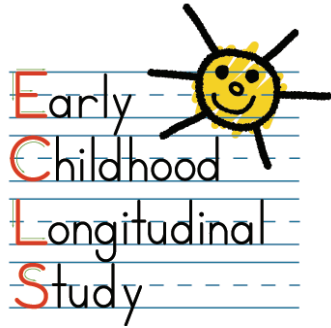


## **Appendix D**

### **Special Education Questionnaires**

# **Special Education Teacher Questionnaire**

**Teacher Level**

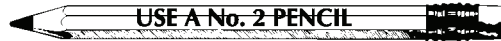


# Special Education Teacher Questionnaire A

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.



L A B E L

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 30 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.

**Note.** This document contains items for the Special Education Teacher Questionnaire, for the Early Childhood Longitudinal Study, Kindergarten 2011 Cohort. The current item pool is comprised of items fielded in the Early Childhood Longitudinal Study, Kindergarten Class of 1998-99 (ECLS-K).

## INTRODUCTION

Dear Special Education Teacher/Related Services Provider,

The **Early Childhood Longitudinal Study Kindergarten Class of 2010-2011 (ECLS-K)** is collecting information from the special education teachers/related service providers of sampled students who have Individual Education Programs (IEPs) to investigate the relationship between the students' achievement and various school, classroom, and home factors. This questionnaire collects information concerning your background and your work with students with disabilities in this school.

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. 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.**