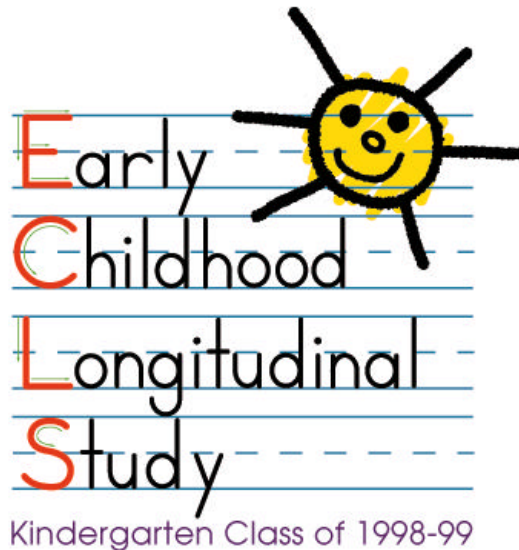


**SPRING 2000**  
**SPECIAL EDUCATION TEACHER QUESTIONNAIRE**  
**PART A**



LABEL

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

by Westat  
1650 Research Boulevard  
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/Service Provider,

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

Obviously, only you can provide this important 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 only and will be kept strictly confidential.

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, 555 New Jersey Avenue, N.W., Washington, DC 20208.

**YOUR BACKGROUND**

1. What is your gender?

Male ..... 1

Female ..... 2

2. In what year were you born? 19\_\_\_\_\_

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

Yes ..... 1

No ..... 2

4. Which best describes your race? CIRCLE ALL THAT APPLY.

American Indian or Alaska Native ..... 1

Asian ..... 2

Black or African American..... 3

Native Hawaiian or Other Pacific Islander ..... 4

White..... 5

5. Counting this school year, how many years in total (including part-time) have you worked in this school? CIRCLE ONLY ONE NUMBER.

1-3..... 1

4-10..... 2

11-15..... 3

More than 15 ..... 4

6. Counting this school year, how many years have you been working with students receiving special education or related services? CIRCLE ONLY ONE NUMBER.

Less than 1 year ..... 1

1-2 years ..... 2

3-5 years ..... 3

6-10 years ..... 4

11-24 years..... 5

25 years or more ..... 6

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

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

8. Which of the following credentials do you have to work with children with disabilities? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
a. Emergency credential.....	1	2
b. Provisional 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 license.....	1	2
g. Physical therapy license .....	1	2
h. Occupational therapy license.....	1	2
i. Other professional license, credential, or endorsement (Please Specify):_____	1	2
_____		
j. Don't have special education or other professional credential, endorsement or license .....	1	2

9. 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.....	0	1	2	3	4	5	6+
m. Blindness.....	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+

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

Special education teacher.....	01
Special education teacher consultant.....	02
General education teacher.....	03
Speech and language therapist.....	04
Physical therapist.....	05
Physical therapy assistant or aide .....	06
Occupational therapist .....	07
Occupational therapy assistant or aide.....	08
School psychologist .....	09
Special education classroom aide .....	10
Other (Please Specify): _____	11

11. During this school year, where did you work with students with disabilities? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
In a general education classroom.....	1	2
In a special education classroom .....	1	2
In a non-classroom space (office, therapy room, small work space, mobile van, etc.) .....	1	2
Other (Please Specify): _____	1	2
<hr/>		
I do not work with students directly.....	1	2

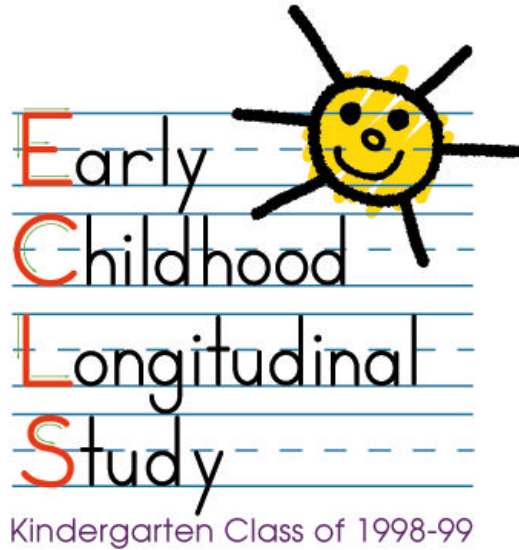
12. During this school year, how many students with IEPs did you work with, on average, each week? (Include students you work with directly, as well as students for whom you consult with the general education teacher) CIRCLE ONLY ONE NUMBER.

- 1-10..... 1
- 11-20..... 2
- 21-40..... 3
- More than 40 ..... 4
- Don't know..... 8

13. DATE QUESTIONNAIRE COMPLETED:

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

**SPRING 2000**  
**SPECIAL EDUCATION TEACHER QUESTIONNAIRE**  
**PART B**



LABEL

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Dear Special Education Teacher/Service Provider,

The Early Childhood Longitudinal Study Kindergarten Class of 1998-1999 (ECLS-K) is also collecting information from the special education teachers/service providers of sampled children with disabilities to investigate the relationship between the student's achievement and various school, classroom, and home factors. This questionnaire collects information on the special education/related services received by the student named on the cover of this questionnaire.

Obviously, only you can provide this important 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 only and will be kept strictly confidential.

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.

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1. What is this student's primary disability category? CIRCLE ONLY ONE NUMBER.

- a. Learning disability..... 01
- b. Serious emotional disturbance..... 02
- c. Speech or language impairment ..... 03
- d. Mental retardation..... 04
- e. Blind/Visual impairment ..... 05
- f. Deaf/Hard of hearing ..... 06
- g. Health impairment ..... 07
- h. Physical impairment ..... 08
- i. Multiple impairments..... 09
- j. Deaf/blind..... 10
- k. Developmental delay ..... 11
- l. Autism..... 12
- m. Traumatic brain injury ..... 13

2. For which of the following disabilities did this student receive special education or related services this school year? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
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. 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

3. When was this student first determined eligible for special education or related services? CIRCLE ONLY ONE NUMBER.

- Before kindergarten ..... 1
- During kindergarten, started receiving service in kindergarten..... 2
- During kindergarten, started receiving service in first grade..... 3 **(SKIP TO Q7)**
- During first grade ..... 4 **(SKIP TO Q7)**
- Other (Please Specify): \_\_\_\_\_ ..... 5 **(SKIP TO Q7)**
- \_\_\_\_\_
- Don't know..... 8 **(SKIP TO Q7)**

4. To what extent were you involved in planning the transition from kindergarten special education to first grade special education for this child? CIRCLE ONE NUMBER.

- Not at all ..... 1
- Somewhat ..... 2
- Extensively ..... 3
- This child is not in first grade..... 4

5. To what extent did you communicate with the person(s) who provided special education in kindergarten for this student? CIRCLE ONE NUMBER.

- Not at all ..... 1
- Somewhat ..... 2
- Extensively ..... 3
- I provided special education to this child in kindergarten ..... 4

6. Have you reviewed this student's records related to special education provided before first grade? CIRCLE ONE NUMBER.

- Yes ..... 1
- No, I don't know where the records are. .... 2
- No, I have access to the records, but have not reviewed them. .... 3

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

7. Which of the following best describes the IEP goals for this student during this school year? **CIRCLE ALL OF THE AREAS IN WHICH THIS STUDENT HAD IEP GOALS.**

**Academics**

- Reading..... 01
- Mathematics ..... 02
- Language Arts ..... 03

**Speech and Language**

- Auditory processing ..... 04
- Listening comprehension ..... 05
- Oral expression..... 06

**Social**

- Social skills..... 07

**Life Skills**

- Adaptive behavior or self-help skills ..... 08

**Physical/Mobility**

- Fine motor skills..... 09
- Gross motor skills ..... 10
- Orientation and mobility ..... 11

**Other (Please Specify):** \_\_\_\_\_ 12

\_\_\_\_\_

8. Approximately how many hours per week of direct special education and related services (that is, service provided directly to the students, from a teacher or another adult) was this student scheduled to receive this school year?

\_\_\_\_\_ Hours per week

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

	<b>Yes</b>	<b>No</b>
Audiology .....	1	2
Counseling services.....	1	2
Occupational therapy .....	1	2
Physical therapy .....	1	2
Psychological services.....	1	2
School health services.....	1	2
Social work services .....	1	2
Special transportation .....	1	2
Speech or language therapy .....	1	2
Other (Please Specify): _____ .....	1	2
_____		

10. Did this student receive any of the following? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
Adaptive physical education.....	1	2
Classroom aides.....	1	2
Instruction in Braille .....	1	2
Interpreter for the deaf or hard of hearing.....	1	2
Instruction in American Sign Language .....	1	2
Instruction in Manual English .....	1	2
Instruction in Cued Speech.....	1	2

11. Was this student's primary placement a general education classroom? CIRCLE ONE NUMBER.

Yes.....	1
No .....	2

12. Approximately what percentage of the total weekly hours in school did this student receive special education and related services outside of a general education classroom? CIRCLE ONLY ONE NUMBER.

0 percent .....	1
1-10 percent .....	2
11-25 percent .....	3
26-50 percent .....	4
51-75 percent .....	5
76-99 percent .....	6
100 percent .....	7

13. What teaching practices and methods did you use with this student? CIRCLE ONE NUMBER ON EACH LINE.

	<b>Yes</b>	<b>No</b>
One-on-one instruction .....	1	2
Small-group instruction .....	1	2
Large-group instruction .....	1	2
Cooperative learning.....	1	2
Peer tutoring.....	1	2
Computer-based instruction .....	1	2
Direct instruction .....	1	2
Cognitive strategies .....	1	2
Self-management .....	1	2
Behavior management.....	1	2
Did not deliver instruction.....	1	2
Don't know.....	1	2

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

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

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

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

16. Which of the following assistive technologies did this student use this school year? CIRCLE ALL OF THE ASSISTIVE TECHNOLOGIES THIS STUDENT USED.

Student did not use any assistive technologies..... 01 **(GO TO Q17)**

**Mobility aids**

Vans, vehicles ..... 02

Wheelchairs..... 03

White canes..... 04

**Communication aids**

Electronic with voice output (e.g., Touch Talker) ..... 05

Nonelectronic (e.g., manual printing board) ..... 06

**Hearing assistance**

Hearing aids ..... 07

FM loops..... 08

TTYs/TDDs..... 09

Cochlear implants ..... 10

Real time captioning ..... 11

**Visual aids**

Magnifying devices ..... 12

CCTV ..... 13

**Learning aids (non-computer)**

Tape recorders ..... 14

Calculators ..... 15

Electronic spelling devices ..... 16

**Computer hardware designed for children with disabilities**

Used solely by individual child..... 17

Shared with other children ..... 18

**Computer software designed for children with disabilities**

Reading..... 19

Writing..... 20

Mathematics ..... 21

**Computer hardware adapted for child's unique needs  
(e.g., alternate keyboards, switch interface)**

Used solely by individual child..... 22

Shared with other children ..... 23

**Other (Please Specify):** \_\_\_\_\_ ..... 24

\_\_\_\_\_

17. To what extent did this student participate in any grade-level assessment administered as part of the school's testing program during the current school year? CIRCLE ONLY ONE NUMBER.

- Student did not participate in the school's testing or assessment program..... 1 (GO TO Q19)
- Student participated in the school's testing or assessment program to a limited degree ..... 2
- Student participated fully in the school's testing or assessment program ..... 3
- There are no schoolwide assessments at this grade level ..... 4 (GO TO Q19)
- Don't know..... 8 (GO TO Q19)

18. Did this student receive special accommodations to participate in the school's testing or assessment program? CIRCLE ONLY ONE NUMBER.

- Yes..... 1
- No ..... 2
- Don't know..... 8

19. On average, how often did you meet with general education teacher(s) to discuss this student's program and progress? CIRCLE ONLY ONE NUMBER.

- Every day or several times a week ..... 1
- Once a week or several times a month ..... 2
- Once a month..... 3
- A few times over the school year..... 4
- Once ..... 5
- Never ..... 6 (GO TO Q21)
- Not applicable to my work with this child ..... 7 (GO TO Q21)

20. On average, how long were the meetings with the general education teacher(s) to discuss this student's program? CIRCLE ONLY ONE NUMBER.

- 1 to 15 minutes ..... 1
- 16 to 30 minutes ..... 2
- 31 to 45 minutes ..... 3
- 46 to 60 minutes ..... 4
- More than 60 minutes ..... 5

21. Approximately how often have you communicated with this student's parents during this school year about this student's program or progress (by phone, in person, or in writing)? CIRCLE ONLY ONE NUMBER.

- Every day or several times a week ..... 1
- Once a week or several times a month ..... 2
- Once a month ..... 3
- A few times over the school year ..... 4
- Once ..... 5
- Never ..... 6

22. Did this student receive any of the following formal individual evaluations during the past year? CIRCLE ONE NUMBER ON EACH LINE.

	Yes	No
Psychological .....	1	2
Speech/language.....	1	2
Vision .....	1	2
Hearing.....	1	2
Learning/educational .....	1	2
Motor skills .....	1	2
Other (Please Specify): _____ .....	1	2
_____		

23. What percentage of this student's current IEP goals have been met or nearly met at this point in the school year, and are not likely to continue as IEP goals? CIRCLE ONLY ONE NUMBER.

- 76 – 100 percent..... 1
- 51 – 75 percent..... 2
- 26 – 50 percent..... 3
- 1 - 25 percent ..... 4
- Zero percent..... 5

24. In which grade is this child enrolled? CIRCLE ONE NUMBER.

- Kindergarten..... 1
- First grade ..... 2
- This is an ungraded classroom ..... 3
- Second grade ..... 4

25. DATE QUESTIONNAIRE COMPLETED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month    Day    Year