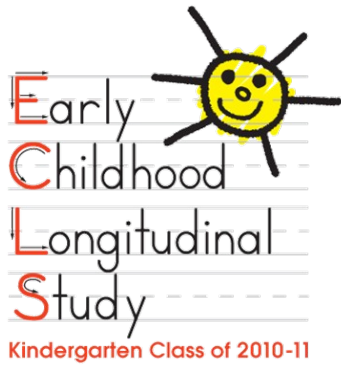


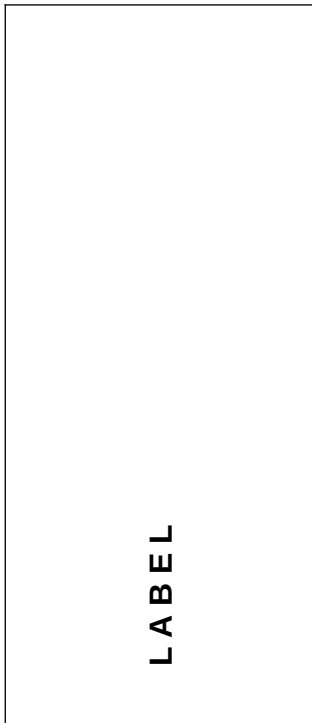
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# Spring 2011 Kindergarten Special Education Teacher Questionnaire A

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

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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 30 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, D.C. 20006-5650.

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (PL 107-279, Title I, Part C, Sec. 183). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.



## **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) to investigate the relationship between the children's academic progress and various school, classroom, teacher, and home characteristics. This questionnaire collects information about your background and your work in this school with children with disabilities.

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. The 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 SOFT LEAD (#2) PENCIL TO COMPLETE THIS QUESTIONNAIRE. DO NOT USE A FELT-TIP PEN.

## MARKING BOXES

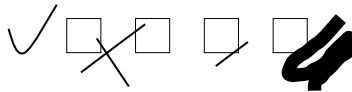
It is important that you mark an "X" in the box next to your answers and print clearly.

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



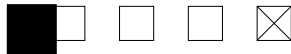
### Incorrect Marks:

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:

1 2 3 4 5 6 7 8 9

Write words like this:

John Smith

1. **What is your gender? MARK ONE.**

- Male
- Female

2. **In what year were you born? WRITE IN YEAR BELOW.**

1 9   
ENTER YEAR

3. **Are you Hispanic/Latino? MARK ONLY ONE.**

- Yes
- No

4. **Which best describes your race? MARK ONE OR MORE TO INDICATE WHAT YOU CONSIDER YOURSELF TO BE...**

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

5. **What is the highest level of education you have completed? MARK ONLY ONE.**

- Did not complete high school
- High school diploma or equivalent/GED
- Some college or technical or vocational school
- Associate's degree
- Bachelor's degree
- Master's degree
- An advanced professional degree beyond a master's degree (e.g., Ph.D., MD)
- Don't know

6. What is the highest level of education completed by your own parents?  
MARK ONLY ONE.

- Did not complete high school
- High school diploma or equivalent/GED
- Some college or technical or vocational school
- Associate's degree
- Bachelor's degree
- Master's degree
- An advanced professional degree beyond a master's degree (e.g., Ph.D., MD)
- Don't know

7. Counting this school year, how many years have you worked in your current school, including part time? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3, 3.5).

YEARS

8. Counting this school year, how many total years (including part-time) have you been working with children receiving special education or related services? WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3, 3.5).

YEARS

9. Counting this school year, how many total years (including part-time) have you been working with children in any schools? This would include other assignments such as teaching in a regular classroom or otherwise providing services to children. WRITE THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3, 3.5).

YEARS

**10. Which of the following credentials, licenses, or certificates do you have for working with children with disabilities? MARK YES OR NO ON EACH ROW.**

|  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| a. Emergency credential  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Provisional or temporary credential   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Disability-specific credential or endorsement   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Special education credential or endorsement<br>(for more than one disability category)  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. General education credential  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Speech/language therapy state license or certification  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Physical therapy state license or certification   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Occupational therapy state license or certification   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Social work license or certification  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. School psychology license or certification  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Clinical psychology license or certification  | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Certificate of Clinical Competence  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Other professional license, credential, or endorsement<br>(PLEASE SPECIFY) <input style="width: 250px; height: 20px;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**11. Have you taken the exam for National Board for Professional Teaching Standards certification? MARK ONLY ONE.**

- Not taken
- Taken and passed
- Taken and have not yet passed
- Taken and awaiting test results
- Not applicable

**12. Have you ever taken a college course in the following areas? MARK YES OR NO ON EACH ROW.**

|   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| a. Early childhood education  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Early childhood special education  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Elementary education   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Child development  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. English as a Second Language (ESL) or teaching English language learners | <input type="checkbox"/> | <input type="checkbox"/> |
| f. General special education  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Learning disabilities  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Mental retardation   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Orthopedic impairments   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Serious emotional disturbance  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Deafness and hearing   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Blindness and vision   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Communication disorders  | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Infants and toddlers with disabilities                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Physical therapy   | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Occupational therapy   | <input type="checkbox"/> | <input type="checkbox"/> |
| q. School psychology  | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Classroom management   | <input type="checkbox"/> | <input type="checkbox"/> |



**13. Did any of the college courses mentioned in item 12 address issues related to the following? MARK YES OR NO ON EACH ROW.**

|                               | <b>Yes</b>               | <b>No</b>                |
|-------------------------------|--------------------------|--------------------------|
| a. Response to Intervention   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Early Intervening Services | <input type="checkbox"/> | <input type="checkbox"/> |

**14. Which of the following best describes your current position in this school? MARK ONLY ONE.**

- Special education teacher
- Special education teacher consultant
- General education teacher
- Special education classroom aide
- Speech-language pathologist
- Physical therapist
- Physical therapy assistant or aide
- Occupational therapist
- Occupational therapy assistant or aide
- School psychologist
- School counselor
- School social worker
- Other (PLEASE SPECIFY)

**15. How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year? MARK ONLY ONE.**

- Regular full-time teacher/service provider
- Regular part-time teacher/service provider
- Itinerant teacher/service provider (i.e., your assignment requires you to provide instruction/related services at more than one school)
- Long-term substitute (i.e., your assignment requires that you fill the role of a teacher on a long-term basis, but you are still considered a substitute)
- Teacher aide
- Other (PLEASE SPECIFY)

**16. During this school year, where have you worked with children with IEPs? MARK YES OR NO ON EACH ROW.**

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. In a general education classroom   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. In a special education classroom   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. In a non-classroom space (e.g., office, therapy room, small work space, mobile van, etc.)                | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Other (PLEASE SPECIFY) <input style="width: 250px; height: 30px; border: 1px solid black;" type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I do not work directly with children who have IEPs   | <input type="checkbox"/> | <input type="checkbox"/> |

17. Please indicate the extent to which you agree or disagree with each of the following statements on working with children.  
**MARK ONE ON EACH ROW.**

|  | Strongly<br>disagree     | Disagree                 | Neither<br>disagree<br>nor agree | Agree                    | Strongly<br>agree        |
|--|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| a. I really enjoy my present job.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I am certain I am making a difference in the lives of the children I work with. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| c. If I could start over, I would choose this career again.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I am satisfied with my class size/caseload.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         | <input type="checkbox"/> | <input type="checkbox"/> |

18. During this school year, how many children with IEPs have you worked with or provided services for, on average, each week? (Include children you work with directly, as well as children for whom you consult with the general education teacher and/or another special education teacher/service provider) **MARK ONLY ONE.**

- 1-10
- 11-20
- 21-40
- More than 40
- Don't know

**Date questionnaire completed:**

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

**THANK YOU FOR YOUR COOPERATION**