

OMB 1820-0530  
Expires 07/31/2007

UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES  
OFFICE OF SPECIAL EDUCATION PROGRAMS (OSEP)

IDEA Part D Personnel Development  
General Instructions

**Student Data Report**

Paperwork Burden Statement

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 OMB 1820-0530. The time required to complete this information collection is estimated to average 8 hours per grantee, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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. 20202-4651. Also, if you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Special Education Programs, U.S. Department of Education, Personnel Development Program, 550 12<sup>th</sup> Street SW, Room 4153, Washington, D.C. 20065.

Authorization: IDEA, Part D, Section 661

Due Date: 60 days after budget period end date

Sampling Allowed: No

Contact: Dr. Bonnie D. Jones  
Personnel Development Program  
Office of Special Education Programs  
(202) 245-7395

This Performance Report is to be completed annually by all grantees and contractors supported under the Individuals with Disabilities Education Act (IDEA), Personnel Development to Improve Services and Results for Children with Disabilities, CFDA No. 84.325. The Performance Report is divided into two parts. Part I—Grant Identification and Part II—Preservice Personnel Data. The purpose statement is provided, followed by general instructions for completing the survey.

The Student Data Report must be completed online at [www.OSEPPPD.org](http://www.OSEPPPD.org). Except for the cover sheet, no paper forms will be accepted. See the General Instructions, Part I for guidance on submitting the cover sheet.

## **Purpose of the Data Collection**

The Office of Special Education Program's (OSEP) Personnel Development to Improve Services and Results for Children with Disabilities is one of the largest pre-service grant programs in the Department of Education. In order to ensure that OSEP is meeting the needs of children with disabilities and their families, OSEP needs to collect data on the results of funding institutions of higher education in terms of the number and characteristics (e.g., minority status, related professional experience) of professionals trained and the grant outcomes (e.g., training completion, certification, employment in area supported by training). These data are being collected to assess program effectiveness and efficiency and to meet the reporting requirements of the Government Performance and Results Act (GPRA) and the Program Assessment Rating Tool (PART). The data will provide annual information on students supported under OSEP personnel preparation grants within and across personnel categories, including special educators certified to teach various specific disability categories, speech-language pathologists, related service personnel, preschool service providers, and paraprofessionals.

Results of the data will be used in the following ways: a) to suggest actions at the national level that can improve the supply of personnel who serve children and youth with disabilities; b) to inform the activities and priorities specific to personnel preparation conducted by the U.S. Department of Education; c) to determine variation in personnel preparation and factors related to that variation; and d) to evaluate the outcomes of the IDEA and the OSEP performance measures under GPRA and PART.

## **General Instructions**

### Part I—Grant Identification

Part I consists of standard grant identification. Please review all information in Part I. Complete any missing information and make any necessary corrections to this information on the website. Print the cover sheet, provide the required signatures (Project Director and Certifying Representative) and fax it to Dr. Bonnie D. Jones at (202) 245-7619. The certifying official is the same as the "Authorized Representative" who signed the SF-424, the Federal cover sheet on your original proposal for the grant.

### Part II—Annual Performance Report—Preservice Personnel Data

Report only those students enrolled in this OSEP-supported training grant. Please complete Part II for each student who was enrolled on this grant during the grant budget year or no cost extension period indicated on page 1 of Part I. This survey excludes students whose salary or tuition support on this grant was provided as compensation for work on the grant (i.e., graduate assistants). Students receiving scholarship support under the Part D Personnel Preparation Program should not be required to work for that support unless such work is required of all students enrolled in the grant coursework whether or not they are receiving scholarship support.

Part II is divided into six sections.

Section A collects information on student characteristics;

Section B collects information on the student's training and employment prior to enrollment in this OSEP-supported training grant;

Section C collects information about the characteristics of the student's current grant-supported training;

Section D collects information about the student's outside employment during his/her grant-supported training. Information requested under Section D should be completed for those supported students who are working in positions other than work that is a training requirement;

Section E collects the student's training status information at the time of the student's graduation or exit from this grant-supported training; and

Section F collects the student's employment information at the time of the student's graduation or exit from the grant-supported training.

The form has been designed to be a *cumulative reporting record* that captures student-level information. That is, it is a record of a student's history in the grant-supported training from the time he/she enters through exiting, either by meeting the grant's requirements or by dropping out of the grant-supported training. Not all sections need to be completed each year the student is enrolled. Sections A and B are to be completed when the student enters the grant-supported training and will not change throughout the student's enrollment in the grant-supported training. Sections C and D should be updated annually. Section E is to be completed for each student when the student exits the grant-supported training (either through graduation or non-completion), receives a lower-level degree or certification and continues to participate in the program, or when the grant ends. Section F is to be completed just once for each student when the student exits the grant-supported training or when the grant ends.

### **Assuring Confidentiality**

When transmitting the information to OSEP or its contractor, please be careful not to send student names or Social Security Numbers. Each student must be assigned by the grantee a 3-digit Grant Award Student Identification Number as identified in Part II, Section A, question number 1. Please use numbers, not letters, as letters (i.e., initials) may identify an individual student. Each institution must maintain a listing of identification numbers assigned to each student in order to provide updated information on students from year to year. Maintain each student's identification number throughout his or her years of grant support on this project. Only aggregate data will be reported by OSEP.

U.S. Department of Education  
Office of Special Education and  
Rehabilitative Services  
Office of Special Education Programs

**Part I Grant Identification  
IDEA Part D Personnel Preparation**

**This cover sheet must be signed and returned by fax to Dr. Bonnie D. Jones at (202) 245-7619 within 60 days from your grant budget year end date listed below, after you have completed data entry for all students.**

**Part I Cover Sheet**

**Grant Number:** \_\_\_\_\_

Grant Budget Year: From \_\_\_\_\_ To \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

No Cost Extension Period: From \_\_\_\_\_ To \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

**Name of Agency (Grantee) and Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

**Descriptive Title of the Grant:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

**Project Director Information:**

\_\_\_\_\_  
**Printed Name** (INFORMATION WILL BE PRINTED FOR RESPONDENT)

\_\_\_\_\_  
**Signature**

Telephone Number: (INFORMATION WILL BE PRINTED FOR RESPONDENT) Facsimile Number: (INFORMATION WILL BE PRINTED FOR RESPONDENT)

Electronic-mail Address: (INFORMATION WILL BE PRINTED FOR RESPONDENT)

\_\_\_\_\_  
**Printed Name and Title of Certifying Representative**

\_\_\_\_\_  
**Signature of Certifying Representative**

This information was downloaded from OSEP's Grant Data system. Please make any additions or corrections directly on the web site.

## Part II: Section A. Student Characteristics

Enter the following information about each new student at entry to this grant-supported training.

1. Enter the three-digit institution-assigned **Student Identification Number** (*do NOT use Social Security Numbers*): (*The Student Identification Number must be 3 digits. Use numbers only.*) Maintain this identification number for this student throughout this grant.

(Grant Award Number)




(Student ID Number)

Note: When you are submitting these data online, the Grant Award Number will appear at the top of the Main Menu screen. The 3-digit student ID number will appear at the top of each data entry screen. In order to enter data online for new students, you must enter the 3-digit ID number by clicking the "Add New Student" option located on the Main Menu. **Do not** create a new ID number for any continuing student, that is, any student who was reported in the previous budget year's data report. You must enter data on continuing students already in the system by clicking on the Continuing Student List option located on the Main Menu and then choosing the student's 3-digit ID number from the list.

- 
2. Date of this student's enrollment in this institution's OSEP-supported training program:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/yyyy

- 
3. **Gender** of student:

- Female
- Male

- 
4. Is this student of Hispanic or Latino origin?

- Yes
- No

- 
5. **Race** of student: (*Check all that apply*)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

- 
6. Does this student have a **disability**?

- Yes
- No
- Unknown

## Part II: Section A. Student Characteristics

7. **Age** range of student:
- Under 21
  - 21-29
  - 30-39
  - 40-49
  - 50 and Over

## Part II: Section B. Training and Employment Background at Entry Into This Grant-Supported Training

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

This section collects information pertaining to the student's academic and employment background at the time the student entered this grant-supported training.

- 
1. Check the **degree(s) or certificate(s) or endorsement(s)** the student held when he/she entered this grant-supported training: *(Check all that apply)*
- High School Diploma or equivalency *(Go to question #4)*
  - Associate Degree
  - Bachelors Degree
  - Masters Degree
  - Educational Specialist
  - Doctoral Degree
  - Post-Doctoral Degree
  - State or Professional Credential/Certificate
  - State-issued Endorsement
  - Grantee-issued Endorsement

**Part II: Section B. Training and Employment Background at Entry Into This Grant-Supported Training (continued)**

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

2a. If student was granted a degree/certificate prior to entry into this grant-supported training, the **area(s)** was: *(Check all that apply)*

- General Education *(If General Education only, go to question #3)*
- Special Education or Related Service *(Select training area under 2b below)*
- Outside the field of Education *(If Outside of the Field of Education only, go to question #4)*

2b. If special education or related services is checked under 2a above, select one special education or related services training area that best describes the focus of the student's degree/certificate prior to entry into this grant supported training.

Training Area	<b>I. Special Education</b>	Training Area	<b>II. Related Services</b>
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>		<input type="checkbox"/>	Speech/language
<input type="checkbox"/>		<input type="checkbox"/>	Social work
<input type="checkbox"/>		<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>		<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Mental retardation: mild/moderate		
<input type="checkbox"/>	Mental retardation: severe		
<input type="checkbox"/>	Other health impairment		
<input type="checkbox"/>	Physical impairment/orthopedic impairment		
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive Technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Inclusive/collaborative practices		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Transition		



## Part II: Section B. Training and Employment Background at Entry Into This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

- 2c. If appropriate, select up to three additional training areas to provide more detailed information about the student's focus of training prior to entry into this grant supported training.

Training Area	<b>I. Special Education</b>	Training Area	<b>II. Related Services</b>
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>		<input type="checkbox"/>	Speech/language
<input type="checkbox"/>	Mental retardation: mild/moderate	<input type="checkbox"/>	Social work
<input type="checkbox"/>	Mental retardation: severe	<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>	Other health impairment	<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Physical impairment/orthopedic impairment		
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive Technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Inclusive/collaborative practices		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Transition		

## Part II: Section B. Training and Employment Background at Entry Into This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

- 
3. If prior training was in special education, education or related services, what **age(s) or grades** of children was the student trained to provide direct or indirect services to? (*Check one*)
- Early intervention (infants and toddlers)
  - Early childhood (preschool, age 3 – 5, age 3 – 8)
  - Birth through age 8
  - Elementary (grades K – 6<sup>th</sup>, grades K – 8<sup>th</sup>, PreK - 6<sup>th</sup>, Pre-K – 8<sup>th</sup>)
  - Middle/Jr. High School (grades 6<sup>th</sup> – 8<sup>th</sup>, grades 7<sup>th</sup> – 9<sup>th</sup>)
  - High School (grades 9<sup>th</sup> – 12<sup>th</sup>, grades 10<sup>th</sup> – 12<sup>th</sup>)
  - Junior/senior high combined
  - Grades K – 12<sup>th</sup>
  - Birth through young adult (birth – age 21, birth – age out)
  - Adolescents through post-secondary age/young adult
  - Post-secondary age/young adult (18 – 22 years, 18 – 25 years)
  - Adults with disabilities
  - All ages, birth through adulthood
- 
4. Was the student **employed** during the academic year, prior to entry into this grant-supported training?
- Yes  No (*If selected, go to Section C*)
- 
5. In what **state** was the student working? \_\_\_\_ \_\_\_\_ (*State abbreviation*)  
(*Use online pull down box to select state abbreviation or the outside of the country option*)
- 
6. Choose one type of **employment** that best describes the pre-entry position of this student:
- Special education teacher
  - General education teacher (not special education)
  - Early intervention, early childhood or preschool provider
  - Special education paraprofessional/aide
  - General education paraprofessional/aide (not special education)
  - Early intervention, early childhood or preschool paraprofessional/aide
  - Related or supportive services in early intervention, early childhood or in a school setting
  - Related or supportive services in a non-school setting (e.g., adult services)
  - Administrator/coordinator
  - Higher education (e.g., faculty, research assistant, practicum coordinator)
  - Outside the field of education (*If selected, go to Section C*)

## Part II: Section B. Training and Employment Background at Entry Into This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

7. What **age(s) or grades** of children did the student provide direct or indirect services to in this pre-entry position? *(Check one)*

- Early intervention (infants and toddlers)
- Early childhood (preschool, age 3 – 5, age 3 – 8)
- Birth through age 8
- Elementary (grades K – 6<sup>th</sup>, grades K – 8<sup>th</sup>, PreK - 6<sup>th</sup>, Pre-K – 8<sup>th</sup>)
- Middle/Jr. High School (grades 6<sup>th</sup> – 8<sup>th</sup>, grades 7<sup>th</sup> – 9<sup>th</sup>)
- High School (grades 9<sup>th</sup> – 12<sup>th</sup>, grades 10<sup>th</sup> – 12<sup>th</sup>)
- Junior/senior high combined
- Grades K – 12<sup>th</sup>
- Birth through young adult (birth – age 21, birth – age out)
- Adolescents through post-secondary age/young adult
- Post-secondary age/young adult (18 – 22 years, 18 – 25 years)
- Adults with disabilities
- All ages, birth through adulthood

8. Was this student {highly qualified/qualified/fully certified} for this position under IDEA and/or No Child Left Behind? {Highly qualified/Qualified/Fully certified} for purposes of this data collection means that the student meets the state requirements, if there are requirements in your state, for certification/licensure for this position?

- {Highly qualified/Qualified/Fully certified}
- {Not highly qualified/Not qualified/Not fully certified}

[Note: If the position was an elementary or secondary general education/special education teacher, use “highly qualified;” if the position is general education/special education paraprofessional/aide or early intervention, early childhood or preschool paraprofession/aide, use “qualified;” or if the position was for related or supportive services in a school setting, or for teacher, related services, or supportive services in early intervention, early childhood, use “fully certified.”]

## Part II: Section C. Current Training Information

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

Complete this section for each student supported during this grant budget year.

**Note: Section C must be completed for new and continuing students who were enrolled in the grant program during the current budget year.**

- 
1. During this grant budget year, the student was considered by your institution to be a:
- Full-time student, even if the student worked full-time or part-time
  - Part-time student (anything less than full-time)
- 
2. Specify the total amount of **funding** this student has received directly from this OSEP-supported training grant during this grant budget year. In calculating the total amount, include any monies used for tuition and fees, student stipends and books, and travel in conjunction with training assignments. Please enter 0 for a student that was enrolled in the grant program but did not receive funding.
- \$ \_\_\_\_\_ (Round to the nearest dollar amount)
- 
3. What **age(s) or grades** of children is the student training to provide direct or indirect services to? (*Check one*)
- Early intervention (infants and toddlers)
  - Early childhood (preschool, age 3-5, age 3-8)
  - Birth through age 8
  - Elementary (K – 6<sup>th</sup>, K – 8<sup>th</sup>, PreK - 6<sup>th</sup>, Pre-K – 8<sup>th</sup>)
  - Middle/Jr. High School (grades 6<sup>th</sup> – 8<sup>th</sup>, grades 7<sup>th</sup> – 9<sup>th</sup>)
  - High School (grades 9<sup>th</sup> – 12<sup>th</sup>, grades 10<sup>th</sup> – 12<sup>th</sup>)
  - Junior/senior high combined
  - Grades K – 12<sup>th</sup>
  - Birth through young adult (birth – age 21, birth – age out)
  - Adolescents through post-secondary age/young adult
  - Post-secondary age/young adult (18 – 22 years, 18 – 25 years)
  - Adults with disabilities
  - All ages, birth through adulthood
- 
4. Check the **degree(s) or certificate(s) or endorsement(s)** the student is pursuing through this special education or related services training grant: (*Check all that apply*)
- Associate Degree
  - Bachelors Degree
  - Masters Degree
  - Educational Specialist
  - Doctoral Degree
  - Post-Doctoral Degree
  - State or Professional Credential/Certificate
  - State-issued Endorsement
  - Grantee-issued Endorsement
  - Course completion only, no degree(s), certificate(s), or endorsement(s) will be awarded when the student completes the OSEP grant-supported training

## Part II: Section C. Current Training Information (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

5a. Select one special education and/or related services training area that best describes the training focus for which the student is receiving support on the grant.

Training Area	I. Special Education	Training Area	II. Related Services
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Mental retardation: mild/moderate	<input type="checkbox"/>	Speech/language
<input type="checkbox"/>	Mental retardation: severe	<input type="checkbox"/>	Social work
<input type="checkbox"/>	Other health impairment	<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>	Physical impairment/orthopedic impairment	<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive Technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Inclusive/collaborative practices		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Transition		

Notice to 325D (Leadership) grantees: If the special education and related services areas above are not appropriate for the training focus of your grant, please provide a brief description of the student's training focus below.

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## Part II: Section C. Current Training Information (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

5b. If appropriate, select up to three additional training areas to provide more detailed information about the student's focus of training.

Training Area	<b>I. Special Education</b>	Training Area	<b>II. Related Services</b>
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>		<input type="checkbox"/>	Speech/language
<input type="checkbox"/>		<input type="checkbox"/>	Social work
<input type="checkbox"/>		<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>		<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Mental retardation: mild/moderate		
<input type="checkbox"/>	Mental retardation: severe		
<input type="checkbox"/>	Other health impairment		
<input type="checkbox"/>	Physical impairment/orthopedic impairment		
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive Technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Inclusive/collaborative practices		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Transition		

## Part II: Section C. Current Training Information (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

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6. At the close of this grant budget year, the student was:
- A student who completed the training supported by this grant. *(Complete Section D, then go to Section E and complete questions 1 – 9, then complete Section F.)*
  - A student who did not complete this OSEP-supported training and is expected to continue training during the next budget year. *(Complete Section D, then end survey.)*
  - A student who did not complete this OSEP-supported training and will not be continuing training during the next budget year. *(Complete Section D, then go to Section E and complete questions 10 – 12, then complete Section F.)*
  - A student who received certification or a lower-level degree while funded by this OSEP-supported training grant, and will continue participation in this OSEP-supported training grant to pursue an additional certification, endorsement, or a degree. *(Complete Section D, then go to Section E and complete questions 1-9, then end survey.)*

Note: The web-based system will automatically transfer you to the correct section and question number based on your response to this question.

## Part II: Section D. Employment Information During Grant Budget Year

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

This section collects information about the student's employment during this grant budget year. Complete for all students.

**NOTE: Section D must be completed for new and continuing students who were enrolled in the grant program during the current budget year.**

1. Was this student **employed** during this grant budget year? Employed students are students working in positions other than work that is a training requirement.
  - Yes
  - No (*Go to Section E, if applicable*)

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2. If yes, enter the **average number of hours** per week this student was employed:  
(*Round to the nearest hour*)

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3. Is this **position**:
  - Same position held before entry to this grant-supported training (*Go to Section E, if applicable. Otherwise end survey.*)
  - For continuing students only, same position held in previous budget year (*Go to Section E, if applicable. Otherwise end survey.*)
  - Different or new position (*Proceed to question #4*)

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4. Choose **one type** of employment that best describes this student's position:
  - Special education teacher
  - General education teacher (not special education)
  - Early intervention, early childhood or preschool provider
  - Special education paraprofessional/aide
  - General education paraprofessional/aide (not special education)
  - Early intervention, early childhood or preschool paraprofessional/aide
  - Related or supportive services in early intervention, early childhood or in a school setting
  - Related or supportive services in a non-school setting (e.g., adult services)
  - Administrator/coordinator
  - Higher education (e.g., faculty, research assistant, practicum coordinator)
  - Outside the field of education (*if selected, go to Section E if applicable. Otherwise end survey.*)

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5. If the student is employed in education, special education or related services, what **age(s) or grades** of children does the student provide direct or indirect services to? (*Check one*)
  - Early intervention (infants and toddlers)
  - Early childhood (preschool, age 3 – 5, age 3 – 8)
  - Birth through age 8
  - Elementary (grades K – 6<sup>th</sup>, grades K – 8<sup>th</sup>, PreK – 6<sup>th</sup>, PreK – 8<sup>th</sup>)
  - Middle/Jr. High School (grades 6<sup>th</sup> – 8<sup>th</sup>, grades 7<sup>th</sup> – 9<sup>th</sup>)
  - High School (grades 9<sup>th</sup> – 12<sup>th</sup>, grades 10<sup>th</sup> – 12<sup>th</sup>)
  - Junior/senior high combined
  - Grades K – 12<sup>th</sup>
  - Birth through young adult (birth – age 21, birth – age out)
  - Adolescents through post-secondary age/young adult
  - Post-secondary age/young adult (18 – 22 years, 18 – 25 years)
  - Adults with disabilities
  - All ages, birth through adulthood

## Part II: Section D. Employment Information During Grant Budget Year



Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

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6. Is this student {highly qualified/qualified/fully certified} for this position under IDEA and/or No Child Left Behind? {Highly qualified/Qualified/Fully certified} for purposes of this data collection means that the student meets the state requirements, if there are requirements in your state, for certification/licensure for this position?
- {Highly qualified/Qualified/Fully certified}
  - {Not highly qualified/Not qualified/Not fully certified}

[Note: If the position was an elementary or secondary general education/special education teacher, use "highly qualified;" if the position is general education/special education paraprofessional/aide or early intervention, early childhood or preschool paraprofession/aide, use "qualified;" or if the position was for related or supportive services in a school setting, or for teacher, related services, or supportive services in early intervention, early childhood, use "fully certified."]

## Part II: Section E. Student Training Status Information at Exit From This Grant-Supported Training

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

This section collects information about the student's training status (either through completion or non-completion) at exit from this grant-supported training or at the time a student receives a lower-level degree or certificate.

**NOTE:** Questions 1 – 9 below should be answered only for those students who have completed this grant-supported training or who have received a lower-level degree or certificate and will continue to participate in this grant-supported training. Exception: 325D (Leadership) grantees should not complete questions 4-9 for their students.

1. List the date the student completed this grant-supported training or received a lower-level degree or certificate:

\_\_\_\_/\_\_\_\_  
mm/yyyy

2. What **degree(s) or certificate(s) or endorsement(s)** did this student receive as a result of completing this grant-supported training: *(Check all that apply)*

- Associate Degree
- Bachelors Degree
- Masters Degree
- Educational Specialist
- Doctoral Degree
- Post-Doctoral Degree
- State or Professional Credential/Certificate
- State-issued Endorsement
- Grantee-issued Endorsement
- Course completion only, no degree(s), certificate(s), or endorsement(s) will be awarded when the student completes the OSEP grant-supported training

## Part II: Section E. Student Training Status Information at Exit From This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

- 3a. Select one special education and/or related services training area that best describes the training focus of the **degree(s) or certificate(s) or endorsements(s)** that this student received from this grant-supported training.

Training Area	I. Special Education	Training Area	II. Related Services
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Mental retardation: mild/moderate	<input type="checkbox"/>	Speech/language
<input type="checkbox"/>	Mental retardation: severe	<input type="checkbox"/>	Social work
<input type="checkbox"/>	Other health impairment	<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>	Physical impairment/orthopedic impairment	<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive Technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Inclusive/collaborative practices		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Transition		

Notice to 325D (Leadership) grantees: If the special education and related services areas above are not appropriate for the training focus of your grant, please provide a brief description of the training focus of the student's **degree(s) or certificate(s) or endorsements(s)** below.

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## Part II: Section E. Student Training Status Information at Exit From This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

3b. If appropriate, select up to three additional training areas to provide more detailed information about the student's focus of training.

Training Area	<b>I. Special Education</b>	Training Area	<b>II. Related Services</b>
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Mental retardation: mild/moderate	<input type="checkbox"/>	Speech/language
<input type="checkbox"/>	Mental retardation: severe	<input type="checkbox"/>	Social work
<input type="checkbox"/>	Other health impairment	<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>	Physical impairment/orthopedic impairment	<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive Technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Inclusive/collaborative practices		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Transition		

## Part II: Section E. Student Training Status Information at Exit From This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

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4. Did this student take the Praxis II Special Education exam, or another measure that demonstrates knowledge and skills, during the current fiscal year?

- Yes, the student took the Praxis II Special Education exam. *(If selected, go to Question 5)*
- Yes, the student took another measure that demonstrates knowledge and skills. *(If selected, go to Question 9)*
- No *(If selected, go to Section F)*
- Don't Know *(If selected, go to Section F)*

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5a. What was the student's score on the Praxis II Special Education exam? \_\_\_\_\_

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5b. What was the Praxis II test code number for the exam the student took? \_\_\_\_\_

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6. Is this student's score on the Praxis II Special Education exam considered passing in your state?

- Yes
- No
- Don't Know

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7. Did the student take the Praxis II Special Education exam more than once in order to pass?

- Yes
- No
- Don't Know

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8. Did the student take any other exam(s) or measure(s) that demonstrate knowledge and skills during this fiscal year?

- Yes *(If selected, go to Question 9)*
- No *(If selected, go to Section F)*
- Don't Know *(If selected, go to Section F)*

## Part II: Section E. Student Training Status Information at Exit From This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

9. Please type in the name(s) of the exam(s) or measure(s) that demonstrate knowledge and skills that the student took during this fiscal year. Then provide the student's score on each exam or measure. Indicate whether this score is considered passing in your state and if the student took the test more than once to pass.

Name of exam or measure	Student's Score	Is this score passing in your state?	Did the student take this test more than once to pass?
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

**Note: The web-based system will automatically transfer you to Section F once you have completed this question.**

## Part II: Section E. Student Training Status Information at Exit From This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

**NOTE:** Questions 10 – 12 below should be answered only for those students who did not complete this grant-supported training.

10. List the date of the student's exit, if the student is no longer enrolled. If the student is exiting prior to completion due to grant ending, list the date the student stopped receiving grant-supported training.

\_\_\_\_/\_\_\_\_  
mm/yyyy

11. What are the **reason(s)** that the student is no longer enrolled in this grant-supported training? (*Check all that apply*)

- Transferred to another training program in special education or related services
- Transferred to another program not in special education or related services
- Financial stress or burden
- Health (physical/emotional) of self or family member
- Moved
- Obtained employment
- Other personal reasons
- Poor academic performance
- Poor practicum/field-based performance
- Grant support terminated due to grant ending

12. Is it expected that the student will be enrolled in this grant-supported training at a future date?

- Yes
- No
- Don't know

## Part II: Section F. Student Employment Status at Exit From This Grant-Supported Training

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

This section collects information about the student's employment status at exit from this grant-supported training.

- 
1. Is this student currently **employed** or under contract for the upcoming school year?
- Yes (*Proceed to question #2*)
  - No (*End survey*)
  - Don't know (*End survey*)
- 
2. In what **state** is the student working? \_\_\_\_\_ (*State abbreviation*)  
(*Use the online pull down box to select state abbreviation or outside the country option.*)
- 
3. Was this the same **position** held: (*Check all that apply*)
- Before entry to this grant-supported training (*If selected, go to question #6*)
  - During this grant budget year (*If selected, go to question #6*)
  - New position (*If selected, go to question #4*)
- 
4. Choose one type of employment that best describes this student's position:
- Special education teacher
  - General education teacher (not special education) (*If selected, go to question #5, then end survey*)
  - Early intervention, early childhood or preschool provider
  - Special education paraprofessional/aide
  - General education paraprofessional/aide (not special education) (*If selected, go to question #5, then end survey*)
  - Early intervention, early childhood or preschool paraprofessional/aide
  - Related or supportive services in early intervention, early childhood or in a school setting
  - Related or supportive services in a non-school setting (e.g., adult services) (*If selected, go to questions #5 and #6, then end survey*)
  - Administrator/coordinator (*If selected, go to questions #5 and #6, then end survey*)
  - Higher education (e.g., faculty, research assistant, practicum coordinator) (*If selected, go to questions #5 and #6, then end survey*)
  - Outside the field of education (*If selected, end survey*)



## Part II: Section F. Student Employment Status at Exit From This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

5. What **age(s) or grade levels** of children is the student providing direct or indirect services to?  
(Check one)

- Early intervention (infants and toddlers)
- Early childhood (preschool, age 3 – 5, age 3 – 8)
- Birth through age 8
- Elementary (grades K – 6<sup>th</sup>, grades K – 8<sup>th</sup>, PreK – 6<sup>th</sup>, PreK – 8<sup>th</sup>)
- Middle/Jr. High School (grades 6<sup>th</sup> – 8<sup>th</sup>, grades 7<sup>th</sup> – 9<sup>th</sup>)
- High School (grades 9<sup>th</sup> – 12<sup>th</sup>, grades 10<sup>th</sup> – 12<sup>th</sup>)
- Junior/senior high combined
- Grades K – 12<sup>th</sup>
- Birth through young adult (birth – age 21, birth – age out)
- Adolescents through post-secondary age/young adult
- Post-secondary age/young adult (18 – 22 years, 18 – 25 years)
- Adults with disabilities
- All ages, birth through adulthood

## Part II: Section F. Student Employment Status at Exit From This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

6a. If the completed student is employed in special education, select one special education and/or related services training area that best describes the student's position.

Training Area	I. Special Education	Training Area	II. Related Services
<input type="checkbox"/>	General special education, cross-categorical, generic, multi-categorical, or non-categorical	<input type="checkbox"/>	Audiology
<input type="checkbox"/>	General special education, mild or moderate	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Low incidence disabilities/multiple disabilities/severe disabilities	<input type="checkbox"/>	Educational diagnostician
<input type="checkbox"/>	Combined studies: general education and special education	<input type="checkbox"/>	Interpreter/ASL
<input type="checkbox"/>	Developmental delay	<input type="checkbox"/>	Music therapy
<input type="checkbox"/>	Specific learning disabilities	<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Speech/language impairment	<input type="checkbox"/>	Occupational therapy
<input type="checkbox"/>	Emotional disturbance/behavioral disorders	<input type="checkbox"/>	Orientation & mobility
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Paraprofessional
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Physical therapy
<input type="checkbox"/>	Deafness and/or hard-of-hearing	<input type="checkbox"/>	Rehabilitation counseling
<input type="checkbox"/>	Visual impairment and/or blindness	<input type="checkbox"/>	School counseling
<input type="checkbox"/>	Deaf/blindness	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Mental retardation: mild/moderate	<input type="checkbox"/>	Speech/language
<input type="checkbox"/>	Mental retardation: severe	<input type="checkbox"/>	Social work
<input type="checkbox"/>	Other health impairment	<input type="checkbox"/>	Therapeutic recreation
<input type="checkbox"/>	Physical impairment/orthopedic impairment	<input type="checkbox"/>	Work experience coordinator (Employment transition specialist)
<input type="checkbox"/>	Adapted physical education		
<input type="checkbox"/>	Assistive technology		
<input type="checkbox"/>	Bilingual special education/ESL/TESOL		
<input type="checkbox"/>	Early childhood/early intervention		
<input type="checkbox"/>	Inclusive/collaborative practices		
<input type="checkbox"/>	Special education for youth in correctional facilities		
<input type="checkbox"/>	Transition		

Notice to 325D (Leadership) grantees: If the special education and related services areas above are not appropriate to describe the student's position, please provide a brief description of the student's position below.

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## Part II: Section F. Student Employment Status at Exit From This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_

(INFORMATION WILL BE PRINTED FOR RESPONDENT)

6b. If appropriate, select up to three additional training areas to provide more detailed information about the student's position.

Training  
Area

### I. Special Education

- General special education, cross-categorical, generic, multi-categorical, or non-categorical
- General special education, mild or moderate
- Low incidence disabilities/multiple disabilities/severe disabilities
- Combined studies: general education and special education
- Developmental delay
- Specific learning disabilities
- Speech/language impairment
- Emotional disturbance/behavioral disorders
- Autism
- Traumatic brain injury
- Deafness and/or hard-of-hearing
- Visual impairment and/or blindness
- Deaf/blindness
  
- Mental retardation: mild/moderate
- Mental retardation: severe
- Other health impairment
- Physical impairment/orthopedic impairment
- Adapted physical education
- Assistive Technology
- Bilingual special education/ESL/TESOL
- Early childhood/early intervention
- Inclusive/collaborative practices
- Special education for youth in correctional facilities
- Transition

Training  
Area

### II. Related Services

- Audiology
- Counseling
- Educational diagnostician
- Interpreter/ASL
- Music therapy
- Nursing
- Occupational therapy
- Orientation & mobility
- Paraprofessional
- Physical therapy
- Rehabilitation counseling
- School counseling
- Psychology
- Speech/language
- Social work
- Therapeutic recreation
- Work experience coordinator  
(Employment transition specialist)

## Part II: Section F. Student Employment Status at Exit From This Grant-Supported Training (continued)

Grant Award and Student Identification Number: \_\_\_\_\_ (INFORMATION WILL BE PRINTED FOR RESPONDENT)

7. Is this student {highly qualified/qualified/fully certified} for this position under IDEA? {Highly qualified/Qualified/Fully certified} for purposes of this data collection means that the student meets the state requirements, if there are requirements in your state, for certification/licensure for this position?

- {Highly qualified/Qualified/Fully certified}
- {Not highly qualified/Not qualified/Not fully certified}

[Note: If the position was an elementary or secondary special education teacher, use “highly qualified;” if the position is special education paraprofessional/aide or early intervention, early childhood or preschool paraprofession/aide, use “qualified;” or if the position was for related or supportive services in a school setting, or for teacher, related services, or supportive services in early intervention, early childhood, use “fully certified.”]

End of Survey.