

## TEACHER QUESTIONNAIRE

### ANSWERS FOR TEACHERS ABOUT THE QUESTIONNAIRE

One of your current or former students has filed a claim for disability benefits. We need information from you to help us make our decision. Please complete the enclosed questionnaire.

#### **Q. WHY DO YOU NEED INFORMATION FROM ME?**

A. To decide whether a child qualifies for disability benefits, we use information from both medical and non-medical sources. Medical sources include doctors and other health care professionals; non-medical sources include teachers and other people who spend time with the child. Information from sources who know the child well is important, because a child's eligibility may be related to his or her level of functioning at school, at home, or in the community. The information you provide about his or her day-to-day functioning in school will help us to determine the effects of the child's impairment(s) on his or her functioning. It will also help us to compare this child's functioning to that of other children the same age who do not have impairments. We need this information from you even if the child has been (or was) in your class for only a short time. Your information is not the only information we will be considering when we decide if the child qualifies for disability benefits, but it is very important to us.

#### **Q. IS THIS REQUEST REDUNDANT? THIS CHILD HAS ALREADY BEEN EVALUATED UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA).**

A. The definition of disability in the Social Security Act is entirely separate from the definition of an "educational disability" in the IDEA. We must determine whether a child's impairment(s) meets the SSA definition of disability, regardless of the child's standing under the IDEA definition of educational disability.

#### **Q. I DO NOT THINK THE CHILD IS DISABLED. SHOULD I COMPLETE THIS FORM?**

A. Yes. Under Social Security law, we are responsible for deciding whether this child is disabled, and we will be making our decision based on all of the medical, school, and other information we receive. Your observations will help us to have a more complete picture of the child's daily functioning and to make a fair and accurate decision. Your completion of this form does not constitute an endorsement of our decision.

#### **Q. THE FORM IS LONG. DO I NEED TO ANSWER EVERY QUESTION?**

A. Not always. The form uses checkboxes and multiple choice questions to help you provide specific information as easily and quickly as possible, so it is not as long as it may appear. It is also organized into sections that cover broad domains of functioning. For each section, there is an option to check one block indicating that you have not observed any limitations in that domain. When you have not observed any limitations in a domain, you may check that block and skip to the next section.

*We appreciate your cooperation, your time, and your effort in completing the questionnaire.*

## The Privacy And Paperwork Reduction Acts

The Social Security Administration is authorized to collect the information on this form under sections 1614 and 1633 of the Social Security Act. Social Security needs this information to make a decision on the named claimant's claim. This form is authorized under 20 CFR 416.924a(a). While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 - 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO THE STATE AGENCY THAT REQUESTED IT.** If you have questions about how to complete the form, contact the State Agency that requested it. If you need the address or phone number for your State Agency, you can get it by calling Social Security at 1-800-772-1213. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.***

**PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM**

ATTACH LABEL OR TYPE IN CLAIMANT NAME

**TEACHER QUESTIONNAIRE**  
THIS FORM SHOULD BE COMPLETED BY THE PERSON(S) MOST FAMILIAR  
WITH THE CHILD'S OVERALL FUNCTIONING.

Name of School:

1. How long have you known, or did you know, this child?

2. How often, and for how long, do you, or did you, see this child?

For what subjects:

| 3. Actual Grade Level: | Current Instructional Levels | Special Ed. Services & Frequency |
|------------------------|------------------------------|----------------------------------|
|                        | Reading Level:               |                                  |
| Student/Teacher Ratio: | Math Level:                  |                                  |
|                        | Written Language Level:      |                                  |

4. Is there, or was there, an unusual degree of absenteeism?  No  Yes If yes, please explain:

5. Dominant Language:  English  Spanish  Other (please specify):

6. Any other names by which the child is known:

**IMPORTANT**

**Please compare this child's functioning to that of same-aged children who do not have impairments.**

**If the child is receiving special education services, please be sure to compare his or her functioning to that of same-aged, unimpaired children who are in regular education.**



## II. ATTENDING AND COMPLETING TASKS

- NO problems observed in this domain; functioning appears age-appropriate.  
*If you selected this block, go directly to Section III.*
- YES, the child has problems functioning in this domain.  
*Please mark a rating for each activity listed below.*

| RATING KEY FOR ACTIVITIES LISTED BELOW   |                  |                    |                   |                        |
|--|------------------|--------------------|-------------------|------------------------|
| Compared to the functioning of same-aged children without impairments, this child has: |                  |                    |                   |                        |
| 1  | 2                | 3                  | 4                 | 5                      |
| No Problem   | A slight problem | An obvious problem | A serious problem | A very serious problem |

|     |  | RATING                |                       |                       |                       |                       | FREQUENCY OF PROBLEM  |                       |                       |                       |
|-----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|     |  | 1                     | 2                     | 3                     | 4                     | 5                     | Monthly               | Weekly                | Daily                 | Hourly                |
| 1.  | Paying attention when spoken to directly                       | <input type="radio"/> |
| 2.  | Sustaining attention during play/sports activities             | <input type="radio"/> |
| 3.  | Focusing long enough to finish assigned activity or task       | <input type="radio"/> |
| 4.  | Refocusing to task when necessary                              | <input type="radio"/> |
| 5.  | Carrying out single-step instructions                          | <input type="radio"/> |
| 6.  | Carrying out multi-step instructions                           | <input type="radio"/> |
| 7.  | Waiting to take turns  | <input type="radio"/> |
| 8.  | Changing from one activity to another without being disruptive | <input type="radio"/> |
| 9.  | Organizing own things or school materials                      | <input type="radio"/> |
| 10. | Completing class/homework assignments                          | <input type="radio"/> |
| 11. | Completing work accurately without careless mistakes           | <input type="radio"/> |
| 12. | Working without distracting self or others                     | <input type="radio"/> |
| 13. | Working at reasonable pace/finishing on time                   | <input type="radio"/> |

**What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed.)**

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### III. INTERACTING AND RELATING WITH OTHERS

- NO problems observed in this domain; functioning appears age-appropriate.  
*If you selected this block, go directly to Section IV.*
- YES, the child has problems functioning in this domain.  
*Please mark a rating for each activity listed below.*

| RATING KEY FOR ACTIVITIES LISTED BELOW   |                  |                    |                   |                        |
|--|------------------|--------------------|-------------------|------------------------|
| Compared to the functioning of same-aged children without impairments, this child has: |                  |                    |                   |                        |
| 1  | 2                | 3                  | 4                 | 5                      |
| No Problem   | A slight problem | An obvious problem | A serious problem | A very serious problem |

|     |   | RATING                |                       |                       |                       |                       | FREQUENCY OF PROBLEM  |                       |                       |                       |
|-----|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|     |   | 1                     | 2                     | 3                     | 4                     | 5                     | Monthly               | Weekly                | Daily                 | Hourly                |
| 1.  | Playing cooperatively with other children   | <input type="radio"/> |
| 2.  | Making and keeping friends  | <input type="radio"/> |
| 3.  | Seeking attention appropriately   | <input type="radio"/> |
| 4.  | Expressing anger appropriately  | <input type="radio"/> |
| 5.  | Asking permission appropriately   | <input type="radio"/> |
| 6.  | Following rules (classroom, games, sports)  | <input type="radio"/> |
| 7.  | Respecting/obeying adults in authority  | <input type="radio"/> |
| 8.  | Relating experiences and telling stories  | <input type="radio"/> |
| 9.  | Using language appropriate to the situation and listener  | <input type="radio"/> |
| 10. | Introducing and maintaining relevant and appropriate topics of conversation                       | <input type="radio"/> |
| 11. | Taking turns in a conversation  | <input type="radio"/> |
| 12. | Interpreting meaning of facial expression, body language, hints, sarcasm                          | <input type="radio"/> |
| 13. | Using adequate vocabulary and grammar to express thoughts/ideas in general, everyday conversation | <input type="radio"/> |

Has it been necessary to implement behavior modification strategies for the child?     NO     YES  
 If yes, please explain below (e.g., behavior plan, personal assistant, time-out, quiet room, removal from the classroom, change of school placement, suspension, expulsion). Please be as detailed as possible.

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What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed.)

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**III. INTERACTING AND RELATING WITH OTHERS (CONTINUED)**

| How much of the child's speech can you, as a familiar listener, understand on the first attempt?                      | Very Little           | No more than 1/2      | 1/2 to 2/3            | Almost All            |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. When the topic of conversation is known?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. When the topic of conversation is unknown?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>How much of the child's speech can you, as a familiar listener, understand after repetition and/or rephrasing?</b> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**IV. MOVING ABOUT AND MANIPULATING OBJECTS**

- NO problems observed in this domain; functioning appears age-appropriate.  
If you selected this block, go directly to Section V.
- YES, the child has problems functioning in this domain.  
Please mark a rating for each activity listed below.

| RATING KEY FOR ACTIVITIES LISTED BELOW   |                  |                    |                   |                        |
|--|------------------|--------------------|-------------------|------------------------|
| Compared to the functioning of same-aged children without impairments, this child has: |                  |                    |                   |                        |
| 1  | 2                | 3                  | 4                 | 5                      |
| No Problem   | A slight problem | An obvious problem | A serious problem | A very serious problem |

|    |   | RATING                |                       |                       |                       |                       |
|----|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. | Moving body from one place to another (e.g., standing, balancing, shifting weight, bending, kneeling, crouching, walking, running, jumping, climbing)     | <input type="radio"/> |
| 2. | Moving and manipulating things (e.g., pushing, pulling, lifting, carrying, transferring objects; coordinating eyes and hands to manipulate small objects) | <input type="radio"/> |
| 3. | Demonstrating strength, coordination, dexterity in activities or tasks  | <input type="radio"/> |
| 4. | Managing pace of physical activities or tasks   | <input type="radio"/> |
| 5. | Showing a sense of body's location and movement in space  | <input type="radio"/> |
| 6. | Integrating sensory input with motor output   | <input type="radio"/> |
| 7. | Planning, remembering, executing controlled motor movements   | <input type="radio"/> |

**What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed.)**

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**VI. MEDICAL CONDITIONS AND MEDICATIONS/HEALTH AND PHYSICAL WELL-BEING**

1. Describe below any chronic or episodic condition (e.g., asthma, sickle cell anemia, depression, seizures). Does the condition have any physical effects (e.g., shortness of breath, reduced stamina, psychomotor retardation, incontinence, pain) that interfere with the child's functioning at school? How often does the child experience these physical effects related to the condition?

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2. Please check any of the following that the child uses:

|                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Glasses     | <input type="checkbox"/> Nebulizer/Inhaler      | <input type="checkbox"/> Assistive Technology device |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Auditory Trainer       | <input type="checkbox"/> Orthopedic devices          |
| <input type="checkbox"/> Prosthesis  | <input type="checkbox"/> Other (please specify) |  |

3. Is medication prescribed for this child?  No  Yes  Don't know Specify below, if known.

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4. Does this child take the medication on a regular basis?  No  Yes  Don't know

5. Does this child's functioning change after taking medication?  No  Yes  Don't know  
If yes, please explain below.

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6. Does this child frequently miss school due to illness?  No  Yes If yes, please explain below.

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**What else can you tell us about the physical effects of the child's physical or mental condition or treatment for the condition? (Continue on the last page if needed.)**

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**PLEASE PROVIDE YOUR NAME AND TITLE ON NEXT PAGE. Add any remarks as needed.**

