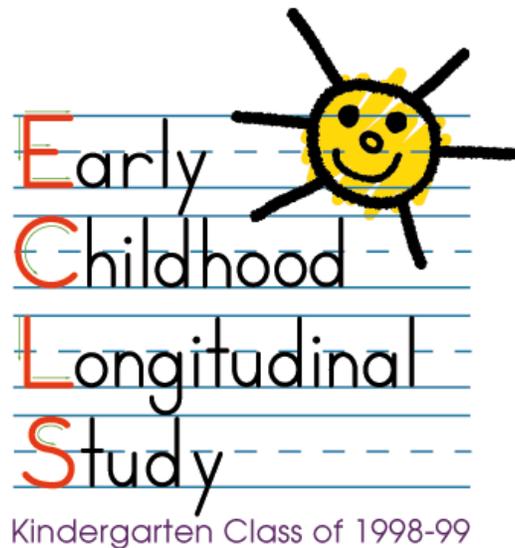


SPRING 2002 SPECIAL EDUCATION TEACHER QUESTIONNAIRE

PART A



L A B E L

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. The information you provide will be kept confidential and will be protected to the fullest extent allowable under law. Information will be protected from disclosure by federal statute (20 USC 9003a — 9007 as amended). 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 collecting information from the special education teachers/service providers of sampled children who have Individual Education Programs (IEPs) to investigate the relationship between the children's achievement and various school, classroom, and home factors. This questionnaire collects information concerning your background and your work with children 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, 1990 K Street, N.W., Washington, DC 20006.

1. What is your gender? CIRCLE ONE NUMBER.

- a. Male..... 1
- b. Female..... 2

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

19 _____

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

- a. Yes 1
- b. No 2

4. Which best describes your race? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. American Indian or Alaska Native	1	2
b. Asian.....	1	2
c. Black or African American	1	2
d. Native Hawaiian or Other Pacific Islander.....	1	2
e. White	1	2

5. Counting this school year, how many years in total (including part-time) have you worked in this school? WRITE IN THE YEARS BELOW.

_____ Years

6. Counting this school year, how many years (including part-time) have you been working with children receiving special education or related services? WRITE IN THE YEARS BELOW.

_____ Years

7. Counting this school year, how many years (including part-time) have you been teaching? WRITE IN THE YEARS BELOW.

_____ Years

8. 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? CIRCLE ONE NUMBER.

- a. Regular full-time teacher/service provider..... 1
- b. Regular part-time teacher/service provider 2
- c. Itinerant teacher (i.e., your assignment requires you to provide instruction/related services at more than one school) 3
- d. Long-term substitute (i.e., your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute)..... 4
- e. Teacher aide 5
- f. Other (Please specify)_____ 6

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

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

10. Which of the following credentials, licenses, or certificates do you have for working with children with disabilities? CIRCLE ONE NUMBER ON EACH LINE.

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. Emergency credential | 1 | 2 |
| b. Provisional or temporary 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 state license or certification | 1 | 2 |
| g. Physical therapy license or certification | 1 | 2 |
| h. Occupational therapy license or certification | 1 | 2 |
| i. Certificate of Clinical Competence..... | 1 | 2 |
| j. Other professional license, credential, or endorsement (Please specify): _____ | 1 | 2 |
| k. Don't have special education or other professional credential, endorsement or license..... | 1 | 2 |

11. 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 and hearing	0	1	2	3	4	5	6+
m. Blindness and vision.....	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+
s. Classroom management	0	1	2	3	4	5	6+

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

a. Special education teacher	1
b. Special education teacher consultant	2
c. General education teacher	3
d. Speech - language pathologist.....	4
e. Physical therapist	5
f. Physical therapy assistant or aide.....	6
g. Occupational therapist.....	7
h. Occupational therapy assistant or aide	8
i. School psychologist.....	9
j. Special education classroom aide.....	10
k. Other (Please specify): _____	11

13. During this school year, where did you work with children with IEPs? CIRCLE ONE NUMBER ON EACH LINE.

	<u>Yes</u>	<u>No</u>
a. In a general education classroom	1	2
b. In a special education classroom	1	2
c. In a non-classroom space (office, therapy room, small work space, mobile van, etc.)	1	2
d. Other (Please specify): _____	1	2
e. I do not work directly with children who have IEPs	1	2

14. During this school year, how many children with IEPs did you work with, 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) CIRCLE ONE NUMBER.

a. 1-10	1
b. 11-20	2
c. 21-40	3
d. More than 40	4
e. Don't know.....	8

15. Date questionnaire completed:

____ / ____ / ____
MONTH DAY YEAR

THANK YOU FOR YOUR COOPERATION

Please return this completed questionnaire in the envelope provided to:

Galen McKeever
Westat
9274 Gaither Road, W-14
Gaithersburg, Maryland 20877-1420

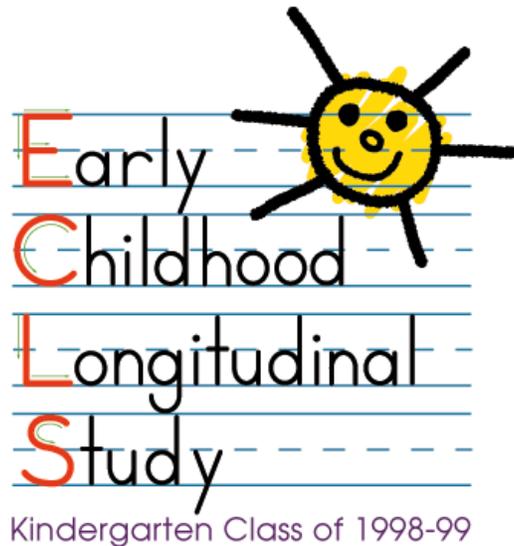
Or you may give it to the ECLS-K field supervisor at your school.

OFFICE USE ONLY

C	1
DR C	2
DR R	3
R	4

SPRING 2002 SPECIAL EDUCATION TEACHER QUESTIONNAIRE

PART B



L A B E L

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

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1650 Research Boulevard
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Assurance of Confidentiality

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Dear Special Education Teacher/Service Provider,

The Early Childhood Longitudinal Study Kindergarten Class of 1998-1999 (ECLS-K) is collecting information from the special education teachers/service providers of sampled children 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 received by the child 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. 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. This is an ungraded classroom 6

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 **(SKIP TO Q5)**
- f. Other (Please specify): _____ 6 **(SKIP TO Q5)**

- g. Don't know..... 8 **(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. 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 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. 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

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 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

Speech and Language

- d. Auditory processing 4
- e. Listening comprehension 5
- f. Oral expression 6
- g. Voice/speech articulation 7
- h. Language pragmatics 8

Social

- i. Social skills 9

Life Skills

- j. Adaptive behavior or self-help skills 10

Physical/Mobility

- k. Fine motor skills 11
- l. Gross motor skills 12
- m. Orientation and mobility 13

Other (Please specify): _____ 14

8. Which of the following related services were provided at 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. Other (Please specify): _____	1	2

9. 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 scheduled to receive this school year? WRITE NUMBER ON LINE.

_____ Hours per week

10. 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

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

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

12. 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

13. 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. Don't know.....	1	2

14. 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

15. 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

16. 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 Q17)
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. Magnifying devices.....	12
l. Close captioned television (CCTV)	13
Learning aids (non-computer)	
m. Tape recorders	14
n. Calculators.....	15
o. Electronic spelling devices	16
Computer hardware designed or adapted for children with disabilities (e.g., alternate keyboards, switch interface)	
p. Used solely by individual child.....	17
q. Shared with other children.....	18
Computer software designed for children with disabilities	
r. Reading	19
s. Writing	20
t. Mathematics	21
Other (Please specify): _____	22

17. 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

18. 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 Q20)**
 - g. Not applicable to my work with this child..... 7 **(SKIP TO Q20)**
19. 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
20. 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
21. 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/educational..... | 1 | 2 |
| f. Motor skills..... | 1 | 2 |
| g. Other (Please specify): _____ | 1 | 2 |

22. 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

23. 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

24. Date questionnaire completed:

____ / ____ / ____
MONTH DAY YEAR

THANK YOU FOR YOUR COOPERATION

Please return this completed questionnaire in the envelope provided to:

Galen McKeever
Westat
9274 Gaither Road, W-14
Gaithersburg, Maryland 20877-1420

Or you may give it to the ECLS-K field supervisor at your school.

OFFICE USE ONLY

C	1
DR C	2
DR R	3
R	4