Spring 2015
Special Education Teacher
Questionnaire A

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

Westat
Rockville, Maryland

Use a black or blue ball point pen to complete this questionnaire.

RETURN THIS COMPLETED QUESTIONNAIRE IN THE SEALED
TYVEK® ENVELOPE DIRECTLY TO YOUR SCHOOL COORDINATOR
OR AN ECLS-K:2011 STAFF MEMBER. DO NOT MAIL THIS
QUESTIONNAIRE UNLESS YOU ARE ASKED TO DO SO BY STUDY
STAFF AND ARE PROVIDED WITH AN ENVELOPE FOR MAILING.

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 voluntary survey is
1850-0750. Approval expires 11/30/2017. The time required to complete this
survey is estimated to average 15 minutes per response, including the time to
review instructions, search existing data resources, gather the data needed,
and complete and review the survey. If you have any comments concerning
the accuracy of the time estimate or suggestions for improving this survey, or
any comments or concerns regarding the status of your individual submission
of this survey, please write to: Early Childhood Longitudinal Study, National
Center for Education Statistics, 1990 K Street, N.W., Washington, D.C. 20006-
5574.

The collection of information in this survey is authorized by 20 U.S.
Code, Section 9543. 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) to investigate the relationship between the children’s academic progress and various school, classroom, teacher, and home characteristics. This questionnaire collects information about your background and your work in this school with children with disabilities.

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. The 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.
MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE PENCIL OR FELT-TIP PEN.

MARKING BOXES

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:

\[
\begin{array}{cccccccccc}
1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9 & 0 \\
\end{array}
\]

Write words like this:

John Smith
1. **What is your gender?** *MARK ONE RESPONSE.*
   - [ ] Male
   - [ ] Female

2. **In what year were you born?** *WRITE IN YEAR BELOW.*
   
   19

3. **Are you Hispanic or Latino?** *MARK ONE RESPONSE.*
   - [ ] Yes
   - [ ] No

4. **Which best describes your race?** *MARK ONE OR MORE RESPONSES TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE.*
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Black or African American
   - [ ] Native Hawaiian or Other Pacific Islander
   - [ ] White

5. **What is the highest level of education you have completed?** *MARK ONE RESPONSE.*
   - [ ] Did not complete high school
   - [ ] High school diploma or equivalent/GED
   - [ ] Some college or technical or vocational school
   - [ ] Associate’s degree
   - [ ] Bachelor’s degree
   - [ ] Master’s degree
   - [ ] An advanced professional degree beyond a master’s degree (for example, Ph.D., MD)
6. **Is this school year the first year you have worked with children in this school?** *MARK ONE RESPONSE.*

☐ Yes

☐ No

7. **Counting this school year, how many total years have you been working with children receiving special education or related services in any school, including years in which you worked part time?** *WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE “1.”*

☐ Year(s)

8. **Counting this school year, how many total years have you been working with children in any school, including years in which you worked part time? This would include other assignments such as teaching in a regular classroom or otherwise providing services to children.** *WRITE THE NUMBER OF YEARS TO THE NEAREST FULL SCHOOL YEAR. IF THIS IS YOUR FIRST YEAR, WRITE “1.”*

☐ Year(s)
9. Which of the following credentials, licenses, or certificates do you have for working with children with disabilities?  *DO NOT INCLUDE ACADEMIC DEGREES, SUCH AS A BACHELOR’S DEGREE, MASTER’S DEGREE, OR PH.D.*  MARK YES OR NO ON EACH ROW.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Emergency credential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Provisional or temporary credential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Disability-specific credential or endorsement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Special education credential or endorsement (for more than one disability category)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. General education credential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Speech/language therapy state license or certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Physical therapy state license or certification</td>
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<td></td>
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<tr>
<td>h. Occupational therapy state license or certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Social work license or certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. School psychology license or certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Clinical psychology license or certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Certificate of Clinical Competence</td>
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<td></td>
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<tr>
<td>m. Other professional license, credential, or endorsement (PLEASE SPECIFY)</td>
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</tbody>
</table>

10. Have you taken the exam for National Board for Professional Teaching Standards certification?

   *MARK ONE RESPONSE.*

- [ ] Not taken
- [ ] Taken and passed
- [ ] Taken and have not yet passed
- [ ] Taken and awaiting test results
- [ ] Not applicable
11. **Have you ever taken a college course in the following areas?** *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. Early childhood education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Early childhood special education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Elementary education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Child development</td>
<td></td>
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</tr>
<tr>
<td>e. English as a Second Language (ESL) or teaching English language learners</td>
<td></td>
<td></td>
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<tr>
<td>f. General special education</td>
<td></td>
<td></td>
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<tr>
<td>g. Learning disabilities</td>
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<tr>
<td>h. Intellectual disability *</td>
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<td></td>
</tr>
<tr>
<td>i. Orthopedic impairments</td>
<td></td>
<td></td>
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<tr>
<td>j. Serious emotional disturbance</td>
<td></td>
<td></td>
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<tr>
<td>k. Deafness and hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Blindness and vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Communication disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Infants and toddlers with disabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Physical therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Occupational therapy</td>
<td></td>
<td></td>
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<tr>
<td>q. School psychology</td>
<td></td>
<td></td>
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<tr>
<td>r. Classroom management</td>
<td></td>
<td></td>
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</tbody>
</table>

* Including the condition formerly classified as mental retardation
12. Have you ever taken a college course that addressed issues related to the following? **MARK YES OR NO ON EACH ROW.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Using published research evidence to identify and select effective interventions and supports for students</td>
<td></td>
</tr>
<tr>
<td>b. Using formal assessment data to inform the choice of READING interventions and supports for students</td>
<td></td>
</tr>
<tr>
<td>c. Using formal assessment data to inform the choice of MATH interventions and supports for students</td>
<td></td>
</tr>
<tr>
<td>d. Using data to inform the choice of behavioral interventions and supports for students</td>
<td></td>
</tr>
</tbody>
</table>

13. Which of the following best describes your current position in this school? **MARK ONE RESPONSE.**

- [ ] Special education teacher
- [ ] Special education teacher consultant
- [ ] General education teacher
- [ ] Special education classroom aide
- [ ] Speech-language pathologist
- [ ] Physical therapist
- [ ] Physical therapy assistant or aide
- [ ] Occupational therapist
- [ ] Occupational therapy assistant or aide
- [ ] School psychologist
- [ ] School counselor
- [ ] School social worker
- [ ] Other (PLEASE SPECIFY)
14. **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?** *MARK ONE RESPONSE.*

- [ ] Regular full-time teacher/service provider
- [ ] Regular part-time teacher/service provider
- [ ] Itinerant teacher/service provider (that is, your assignment requires you to provide instruction/related services at more than one school)
- [ ] Long-term substitute (that is, your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute)
- [ ] Teacher aide
- [ ] Other (PLEASE SPECIFY)

15. **During this school year, where have you worked with children with IEPs?** *INCLUDE ONLY CHILDREN WHO ATTEND THIS SCHOOL. MARK YES OR NO ON EACH ROW.*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In a general education classroom</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>b. In a special education classroom</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>c. In a non-classroom space (for example, office, therapy room, small work space, mobile van, etc.)</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>d. In a location outside of the school setting (for example, a child’s home, a private clinic, etc.)</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>e. Other (PLEASE SPECIFY)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
16. Please indicate the extent to which you agree or disagree with each of the following statements. MARK ONE RESPONSE ON EACH ROW.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither disagree nor agree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I really enjoy my present job.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. I am certain I am making a difference in the lives of the children I work with.</td>
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<tr>
<td>c. If I could start over, I would choose this career again.</td>
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<tr>
<td>d. I am satisfied with my class size/caseload.</td>
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</tbody>
</table>

17. During the school year, how many children with IEPs have you worked with or provided services for, 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.) MARK ONE RESPONSE.

- 1-10
- 11-20
- 21-40
- More than 40
- Don't know

18. Date questionnaire completed:

MONTH  DAY  YEAR

THANK YOU FOR YOUR COOPERATION!