TEACHER QUESTIONNAIRE

ANSWERS FOR TEACHERS OR HOMESCHOOL 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 nonmedical 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 level of functioning at school, at home, or in the community may affect his or her eligibility. The information you provide about the child's day-to-day functioning in school will help us to determine the effects of the child's impairment(s). 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 you have taught (or did teach) the child 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? WE (OR OTHERS) HAVE ALREADY EVALUATED THIS CHILD 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.

O. 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 Act Statement Teacher Questionnaire Collection and Use of Personal Information

Sections 1614 and 1633 of the Social Security Act, as amended, and 20 CFR 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. The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent our making an accurate and timely decision on the named claimant's claim. We rarely use the information you supply for any purpose other than to make a decision on a claimant's disability. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

- 1. To enable a third party or an 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 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 audit or investigative activities necessary to ensure the integrity of Social Security programs.

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. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs. Explanations about these and other reasons why information you provide us may be used or given out are available in Systems of Records Notice 60-0089 (Claims Folder Systems). The Notice, additional information about this form, and any other information regarding our systems and programs are 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 <u>Paperwork Reduction Act of 1995</u>. 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

RE	EQUESTING OFFICE NAM	E AND ADDRESS	ATTACH LABE	L OR TYPE IN CI	LAIMANT NAME
_		TEACHER Q	UESTIONNAI	RE	
	THIS FOI	RM SHOULD BE COMPLET WITH THE CHILD'S	ED BY THE PER	SON(S) MOST I	FAMILIAR
Na	ame of School:				
1.	How long have you kn	nown, or did you know, this	s child?		
_					
2.	How often, and for ho	w long, do you, or did you	, see this child?		
	For what subjects:				
_		1		_	
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 abse	nteeism?	No O Yes	If yes, please explain:
5.	Dominant Language:	○ English ○ Spanish	Other (ple	ease specify)	
<u>6.</u>	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.

L	ACQUIRING	AND USING	INFORMATION
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		s observed in this dor ed this block, go dired	main; functioning appear ctly to Section II.	rs age-appropriate.						
	YES, the child has problems functioning in this domain. Please mark a rating for each activity listed below.									
	C		IG KEY FOR ACTIVITIES ing of same-aged children v		, this (child ha	ıs:			
١	1 No Problem	2 A slight problem	3 An obvious problem	4 A serious problem	Α	very se	5 rious p	roblem		
						RATII	NG			
1.	Comprehend	ing oral instructions		1	2	3	4	5		
2.	Understandir	ng school and content voc	abulary	1	2	3	4	5		
3.	Reading and	comprehending written m	aterial	1	2	3	4	5		
4.	Comprehend	ling and doing math proble	ems	1	2	3	4	5		
5.	Understandir	ng and participating in clas	ss discussions	1	2	3	4	5		
6.	Providing org	ganized oral explanations	and adequate descriptions	1	2	3	4	5		
7.	Expressing id	deas in written form		1	2	3	4	5		
8.	Learning new	v material		1	2	3	4	5		
9.	Recalling and	d applying previously learr	ned material	1	2	3	4	5		
10.	Applying prol	blem-solving skills in class	s discussions	1	2	3	4	5		
child	in doing ther		s problems with these activextra 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.											
()		d has problems function a rating for each action	-									
	Co	RATIN empared to the function	G KEY FOR ACT						this child h	nas:		
	1 2 3 4 5 No Problem A slight problem An obvious problem A serious problem A very serious problem										m	
<u>'</u>	NOT TODICITI	7. Giigili piosiciii	All obvious proc		R	ATIN		s problem	FREQUE			
1.	Paving attention	on when spoken to directl	v	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
				1	2	3	4	5	Monthly	Weekly	Daily	Hourly
2.	Sustaining att	ention during play/sports	activities	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
3.	Focusing long	enough to finish assigne	d activity or task	\circ	\bigcirc	\circ	\bigcirc	0	O	\circ	Ó	Ó
4.	Refocusing to	task when necessary		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
5.	Carrying out s	ingle-step instructions		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
				1	2	3	4	5	Monthly	Weekly	Daily	Hourly
6.	Carrying out n	nulti-step instructions		1	2	3	<u> </u>	5	Monthly	Weekly	Daily	Hourly
7.	Waiting to take	e turns			Ó	Ö	\bigcirc	Ö	O	O		
8.		n one activity to another w	vithout being	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
	disruptive Organizing ov	n things or school materi	ale	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
9.	Organizing ow	Things of school materi	ais	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
10.	Completing cla	ass/homework assignmer	nts	0	0	0	0	0	0	0	0	0
11.	Completing w	ork accurately without car	eless mistakes	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
12.	Working witho	out distracting self or other	rs	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
-	_	-		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
13.	Working at rea	asonable pace/finishing o	n time	0	0	0	0	0	<u> </u>	0	0	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

()	=	s observed in this dor ed this block, go dired			ears	age	-арр	ropriate.				
	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:											
١,	1 No Problem	2 A slight problem	3 An obvious pro	hlom		۸ ۵	orious	4 s problem	A very s	5	oroblo	m
'	NO PIODIEIII	A slight problem	All obvious pic	DDIEITI		ATIN		s problem	FREQUEN	·		
				1	2	3	4	5	Monthly	Weekly	Daily	Hourly
1.	Playing coope	ratively with other children	1	Ö	Ó	Ö	Ō	Ŏ	O	O		
2.	Making and ke	eeping 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		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ	\circ	Ó	\circ
5.	Asking permis	sion appropriately		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
-				1	2	3	4	5	Monthly	Weekly	Daily	Hourly
6.	Following rules	s (classroom, games, spo	rts)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
7.	Respecting/ob	eying adults in authority		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
-				1	2	3	4	5	Monthly	Weekly	Daily	Hourly
8.	Relating exper	riences and telling stories		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
9.	Using languag	e appropriate to the situat	ion and listener	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
10.	Introducing ar topics of conv	nd maintaining relevant an ersation	d appropriate	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
11.	Taking turns in	a conversation		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
-		eaning of facial expressio	n hody	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
12.	language, hin		ii, boay	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\circ	\circ	\circ	O
13.	Using adequa	te vocabulary and gramm	ar to express	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
	thoughts/idea	s in general, everyday cor	nversation		<u> </u>	<u> </u>	<u> </u>	0	<u> </u>	<u> </u>	<u> </u>	
Has it been necessary to implement behavior modification strategies for the child? ONO OYES If yes, please explain below (e.g., behavior plan, personal assistant, time-out, quiet room, removal from the classroom, change of school placement, suspension, expulsion). Please be as detailed as possible.												
	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	G AND RELATING W	ITH OTHERS	(CONTINU	ED)	
		nild's speech can you, and the first attempt?	as a familiar	Very Little	No more than 1/2	1/2 to 2/3	Almost All
1	. When the to	pic of conversation is	known?	0	0	0	0
2	. When the to	pic of conversation is	unknown?	0	0	0	0
		nild's speech can you, petition and/or rephras		0	0	0	0
		IV. MOVING	ABOUT AND MANIP	JLATING OBJ	ECTS		
		observed in this dor d this block, go dired	main; functioning appe	ars age-approp	oriate.		
, ,		l has problems func a rating for each act	tioning in this domain. ivity listed below.				
	Com		ING KEY FOR ACTIVITIES 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.			oushing, pulling, lifting, carr and hands to manipulate sn		1		4 5
3.	Demonstrating	strength, coordination, o	dexterity in activities or task	S	1		4 5
4.	Managing pace	e of physical activities or	tasks		1		4 5 0 0 4 5
5.	Showing a sen	se of body's location and	d movement in space				$ \begin{array}{cccc} 4 & 5 \\ \hline 0 & 0 \\ \hline 4 & 5 \end{array} $
6.	Integrating sen	sory input with motor ou	tput				0 0
7.	Planning, reme	embering, executing cont	rolled motor movements			2 3	4 5
the c	hild in doing t	hem? Does the child	d's problems with these I get extra help, or an ur I the last page if needed	nusual degree of			
-							

	V. (CARING FOR H	IIIVISEL		уК П ——	EKS	ELF				
	NO problems observed in this do			ears	age	-app	ropriate.				
	Please mark a rating for each ac			•							
	RATII Compared to the function	NG KEY FOR AC						s, this child h	nas:		
	1 2	3					4		5		
1	No Problem A slight problem	An obvious pro	blem		As	eriou	s problem	A very s	erious p	orobler	n
				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
	Taking care of personal hygiene		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
	Taking date of personal riygione		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
4.	Caring for physical needs (e.g, dressin	ıg, eating)	Ö	Ó	Ŏ	Ō	Ŏ	Widning	O		
	Cooperating in, or being responsible for	or, taking needed	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
5.	medications		0	0	0	0	0	0	0	0	0
6.	Using good judgement regarding pers	onal safety	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
	and dangerous circumstances		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
7.	Identifying and appropriately asserting	emotional needs	\bigcirc	\bigcirc	\circ	\bigcirc	\bigcirc	0	0	0	0
8.	Responding appropriately to changes	in own mood (e.	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
0.	g, calming self)		0	0	0	0	0	0	0	0	0
9.	Using appropriate coping skills to mee of school environment	et daily demands	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 chi hild in doing them? Does the chi kind and how often? (Continue o	ld get extra help,	or an u	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? Specify below, if known. ○ No ○ Yes ○ Don't know 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. Does this child frequently miss school due to illness? \bigcirc No 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	
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? o Is there a best time to call you? a.mp.m.	
THANK YOU	