIP TO Q12)
   d. Don't know .............................................................................. 8 (SKIP TO Q12)

9. For which of the following academic school years does the child have at least one IEP/IFSP on record? CIRCLE EACH YEAR FOR WHICH THE CHILD HAS AN IEP/IFSP. IF MORE THAN ONE IEP/IFSP COVERS THE SAME SCHOOL YEAR, RECORD THE EARLIEST DATE FOR THAT YEAR.

   Write Month and Year
   IEP/IFSP was signed

   2003-2004........... 1 ______/_______
   2002-2003........... 2 ______/_______
   2001-2002........... 3 ______/_______
10. **What is the disability classification listed on the most current IEP/IFSP?** CIRCLE ALL THAT APPLY. WRITE THE DISABILITY CLASSIFICATION IN THE SPACE BELOW IF IT DOES NOT EXACTLY MATCH ONE OF THE CODES PROVIDED.

   - Learning Disability..................1 Learning Disability
   - Physically Impaired ..................8 Physically Impaired
   - Serious Emotional Disturbance ......2 Multiple Impairments
   - Speech or Language Impaired.......3 Deaf and Blind
   - Mental Retardation ....................4 Developmental Delay
   - Visually Impaired (Blind) ..........5 Autism
   - Hearing Impaired (Deaf) ............6 Traumatic Brain Injury
   - Health Impaired .....................7 Other (Please Specify)
   - Multiple Impairments ..............9
   - Deaf and Blind .......................10
   - Developmental Delay ...............11
   - Autism ..................................12
   - Traumatic Brain Injury .............13
   - Other (Please Specify) .............14

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

11. **For the child’s current IEP/IFSP, was the child’s primary placement a general education classroom?** CIRCLE ONE NUMBER.

   a. Yes ................................................................. 1
   b. No ................................................................. 2
   c. Don’t know ..................................................... 8

12. **Date questionnaire completed:**

   ____ / ____ / ____
   MONTH   DAY    YEAR

   **THANK YOU FOR YOUR COOPERATION**
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