

**Early Childhood Longitudinal Study,
Kindergarten Class of 2022-23 (ECLS-K:2023)**

**Kindergarten and First-Grade Field Test Data
Collection, National Sampling, and National
Recruitment**

OMB# 1850-0750 v.22

5HUNa YbD!10

**Spring First-Grade Special Education
Child-Level Teacher Paper Gi fj Ym**

**National Center for Education Statistics
U.S. Department of Education**

September 2020



Early Childhood Longitudinal Study



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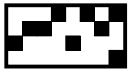
Completing this survey will help us learn more about children participating in special education and their experiences in different schools and classrooms.

Thank you for your time!
To show our appreciation, we have included with your invitation a check that equals \$20 for the teacher background survey plus \$7 for every child for whom you've been asked to complete a survey.

Please return the survey to **your school coordinator or an ECLS staff member**. The survey should be sealed in the envelope we provided you. Do not mail this survey unless you are provided with an additional mailing envelope.

Photo is for illustrative purposes only. Any person depicted in the photo is a model.

The National Center for Education Statistics (NCES) is authorized to conduct the Early Childhood Longitudinal Study (ECLS) by the Education Sciences Reform Act of 2002 (ESRA 2002, 20 U.S.C. §9543). The data are being collected for NCES by Westat, a U.S.-based research organization. All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151). 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 voluntary information collection is 1850-0750 v.22. The time required to complete this information collection is estimated to average approximately 15 minutes per child-level survey including instructions and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this information collection, or any comments or concerns regarding the status of your individual submission of these data, please write directly to: Early Childhood Longitudinal Study, National Center for Education Statistics, PCP, 550 12th St., SW, 4th floor, Washington, DC 20202. # 1850-0750 v.22.
 OMB No. 1850-0750, v.22. Approval expires xx/xx/xxxx



Draft

**Early Childhood Longitudinal Study
Special Education Teacher Survey (Child Level)
Fall 2021 – Form SPB1-FT**

Dear Special Education Teacher or Related Service Provider,

Your school has agreed to participate in the **Early Childhood Longitudinal Study (ECLS)**, a nationwide study of elementary-aged children, their schools, teachers, and parents. As part of the study, we are asking teachers and other service providers at your school to complete surveys. You have been asked to complete them because one or more of the children you serve are participants in this study. The teacher survey contains questions about you and your practices. There are also brief surveys for each of the sampled children that you teach or serve. These surveys contain questions about the children's skills, abilities, and special education and related services.

The ECLS collects information from the special education teachers or related service providers of sampled children who have Individualized Education Programs (IEPs). We are gathering information from these children's general education classroom teachers as well, if they have one. Our purpose is to investigate the relationship between the children's academic progress and various school, classroom, teacher, and home characteristics.

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 survey as completely and accurately as possible. You may find at least some of the information we are asking for in the child's IEP.

THANK YOU VERY MUCH FOR YOUR HELP.

MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN TO COMPLETE THIS SURVEY. DO NOT USE PENCIL OR FELT-TIP PEN.

MARKING BOXES

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

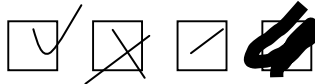
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



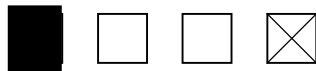
Incorrect Marks:

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:

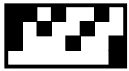
Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write one number per box like this:

1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---

Write words like this:

John Smith



1. **Is this child currently receiving gifted/talented services through an IEP, or has the child received such services during this school year?** *MARK ONE RESPONSE.*

Yes

No

2. **Is this child currently receiving special education services through an IEP due to a disability or has the child received such services during this school year?** *MARK ONE RESPONSE.*

Yes

No → GO TO Q33 on page 16

3a. **In what capacity or capacities do you currently teach or provide services to this child?** *MARK ALL THAT APPLY.*

Provide instruction directly to this child

Provide related services directly to this child

Provide consultation services directly to this child

Provide indirect consultation services (for example, consultation to this child's teacher)

Provide case management

Other (Please specify):

None of the above

3b. **In what capacity or capacities have you taught or provided services to this child using virtual or distance learning in the current school year?** Please note, virtual or distance learning means teachers or service providers and students do not meet in a classroom but use the internet, e-mail, mail, etc. to have class. *MARK ALL THAT APPLY.*

Provided virtual instruction directly to this child

Provided virtual related services directly to this child

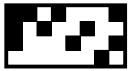
Provided virtual consultation services directly to this child

Provided virtual indirect consultation services (for example, consultation to this child's teacher, preparation of accessible materials)

Provided virtual case management

Other (Please specify):

None of the above



**PLEASE NOTE THE FOLLOWING DEFINITIONS
THAT ARE RELEVANT TO QUESTION 4 BELOW:**

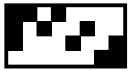
- **Transitional Kindergarten:** A transitional kindergarten (TK) is an extra year of school before kindergarten starts. It is different from preschool or prekindergarten. TK may be for children who are too young to start kindergarten or need more time to be ready for kindergarten. Schools have different names for these programs (for example, early transitional kindergarten, readiness kindergarten, or a kindergarten equivalent in a classroom without grades or one with multiple grades), but all are types of kindergarten. The program may be in a public or private school, or an early childhood setting such as a nursery school, early childhood learning center, or day care center. It may be a full- or part-day program and have regular and/or special education.
- **Transitional first grade:** Transitional first (or pre-first) grade is a school program between kindergarten and first grade. The name of this program may vary by school (for example, a K-1 class or placement). It is for children who have attended kindergarten, but need more time to be ready for first grade. Children in this program may be part of a regular first-grade classroom or in a separate classroom.

4. **When was this child first determined eligible for special education or related services?** *MARK ONE RESPONSE.*

- Before kindergarten
- During transitional kindergarten
- During kindergarten
- During transitional first grade
- During first grade
- During second grade
- Don't know

5. **Is this the first school year that this child has been receiving special education services?** *MARK ONE RESPONSE.*

- Yes →
- No
- Don't know →



6. **When did this child first start receiving special education or related services?** *MARK ONE RESPONSE.*

- Before kindergarten
- During transitional kindergarten
- During kindergarten
- During transitional first grade
- During first grade → GO TO Q10 on page 4
- During second grade → GO TO Q10 on page 4
- Don't know

7. **To what extent were you involved in planning the transition from last year's special education program to this year's special education program for this child?** *MARK ONE RESPONSE.*

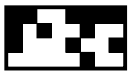
- Not at all
- Somewhat
- Extensively

8. **To what extent did you communicate with the person(s) who provided special education services to this child last school year?** *MARK ONE RESPONSE.*

- Not at all
- Somewhat
- Extensively
- I provided special education to this child last year.

9. **Have you reviewed this child's records related to special education services provided before this school year?** *MARK ONE RESPONSE.*

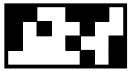
- Yes
- No, I don't have access to the records.
- No, I have access to the records but have not reviewed them.
- No, I provided special education or early intervention to this child last year.



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10. **What is this child's primary disability as identified on the child's IEP?** PLEASE MARK THE CATEGORY BELOW INTO WHICH THE CHILD'S PRIMARY DISABILITY FITS BEST. MARK ONLY ONE.

- Speech or language impairments
- Specific learning disabilities
- Emotional disturbance
- Intellectual disability
- Developmental delay
- Visual impairments (including blindness)
- Hearing impairments (including deafness)
- Orthopedic impairments
- Other health impairments
- Autism
- Traumatic brain injury
- Deaf-blindness
- Multiple disabilities (children included in this category should be those who have more than one primary disability which do not include deaf-blindness or developmental delay)
- No classification is given



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11. What are this child's other disabilities, if any, as identified on the child's IEP?

MARK ALL THAT APPLY.

- No other disabilities
- Speech or language impairments
- Specific learning disabilities
- Emotional disturbance
- Intellectual disability
- Developmental delay
- Visual impairments (including blindness)
- Hearing impairments (including deafness)
- Orthopedic impairments
- Other health impairments
- Autism
- Traumatic brain injury
- Deaf-blindness
- Multiple disabilities (children included in this category should be those who have more than one primary disability which do not include deaf-blindness or development delay)
- No classification given

12. During this school year, has this child received any special education or related services because of attention-deficit disorder (ADD) or attention-deficit/hyperactivity disorder (ADHD)?

MARK ONE RESPONSE.

- Yes
- No



42121

13. During this school year, which of the following describe(s) the IEP goals for this child?
MARK ALL THAT APPLY.

Academics

- Reading
- Mathematics
- Language Arts
- Science

Speech and Language

- Auditory processing
- Listening comprehension
- Oral expression
- Voice/speech articulation
- Language pragmatics

Social

- Social skills
- General appropriateness of behavior

Life Skills

- Adaptive behavior or self-help skills

Physical/Mobility

- Fine motor skills
- Gross motor skills
- Orientation and mobility

Other/None

- Other (Please specify):

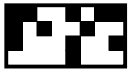
- None of the above



42121

14. During this school year, which of the following related services have been provided through the school to this child? MARK ALL THAT APPLY.

- Audiology
- Counseling services
- Occupational therapy
- Physical therapy
- Psychological services
- Health services
- Social work services
- Special transportation
- Speech or language therapy
- Orientation services
- Mobility services
- Rehabilitation services
- Other (Please specify):
- No related services were provided.



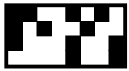
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15. During this school year, has this child received any of the following? MARK ALL THAT APPLY.

- Adaptive physical education
- Assistance from classroom aides (for example, teacher aide, behavioral assistant, special education aide)
- Interpreter for the deaf or hard of hearing (oral or sign)
- Teacher used Braille to provide instruction
- Child was taught how to use Braille
- Teacher used American Sign Language to provide instruction
- Child was taught how to use American Sign Language
- Teacher used Manual English to provide instruction
- Child was taught how to use Manual English
- Teacher used Cued Speech to provide instruction
- Child was taught how to use Cued Speech
- Mental health services, personal/group counseling, therapy, or psychiatric care provided to the child
- Tutoring/remediation from special education teacher
- Training, counseling, and other support/services provided to child's family
- None of the above

16. During this school year, has this child's primary placement been a general education classroom? MARK ONE RESPONSE.

- Yes
- No



17. During this school year, approximately how many hours per week of direct special education and related services (that is, service provided directly to the child from a teacher or another adult) has this child received? *WRITE NUMBER IN BOX. PLEASE ROUND TO THE NEAREST HOUR.*

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Hours per week

18. Of the hours of direct special education and related services reported above, approximately how many of those hours per week were the instruction/services provided outside of a general education classroom but within the school setting? *WRITE NUMBER IN BOX. PLEASE ROUND TO THE NEAREST HOUR.*

--	--

Hours per week

**PLEASE NOTE THE FOLLOWING DEFINITION
THAT IS RELEVANT TO QUESTION 19 BELOW:**

- **Co-teaching** is when a general education teacher and a special education service provider share the teaching responsibility, with the special education service provider providing specialized differentiated lessons for students with special needs. The two teachers participate in lesson or activity planning together and work together in the same classroom to instruct both students with and without disabilities

19. During this school year, what teaching practices and methods have you and/or other special education service providers used with this child? *MARK ALL THAT APPLY.*

- One-on-one instruction
- Small-group instruction
- Large-group instruction
- Co-teaching
- Cooperative learning
- Peer tutoring
- Computer-based instruction
- Direct instruction
- Cognitive strategies
- Self-management
- Behavior management
- Instruction received through a sign interpreter
- None of the above



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20a. During this school year, which of the following best describes the curriculum materials used with this child in the general education classroom or program? *MARK ONE RESPONSE.*

- General education curriculum materials were used without modification.
- General education curriculum materials were used with some modifications.
- General education curriculum materials were used with substantial modifications.
- Specially-designed commercial materials were used.
- Teacher-designed materials were used.
- Child not in this setting.
- Don't know

20b. During this school year, which of the following best describes the curriculum materials used with this child in the special education classroom or program? *MARK ONE RESPONSE.*

- General education curriculum materials were used without modification.
- General education curriculum materials were used with some modifications.
- General education curriculum materials were used with substantial modifications.
- Specially-designed commercial materials were used.
- Teacher-designed materials were used.
- Child not in this setting.
- Don't know



21a. Did this child use any assistive technologies this year? *MARK ONE RESPONSE.*

Yes

No → GO TO Q22 on page 12

21b. During this school year, which of the following assistive technologies and devices has this child used? *MARK ALL THAT APPLY.*

Mobility aids

Vans, vehicles

Wheelchair

Walker

White cane

Communication aids

Electronic with voice output
(for example, Touch Talker)

Electronic without voice output
(for example, device with visual display or printed speech output)

Non-electronic (for example, manual printing board)

Hearing assistance

Hearing aids

FM loops

TTYs/TDDs

Cochlear implants

Real-time captioning

Visual aids

Braille texts

Electronic Braille devices

Digital texts

Magnifying devices

Close-captioned television (CCTV)

Learning aids (non-computer)

Tape recorder

Calculator

Electronic spelling devices

Computer hardware designed or adapted for children with disabilities (for example, alternate keyboards, switch interface)

Used solely by individual child

Shared with other children

Computer software designed for children with disabilities

Reading

Writing

Mathematics

Other/None

Other assistive technologies or devices
(Please specify):

No assistive technologies or devices were used



22. **During this school year, does this child have a computer, laptop, or word processing device assigned to him or her for use full time?** *MARK ONE RESPONSE.*

Yes

No

23. **During this school year, on average, how often have you met with this child's general education teacher(s) to discuss the child's program or progress?** *MARK ONE RESPONSE.*

Not applicable because I am the child's general education teacher → **GO TO Q25**

Not applicable to my work with this child → **GO TO Q25**

Every day or several times a week

Once a week or several times a month

Once a month

A few times over the school year

Once during this school year

Never during this school year → **GO TO Q25**

24. **On average, how long were the meetings with the general education teacher(s) to discuss this child's program or progress?** *MARK ONE RESPONSE.*

1 to 15 minutes

16 to 30 minutes

31 to 45 minutes

46 to 60 minutes

More than 60 minutes

25. **During this school year, approximately how often have you communicated with this child's parents about this child's program or progress (by phone, in person, or in writing, including e-mail)?**

MARK ONE RESPONSE.

Every day or several times a week

Once a week or several times a month

Once a month

A few times over the school year

Once during this school year

Never during this school year



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IF THIS BOX IS CHECKED, PLEASE SKIP THIS QUESTION AND GO TO Q27 ON PAGE 14

26. Now we would like to ask you about your relationship with this child. Below is a series of statements about your relationship with him or her. For each statement, please mark the category that most applies to your relationship with this child. *MARK ONE RESPONSE FOR EACH.*

	Definitely does not apply	Not really	Neutral, not sure	Applies sometimes	Definitely applies
a. I share an affectionate, warm relationship with this child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This child and I always seem to be struggling with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If upset, this child will seek comfort from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. This child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. This child values his or her relationship with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. When I praise this child, he or she beams with pride.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. This child spontaneously shares information about himself or herself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. This child easily becomes angry at me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. It is easy to be in tune with what this child is feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. This child remains angry or is resistant after being disciplined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Dealing with this child drains my energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. When this child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. This child's feelings towards me can be unpredictable or can change suddenly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. This child is sneaky or manipulative with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. This child openly shares his or her feelings and experiences with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source: Pianta, R. C., & Stuhlman, M. W. (2004). Teacher-child relationships and children's success in the first years of school. *School Psychology Review*, 33(3), 444-458. Used with permission.



27. **Now we would like to ask about this child's educational goals. During this school year, has this child received formal individual evaluations in any of the following areas for purposes of developing IEP goals? MARK ALL THAT APPLY.**

- Psychological
- Speech/language
- Vision
- Hearing
- Learning style
- Motor skills
- Academics
- Other (Please specify):
- No evaluations for developing IEP goals were conducted this year

28. **To what extent is this child expected to achieve the same general education goals as other children at his or her grade level this school year? MARK ONE RESPONSE.**

- This child is expected to attain grade level achievement for all of the academic content standards.
- This child is expected to attain grade level achievement for some of the academic content standards.
- This child is expected to attain grade level achievement for only a few of the academic content standards.
- This child is not expected to attain grade level achievement for any of the academic content standards.
- There are no academic content standards at this grade level.
- Don't know

29. **What percentage of this child's current IEP goals have been met or nearly met at this point in the school year? MARK ONE RESPONSE.**

- 76 to 100 percent
- 51 to 75 percent
- 26 to 50 percent
- 1 to 25 percent
- 0 percent



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30. Which of the following best expresses the likelihood that this child will continue to receive some level of special education services (through an IEP) in the next school year? MARK ONE RESPONSE.

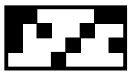
- Definitely will continue in special education
- Very likely to continue in special education
- Likely to continue in special education
- Unlikely to continue in special education
- Very unlikely to continue in special education
- Definitely will not continue in special education (will be dismissed from services)

31. During this school year, to what extent has this child participated in any grade-level assessment administered as part of the school's testing program? MARK ONE RESPONSE.

- Child did not participate in the school's testing or assessment program.
- Child participated in alternate assessments and no regular assessments.
- Child participated in some alternate assessments and some regular assessments.
- Child participated fully in the school's regular testing or assessment program.
- There is no testing or assessment program at this grade level.
- Don't know

32. How far in school do you expect this child to go? MARK ONE RESPONSE.

- Receive less than a high school diploma
- Graduate from high school
- Attend a vocational or technical school after high school
- Attend two or more years of college
- Finish a four- or five-year college degree
- Earn a master's degree or equivalent
- Finish a Ph.D., MD, or other advanced degree



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33. Date Survey Completed:

				2	0	2	1
MONTH		DAY		YEAR			

Thank you very much for answering these questions and for taking the time to participate in the Early Childhood Longitudinal Study.