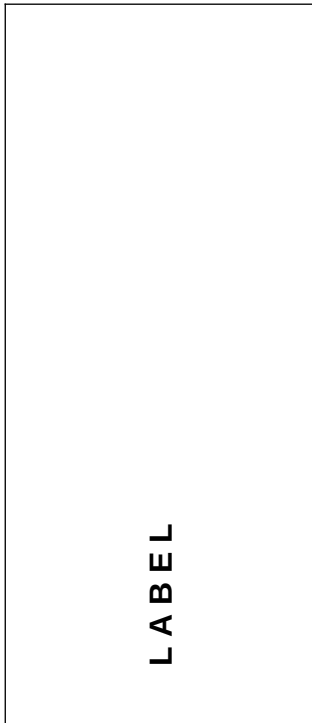


# Spring 2011 Kindergarten Special Education Teacher Questionnaire B Child Level

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

Westat  
1600 Research Boulevard  
Rockville, Maryland 20850-3129



Use a black or blue ball point pen or #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 03/31/2012. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. 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. 20202-4537. 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., Room 9086, Washington,

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.

D.C. 20006-5650.

## **INTRODUCTION**

Dear Special Education Teacher/Related Services Provider,

This questionnaire is an important part of a major longitudinal study of children's early educational experiences beginning with kindergarten and continuing through grade 5. The **Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011 (ECLS-K:2011)** is collecting information from the special education teachers/related service providers of sampled children who have Individual Education Programs (IEPs). We are gathering information from these children's regular classroom teachers as well. Our purpose is to investigate the relationship between the children's academic progress and various school, classroom, teacher, and home characteristics. This questionnaire collects information on the special education/related services received by the child identified on the cover of this questionnaire.

Taking part in the study is voluntary. You may stop at any time or choose not to answer a question you do not want to answer. However, only you can provide this information. Although we realize you are very busy, we urge you to complete this questionnaire as completely and accurately as possible. You may find at least some of the information we are asking for in the child's IEP. All information you provide is being collected for research purposes only and will be protected from disclosure to the fullest extent allowable by law. Information from multiple individuals will be combined to produce statistical reports; no information that identifies you will be included in any reports or provided to students, their parents, or other school staff.

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

**MARKING DIRECTIONS**

**PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN OR A SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE A FELT-TIP PEN.**

**MARKING BOXES**

**It is important that you mark an “X” in the box next to your answers and print clearly.**

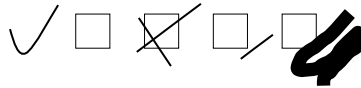
**Shown below is the correct way to mark your answers, along with examples of incorrect ways.**

**Correct Mark:**



**Incorrect Marks:**

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



**How to Change an Answer:**

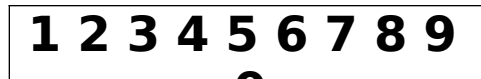
Completely black out the box of the incorrect answer and mark an “X” in the box next to the correct answer.



**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 – 0, and do not write a seven with a line through it like this – 7.**

**Write digits like this:**



**Write words like this:**



1. Is this child currently receiving gifted/talented services through an IEP, or has the child received such services during this school year? MARK ONLY ONE.

- Yes
- No

2. Is this child currently receiving special education services through an IEP, due to a disability, or has the child received such services during this school year? MARK ONLY ONE.

- Yes (Go to Q 3)
- No - (SKIP TO END. IF YOU HAVE NOT ALREADY DONE SO, YOU DO NOT NEED TO COMPLETE SPECIAL EDUCATION TEACHER QUESTIONNAIRE A.)

3. In what capacity or capacities do you teach or provide services to this child? MARK YES OR NO ON EACH ROW.

	Yes	No
a. Provide instruction directly to the child	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide related services directly to the child	<input type="checkbox"/>	<input type="checkbox"/>
c. Provide consultation services directly to the child	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide indirect consultation services (e.g., consultation to the child's teacher)	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide case management	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (PLEASE SPECIFY) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. When was this child first determined eligible for special education or related services? MARK ONLY ONE.

- Before kindergarten
- During kindergarten
- Don't know

5. **Did this child have an IEP during the year prior to kindergarten? MARK ONLY ONE.**

- Yes (**GO TO Q 6**)
- No (**SKIP TO Q 9**)
- Don't know (**SKIP TO Q 9**)

6. **To what extent were you involved in planning the transition from preschool special education for this child? MARK ONLY ONE.**

- Not at all
- Somewhat
- Extensively

7. **To what extent did you communicate with the person(s) who provided preschool special education for this child? MARK ONLY ONE.**

- Not at all
- Somewhat
- Extensively

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

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

**9. What is this child's primary disability as identified on the child's IEP? PLEASE SELECT THE CATEGORY BELOW INTO WHICH THE CHILD'S PRIMARY DISABILITY FITS BEST. MARK ONLY ONE.**

- |   |  |
|---|--|
| <input type="checkbox"/> Speech or language impairments           | <input type="checkbox"/> Orthopedic impairments  |
| <input type="checkbox"/> Specific learning disabilities           | <input type="checkbox"/> Other health impairments  |
| <input type="checkbox"/> Emotional disturbance                    | <input type="checkbox"/> Autism  |
| <input type="checkbox"/> Mental retardation                       | <input type="checkbox"/> Traumatic brain injury  |
| <input type="checkbox"/> Developmental delay                      | <input type="checkbox"/> Deaf-blindness  |
| <input type="checkbox"/> Visual impairments (including blindness) | <input type="checkbox"/> Multiple disabilities (children included in this category should be those who have more than one primary disability which do not include deaf-blindness or developmental delay) |
| <input type="checkbox"/> Hearing impairments (including deafness) | <input type="checkbox"/> No classification is given  |

**10. For which of the following disabilities has this child received special education or related services this school year, whether for the child's primary disability or another of his/her disabilities? MARK YES OR NO ON EACH ROW.**

	Yes	No
a. Speech or language impairments	<input type="checkbox"/>	<input type="checkbox"/>
b. Specific learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>
c. Emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
e. Developmental delay	<input type="checkbox"/>	<input type="checkbox"/>
f. Visual impairments (including blindness)	<input type="checkbox"/>	<input type="checkbox"/>
g. Hearing impairments (including deafness)	<input type="checkbox"/>	<input type="checkbox"/>
h. Orthopedic impairments	<input type="checkbox"/>	<input type="checkbox"/>
i. Other health impairments	<input type="checkbox"/>	<input type="checkbox"/>
j. Autism	<input type="checkbox"/>	<input type="checkbox"/>
k. Traumatic brain injury	<input type="checkbox"/>	<input type="checkbox"/>
l. Deaf-blindness	<input type="checkbox"/>	<input type="checkbox"/>
m. Multiple disabilities (children included in this category should be those who have more than one primary disability which do not include deaf-blindness or developmental delay)	<input type="checkbox"/>	<input type="checkbox"/>
n. No classification given	<input type="checkbox"/>	<input type="checkbox"/>

**11. Has this child received any special education or related services because of a diagnosed Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)?**

- Yes  
 No



The rest of the items in this questionnaire refer to this child's special education experience during the current school year.

12. Which of the following describe(s) the IEP goals for this child during this school year? MARK ALL OF THE AREAS IN WHICH THIS CHILD HAS IEP GOALS.

Academics

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- Reading
- Mathematics
- Language Arts
- Science

Speech and Language

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

Social

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- Social skills
- General appropriateness of behavior

Life Skills

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- Adaptive behavior or self-help skills

Physical/Mobility

---

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

Other (PLEASE SPECIFY)

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**13. Which of the following related services have been provided through the school to this child during this school year? MARK YES OR NO ON EACH ROW.**

	<b>Yes</b>	<b>No</b>
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"/>
m. Other (PLEASE SPECIFY) <input style="width: 250px; height: 30px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. Has this child received any of the following? MARK YES OR NO ON EACH ROW.**

	<b>Yes</b>	<b>No</b>
a. Adaptive physical education	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistance from classroom aides (e.g., teacher aide, behavioral assistant, special education aide)	<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"/>
l. Mental health services, personal/group counseling, therapy, or psychiatric care provided to the child	<input type="checkbox"/>	<input type="checkbox"/>
m. Tutoring/remediation from special education teacher	<input type="checkbox"/>	<input type="checkbox"/>
n. Training, counseling, and other supports/services provided to this child's family	<input type="checkbox"/>	<input type="checkbox"/>

**15. Has this child's primary placement during this school year been a general education classroom? MARK ONLY ONE.**

- Yes  
 No

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

Hours per week

17. Of the hours of direct special education and related services reported above, approximately how many of those hours per week were the instruction/services provided outside of a general education classroom but within the school setting? **WRITE NUMBER IN BOX.**

Hours per week

18. What teaching practices and methods have you and/or other special education service providers used with this child? **MARK ONE ON EACH ROW.**

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

19. Which of the following best describes the curriculum materials used with this child?

**MARK ONE BOX IN THE GENERAL EDUCATION CLASSROOM COLUMN AND ONE BOX IN THE SPECIAL EDUCATION CLASSROOM COLUMN.**

	<b>a. In the general education classroom</b>	<b>b. In the special education classroom/ program</b>
General education curriculum materials were used without modification	<input type="checkbox"/>	<input type="checkbox"/>
General education curriculum materials were used with some modifications	<input type="checkbox"/>	<input type="checkbox"/>
General education curriculum materials were used with substantial modifications	<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"/>
Child not in this setting	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

20. Which of the following assistive technologies and devices has this child used this school year? MARK ALL OF THE ASSISTIVE TECHNOLOGIES THIS CHILD USED.

Child did not use any assistive technologies

**Mobility aids**

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- Vans, vehicles
- Wheelchair
- White cane

**Learning aids (non-computer)**

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- Tape recorder
- Calculator
- Electronic spelling devices

**Communication aids**

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

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

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- Used solely by individual child
- Shared with other children

**Hearing assistance**

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

**Computer software designed for children with disabilities**

---

- Reading
- Writing
- Mathematics

**Visual aids**

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

**Other assistive technologies or devices (PLEASE SPECIFY)**

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

- Yes
- No

**22. On average, how often have you met with general education teacher(s) to discuss this child's program or progress during this school year? MARK ONLY 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 Q 24)**
- Not applicable to my work with this child **(SKIP TO Q 24)**

**23. On average, how long were the meetings with the general education teacher(s) to discuss this child's program or progress? MARK ONLY ONE.**

- 1 to 15 minutes
- 16 to 30 minutes
- 31 to 45 minutes
- 46 to 60 minutes
- More than 60 minutes

**24. Approximately how often have you communicated with this child's parents during this school year about this child's program or progress (by phone, in person, or in writing, including e-mail)? MARK ONLY 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

**25. During this school year, has this child received formal individual evaluations in any of the following areas for purposes of developing IEP goals? MARK YES OR NO ON EACH ROW.**

	<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"/>
h. Other (PLEASE SPECIFY) <input style="width: 250px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>



26. **To what extent is this child expected to achieve the same general education goals as other children at his/her grade level? MARK ONLY ONE.**
- Child is expected to attain grade level achievement for all of the academic content standards.
  - Child is expected to attain grade level achievement for some of the academic content standards.
  - Child is expected to attain grade level achievement for only a few of the academic content standards.
  - Child is 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
27. **What percentage of this child's current IEP goals have been met or nearly met at this point in the school year? MARK ONLY ONE.**
- 76 to 100 percent
  - 51 to 75 percent
  - 26 to 50 percent
  - 1 to 25 percent
  - Zero percent
28. **Which of the following best expresses the likelihood that this child will continue to receive some level of special education services (through an IEP) in the next school year? MARK ONLY 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
  - Very unlikely to continue in special education
  - Definitely will **not** continue in special education (will be dismissed from services)
29. **To what extent has this child participated in any grade-level assessment administered as part of the school's testing program during the current school year? MARK ONLY ONE.**

- Child did not participate in the school's testing or assessment program.
- Child participated in alternate assessments and no regular assessments.
- Child participated in some alternate assessments and some regular assessments.
- Child participated fully in the school's testing or assessment program.
- There is no testing or assessment program at this grade level.
- Don't know

**Date questionnaire completed:**

		<b>2011</b>
<b>MONTH</b>	<b>DAY</b>	<b>YEAR</b>

**THANK YOU FOR YOUR COOPERATION**