TEACHER QUESTIONNAIRE

ANSWERS FOR TEACHERS, HOMESCHOOL TEACHERS, OR INSTRUCTORS ABOUT THE QUESTIONNAIRE

One of your current or former students has applied for title XVI Supplemental Security Income (SSI) payments based on disability, or for title II disability status as a Disabled Minor Child, or for title II Social Security Disability Insurance Benefits (DIB) as a Disabled Adult Child. We need information from you to help us make our disability determination. Please complete the enclosed questionnaire.

Q. WHY DO YOU NEED INFORMATION FROM ME?

A. To decide whether a child (under age 18) or young adult (age 18 or older)—both hereafter referred to as "person"—is disabled according to the Social Security Act, we use information from both medical and nonmedical sources. Medical sources include doctors and other health care professionals; non-medical sources include teachers, training instructors, and other people who spend time with, and know, the person well. The information you provide about this person's day-to-day functioning in school or another setting is important because it will help us to determine the effects of the person's impairment and to compare the person's functioning to that of others the same age who do not have impairments. We need this information from you even if you have taught (or did teach) the person for only a short time. Your information is not the only information we will be considering when we decide if the person qualifies for SSI or DIB, but it is very important to us.

Q. IS THIS REQUEST REDUNDANT? WE (OR OTHERS) HAVE ALREADY EVALUATED THIS PERSON 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 person's impairment(s) meets the SSA definition of disability, regardless of the person's standing under the IDEA definition of educational disability.

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

A. Yes. Under Social Security law, we are responsible for deciding whether this person 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 person'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. We also organized the form 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 move on to the next section.

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

The Privacy and Paperwork Reduction Acts

Sections 202 and 223(a) and (d), and Sections 221, 1614, and 1633 of the Social Security Act, as amended, and 20 CFR 404.1513 and 416.924a (a), authorize us to collect this information. We will use the information you provide to make a decision on the named claimant's claim.

Furnishing us the information is voluntary. However, failing to provide all or part of the requested information may prevent our making an accurate and timely decision on the claim.

We rarely use the information you supply for any purpose other than to make a decision regarding a claimant's disability. However, we may use it for the administration and integrity of our programs. We may also disclose the information to another person or to another agency in accordance with approved routine uses, including but not limited to the following:

- 1. To enable a third party or an agency to assist us in establishing a person's rights to our benefits and coverage;
- 2. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs);
- 3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
- 4. To facilitate statistical research, audit, and investigatory activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may also use the information you provide in computer-matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

A complete list of routine uses of this information is available in our Privacy Act System of Records Notice 60-0089 (Claims Folder Systems), entitled, Claims Folders Systems. Additional information about this and other system of records notices is available on-line at www.socialsecurity.gov, or at your local 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 40 minutes to read the instructions, gather the facts, and answer the questions. If you have questions about how to complete the form, contact the Requesting Office; see page 1, upper left corner, for the name, address, and phone number of the Requesting Office. If you need the address or phone number for the Requesting Office, you can get it by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778). SEND THE COMPLETED FORM TO THE REQUESTING OFFICE. 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.

REQUESTING OFFICE NAME AND ADDRESS			ATTACH LABE	L OR TYPE IN C	LAIMANT NAME			
		TEACHER O	QUESTIONNAI	RE				
	THIS FOI	RM SHOULD BE COMPLET WITH THE CHILD'S			FAMILIAR			
Na	ame of School:							
1.	How long have you kn	own, or did you know, thi	is child?					
2.	How often, and for ho	w long, do you, or did yoเ	ı, see this child?					
	For what subjects:							
3.	Actual Grade Level:	Current Instructional Levels		Special Ed. Serv	vices & Frequency			
		Reading Level:						
	Student/Teacher Ratio:	Math Level:						
		Written Language Level:						
4. Is there, or was there, an unusual degree of absenteeism? Ono Yes If yes, please ex								
5.	Dominant Language:	○ English ○ Spanis	h Other (pl	ease specify)				
6.	Any other names by w	hich the child 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.

i		VNID LIGINIC	INFORMATION
ı	AUGUIRING	AMID USING	INFORMATION

		observed in this do	main; functioning appea	rs age-appropriate							
		l has problems func a rating for each act	tioning in this domain.								
	Cor		IG KEY FOR ACTIVITIES ing of same-aged children		s, this	child ha	as:				
Ν	1 lo Problem	2 A slight problem	3 An obvious problem	4 A serious problem	А	very se	5 erious p	roblem			
						RATING					
1.	Comprehendin	g oral instructions		1	2	3	4	5			
2.	Understanding	school and content voc	abulary	1	2	3	4	5			
3.	Reading and co	omprehending written m	naterial	1	2	3	4	5			
4.	Comprehendin	g and doing math proble	ems	1	2	3	4	5			
5.	Understanding	and participating in class	ss discussions	1	2	3	4	5			
6.	Providing organ	nized oral explanations	and adequate descriptions	1	2	3	4	5			
7.	Expressing ide	as in written form		1	2	3	4	5			
8.	Learning new r	material		1	2	3	4	5			
9.	Recalling and a	applying previously lear	ned material	1	2	3	4	5			
10.	Applying proble	em-solving skills in class	s discussions	1	2	3	4	5			
nild	in doing them		's problems with these active extra help, or an unusual de ge if needed.)								
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II. ATTENDING AND COMPLETING TASKS

	NO problems observed in this domain; functioning appears age-appropriate. If you selected this block, go directly to Section III.											
		ild has problems fund k a rating for each ac										
	C	RATING Compared to the function	NG KEY FOR ACting of same-aged		_	_		_	this child h	as:		
1	1 No Problem	2 A slight problem	3 An obvious prob	olem		A s	erious	4 s problem	A very s	5 erious p	robler	n
·					R	ATIN	G		FREQUE	NCY OF	PRC	BLEM
1.	Paying atten	tion when spoken to direc	tly	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
2.	Sustaining at	ttention during play/sports	activities	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
3.	Focusing Ion	g enough to finish assigne	ed activity or task	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
4.	Refocusing t	o task when necessary		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
5.	Carrying out	single-step instructions		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
6.	Carrying out	multi-step instructions		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
7.	Waiting to ta	ke turns		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
8.	Changing fro	om one activity to another	without being	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
9.	disruptive Organizing o	wn things or school mater	rials	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
10.		class/homework assignme		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
11.		work accurately without ca		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
12.		out distracting self or other		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
				1	2	3	4	5	Monthly	Weekly	Daily	Hourly
13.	Working at re	easonable pace/finishing o	on time	0	0	0	0	0	0	0	<u> </u>	0
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.)												

III. INTERACTING AND RELATING WITH OTHERS

NO problems observed in this domain; functioning appears age-appropriate. If you selected this block, go directly to Section IV.													
	YES, the child has problems functioning in this domain. Please mark a rating for each activity listed below.												
	RATING KEY FOR ACTIVITIES LISTED BELOW Compared to the functioning of same-aged children without impairments, this child has:												
	1 No Problem	2 A slight problem	3 An obvious pro	hlom		٨٥	oriou	4 s problem	Avonus	5	oroblo	m	
	NO FIODIEIII	A slight problem	All obvious pic	DDIEIII	R	ATIN		s problem	A very serious problem FREQUENCY OF PROBLEM				
	L			1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
1.	Playing cooper	ratively with other childrer	1	0	0	0	0	0	0	0	0	0	
2.	Making and ke	eping friends		1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
3.	Seeking attent	ion appropriately		1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
-				1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
4.	Expressing an	ger appropriately		0	0	0	0	0	O Maratha	O	<u> </u>	O	
5.	Asking permiss	sion appropriately		1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
6	Following rules	s (classroom, games, spo	rte)	1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
ļ .	l ollowing raics	- Ciassiooni, games, spo		1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
7.	Respecting/ob	eying adults in authority		\bigcirc	\bigcirc	\circ	\bigcirc		O	\circ	Ó	Ó	
8.	Relating exper	iences and telling stories		1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
	Llaing languag	a appropriate to the cityot	ion and listance	1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
9.		e appropriate to the situat			2	3	4	5	Monthly	Weekly	Daily	Hourly	
10.	topics of conv	nd maintaining relevant an ersation	d appropriate		Ó	Ö	$\overline{\bigcirc}$	Ö	Nioritrily	O			
11.	Taking turns in	a conversation		1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
-		eaning of facial expressio	n. body	1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
12.	language, hint	ts, sarcasm	· 	0	0	0	0	0	0	0	0	0	
13.	Using adequa thoughts/ideas	te vocabulary and gramm s in general, everyday cor	ar to express	1	2	3	4	5	Monthly	Weekly	Daily	Hourly	
						<i>(</i>	11-	1-!1-10	ON/	<u> </u>		<u> </u>	
		sary to implement bel lain below (e.g., behav							○N oom, remo		⊖YE n the		
		ge of school placemen											
												<u> </u>	
14/1													
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													
		en? (Continue on the I											

		III. INTERACTING	G AND RELATING W	ITH OTHERS	(CONTINU	ED)	
		nild's speech can you, a d on the first attempt?	as a familiar	Very Little	No more than 1/2	1/2 to 2/3	Almost All
1	. When the top	pic of conversation is l	known?	0	0	0	0
2	. When the to	pic of conversation is u	unknown?	0	0	\circ	0
	much of the cherstand after rep	0	0	0			
		IV. MOVING	ABOUT AND MANIP	ULATING OBJ	ECTS		
		observed in this don d this block, go dired	nain; functioning appe	ears age-approp	oriate.		
		I has problems funct a rating for each acti	ioning in this domain. vity listed below.				
	Comp		ING KEY FOR ACTIVITIE g of same-aged children			d has:	
	1 No Problem	2 A slight problem	3 An obvious problem	4 A serious p	roblem A	5 very serious	problem
						RATIN	
1.			(e.g., standing, balancing, unning, jumping, climbing)	shifting weight,	1		4 5
2.	Moving and ma	anipulating things (e.g., p	ushing, pulling, lifting, carr nd hands to manipulate sn		1		4 5
3.	Demonstrating	strength, coordination, c	lexterity in activities or task	KS .	1	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	4 5
4.	Managing pace	e of physical activities or	tasks		1		4 5
5.	Showing a sens	se of body's location and	I movement in space		1	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	4 5
6.	Integrating sen	sory input with motor out	tput		Ċ		<u> </u>
7.	Planning, reme	embering, executing cont	rolled motor movements		1	2 3	4 5
the c	hild in doing t	hem? Does the child	d's problems with these get extra help, or an ui the last page if needed	nusual degree of			

	V. CARING FOR	R HIMSEL	F O	RΗ	ERS	ELF				
	NO problems observed in this domain; function from selected this block, go directly to Section		ears	age	-арр	ropriate.				
	YES, the child has problems functioning in thi Please mark a rating for each activity listed be									
	RATING KEY FOR Compared to the functioning of same-a	_		_		_	, this child l	nas:		
1	1 2 3 4 No Problem A slight problem An obvious problem A serious problem				4 s problem	5 A very serious problem				
			R	ATIN	IG		FREQUEN	ICY OF	PRO	BLEM
1.	Handling frustration appropriately	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
2.	Being patient when necessary	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
3.	Taking care of personal hygiene	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
4.	Caring for physical needs (e.g, dressing, eating)	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
5.	Cooperating in, or being responsible for, taking neede medications	ed 1	2	3	4	5	Monthly	Weekly	Daily	Hourly
6.	Using good judgement regarding personal safety and dangerous circumstances	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
7.	Identifying and appropriately asserting emotional need	ds 0	2	3	4	5	Monthly	Weekly	Daily	Hourly
8.	Responding appropriately to changes in own mood (e.g, calming self)	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
9.	Using appropriate coping skills to meet daily demands of school environment	s 1	2	3	4	5	Monthly	Weekly	Daily	Hourly
10.	Knowing when to ask for help	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
the c	else can you tell us about the child's problems hild in doing them? Does the child get extra he kind and how often? (Continue on the last page)	elp, or an ι	ınus							

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 Glasses Nebulizer/Inhaler Technology device Hearing Aid Auditory Trainer Orthopedic devices Prosthesis Other (please specify) Is medication prescribed for this child? ○ No ○ Yes ○ Don't know Specify below, if known. Does this child take the medication on a regular basis? \bigcirc No O Don't know Does this child's functioning change after taking medication? \bigcirc No O Don't know If yes, please explain below. 6 Does this child frequently miss school due to illness? If yes, please explain below. 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.

VII. ADDITIONAL COMMENTS							
Use this section for continuation of any previous sections. You may also use this section to make any acremarks, or to note any changes in the child's functioning, for better or worse, that you would like to add	dditional ress.						
This form completed by:							
Name/Title	Date						
If we need more information about this child, o Is there a phone number where we can reach you? o Is there a best time to call you? a.m. p.m.							
Name/Title	Date						
If we need more information about this child, o Is there a phone number where we can reach you? Is there a best time to call you? a.m. p.m.							
THANK YOU							