### **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.

#### 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 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 <a href="https://www.socialsecurity.gov">www.socialsecurity.gov</a> 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 LABEI	L OR TYPE IN C	LAIMANT NAME		
_							
		•	UESTIONNAI				
	THIS FOR	RM SHOULD BE COMPLETI WITH THE CHILD'S (			FAMILIAR		
Na	ame of School:						
1.	How long have you kn	own, or did you know, this	child?				
<del>2</del> .	How often and for her	w long, do you, or did you,	soo this child?				
۷.	How often, and for no	w long, do you, or did you,	see uns cina :				
	For what subjects:						
<del>3</del> .	Actual Grade Level:	Current Instructional Levels		Special Ed. Ser	vices & Frequency		
		Reading Level:					
	Student/Teacher Ratio:	Math Level:					
		Written Language Level:					
4.	Is there, or was there,	an unusual degree of abse	nteeism? O	No O Yes	If yes, please explain:		
5.	Dominant Language:	○ English ○ Spanish	Other (ple	ease specify)			
6.	Any other names by which the child is known:						

### **IMPORTANT**

<u>Please compare this child's functioning to that of same-aged children</u> 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.

ı	ACOLUBING.	AND HISING	INFORMATION
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		s observed in this doned this block, go direct	main; functioning appea 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.										
	RATING KEY FOR ACTIVITIES LISTED BELOW  Compared to the functioning of same-aged children without impairments, this child has:										
1 2 3 4 5 No Problem A slight problem An obvious problem A serious problem A very serious p											
						RATI	NG				
1.	Comprehendi	ing oral instructions		1	2	3	4	5			
2.	Understandin	g school and content voc	abulary	1	2	3	4	5			
3.	Reading and	comprehending written m	aterial	1	2	3	4	5			
4.	Comprehendi	ing and doing math proble	ems	1	2	3	4	5			
5.	Understandin	g and participating in clas	ss discussions	1	2	3	4	5			
6.	Providing org	anized oral explanations	and adequate descriptions	1	2	3	4	5			
7.	Expressing id	eas in written form		1	2	3	4	5			
8.	Learning new	material		1	2	3	4	5			
9.	Recalling and	l applying previously learr	ned material	1	2	3	4	5			
10.	Applying prob	olem-solving skills in class	discussions	1	2	3	4	5			
child	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.)										

Page 2

Form **SSA-5665-BK** (09-2011) ef (09-2011)

### 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.												
	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	1 No Problem	2 A slight problem	3 An obvious pro	blem		A s	erious	4 s problem	A very s	5 erious p	robler	n
					R	ATIN	G		FREQUEN	ICY OF	PRC	BLEM
1.	Paying atten	ntion when spoken to direct	ly	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
2.	Sustaining a	ttention during play/sports	activities	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
3.	Focusing lor	ng enough to finish assigne	ed activity or task	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
4.	Refocusing	to 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	ake turns		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
8.	Changing fro	om one activity to another w	without being	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
9.	disruptive Organizing o	own things or school mater	iale	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
		-		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
10.		class/homework assignme		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
11.	Completing	work accurately without ca	reless mistakes	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
12.	Working with	nout distracting self or othe	rs	0	2	3	4	5	Monthly	Weekly	Daily	Hourly
13.	Working at r	easonable pace/finishing o	n time	Ö	Ó	Ö	Ō	Ö	O	O		
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 2	3					4	<b>A</b>	.5	1.1.	
	No Problem A slight pr	oblem An obvious	problem				s problem	A very s			
	<del>-</del>		1		ATIN	4	F	FREQUEN	Weekly	Daily	Hourly
1.	Playing cooperatively with ot	her children	$\dot{\bigcirc}$	Ó	3	$\bigcirc$	5	Monthly	VVEEKIY		
2.	Making and keeping friends		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
3.	Seeking attention appropriate	ely	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
			1	2	3	4	5	Monthly	Weekly	Daily	Hourly
4.	Expressing anger appropriat	ely	0	0	0	0	<u> </u>	O Manufacture	O	O	O
5.	Asking permission appropria	tely	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
6	Following rules (classroom, g	names snorts)	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
	l ollowing raics (classroom, g		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
7.	Respecting/obeying adults in	authority	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$		Ó	$\circ$	Ó	Ó
8.	Relating experiences and tel	ling stories	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
			1	2	3	4	5	Monthly	Weekly	Daily	Hourly
9.	Using language appropriate			0	0	0	0	0	0	0	0
10.	Introducing and maintaining topics of conversation	relevant and appropriate	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
11	Taking turns in a conversation	nn	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
			1	2	3	4	5	Monthly	Weekly	Daily	Hourly
12.	Interpreting meaning of facial language, hints, sarcasm	ai expression, body	Ö	Ō	Ö	Ŏ	Ŏ				
13.	Using adequate vocabulary	and grammar to express	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
	thoughts/ideas in general, e	veryday conversation	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<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. INTERACTIN	G AND RELATING W	ITH OTHERS	(CONTINU	ED)			
		nild's speech can you, 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 to	pic of conversation is	known?	0	0	0	0		
2	. When the to	pic of conversation is	unknown?	0	0	0	0		
How much of the child's speech can you, as a familiar listener, understand after repetition and/or rephrasing?									
		IV. MOVING	ABOUT AND MANIP	ULATING OBJ	ECTS				
		observed in this do d this block, go dired	main; functioning appe ctly to Section V.	ears age-approp	oriate.				
		d has problems func a rating for each act	tioning in this domain. ivity listed below.						
	Com		TING KEY FOR ACTIVITIE ig 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 p	problem		
						RATIN	G		
1.			r (e.g., standing, balancing running, jumping, climbing)	, shifting weight,	1		4 5		
2	Moving and ma	anipulating things (e.g., p	oushing, pulling, lifting, carr and hands to manipulate sr		1		4 5		
3.	Demonstrating	strength, coordination,	dexterity in activities or task	(S	1		4 5		
4.	Managing pace	e of physical activities or	tasks		1		4 5		
5.	Showing a sen	se of body's location and	d movement in space		1		4 5		
6.	Integrating sen	sory input with motor ou	tput		1		4 5		
7.	Planning, reme	embering, executing con	trolled motor movements		1	2 3	4 5		
the c	hild in doing t	them? Does the child	d's problems with these I get extra help, or an u n the last page if needed	nusual degree of					
-									

		V. (	CARING FOR I	HIMSEL	_F O	RH	ERS	ELF				
$\bigcirc$	NO problems observed f you selected this blo	d in this do	omain; functioni ectly to Section	ng app <i>VI.</i>	ears	age	-арр	ropriate.				
	YES, the child has pro Please mark a rating fo											
	Compared to		NG KEY FOR AG		_	_		_	, this child l	nas:		
1 2 No Problem A slight problem A		3 An obvious pr	oblem	4 A serious problem		5 A very serious problem						
					RATING				FREQUEN			
1.	Handling frustration appro	priately		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
2.	Being patient when neces	sary		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
3.	Taking care of personal hy	/giene		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
4.	Caring for physical needs	(e.g, dressin	g, eating)	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
5.	Cooperating in, or being remedications	esponsible fo	or, taking needed	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
6.	Using good judgement regard dangerous circumsta		onal safety	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
7.	Identifying and appropriate		emotional needs	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
8.	Responding appropriately (e.g, calming self)	to changes	in own mood	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
9.	Using appropriate coping of school environment	skills to mee	et daily demands	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
10.	Knowing when to ask for	nelp		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
the c	t else can you tell us ab child in doing them? Do kind and how often? (	es the chi	ld get extra help	, or an i	unus							
-												

### 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 adremarks, or to note any changes in the child's functioning, for better or worse, that you would like to address.	ditional ess.								
This form completed by:									
This form completed by:	Data								
	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.									
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									