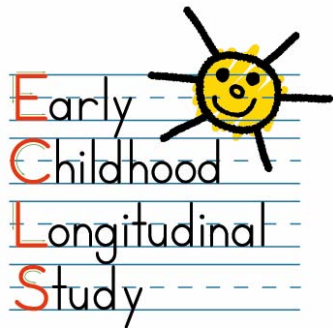


**APPENDIX E.2**

**ECLS-K**

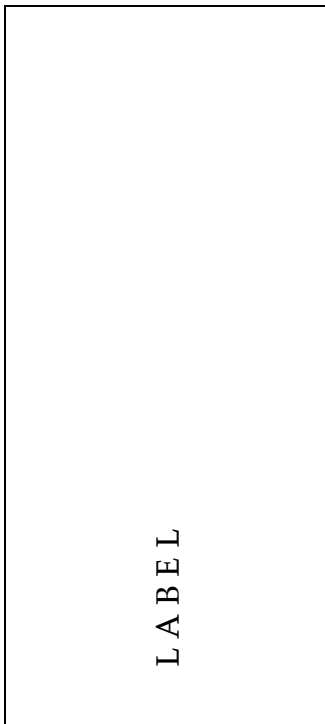
**Spring 2007 Special Education Teacher Questionnaire B**



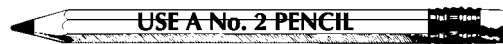
# Special Education Teacher Questionnaire B

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

Westat  
1650 Research Boulevard  
Rockville, Maryland 20850



Use a #2 pencil to complete this questionnaire.



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 01/31/2009. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instruction, 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, D.C. 20202-4700. 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, D.C. 20006-5650.

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**

Dear Special Education Teacher/Related Services Provider,

The Early Childhood Longitudinal Study Kindergarten Class of 1998-1999 (ECLS-K) is collecting information from the special education teachers/service providers of students who are in the study who have Individual Education Programs (IEPs). We are gathering information from these students' regular classroom teachers as well. Our purpose is to investigate the relationship between the students' achievement and various school, classroom, and home factors. This questionnaire collects information on the special education/related services received by the student identified on the cover of this questionnaire.

Obviously, only you can provide this information. Therefore, although we realize you are very busy, we urge you to complete this questionnaire as accurately as possible. Approximate answers, especially where we are asking for numbers, are completely acceptable. The information you provide is being collected for research purposes. 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.

**THANK YOU VERY MUCH FOR YOUR HELP.**

## MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE.

## CHECKING BOXES

It is important that you check the box next to your answers and print clearly.

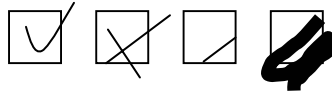
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

**Correct Mark:**



**Incorrect Marks:**

Light and thin, outside the box, thick or scrawled.



## PRINTING ANSWERS IN BOXES:

Print entire answer in box. 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 –  $\emptyset$ , and do not write a seven with a line through it like this –  $7$ .

Write digits like this:

1 2 3 4 5 6 7 8 9 0

Write words like this:

Harry Potter

**1. Is this student currently receiving special education services or gifted/talented services through an IEP? MARK ONE.**

- Special education services due to a disability (GO TO Q2)
- Gifted/talented services (SKIP TO END. YOU DO NOT NEED TO COMPLETE SPECIAL EDUCATION TEACHER QUESTIONNAIRE A.)

**2. In which grade is this student enrolled? MARK ONE.**

- Fifth grade
- Sixth grade
- Seventh grade
- Eighth grade
- Ninth grade
- Tenth grade
- This is an ungraded classroom

**3. When did this student first have an IEP? MARK ONE.**

- Before fifth grade
- During sixth grade
- During seventh grade
- During eighth grade
- Don't know

**4. Have you reviewed this student's records related to special education services provided before this school year? MARK ONE.**

- Yes
- No, I don't have access to the records.
- No, I have access to the records, but have not reviewed them.

5. What is this student's primary disability as identified on the child's IEP? **MARK ONE.**

- Learning disability
- Serious emotional disturbance
- Speech or language impairment
- Mental retardation
- Blind/Visual impairment
- Deaf/Hard of hearing
- Health impairment
- Physical impairment
- Multiple impairments
- Deaf/blind
- Developmental delay
- Autism
- Traumatic brain injury
- No classification is given

6. For which of the following disabilities did this student receive (or is this student receiving) special education or related services this school year?

MARK ONE ON EACH LINE.

	Yes	No
a. Learning disability	<input type="checkbox"/>	<input type="checkbox"/>
b. Serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
c. Speech or language impairment	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
e. Blind/Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>
f. Deaf/Hard of hearing	<input type="checkbox"/>	<input type="checkbox"/>
g. Health impairment	<input type="checkbox"/>	<input type="checkbox"/>
h. Orthopedic/Physical impairment	<input type="checkbox"/>	<input type="checkbox"/>
i. Multiple impairments	<input type="checkbox"/>	<input type="checkbox"/>
j. Deaf/blind	<input type="checkbox"/>	<input type="checkbox"/>
k. Developmental delay	<input type="checkbox"/>	<input type="checkbox"/>
l. Autism	<input type="checkbox"/>	<input type="checkbox"/>
m. Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>

7. Is this student receiving any special education or related services because of a diagnosed Attention Deficit/Hyperactivity Disorder (AD/HD)?

Yes

No

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

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

**Academics**

---

- Reading
- Mathematics
- Language Arts
- Science

**Speech And Language**

---

- Auditory processing
- Listening comprehension
- Oral expression
- Voice/speech articulation
- Language pragmatics

**Social**

---

- Social skills

**Life Skills**

---

- Adaptive behavior or self-help skills
- Transition and postsecondary goals

**Physical/Mobility**

---

- Fine motor skills
- Gross motor skills
- Orientation and mobility

**Other (PLEASE SPECIFY)**

---



9. Which of the following related services were provided through the school to this student during this school year?

MARK ONE ON EACH LINE.

	Yes	No
a. Audiology	<input type="checkbox"/>	<input type="checkbox"/>
b. Counseling services	<input type="checkbox"/>	<input type="checkbox"/>
c. Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychological services	<input type="checkbox"/>	<input type="checkbox"/>
f. Health services	<input type="checkbox"/>	<input type="checkbox"/>
g. Social work services	<input type="checkbox"/>	<input type="checkbox"/>
h. Special transportation	<input type="checkbox"/>	<input type="checkbox"/>
i. Speech or language therapy	<input type="checkbox"/>	<input type="checkbox"/>
j. Orientation services	<input type="checkbox"/>	<input type="checkbox"/>
k. Mobility services	<input type="checkbox"/>	<input type="checkbox"/>
l. Rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE SPECIFY) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Approximately how many hours per week of direct special education and related services (that is, service provided directly to the student, from a teacher or another adult) was this student receiving this school year? WRITE NUMBER IN BOX.

Hours per week

**11. Did this student receive any of the following?**

**MARK ONE ON EACH LINE.**

	<b>Yes</b>	<b>No</b>
a. Adaptive physical education	<input type="checkbox"/>	<input type="checkbox"/>
b. Classroom aides	<input type="checkbox"/>	<input type="checkbox"/>
c. Instruction in Braille	<input type="checkbox"/>	<input type="checkbox"/>
d. Interpreter for the deaf or hard of hearing (oral or sign)	<input type="checkbox"/>	<input type="checkbox"/>
e. Instruction in American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>
f. Instruction in Manual English	<input type="checkbox"/>	<input type="checkbox"/>
g. Instruction in Cued Speech	<input type="checkbox"/>	<input type="checkbox"/>
h. Instruction on the use of Braille	<input type="checkbox"/>	<input type="checkbox"/>
i. Instruction on the use of American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>
j. Instruction on the use of Manual English	<input type="checkbox"/>	<input type="checkbox"/>
k. Instruction on the use of Cued Speech	<input type="checkbox"/>	<input type="checkbox"/>

**12. Was this student's primary placement a general education classroom? MARK ONE.**

- Yes  
 No

**13. 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 but within the school setting? MARK ONE.**

- 0 percent  
 1-10 percent  
 11-25 percent  
 26-50 percent  
 51-75 percent  
 76-99 percent  
 100 percent

**14. What teaching practices and methods are used with this student? MARK ONE ON EACH LINE.**

**MARK ONE ON EACH LINE.**

	<b>Yes</b>	<b>No</b>
a. One-on-one instruction	<input type="checkbox"/>	<input type="checkbox"/>
b. Small-group instruction	<input type="checkbox"/>	<input type="checkbox"/>
c. Large-group instruction	<input type="checkbox"/>	<input type="checkbox"/>
d. Cooperative learning	<input type="checkbox"/>	<input type="checkbox"/>
e. Peer tutoring	<input type="checkbox"/>	<input type="checkbox"/>
f. Computer-based instruction	<input type="checkbox"/>	<input type="checkbox"/>
g. Direct instruction	<input type="checkbox"/>	<input type="checkbox"/>
h. Cognitive strategies	<input type="checkbox"/>	<input type="checkbox"/>
i. Self-management	<input type="checkbox"/>	<input type="checkbox"/>
j. Behavior management	<input type="checkbox"/>	<input type="checkbox"/>
k. Did not deliver instruction	<input type="checkbox"/>	<input type="checkbox"/>
l. Instruction received through a sign interpreter	<input type="checkbox"/>	<input type="checkbox"/>
m. Don't know	<input type="checkbox"/>	<input type="checkbox"/>

15. Which of the following best describes the curriculum materials used with this student?

**MARK ONE BOX IN THE GENERAL EDUCATION CLASSROOM COLUMN AND ONE BOX 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	<input type="checkbox"/>	<input type="checkbox"/>
Some modifications in general education curriculum materials were made	<input type="checkbox"/>	<input type="checkbox"/>
Substantial modifications in general education curriculum materials were made	<input type="checkbox"/>	<input type="checkbox"/>
Specially designed commercial materials were used	<input type="checkbox"/>	<input type="checkbox"/>
Teacher-designed materials were used	<input type="checkbox"/>	<input type="checkbox"/>
Student not in this setting	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

**16. To what extent was this student expected to achieve the same general education goals as other students at his/her grade level? MARK ONE.**

- Student was expected to attain grade level achievement for all of the academic content standards
- Student was expected to attain grade level achievement for some of the academic content standards
- Student was expected to attain grade level achievement for only a few of the academic content standards
- Student was 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

17. Which of the following assistive technologies and devices did this student use this school year? MARK ALL OF THE ASSISTIVE TECHNOLOGIES THIS STUDENT USED.

Student did not use any assistive technologies (GO TO Q18)

**Mobility aids**

---

- Vans, vehicles
- Wheelchairs
- White canes

**Learning aids (non-computer)**

---

- Tape recorders
- Calculators
- Electronic spelling devices

**Communication aids**

---

- Electronic with voice output (e.g., Touch Talker)
- Nonelectronic (e.g., manual printing board)

**Computer hardware designed or adapted for students with disabilities (e.g., alternate keyboards, switch interface)**

---

- Used solely by individual student
- Shared with other students

**Hearing assistance**

---

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

**Computer software designed for students with disabilities**

---

- Reading
- Writing
- Mathematics

**Visual aids**

---

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

**Other (PLEASE SPECIFY)**

---

**18. Does this student have a computer, laptop, or word processing device assigned to him/her for use full time? MARK ONE.**

Yes

No

**19. On average, how often did you meet with general education teacher(s) to discuss this student's program and progress during this school year? MARK ONE.**

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 Q21)

Not applicable to my work with this student (SKIP TO Q21)

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

1 to 15 minutes

16 to 30 minutes

31 to 45 minutes

46 to 60 minutes

More than 60 minutes

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)? MARK ONE.**

- 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

22. **During the past year, did this student receive any of the following formal individual evaluations for purposes of developing IEP goals?**

**MARK ONE ON EACH LINE.**

	<b>Yes</b>	<b>No</b>
a. Psychological	<input type="checkbox"/>	<input type="checkbox"/>
b. Speech/language	<input type="checkbox"/>	<input type="checkbox"/>
c. Vision	<input type="checkbox"/>	<input type="checkbox"/>
d. Hearing	<input type="checkbox"/>	<input type="checkbox"/>
e. Learning style	<input type="checkbox"/>	<input type="checkbox"/>
f. Motor skills	<input type="checkbox"/>	<input type="checkbox"/>
g. Academics	<input type="checkbox"/>	<input type="checkbox"/>
Other (PLEASE SPECIFY) <input style="width: 250px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. **What percentage of this student's current IEP goals have been met or nearly met at this point in the school year? MARK ONE.**

- 76 to 100 percent
- 51 to 75 percent
- 26 to 50 percent
- 1 to 25 percent
- Zero percent



24. Which of the following best expresses the likelihood that this student will continue to receive some level of special education services (through an IEP) in the next school year? **MARK ONE.**

- 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
- Highly unlikely to continue in special education
- Will **not** continue in special education (will be dismissed from services)

25. 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? **MARK ONE.**

- Student did not participate in the school's testing or assessment program
- Student participated in alternate assessments and no regular assessments
- Student participated in some alternate assessments and some regular assessments
- Student participated fully in the school's testing or assessment program
- Don't know

26. Date questionnaire completed:

MONTH	DAY	YEAR	

**THANK YOU FOR YOUR COOPERATION.**