

National Study on Alternate Assessments

Teacher Survey – 10-23-08

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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.

National Study on Alternate Assessments [State] Teacher Survey Instructions

This survey is designed to gather information about what your students with significant cognitive disabilities are taught, how you teach, and what resources you use for instruction.

Part 1 of the survey asks a series of questions in the following four areas:

- A. Demographics and Context
- B. Preparation and Resources
- C. Instruction and Assessment
- D. Alternate Assessment Support and Results

You should respond to this part of the survey with all students with significant cognitive disabilities in your class or caseload in mind. If you do not teach in a self-contained setting (e.g., your students are in inclusive settings or are homebound), respond with your caseload of students with significant cognitive disabilities in mind.

Note: The phrases “my/your students” or “students in my/your classroom” in the questions refer specifically to students with significant cognitive disabilities.

Part 2 of the survey asks you to identify one of your students who will be the “target student” for the remainder of the survey and answer some brief questions regarding the instruction this target student receives.

All responses should refer to the current school year (2008-09), unless noted otherwise.

Part 1 – General Information

A. Demographics and Context

1.A.1 What are the grade level bands for most students in your classroom or on your caseload? *(Check all that apply)*

- K – 2
- 3 – 5
- 6 – 8
- 9 – 12

1.A.2 How many students are in your classroom or on your caseload? *(Check one box)*

- 1 – 2
- 3 – 5
- 6 – 8
- 9 – 11
- 12 – 15
- >15

1.A.3 How many of the students in your classroom or on your caseload will take the alternate assessment this school year (2008-09)? *(Check one box)*

- 0 → Thank you. Please return the survey without proceeding further.
- 1 – 2
- 3 – 5
- 6 – 8
- 9 – 11
- 12 – 15
- >15

1.A.4 How many years have you been...? *(Check one box in each row)*

	0-1	2-4	5-10	11-20	21 or more
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching reading/English language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching students with significant cognitive disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.A.5 What is the highest degree you hold? *(Check one box)*

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- Bachelor's
- Master's
- Advanced graduate degree or diploma beyond a master's degree
- PhD or EdD
- Other (Specify _____)

1.A.6 What certifications do you possess? (*Check all that apply*)

- Special Education
- Elementary Education
- Middle
- Secondary
- National Board
- Other (Specify _____)

1.A.7 Do you hold any teaching license with a concentration in...? (*Check all that apply*)

- Reading/English language arts
- Math
- Science
- Special education
- Other (Specify _____)

B. Preparation and Resources

1.B.1 How well prepared do you feel to do each of the following activities? (*Check one box in each row*)

	Not at all prepared	Somewhat well prepared	Well prepared	Very well prepared
Develop standards-based IEP goals in academic content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Embed nonacademic skills within standards-based instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1.B.2 During the **past 12 months**, how much time have you spent engaged in professional development in each of the following areas? (Check one box in each row)

(Professional development includes workshops, inservices, college courses, summer institutes, etc.)

	None	1-5 hours	6-10 hours	11-15 hours	> 15 hours
Instructional strategies in teaching Reading/English language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading/English language arts content standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional strategies in teaching math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math content standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional strategies in teaching science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science content standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.B.3 Below is a list of resources commonly used to prepare individuals to administer and/or assemble alternate assessments. First indicate which resource(s) you used. Second, for resources that you did use, indicate whether they were useful.

Resources	I used this resource		Was the resource useful?	
	Yes	No	Yes	No
Administration manuals and guidance (e.g., web-based or hardcopy materials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web-based training event or module	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face-to-face training (provided by the state, a regional agency, or the district)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-person resources (such as a school or district alternate assessment coordinator or other technical assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify _____ _____ _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Instruction and Assessment

1.C.1 The following are several conflicts experienced by teachers providing instruction to students with significant cognitive disabilities. How great a challenge is each of these conflicts for you? *(Check one box in each row)*

	Large challenge	Moderate challenge	No challenge
Time to teach versus time to conduct the alternate assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching academic standards versus students' other skill areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student individual needs versus state expectations for academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental preferences versus requirements of the alternate assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine duties and paperwork versus time with students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.C.2 Which approaches do you use in teaching academic content standards to students with significant cognitive disabilities? *(Check all that apply)*

- Adapt the general academic curriculum content used with younger children
- Adapt the general academic curriculum content of each student's grade level
- Include academic content in daily living routines
- Use the examples provided by the state (e.g., teaching activities, state curriculum, or lesson plans)
- Other (Specify _____)

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1.C.3 To what extent do you agree or disagree with each of the following statements?
(Check one box in each row)

	Strongly disagree	Disagree	Agree	Strongly agree
I have a clear understanding of the content standards in my state in:				
Reading/English language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am prepared to adapt academic curriculum for students with significant cognitive disabilities in:				
Reading/English language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel capable of providing academic instruction to students with significant cognitive disabilities in:				
Reading/English language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Reading/English Language Arts Information

Note: If you do not teach Reading/English language arts classes, please skip to question 1.C.6.

1.C.4 How often do you use the following types of assessment in Reading/English language arts classes? (*Check one box in each row*)

	Not at all	<1 time per month	1-3 times per month	1-2 times per week	3+ times per week
Objective questions (e.g., true/false, multiple choice, yes/no)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance on-demand (e.g., task analysis steps, repeated trials, incidence recording)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher observation (e.g., anecdotal or descriptive data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.C.5 How much does each of the following influence what you teach in Reading/English language arts classes? (*Check one box in each row*)

	No influence	Minimal influence	Moderate influence	Strong influence
State Reading/English language arts content standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Reading/English language arts curriculum frameworks or guidance documents for curriculum scope and sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Textbooks and instructional materials used in general education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State alternate assessment requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State alternate assessment results from previous years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading/English language arts content, materials, and/or activities used by general education teachers in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training from my degree program (undergraduate or graduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students' needs as documented on IEPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School or district initiatives or priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Principal or other administrator expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom assessment results (e.g., curriculum-based assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional materials for students with significant cognitive disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Mathematics Information

Note: If you do not teach mathematics classes, please skip to question 1.C.8.

1.C.6 How often do you use the following types of assessment in math classes?
(Check one box in each row)

	Not at all	<1 time per month	1-3 times per month	1-2 times per week	3+ times per week
Objective questions (e.g., true/false, multiple choice, yes/no)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance on-demand (e.g., task analysis steps, repeated trials, incidence recording)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher observation (e.g., anecdotal or descriptive data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.C.7 How much does each of the following influence what you teach in math classes?
(Check one box in each row)

	No influence	Minimal influence	Moderate influence	Strong influence
State math content standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State math curriculum frameworks or guidance documents for curriculum scope and sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Textbooks and instructional materials used in general education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State alternate assessment requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State alternate assessment results from previous years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math content, materials, and/or activities used by general education teachers in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training from my degree program (undergraduate or graduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students' needs as documented on IEPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School or district initiatives or priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Principal or other administrator expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom assessment results (e.g., curriculum-based assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional materials for students with significant cognitive disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Science Information

Note: If you do not teach science classes, please skip to Section D.

1.C.8 How often do you use the following types of assessment in science classes?
(Check one box in each row)

	Not at all	<1 time per month	1-3 times per month	1-2 times per week	3+ times per week
Objective questions (e.g., true/false, multiple choice, yes/no)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance on-demand (e.g., task analysis steps, repeated trials, incidence recording)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher observation (e.g., anecdotal or descriptive data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.C.9 How much does each of the following influence what you teach in science classes? (Check one box in each row)

	No influence	Minimal influence	Moderate influence	Strong influence
State science content standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State science curriculum frameworks or guidance documents for curriculum scope and sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Textbooks and instructional materials used in general education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State alternate assessment requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State alternate assessment results from previous years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science content, materials, and/or activities used by general education teachers in my school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training from my degree program (undergraduate or graduate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students' needs as documented on IEPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School or district initiatives or priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Principal or other administrator expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom assessment results (e.g., curriculum-based assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional materials for students with significant cognitive disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Alternate Assessment Support and Results

1.D.1 To what extent do you agree or disagree with each of the following statements?
(Check one box in each row)

	Strongly disagree	Disagree	Agree	Strongly agree	Not Applicable
The alternate assessment measures the skills and knowledge that are specific to the instructional needs of students with significant cognitive disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the resources I need to provide academic instruction to students with significant cognitive disabilities in:					
Reading/English language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.D.2 Which of the following kinds of support have you received to help with alternate assessment administration and assembly? (Check all that apply)

- Reduced or flexible teaching schedule
- Common planning time or collaboration with other teachers administering/assembling the alternate assessment
- Extra classroom assistance (e.g., teacher aides)
- Regular supportive communication with your principal, other administrators, or department chair
- Guidance or assistance from another teacher
- Release time from instruction through the provision of a substitute.

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1.D.3 Regarding results from the alternate assessment, to what extent do you agree with the following statements? (*Check one box in each row*)

	Strongly disagree	Disagree	Agree	Strongly agree
I receive results from the alternate assessment in time for IEP development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The alternate assessment provides me information that is used for IEP development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive results from the alternate assessment in time for instructional planning for the following year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results from the alternate assessment accurately reflect the performance of my students at their various ability levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results from the alternate assessment are used by my school and/or district to make decisions about resources (e.g., funds, staff, curricular materials, assistive technologies).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about the evaluation of my teaching because of the performance of my students with significant cognitive disabilities on state and/or local tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.D.4 Regarding your students and their parents, to what extent do you agree with the following statements? (*Check one box in each row*)

	Strongly disagree	Disagree	Agree	Strongly agree	I don't know
Parents of my students understand the results from the alternate assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to interpret the results of the alternate assessment for parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my students are aware of the alternate assessment process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my students understand the meaning of the alternate assessment scores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1.D.5 In your school, are alternate assessment results included in the following?
(Check one box in each row)

	Yes	No	I don't know
Teacher performance evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School improvement plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.D.6 Which of the following can happen in your school or district as a result of alternate assessment outcomes of students in your classroom?
(Check all that apply)

(Note: School or district leaders may include school principals, school or district administrators, or teacher leaders.)

- A school or district leader observes content delivery in my classroom.
- A school or district leader provides me with feedback.
- A school or district leader reviews my lesson plans in academic content areas.
- Additional resources are provided to me to improve student performance.
- Additional staff is provided to me to improve student performance.
- Professional development (e.g., workshops or events) is provided to me to improve student performance.
- Other (Specify _____)
- There are no consequences or interventions in my school that result from alternate assessment outcomes.
- I don't know whether any the consequences and interventions relate to alternate assessment outcomes.

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1.D.7 To what extent do you agree or disagree with each of the following statements?
(Check one box in each row)

	Strongly disagree	Disagree	Agree	Strongly agree
Students with significant cognitive disabilities benefit from inclusion in the accountability system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that students with significant cognitive disabilities receive academic instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have adequate resources to conduct the alternate assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use academic curriculum more as a result of the alternate assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the alternate assessment process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate assessment scores reflect the actual achievement of the students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am well prepared to administer the alternate assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternate assessment scores accurately reflect student progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the learning characteristics of each of my students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am prepared to identify the most effective instructional strategies for each student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The state sets high expectations for students through the alternate assessment process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students with significant cognitive disabilities can meet the expectations set by the state.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Identifying a Target Student

The purpose of this part of the survey is to identify one of your students who will be the “**target student**” for the remainder of the survey. Please follow the procedure outlined below to select the target student.

- STEP 1:** Please make a list of your students who take the alternate assessment based on alternate achievement standards (AA-AAS). The student names can be in any order. Please number those students starting at the top of your list: 1, 2, 3, etc. This list is for your use during the target selection process. **Do not submit this list with your completed survey.**
- STEP 2:** If you have one student who takes the AA-AAS, please complete the rest of survey with this student in mind. If you have two or more students in your classroom(s) or caseload, continue to Step 3.
- STEP 3:** If you have two or more students, look at the table below and find the column that is appropriate for your teaching load. For example, if you teach 5 students in your classroom(s) or caseload, you would use the column labeled “2 to 10 Students”; if you teach 14 students in your classroom(s) or caseload, you would use the column labeled “11 to 25 Students.” Continue to Step 4.
- STEP 4:** Look in the column you identified in Step 3 and find the first number that occurs in the column that appears in your list of assigned numbers from Step 1. Please complete the survey with this student in mind.

Note: Before you move on, make a note to yourself about which student you chose as the target student. **You will need to think only about this student for the rest of the survey.**

2.1 Which of the communication levels listed best reflects the highest level at which the target student currently communicates? (*Check one box*)

<input type="checkbox"/>	Level 1: Has not yet acquired the skills to discriminate between pictures or other symbols (and does not use symbols to communicate). May or may not use objects to communicate. May or may not use idiosyncratic gestures, sounds/vocalizations, and movements/touch to communicate with others. A direct and immediate relationship between a routine activity and the student's response may or may not be apparent. The student may have the capacity to sort very different objects, may be trial and error. Mouthing and manipulation of objects leads to knowledge of how objects are used. May combine objects (e.g., place one block on another).
<input type="checkbox"/>	Level 2: May use some symbols to communicate (e.g., pictures, logos, objects). Beginning to acquire symbols as part of a communication system. May have limited emerging functional academic skills. Representations probably need to be related to the student's immediate environment and needs.
<input type="checkbox"/>	Level 3: Communicates with symbols (e.g., pictures) or words (e.g., spoken words, assistive technology, ASL, home signs). May have emerging or basic functional academic skills. Emerging writing or graphic representation for the purpose of conveying meaning through writing, drawing, or computer keying.

2.2 What is the target student's chronological age? (*Circle one*)

8 9 10 11 12 13 14 15 16 17 18 19 20 21

2.3 What is the target student's assigned grade level? (*Circle one*)

3 4 5 6 7 8 9 10 11 12 Ungraded

2.4 At what grade level is the target student performing? (*Circle one*)

Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12 Ungraded

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- 2.5 Please describe the disability of the target student. Provide the primary disability in the first column. In the second column, provide all disabilities (including the primary disability).

	Primary disability (for IDEA Child Count Reporting) (Check one)	All disabilities (Check all that apply)
Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment/deafness	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>
Speech/language impairment	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment/blindness	<input type="checkbox"/>	<input type="checkbox"/>
Specific learning disability	<input type="checkbox"/>	<input type="checkbox"/>
Serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
Deaf-blindness	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic impairment	<input type="checkbox"/>	<input type="checkbox"/>
Multiple disabilities	<input type="checkbox"/>	
Other health impairment	<input type="checkbox"/>	<input type="checkbox"/>

- 2.6 Is your target student an English language learner?

- Yes
 No

- 2.7 Does your target student use an augmentative communication system in addition to or in place of oral speech?

- Yes
 No

Below, please choose the best description of your target student for each ability area. Choose only one description for each area.

- 2.8 **Receptive Language** (Check one for your target student)

- Independently follows 1-2 step directions presented through words (e.g., words may be spoken, signed, printed, or any combination) and does NOT need additional cues.
 Requires additional cues (e.g., gestures, pictures, objects, or demonstrations/ models) to follow 1-2 step directions.
 Alerts to sensory input from another person (auditory, visual, touch, movement) BUT requires actual physical assistance to follow simple directions.
 Uncertain response to sensory stimuli (e.g., sound/voice; sight/gesture; touch; movement; smell).

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2.9 Vision *(Check one for your target student)*

- Vision within normal limits.
- Corrected vision within normal limits.
- Low vision; uses vision for some activities of daily living.
- No functional use of vision for activities of daily living, or unable to determine functional use of vision.

2.10 Hearing *(Check one for your target student)*

- Hearing within normal limits.
- Corrected hearing loss within normal limits.
- Hearing loss aided, but still with a significant loss.
- Profound loss, even with aids.
- Unable to determine functional use of hearing.

2.11 Motor *(Check one for your target student)*

- No significant motor dysfunction that requires adaptations.
- Requires adaptations to support motor functioning (e.g., walker, adapted utensils, and/or keyboard).
- Uses wheelchair, positioning equipment, and/or assistive devices for most activities.
- Needs personal assistance for most/all motor activities.

2.12 Engagement *(Check one for your target student)*

- Initiates and sustains social interactions.
- Responds with social interaction, but does not initiate or sustain social interactions.
- Alerts to others.
- Does not alert to others.

2.13 Health Issues and Attendance *(Check one for your target student)*

- Attends at least 90% of school days.
- Attends approximately 75% of school days; absences primarily due to health issues.
- Attends approximately 50% or less of school days; absences primarily due to health issues.
- Receives homebound instruction due to health issues.
- Highly irregular attendance or homebound instruction due to issues *other* than health.

2.14 Reading *(Check one for your target student)*

- Reads fluently with critical understanding in print or Braille (e.g., to differentiate fact/opinion, point of view, emotional response).
- Reads fluently with basic (literal) understanding from paragraphs/short passages with narrative/informational texts in print or Braille.
- Reads basic sight words, simple sentences, directions, bullets, and/or lists in print or Braille.

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- Aware of text/Braille, follows directionality, makes letter distinctions, or tells a story from the pictures that is not linked to the text.
- No observable awareness of print or Braille.

2.15 Mathematics (*Check one for your target student*)

- Applies computational procedures to solve real-life or routine word problems from a variety of contexts.
- Does computational procedures with or without a calculator.
- Counts with 1:1 correspondence to at least 10, and/or makes numbered sets of items.
- Counts by rote to 5.
- No observable awareness or use of numbers.

2.16 Who **plans the instruction** for the identified target student in each of the following subject areas? (*Check all that apply*)

	General education teacher	Special education teacher	Para- professional
Reading/English language arts (i.e., reading, writing, and/or communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts (e.g., visual, performing, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and/or physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonacademic content and skills (e.g., life skills, vocational development)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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2.17 Who **delivers instruction** for the identified target student in each of the following subject areas? (*Check all that apply*)

	Primarily delivers instruction:			Others who deliver instruction:		
	General education teacher	Special education teacher	Para-professional	General education teacher	Special education teacher	Para-professional
Reading/English language arts (i.e., reading, writing, and/or communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts (e.g., visual, performing, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and/or physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonacademic content and skills (e.g., life skills, vocational development)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.18 Over the last 30 days, how often did the target student receive instruction in the following content areas? Please note that a single lesson may address multiple content areas simultaneously. (*Check one box in each row*)

	Not at all	<1 time per month	1-3 times per month	1-2 times per week	3+ times per week
Reading/English language arts (i.e., reading, writing, and/or communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts (e.g., visual, performing, music)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and/or physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonacademic content and skills (e.g., life skills, vocational development)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Massachusetts-specific list:

2.19 Over the last 30 days, how often did the target student receive instruction related to the following content standards? Please note that a single lesson may address multiple content standards simultaneously. *(Check one box in each row)*

	Not at all	<1 time per month	1-3 times per month	1-2 times per week	3+ times per week
English/language arts content standards					
Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading and literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics content standards					
Number sense and operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patterns, relations, and algebra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data analysis, statistics, and probability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kansas-specific list:

2.19 Over the last 30 days, how often did the target student receive instruction related to the following content standards? Please note that a single lesson may address multiple content standards simultaneously. *(Check one box in each row)*

	Not at all	<1 time per month	1-3 times per month	1-2 times per week	3+ times per week
Reading content standards					
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing					
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication for social interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics content standards					
Numbers and computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Algebra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NOTE: This page will be removed from your recorded responses. None of your responses will be related to you personally. All results will be analyzed and reported for responses as a group.

To receive the \$35 for completing the survey, please fill out the information below. It will take about three weeks to process the check after the survey is received by SRI.

Name: _____

Address: _____

E-mail: _____

Phone: _____

If you completed the survey on paper, please return it in the postage-paid return envelope. If you completed it online, please follow the online instructions to submit it.

THANK YOU FOR COMPLETING THIS SURVEY!

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