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 12/31/2014. 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 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.
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). We are gathering information from these children's regular classroom teachers as well. Our purpose is to investigate the relationship between the children's academic progress and various school, classroom, teacher, and home characteristics. This questionnaire collects information on the special education/related services received by the child identified on the cover of this questionnaire.

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.
PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN OR A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE A FELT-TIP PEN.

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:

1 2 3 4 5 6 7 8 9 0

Write words like this:

John Smith
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.*

   a. Provide instruction directly to the child  
      - Yes
      - No

   b. Provide related services directly to the child  
      - Yes
      - No

   c. Provide consultation services directly to the child  
      - Yes
      - No

   d. Provide indirect consultation services (for example, consultation to the child's teacher)  
      - Yes
      - No

   e. Provide case management  
      - Yes
      - No

   f. Other (PLEASE SPECIFY)  
      - Yes
      - No

4. When was this child first determined eligible for special education or related services?  *MARK ONE RESPONSE.*

- Before kindergarten  
- During kindergarten, started receiving services in kindergarten  
- During kindergarten, started receiving services in first grade  *(SKIP TO Q 8)*  
- During first grade  *(SKIP TO Q 8)*  
- Don't know  *(SKIP TO Q 8)*
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
9. For which of the following disabilities has this child received special education or related services this school year, whether for the child's primary disability or another of his/her disabilities? *MARK YES OR NO ON EACH ROW.*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Speech or language impairments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Specific learning disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Emotional disturbance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Intellectual disability *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Developmental delay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Visual impairments (including blindness)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Hearing impairments (including deafness)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Orthopedic impairments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Other health impairments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Autism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Traumatic brain injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Deaf-blindness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. No classification given</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. 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. Which of the following describe(s) the IEP goals for this child during this school year? *MARK ALL OF THE AREAS IN WHICH THIS CHILD HAS IEP GOALS.*

**Academics**
- a. Reading
- b. Mathematics
- c. Language Arts
- d. Science

**Speech and language**
- e. Auditory processing
- f. Listening comprehension
- g. Oral expression
- h. Voice/speech articulation
- i. Language pragmatics

**Social**
- j. Social skills
- k. General appropriateness of behavior

**Life skills**
- l. Adaptive behavior or self-help skills

**Physical/Mobility**
- m. Fine motor skills
- n. Gross motor skills
- o. Orientation and mobility

**Other (PLEASE SPECIFY)**

---
12. Which of the following related services have been provided through the school to this child during this school year? *MARK YES OR NO ON EACH ROW.*

<table>
<thead>
<tr>
<th></th>
<th>Audiology</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b.</td>
<td>Counseling services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>Occupational therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td>Physical therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td>Psychological services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td>Health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td>Social work services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td>Special transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td>Speech or language therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td>Orientation services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k.</td>
<td>Mobility services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l.</td>
<td>Rehabilitation services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m.</td>
<td>Other (PLEASE SPECIFY)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. **Has this child received any of the following?**  *MARK YES OR NO ON EACH ROW.*

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

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

- [ ] Yes
- [ ] No
15. 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 this school year? WRITE NUMBER IN BOX.

[ ] [ ]

Hours per week

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

17. What teaching practices and methods have you and/or other special education service providers used with this child? MARK ONE RESPONSE ON EACH ROW.

<table>
<thead>
<tr>
<th>a. One-on-one instruction</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Small-group instruction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Large-group instruction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Cooperative learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Peer tutoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Computer-based instruction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Direct instruction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Cognitive strategies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Self-management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Behavior management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Instruction received through a sign interpreter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Did not deliver instruction</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
18. **Which of the following best describes the curriculum materials used with this child?** *MARK ONE BOX IN THE GENERAL EDUCATION CLASSROOM COLUMN AND ONE BOX IN THE SPECIAL EDUCATION CLASSROOM COLUMN.*

<table>
<thead>
<tr>
<th>Description</th>
<th>a. In the general education classroom</th>
<th>b. In the special education classroom/program</th>
</tr>
</thead>
<tbody>
<tr>
<td>General education curriculum materials were used without modification</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>General education curriculum materials were used with some modifications</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>General education curriculum materials were used with substantial modifications</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Specially-designed commercial materials were used</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Teacher-designed materials were used</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child not in this setting</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Don't know</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
19. Which of the following assistive technologies and devices has this child used this school year? 
MARK ALL OF THE ASSISTIVE TECHNOLOGIES THIS CHILD USED.

- Child did not use any assistive technologies

**Mobility aids**
- Vans, vehicles
- Wheelchair
- White cane

**Communication aids**
- Electronic with voice output (for example, Touch Talker)
- Nonelectronic (for example, manual printing board)

**Hearing assistance**
- Hearing aids
- FM loops
- TTYs/TDDs
- Cochlear implants
- Real-time captioning

**Visual aids**
- Braille texts
- Electronic Braille devices
- Digital texts
- Magnifying devices
- Close-captioned television (CCTV)

**Learning aids (non-computer)**
- Tape recorder
- Calculator
- Electronic spelling devices

**Computer hardware designed or adapted for children with disabilities (for example, alternate keyboards, switch interface)**
- Used solely by individual child
- Shared with other children

**Computer software designed for children with disabilities**
- Reading
- Writing
- Mathematics

**Other assistive technologies or devices**
- Other (PLEASE SPECIFY)
20. Does this child have a computer, laptop, or word processing device assigned to him/her for use full time? MARK ONE RESPONSE.

☐ Yes
☐ No

21. On average, how often have you met with general education teacher(s) to discuss this child's program or progress during this school year? 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)

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. 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, 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.

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Psychological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Speech/language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Learning style</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Motor skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Academics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Other (PLEASE SPECIFY)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
25. To what extent is this child expected to achieve the same general education goals as other children at his/her grade level? **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
- [ ] Zero 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)
28. To what extent has this child participated in any grade-level assessment administered as part of the school's testing program during the current school year? **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? **MARK ONE RESPONSE.**

- [ ] Yes
- [ ] No
- [ ] Don't know

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

- [ ] Kindergarten
- [ ] First grade
- [ ] Second grade
- [ ] This child is in an ungraded classroom

31. Date Questionnaire Completed:

- [ ] MONTH
- [ ] DAY
- [ ] YEAR

- 2012

**THANK YOU FOR YOUR COOPERATION**