#### **TEACHER QUESTIONNAIRE**

# ANSWERS FOR CLASSROOM OR HOME-SCHOOL TEACHERS ABOUT THE QUESTIONNAIRE

One of your current or former students has filed a claim for disability benefits. We need information from you to help us make our decision. Please complete the enclosed questionnaire.

#### Q. WHY DO YOU NEED INFORMATION FROM ME?

A. To decide whether a child qualifies for disability benefits, we use information from both medical and non-medical sources. Medical sources include doctors and other health care professionals; non-medical sources include teachers and other people who spend time with the child. Information from sources who know the child well is important, because a child's eligibility may be related to his or her level of functioning at school, at home, or in the community. The information you provide about his or her day-to-day functioning in school will help us to determine the effects of the child's impairment(s) on his or her functioning. It will also help us to compare this child's functioning to that of other children the same age who do not have impairments. We need this information from you even if the child has been (or was) in your class for only a short time. Your information is not the only information we will be considering when we decide if the child qualifies for disability benefits, but it is very important to us.

## Q. IS THIS REQUEST REDUNDANT? THIS CHILD HAS ALREADY BEEN EVALUATED UNDER THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA).

A. The definition of disability in the Social Security Act is entirely separate from the definition of an "educational disability" in the IDEA. We must determine whether a child's impairment(s) meets the SSA definition of disability, regardless of the child's standing under the IDEA definition of educational disability.

# Q. I DO NOT THINK THE CHILD IS DISABLED. SHOULD I COMPLETE THIS FORM?

A. Yes. Under Social Security law, we are responsible for deciding whether this child is disabled, and we will be making our decision based on all of the medical, school, and other information we receive. Your observations will help us to have a more complete picture of the child's daily functioning and to make a fair and accurate decision. Your completion of this form does not constitute an endorsement of our decision.

#### Q. THE FORM IS LONG. DO I NEED TO ANSWER EVERY QUESTION?

A. Not always. The form uses checkboxes and multiple choice questions to help you provide specific information as easily and quickly as possible, so it is not as long as it may appear. It is also organized into sections that cover broad domains of functioning. For each section, there is an option to check one block indicating that you have not observed any limitations in that domain. When you have not observed any limitations in a domain, you may check that block and skip to the next section.

We appreciate your cooperation, your time, and your effort in completing the questionnaire.

Form **SSA-5665-BK** (01-2006) ef (01-2006)

#### The Privacy And Paperwork Reduction Acts

The Social Security Administration is authorized to collect the information on this form under sections 1614 and 1633 of the Social Security Act. Social Security needs this information to make a decision on the named claimant's claim. This form is authorized under 20 CFR 416.924a(a). While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 - 20 minutes to read the instructions, gather the facts, and answer the questions. SEND THE COMPLETED FORM TO THE STATE AGENCY THAT REQUESTED IT. If you have questions about how to complete the form, contact the State Agency that requested it. If you need the address or phone number for your State Agency, you can get it by calling Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

### PLEASE REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM

~~	JONE OF COUNTY VONITION	TITATION						
RE	QUESTING OFFICE NAMI	E AND ADDRESS	ATTACH LABEL	ATTACH LABEL OR TYPE IN CLAIMANT NAME				
	THIS FOR	TEACHER ( M SHOULD BE COMPLET WITH THE CHILD'S		SON(S) MOST	FAMILIAR			
Na	ame of School:	WITH THE CHILD'S	OVERALL FUNC	IONING.				
1.	How long have you kn	own, or did you know, th	is child?					
2.	How often, and for ho	w long, do you, or did yo	u, see this child?					
	For what subjects:							
<del>3.</del>	Actual Grade Level:	Current Instructional Levels		Special Ed. Servi	ces & Frequency			
		Reading Level:						
	Student/Teacher Ratio:	Math Level: Written Language Level:						
4.	is there, or was there,	an unusual degree of ab	senteeism?	No O Yes	If yes, please explain:			
<del></del> 5.		O Facilists O Smart	ich O Other (ni		1.			
5. 6.	Dominant Language: O English O Spanish O Other (please specify):  Any other names by which the child is known:							
v.	. IANY OTHER NAMES DA MINCH THE CHIM IS KNOWN.							

#### **IMPORTANT**

Please compare this child's functioning to that of same-aged children who do not have impairments.

If the child is receiving special education services, please be sure to compare his or her functioning to that of same-aged, unimpaired children who are in regular education.

		l. /	ACQUIRING AND USIN	G INFORMATION				
		ns observed in this do	omain; functioning appea actly to Section II.	rs age-appropriate.				
_		ild has problems fund ik a rating for each ac	ctioning in this domain. ctivity listed below.					
•••	Co		TING KEY FOR ACTIVITIES ng of same-aged children w		is chi	ld has:		
N	1 Problem	2 A slight problem	4 5 A serious problem A very serious problem					
						RATI	NG	
1.	Comprehen	ding oral instructions		Ó	Ô	Ŏ	Ô	Ô
2.	Understand	ing school and content vo	cabulary	Ó	Ô	Ŏ	Ô	Ö
3.	Reading and	d comprehending written r	material	Ò	Ô	Ŏ	Ô	<u></u>
4.	Comprehen	ding and doing math prob	lems	Ó	Ô	Ŏ	<u></u>	Ŏ
5.	Understand	ing and participating in cla	ass discussions	Ò	Ô	Ŏ	Ô	Ö
6.	Providing or	ganized oral explanations	and adequate descriptions	Ó	Ô	Ö	Ó	Ô
7.	Expressing	ideas in written form		Ò	Ô	Ŏ	Ô	<u></u>
8.	Learning ne	w material		Ó	Ô	Ŏ	Ô	<u>Ô</u>
9.	Recalling ar	nd applying previously lea	med material	Ó	Ô	Ŏ	Ó	<u></u>
10.	Applying pro	oblem-solving skills in clas	ss discussions	Ò	Ô	Ŏ	Ô	Ô
the c	hild in doi	ng them? Does the c	child's problems with the hild get extra help, or an o on the last page if need	unusual degree of s	tructi	le, how ure or s	upport	endent is t? If so,
					-			···
-					<del></del>			
						<del></del>		
					<u></u>			

		li.	ATTENDING A	ND CO	MPLETIN	NG TASKS				
		ns observed in this do			ears age-	appropriate.			<del></del>	
		ild has problems fund ik a rating for each ac								
	Co	RA empared to the function	TING KEY FOR A				is child has:			
N	1 o Problem	2 A slight problem	3 An obvious pr	oblem	A seri	4 ous problem	A very	5 serious	proble	m
					RATING	G	FREQUE	VCY OF	F PRO	BLEN
1.	Paying atten	ntion when spaken to direc	ctly	Ó	ổ ổ	ÔÔ	Monthly	Weekly	Daily	Hourly
2.	Sustaining a	ttention during play/sports	s activities	Ó	Ô Ô	ÓÔ	Monthly	Weekly	Daily	Hourly
3.	Focusing for	ng enough to finish assign	ed activity or task	Ó	Ô Ô	ÓÓ	Monthly	Weekly	Daily	Hourly
4.	Refocusing I	to task when necessary		Ó	Ô Ô	ÔÔ	Monthly	Weekly	Daily	Hourly
5.	Carrying out	: single-step instructions		Ó	O O	δీΟ̈́	Monthly	Weekly	Daily	Hourty
6.	Carrying out	: multi-step instructions		Ó	$\overset{\circ}{\circ}\overset{\circ}{\circ}$	ÓÓ	Monthly	Weekly	Daily	Hourly
7.	Waiting to ta	ike turns		Ó	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	Monthly	Weekly	Daily	Hourly
8.	Changing fro	om one activity to another	without being	Ó	00	<del>0</del> 0	Monthly	Weekly	Daily	Hourly
9.	<u> </u>	own things or school mate	rials	Ó	<u>Ö</u> Ö	ÓÔ	Monthly	Weekly	Daily	Hourly
10.	Completing	class/homework assignme	ents	Ó	<u>,                                    </u>	ÓÔ	Monthly	Weekly	Daily	Hourly
11.	Completing	work accurately without ca	areless mistakes	Ó	<u>,                                    </u>	ÓÔ	Monthly	Weekly	Daily	Hourly
12.	Working with	hout distracting self or oth	ers	Ó	<u>0</u> 0	ÓÔ	Monthly	Weekly	Daily	Hourly
13.	Working at r	easonable pace/finishing	on time	Ó	<u>,                                    </u>	<del>ပ်</del> င်္	Monthly	Weekiy	Dally	Hourly
the c	:hild in doir	rou tell us about the c ng them? Does the ch now often? (Continue	nild get extra hel	p, or an	unusual	ties? For ex degree of s	ample, how tructure or	indep suppor	ender t? If	nt is
							*****			
	<u> </u>									
								<u>-</u>		
		<u> </u>		<u> </u>						
						<u> </u>				
		····	·	· · ·		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
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	III. INTERACTING AN	D RELATING WITH O	THERS							
	IO problems observed in this domain; functionir fyou selected this block, go directly to Section I		riate.							
	ES, the child has problems functioning in this delease mark a rating for each activity listed belo									
	RATING KEY FOR ACCOMPARED TO THE REPORT OF SAME-AGE OF SAME-AGE OF SAME-AGE OF SAME-AGE OF SAME-AGE OF SAME OF	CTIVITIES LISTED BELOW hildren without impairme	nts, this child has:							
N	1 2 3 o Problem A slight problem An obvious pro	4 obiem A serious pro	5 blem A very serious problem							
		RATING	FREQUENCY OF PROBLEM							
1.	Playing cooperatively with other children		Monthly Weekly Daily Hourly O O O							
2.	Making and keeping friends		Monthly Weekly Daily Hourly O O O							
3.	Seeking attention appropriately		Monthly Weekly Daily Hourly OOOOO							
4.	Expressing anger appropriately		Monthly Weekly Daily Hourly O O O							
5.	Asking permission appropriately		Monthly Weekly Daily Hourly O O O							
6.	Following rules (classroom, games, sports)		Monthly Weekly Daily Hourly O O O							
7.	Respecting/obeying adults in authority		Monthly Weekly Dally Hourly O O O							
8.	Relating experiences and telling stories		Monthly Weekly Daily Hourly O O O							
9.	Using language appropriate to the situation and listener		Monthly Weekly Daily Hourly OOOOO							
10.	Introducing and maintaining relevant and appropriate topics of conversation		Monthly Weekly Daily Hourly O O O							
11.	Taking turns in a conversation		Monthly Weekly Daily Hourly O O O							
12.	Interpreting meaning of facial expression, body language, hints, sarcasm	0000	Monthly Weekly Daily Hourly O O O							
13.	Using adequate vocabulary and grammar to express thoughts/ideas in general, everyday conversation	0 0 0 0	5 Monthly Weekly Dally Hourly O O O							
If VA	it been necessary to implement behavior modifices, please explain below (e.g., behavior plan, persoom, change of school placement, suspension	ional assistant, time-ou	t, quiet room, removal from the							
the	What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed.)									
<u> </u>										
	INTERACTING AND RELATING	WITH OTHERS continued	on next page							

		III. INTERACT	ING AND RELATING WI	TH OTHERS	(CONTINU	ED)	
How	much of the ner, underst	e child's speech can tand on the first atten	you, as a famillar npt?	Very Little	No more than 1/2	1/2 to 2/3	Almost All
1	. When the	topic of conversation is	known?	0	0	0	0
2.	When the	topic of conversation is	0	0	0	0	
How unde	much of the	e child's speech can r repetition and/or rep	you, as a familiar listener, phrasing?	0	0	0	0
		IV. MOV	ING ABOUT AND MANII	PULATING C	BJECTS		
		s observed in this do led this block, go dire	main; functioning appear	s age-approp	riate.		
_		ild has probl <del>e</del> ms fund ica rating for each ac	ctioning in this domain. ctivity listed below.				
	Coi		TING KEY FOR ACTIVITIES I			l has:	
N	1 o Problem	2 A slight problem	3 An obvious problem	4 A serious pro	blem A	5 very serious	problem
					· · · · · · · · · · · · · · · · · · ·	RATING	3
1.			er (e.g., standing, balancing, sh , running, jumping, climbing)	ifting weight,	Ċ	ÒÔ	ÔÔ
2.	Moving and r	manipulating things (e.g.,	pushing, pulling, lifting, carrying and hands to manipulate sma	g, il objects)	Ċ	ÔÔ	ÓÓ
3.	Demonstratir	ng strength, coordination,	dexterity in activities or tasks		Ċ	) <u> </u>	<u> </u>
4.	Managing pa	ce of physical activities o	r tasks		Ċ	ÓŎ	00
5.	Showing a se	ense of body's location ar	nd movement in space		<u> </u>	<u> </u>	<u> </u>
6.	Integrating se	ensory input with motor o	utput		<u>Ċ</u>	) Ó Ö	<u> </u>
7.	Planning, rer	membering, executing cor	ntrolled motor movements		Ċ	ÓÓ	ÒŎ
the c	hild in doin	g them? Does the ch	hild's problems with these hild get extra help, or an u on the last page if needed	nusual degre	For example e of structur	, how indep e or suppor	endent is t? If so,
-							<u>.                                    </u>
						***	

Y	ES, the chi	ed this block, go dire ld has problems fund a rating for each ac	ctioning in this d	lomain						
	Cor	RA mpared to the functioni	TING KEY FOR A	CTIVITIE children	ES LISTED without in	BELOW npairments, t	his child has:			
N	1 p Problem	2 A slight problem	3 An obvious pr	oblem	A ser	4 ious problem	A very	5 serious	proble	em
					RATING	3	FREQUEN	.,,		
1.	Handling frus	stration appropriately		Ô	ÔÔ	ÓÓ	Monthly	Weekly	Oaily	Hourl
2.	Being patient	t when necessary		Ò	δ̈́δ	Ô Ô	Monthly	0	Oaily	Hourl
3.	Taking care	of personal hygiene		Ó	Ô Ô	Ó Ó	Monthly	Weekly	Oaily O	Hour
4.	Caring for ph	nysical needs (e.g., dress	sing, eating)	Ô	ÔÔ	Ó Ó	Monthly	Weakly	Oaily	Hour
5.	Cooperating medications	in, or being responsible	for, taking needed	Ó	Ô Ô	ÓÔ	Monthly	Weekly	Oaily	Hour
6.		udgement regarding per ircumstances	sonal safety and	Ò	ÔÔ	ÓÔ	Monthly	Weekly	Daily O	Hour
7.		nd appropriately assertin	g emotional needs	Ò	Ô Ô	ÓÔ	Monthly	Weekly	Daily	Hour
٠.			o in our mood	1	2 3	4 5	Monthly	Weekly	Daily	Hour
_		appropriately to changes	S III OWN MOOG	Ó	Ŏ Ŏ	$\circ$	O	$O_{\perp}$	<u> </u>	
8.	(e.g., calmin Using appro	g self) priate coping skills to me		_	$\sim$	<u>0 0</u> 0 0	Monthly	Weekly	Dally	_
8. 9.	(e.g., calmin Using appro of school en Knowing wh	g self) priate coping skills to me vironment en to ask for help	et daily demands	0	0 0 0 0 0 0	Ó Ó Ó Ó	Monthly O	Weekly	Dally O	Hou
8. 9.	(e.g., calmin Using appro of school en Knowing wh t else can y	g self) priate coping skills to me vironment	et daily demands child's problems child get extra he	O O with the	O O O O O O O O O O O O O O O O O O O O	Ó Ö	Monthly O example, how	Weekly O w indep	Daily O pende	Hou C
8. 9.	(e.g., calmin Using appro of school en Knowing wh t else can y	g self) priate coping skills to me vironment en to ask for help rou tell us about the en ng them? Does the c	et daily demands child's problems child get extra he	O O with the	O O O O O O O O O O O O O O O O O O O O	Ó Ö	Monthly O example, how	Weekly O w indep	Daily O pende	Hou C ent is
8. 9.	(e.g., calmin Using appro of school en Knowing wh t else can y	g self) priate coping skills to me vironment en to ask for help rou tell us about the en ng them? Does the c	et daily demands child's problems child get extra he	O O with the	O O O O O O O O O O O O O O O O O O O O	Ó Ö	Monthly O example, how	Weekly O w indep	Daily O pende	Hou
8. 9.	(e.g., calmin Using appro of school en Knowing wh t else can y	g self) priate coping skills to me vironment en to ask for help rou tell us about the en ng them? Does the c	et daily demands child's problems child get extra he	O O with the	O O O O O O O O O O O O O O O O O O O O	Ó Ö	Monthly O example, how	Weekly O w indep	Daily O pende	Hour C
8. 9.	(e.g., calmin Using appro of school en Knowing wh t else can y	g self) priate coping skills to me vironment en to ask for help rou tell us about the en ng them? Does the c	et daily demands child's problems child get extra he	O O with the	O O O O O O O O O O O O O O O O O O O O	Ó Ö	Monthly O example, how	Weekly O w indep	Daily O pende	Hour C
8. 9.	(e.g., calmin Using appro of school en Knowing wh t else can y	g self) priate coping skills to me vironment en to ask for help rou tell us about the en ng them? Does the c	et daily demands child's problems child get extra he	O O with the	O O O O O O O O O O O O O O O O O O O O	Ó Ö	Monthly O example, how	Weekly O w indep	Daily O pende	Hou
8. 9.	(e.g., calmin Using appro of school en Knowing wh t else can y	g self) priate coping skills to me vironment en to ask for help rou tell us about the en ng them? Does the c	et daily demands child's problems child get extra he	O O with the	O O O O O O O O O O O O O O O O O O O O	Ó Ö	Monthly O example, how	Weekly O w indep	Daily O pende	Hour C
8. 9.	(e.g., calmin Using appro of school en Knowing wh t else can y	g self) priate coping skills to me vironment en to ask for help rou tell us about the en ng them? Does the c	et daily demands child's problems child get extra he	O O with the	O O O O O O O O O O O O O O O O O O O O	Ó Ö	Monthly O example, how	Weekly O w indep	Daily O pende	Hour C

### VI. MEDICAL CONDITIONS AND MEDICATIONS/HEALTH AND PHYSICAL WELL-BEING Describe below any chronic or episodic condition (e.g., asthma, sickle cell anemia, depression, seizures). Does the condition have any physical effects (e.g., shortness of breath, reduced stamina, psychomotor retardation, incontinence, pain) that interfere with the child's functioning at school? How often does the child experience these physical effects related to the condition? Please check any of the following that the child uses: **Assistive** ■ Nebulizer/Inhaler ☐ Glasses Technology device ☐ Orthopedic devices ☐ Auditory Trainer Hearing Aid Other (please specify) Prosthesis O Don't know Specify below, if known. O No O Yes Is medication prescribed for this child? O Yes O Don't know Does this child take the medication on a regular basis? O No O Don't know Does this child's functioning change after taking medication? O No Yes If yes, please explain below. If yes, please explain below. O Yes Does this child frequently miss school due to illness? O No What else can you tell us about the physical effects of the child's physical or mental condition or treatment for the condition? (Continue on the last page if needed.) PLEASE PROVIDE YOUR NAME AND TITLE ON NEXT PAGE. Add any remarks as needed. Page 7

VII. ADDITIONAL COMMENTS	
Use this section for continuation of any previous sections. You may also use this section to make any a remarks, or to note any changes in the child's functioning, for better or worse, that you would like to add	dditional ress.
	<u></u>
	<u> </u>
Name/Title Date	e
If we need more information about this child,  • Is there a phone number where we can reach you?  ( ) -	
● Is there a best time to call you? a.m p.m.  Name/Title	е
If we need more information about this child,	
<ul> <li>Is there a phone number where we can reach you? ( ) -</li> <li>Is there a best time to call you? a.m p.m.</li> </ul>	
THANK YOU	