National Study on Alternate Assessments

Screener - 10-23-08

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1850-New**. The time required to complete this information collection is estimated to average 1 hours (or 60 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Data will be combined to produce statistical reports. All responses will 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.

If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4537. If you have comments or concerns

National Study on Alternate Assessments – Teacher Survey

regarding the status of your individual submission of this form, write directly to: David Malouf, U.S. Department of Education – Capitol Place, 555 New Jersey Ave, room 508H, Washington, D.C. 20208-5644.

OMB #: 1850-New Exp: XX/XX/XXXX

National Study on Alternate Assessments

The NSAA [State] Teacher Survey begins with a screening questionnaire that is used to determine your eligibility for completing the survey. We are looking for teachers who have recent experience working with students with significant cognitive disabilities who take your state's alternate assessment based on alternate achievement standards.

Please answer three brief questions to determine whether you should continue completing the survey. Thank you for your valuable time.

Screening Questionnaire

1.	Do you currently (2008-09 school year) teach students with significant cognitive disabilities? ☐ Yes ☐ No
2.	Will any of your students with significant cognitive disabilities take your state's alternate assessment this school year (2008-09)?
3.	Did you administer the alternate assessment for students with significant cognitive disabilities in any of the past three school years? ☐ Yes, I administered the alternate assessment in 2005-06. ☐ Yes, I administered the alternate assessment in 2006-07. ☐ Yes, I administered the alternate assessment in 2007-08. ☐ No, I did not administer the alternate assessment in the past three years.

If you answered No to any of the questions above, thank you for completing the screening. Please return the questionnaire in the postage-paid envelope provided [or submit electronically].

If you answered Yes to questions 1 and 2 and Yes at least once in question 3, please continue to fill out the survey. Your responses are vitally important to gain an understanding of the influence that alternate assessments based on alternate achievement standards have on the instructional experiences of students with significant cognitive disabilities.