

# National Study of Special Education Spending Foundational Phase Cognitive Interviews

## Attachment 1—Draft Survey Items

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## Special Education Teacher-Student Resource Draft Survey Items

### Draft Items for the Special Education Teacher-Student Resource Survey

Draft Items Addressed in Cognitive Interviews With Teachers	
Section	Draft Items
<b>General information</b>	Did the student have an Individualized Education Program, or IEP, at any time during the XX school year? a. Yes b. No
	Does the student receive all of their educational and related services in a school or special program that is not operated by the school district? a. Yes {Responds to Out-of-district placement section} b. No
	Does the district provide the student with educational and related services at home or in a hospital because of a medical disability? a. Yes {Responds to Homebound/Hospitalized Student section} b. No
	On average, what proportion of the school day does the student spend in general education classes? a. 80% or more of the school day in general education classes b. 40-79% of the school day in general education classes c. Less than 40% of the school day in general education classes d. Don't know
	<i>If c:</i> Where does the student spend most of their school day? a. Special education classroom with other students with disabilities within a school that educates all students b. Specialized program for students with certain disabilities or needs within a school that educates all students c. Program or classroom in a separate school for students with disabilities d. Community- or employment-based setting e. Other (specify)
	Is the student currently being evaluated to determine whether they qualify for special education services? a. Yes b. No
	During the XX school year, did the student have a 504 plan? a. Yes {End survey} b. No
	Does the student receive instruction in academic subjects from different teachers? a. Yes b. No

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	<p>If the student receives instruction in different subjects from different teachers: Please use the calendar to record the student’s schedule for a typical week. You should record a class or activity for each time block during student’s school day. For some students, this may look like a single class for most of the day. For others, the schedule will include a different class for each period of the school day.</p> <p>A typical week is one where there were no school vacation or in-service days, special testing or assessments, or extracurricular events or field trips during the school day.</p> <ol style="list-style-type: none"> <li>a. General education instruction, including instruction in core academic subjects, unified arts, and other electives that are available to students with and without disabilities.</li> <li>b. Special education, including special education provided to a student 1:1, in a small group, or in a self-contained special education classroom or program but <u>not</u> community-based training, transition services, or homebound or hospital services.</li> <li>c. Community-based instruction, including hands-on learning programs located in the community that provide a variety of hands-on learning opportunities that allows a student with a disability to practice essential skills. Community-based instruction is provided as part of a student’s Individualized Education Program (IEP).</li> <li>d. Transition services for older youth, including coordinated activities for a student with a disability designed to improve their academic and functional achievement with the goal of facilitating a student’s movement from school to post-school activities. Transition services are part of a student’s Individualized Education Program (IEP).</li> <li>e. Related services, including speech-language pathology and audiology services; interpreting services; psychological services; physical and occupational therapy, recreation; counseling services; orientation and mobility services; medical and school health services; social work services; and parent counseling and training. The related services a student should receive are described on their Individualized Education Program (IEP).</li> <li>f. English learner instruction, including language assistance services to help a student become proficient in English and participate equally in the standard instructional program within a reasonable period.</li> <li>g. Additional academic services or supports that are not designated special education.</li> <li>h. Other (specify)</li> </ol>
	<p>If the student does not receive instruction from different teachers. For each school day in a typical school week:</p> <ol style="list-style-type: none"> <li>a. On DAY, how many minutes did the student receive general education instruction, including instruction in core academic subjects, unified arts, and other electives that are available to students with and without disabilities?</li> <li>b. On DAY, how many minutes did the student receive special education including special education provided to a student 1:1, in a small group, or in a self-contained special education classroom or program but <u>not</u> community-based training or transition services?</li> <li>c. On DAY, how many minutes did the student receive community-based training services?</li> <li>d. On DAY, how many minutes did the student receive transition services?</li> <li>e. On DAY, how many minutes did the student receive services from a related services provider?</li> <li>f. On DAY, how many minutes did the student receive English language instruction or support with English language acquisition?</li> <li>g. On DAY, how many minutes did the student receive additional academic services or supports that are not designated as special</li> </ol>

**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<p>education?</p> <p>Please select each type of service or support the student received during the XX school year. Please select all that apply.</p> <ul style="list-style-type: none"> <li>a. Related services {Receives Related Services section}</li> <li>b. Assistive technology and specialized equipment {Receives Assistive Technology and Specialized Equipment section}</li> <li>c. Extended time services {Receives Extended Time Services section}</li> <li>d. Extended school year services {Receives Extended Year Services section}</li> <li>e. Specialized transportation (Receives Specialized Transportation section)</li> <li>f. Other (specify)</li> </ul>
<p><b>Homebound or hospitalized student</b></p>	<p>During XX school year, for how many days did the <i>district provide</i> the student with instruction and related services at home or in the hospital?</p> <ul style="list-style-type: none"> <li>a. Number of days</li> <li>b. Don't know</li> </ul> <p>Who provided instruction and related services to the student at their home or in the hospital? Please select all that apply.</p> <ul style="list-style-type: none"> <li>a. Special education teacher</li> <li>b. Homebound/hospital teacher</li> <li>c. Speech/language therapist</li> <li>d. Orientation/mobility specialist</li> <li>e. Teacher for students who are deaf or hearing specialist</li> <li>f. Teacher of students who are visually impaired or vision specialists</li> <li>g. Psychologist</li> <li>h. Counselor</li> <li>i. Audiologist</li> <li>j. Behavior analyst/technician</li> <li>k. Social worker</li> <li>l. Physical therapist</li> <li>m. Occupational therapist</li> <li>n. Recreational therapist</li> <li>o. Rehabilitation counselor</li> <li>p. Nurse</li> <li>q. Nurse's aide</li> <li>r. Interpreter</li> <li>s. Reader</li> </ul>

**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<p>t. Other (specify)</p> <p><i>For each staff member:</i></p> <p>On average, about how many hours per week did the staff member provide services?</p> <p>a. Hours per week b. Don't know</p> <p>Is the staff member:</p> <p>a. Employed by the district full time b. Employed by the district less than full time c. A private contractor d. Other (specify)</p> <p>Did the district provide instructional materials to the student while at home or in the hospital?</p> <p>a. Yes b. No c. Don't know</p> <p><i>If yes:</i></p> <p>What instructional materials did the district provide the student while they were homebound or hospitalized?</p> <p>a. Specify</p>
<p><b>Student placed outside district</b></p>	<p>What is the student's external placement?</p> <p>a. Special program in other public school district b. Private day school for students with disabilities c. Private residential school for students with disabilities d. Public residential facilities for students with disabilities e. State operated school f. Home or hospital program g. Other (specify)</p> <p>For XX school year, what is the total amount of tuition paid or funds transferred to place the student at another public or private placement outside your school district?</p> <p>a. Total amount for XX school year _____</p> <p>How many days per year of service are provided to the at this placement?</p> <p>a. Number of days</p> <p>Does the district provide or pay for assistive technology or special equipment for the student in addition to or separate from what is provided by their external placement?</p>

**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<p>a. Yes {Responds to Assistive Technology/Specialized Equipment section}</p> <p>b. No</p> <hr/> <p>Do district employees or private contractors provide related services to the student in addition to or separate from what is provided by their external placement?</p> <p>a. Yes {Responds to Related Services section}</p> <p>b. No</p> <hr/> <p>Does the district provide the student with community-based instruction or training services in addition to or separate from what is provided by their external placement?</p> <p>a. Yes {Responds to Community-based Training section}</p> <p>b. No</p> <p>Does the district provide or pay for extended school year services for the student in addition to or separate from what is provided by their external placement?</p> <p>i. Yes {Responds to Extended School Year section}</p> <p>ii. No</p> <hr/> <p>Does the district provide or pay for specialized transportation services for the student in addition to or separate from what is provided by their external placement?</p> <p>a. Yes {Responds to Specialized Transportation Services section}</p> <p>b. No</p>
<p><b>General education instruction</b></p> <p><i>For each time period where respondent indicates a student receives general education instruction in calendar grid or daily log in General Information section.</i></p>	<p>What subject or course is taught during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <p>a. English/language arts</p> <p>b. Health and family education</p> <p>c. Reading</p> <p>d. Mathematics/statistics</p> <p>e. Music/art/drama</p> <p>f. Computer science/technology/innovation lab</p> <p>g. Foreign language</p> <p>h. Science/engineering</p> <p>i. Social studies/history</p> <p>j. Physical education</p> <p>k. Health</p> <p>l. Other (specify)</p> <hr/> <p><i>For each subject or course:</i></p> <p>How many students are in this class during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <p>a. Number</p> <p>b. Don't know</p> <hr/> <p>Who teaches or provides instructional support to students during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <p><i>For each staff category, please provide the number of staff who are in the classroom during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;.</i></p>

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Section	Draft Items
	<p>a. General education teachers or general education specialists {Number}                      b. Special education teachers {Number}                      c. English learner teachers or specialists {Number}                      d. General education assistants or aides {Number}                      e. Special education assistants or aides {Number}                      f. Other staff: (specify)</p> <hr/> <p><i>For each staff member:</i>                      Is staff member assigned to provide instruction or instructional support to:</p> <p>a. All students                      b. One student                      c. Small group of students</p> <p><i>If small group of students:</i>                      How many students does this staff member provide instruction or instructional support during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?                      a. Number of students</p> <hr/> <p>On average, for how many minutes is this staff member in the classroom?                      a. Number of minutes {if not entire period}                      b. Don't know</p> <hr/> <p>Is the staff member:                      a. Employed by the district full time                      b. Employed by the district less than full time                      c. A private contractor                      d. Other (specify)</p>
<p><b>English language services</b>   <i>For each time period where respondent indicates a student receives English language instruction in calendar grid or daily log in General Information section.</i></p>	<p>During &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;, does the student receive language acquisition services for students who are learning English in a:                      a. Self-contained class specifically for students who are learning English                      b. Small group, with only students who are learning English                      c. Small group, with students who are and are not learning English                      d. One-on-one                      e. Other (specify)</p> <hr/> <p><i>For English language services in a self-contained classroom:</i>                      On a typical day, how many students are served in this class during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?                      a. Number of students                      b. Don't know</p>

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	<p>What instructional staff are in the self-contained classroom during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply.  <i>For each category respondent will be prompted to enter number of staff in that category.</i></p> <ul style="list-style-type: none"> <li>a. Teacher certified in teaching English to others as a second language {Number}</li> <li>b. English learner specialists {Number}</li> <li>c. Instructional assistant or aides {Number}</li> <li>d. Other staff (specify) {Number}</li> </ul> <p><i>For each staff member:</i></p> <p>On average, for how many minutes is this staff member in the classroom?</p> <ul style="list-style-type: none"> <li>a. Number of minutes</li> <li>b. Don't know</li> </ul> <p>Is the staff member:</p> <ul style="list-style-type: none"> <li>a. Employed by the district full time</li> <li>b. Employed by the district less than full time</li> <li>c. A private contractor</li> <li>d. Other (specify)</li> </ul>
	<p><i>For English language services provided in small group:</i></p> <p>On a typical day, how many students are served in this group during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <ul style="list-style-type: none"> <li>a. Number of students</li> </ul>
	<p>What instructional staff work with students in the group during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply.  <i>For each category respondent will be prompted to enter number of staff in that category.</i></p> <ul style="list-style-type: none"> <li>a. Teacher certified in teaching English to others as a second language {Number}</li> <li>b. English learner specialists {Number}</li> <li>c. Instructional assistant or aides {Number}</li> <li>d. Other staff (specify) {Number}</li> </ul>
	<p><i>For each staff member:</i></p> <p>On average, for how many minutes does the staff member work with students in the group?</p> <ul style="list-style-type: none"> <li>a. Number of minute</li> <li>b. Don't know</li> </ul> <p>Is the staff member:</p> <ul style="list-style-type: none"> <li>a. Employed by the district full time</li> <li>b. Employed by the district less than full time</li> </ul>



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	<p>c. A private contractor d. Other (specify)</p> <hr/> <p><i>For English language services provided to a student 1:1:</i> Who provides the student with language acquisition services during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply. <i>For each category respondent will be prompted to enter number of staff in that category.</i></p> <p>a. Teacher certified in teaching English to others as a second language {Number} b. English learner specialists {Number} c. Instructional assistant or aides {Number} d. Other staff (specify) {Number}</p> <hr/> <p><i>For each staff member:</i> On average, for how many minutes does the staff member work with the student?</p> <p>a. Number of minutes b. Don't know</p> <p>Is the staff member:</p> <p>a. Employed by the district full time b. Employed by the district less than full time c. A private contractor d. Other (specify)</p>
<p><b>Special education</b></p> <p><i>For each time period where respondent indicates a student receives special education in calendar grid or daily log in General Information section.</i></p>	<p>In what subjects or topics does the student receive specialized instruction during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply.</p> <p>a. English/language arts b. Health and family education c. Reading d. Mathematics/statistics e. Music/art/drama f. Computer science/technology/innovation lab g. Foreign language h. Science/engineering i. Social studies/history j. Physical education k. Health l. English as a second language m. Functional/life skills n. Transition skills o. Recreation, leisure skills</p>

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	<p>p. Self-care, hygiene  q. Work behavior, job skills  r. Independent living skills  s. Behavior/social skills  t. Other (specify)</p> <hr/> <p>Does the student receive special education services during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt; in a:</p> <p>a. Self-contained class specifically for students identified for special education  b. Small group, with only students who receive special education services  c. Small group, with students who do and do not receive special education services  d. One-on-one setting  e. Other (specify)</p> <hr/> <p><i>For special education provided in a self-contained class:</i></p> <p>On a typical day, how many students are served in this class during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <p>a. Number of students</p> <hr/> <p>What instructional staff are in the self-contained classroom during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply.  <i>For each category respondent will be prompted to enter number of staff in that category.</i></p> <p>a. Special education teachers {Number}  b. English learner teachers or specialists {Number}  c. Special education assistants or aides {Number}  d. Related services provider {Number}  e. Other staff (specify) {Number}</p> <p><i>For a-c:</i></p> <p>On average, for how many minutes is staff member in the classroom during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <p>a. Number of minutes  b. Don't know</p> <p>Is the staff member:</p> <p>a. Employed by the district full time  b. Employed by the district less than full time  c. A private contractor  d. Other (specify)</p> <p><i>For d:</i></p>

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	<p>What related services providers are in the self-contained classroom during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply.</p> <p><i>For each category respondent will be prompted to enter number of staff in that category.</i></p> <ul style="list-style-type: none"> <li>a. Speech/language therapist {NUMBER}</li> <li>b. Orientation/mobility specialist {NUMBER}</li> <li>c. Teacher of students who are deaf or hearing specialist {NUMBER}</li> <li>d. Teacher of the visually impaired or vision specialist {NUMBER}</li> <li>e. Psychologist {NUMBER}</li> <li>f. Counselor {NUMBER}</li> <li>g. Behavior analyst/technician {NUMBER}</li> <li>h. Social worker {NUMBER}</li> <li>i. Physical therapist {NUMBER}</li> <li>j. Occupational therapist {NUMBER}</li> <li>k. Recreational therapist {NUMBER}</li> <li>l. Rehabilitation counselor {NUMBER}</li> <li>m. Nurse {NUMBER}</li> <li>n. Nurse's aide {NUMBER}</li> <li>o. Interpreter {NUMBER}</li> <li>p. Reader {NUMBER}</li> <li>q. Parent/family coordinator support staff or family and community liaison {NUMBER}</li> <li>r. Other (specify){NUMBER}</li> </ul>
	<p><i>For each staff member:</i></p> <p>On average, for how many minutes is this staff member in the classroom?</p> <ul style="list-style-type: none"> <li>a. Number of minutes</li> <li>b. Don't know</li> </ul> <p>Is the staff member:</p> <ul style="list-style-type: none"> <li>a. Employed by the district full time</li> <li>b. Employed by the district less than full time</li> <li>c. A private contractor</li> <li>d. Other (specify)</li> </ul>
	<p><i>For special education provided in a small group:</i></p> <p>On a typical day, how many students are served in this group during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <ul style="list-style-type: none"> <li>a. Number of students eligible for special education</li> <li>b. Number of students who are not eligible for special education</li> </ul>
	<p>In what subjects does the student receive specialized instruction in this group during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please</p>

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	<p>select all that apply.</p> <ul style="list-style-type: none"> <li>a. English/language arts</li> <li>b. Health and family education</li> <li>c. Reading</li> <li>d. Mathematics/statistics</li> <li>e. Music/art/drama</li> <li>f. Computer science/technology/innovation lab</li> <li>g. Foreign language</li> <li>h. Science/engineering</li> <li>i. Social studies/history</li> <li>j. Physical education</li> <li>k. Health</li> <li>l. English as a second language</li> <li>m. Functional/life skills</li> <li>n. Transition skills</li> <li>o. Recreation, leisure skills</li> <li>p. Self-care, hygiene</li> <li>q. Work behavior, job skills</li> <li>r. Community transportation, mobility</li> <li>s. Community services, activities</li> <li>t. Independent living skills</li> <li>u. Behavior/social skills</li> <li>v. Other (specify)</li> </ul> <p>What instructional staff work with students in the group during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply.  <i>For each category respondent will be prompted to enter number of staff in that category.</i></p> <ul style="list-style-type: none"> <li>a. Special education teachers {Number}</li> <li>b. English learner teachers or specialists {Number}</li> <li>c. Special education assistants or aides {Number}</li> <li>d. Related services provider {Number}</li> <li>e. Other staff (specify) {Number}</li> </ul> <p><i>For a-c:</i></p> <p>On average, for how many minutes does the staff member work with students in the group &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <ul style="list-style-type: none"> <li>a. Number of minutes</li> <li>b. Don't know</li> </ul> <p>Is the staff member:</p>

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	<p>a. Employed by the district full time                      b. Employed by the district less than full time                      c. A private contractor                      d. Other (specify)</p> <p><i>For d:</i>                      What related services providers work with students in the group during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply.                      For each category respondent will be prompted to enter number of staff in that category.</p> <p>a. Speech/language therapist {NUMBER}                      b. Orientation/mobility specialist {NUMBER}                      c. Teacher for students who are deaf or hearing specialist {NUMBER}                      d. Teacher of the visually impaired or vision specialist {NUMBER}                      e. Psychologist {NUMBER}                      f. Counselor {NUMBER}                      g. Behavior analyst/technician {NUMBER}                      h. Social worker {NUMBER}                      i. Physical therapist {NUMBER}                      j. Occupational therapist {NUMBER}                      k. Recreational therapist {NUMBER}                      l. Rehabilitation counselor {NUMBER}                      m. Nurse {NUMBER}                      n. Nurse's aide {NUMBER}                      o. Interpreter {NUMBER}                      p. Reader {NUMBER}                      q. Parent/family coordinator support staff or family and community liaison {NUMBER}                      r. Other (specify) {NUMBER}</p>
	<p><i>For special education provided to student 1:1:</i>                      In what subjects does the student receive specialized instruction during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply.</p> <p>a. English/language arts                      b. Health and family education                      c. Reading                      d. Mathematics/statistics                      e. Music/art/drama                      f. Computer science/technology/innovation lab                      g. Foreign language                      h. Science/engineering</p>

**Draft Items Addressed in Cognitive Interviews With Teachers**

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	<ul style="list-style-type: none"> <li>i. Social studies/history</li> <li>j. Physical education</li> <li>k. Health</li> <li>l. English as a second language</li> <li>m. Functional/life skills</li> <li>n. Transition skills</li> <li>o. Recreation, leisure skills</li> <li>p. Self-care, hygiene</li> <li>q. Work behavior, job skills</li> <li>r. Community transportation, mobility</li> <li>s. Community services, activities</li> <li>t. Independent living skills</li> <li>u. Behavior/social skills</li> <li>v. Other (specify)</li> </ul> <p>Who provides the student with special education services during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <ul style="list-style-type: none"> <li>a. Special education teachers</li> <li>b. Special education assistants or aides</li> <li>c. Other staff (specify)</li> </ul> <p>On average, for how many minutes does the staff member work the student during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <ul style="list-style-type: none"> <li>a. Number of minutes</li> <li>b. Don't know</li> </ul> <p>Is the staff member:</p> <ul style="list-style-type: none"> <li>a. Employed by the district full time</li> <li>b. Employed by the district less than full time</li> <li>c. A private contractor</li> <li>d. Other (specify)</li> </ul>
<p><b>Community-based Instruction</b></p> <p><i>For each time period where respondent indicates a student receives community-based instruction in calendar grid or daily log in General Information section, and for</i></p>	<p>During &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt; on schedule, did the student receive services community-based training or instruction from a:</p> <ul style="list-style-type: none"> <li>a. Special education teacher</li> <li>b. Special education assistant or aide</li> <li>c. Other special education staff (specify)</li> <li>d. Did not receive training or instruction from special education staff during this block</li> <li>e. Don't know</li> </ul> <p><i>For each staff member:</i></p>

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<p><i>students who are placed outside district who also receive community-based instruction.</i></p>	<p>Is the staff member:</p> <ul style="list-style-type: none"> <li>a. Employed by the district full time</li> <li>b. Employed by the district less than full time</li> <li>c. A private contractor</li> <li>d. Other (specify)</li> </ul> <hr/> <p>Was the service provided to the student:</p> <ul style="list-style-type: none"> <li>c. Member of a group</li> <li>d. 1:1</li> <li>e. Other (specify)</li> </ul> <p><i>If group:</i> How many students were in the group?</p> <ul style="list-style-type: none"> <li>a. Number</li> <li>b. Don't know</li> </ul> <p>For how many minutes during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt; did the student receive community-based instruction?</p> <ul style="list-style-type: none"> <li>a. Number of minutes</li> <li>b. Don't know</li> </ul> <hr/> <p>Does the district or a private contractor provide transportation for the student to their community-based training or instructional program during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> <li>c. Don't know</li> </ul>
<p><b>Transition services for older youth</b></p> <p><i>For each time period where respondent indicates a student receives transition services in calendar grid or daily log in General Information section, and for students who are placed outside district who also receive transition services.</i></p>	<p>What transition services does the student receive during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply.</p> <ul style="list-style-type: none"> <li>a. Instruction</li> <li>b. Related services</li> <li>c. Community experiences</li> <li>d. Development of employment and other post-school adult living objective</li> <li>e. Acquisition of daily skills</li> <li>f. Functional vocational evaluation</li> <li>g. Other (specify)</li> </ul> <hr/> <p>For how many minutes during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt; did the student receive transition services?</p> <ul style="list-style-type: none"> <li>a. Number of minutes</li> </ul>

**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<p>b. Don't know</p> <hr/> <p>Who provides transition services to the student during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;?</p> <p>a. Special education teacher                      b. Special education assistant or aide                      c. Other special education staff (specify)</p> <hr/> <p>Is the staff member:</p> <p>a. Employed by the district full time                      b. Employed by the district less than full time                      c. A private contractor                      d. Other (specify)</p>
<p><b>Related services</b></p> <p><i>For each time period where respondent indicates a student receives transition services in calendar grid or daily log in General Information section.</i></p>	<p>What related services did the student receive during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply.</p> <p>c. Speech/language pathology                      d. Audiology                      e. Interpreting services                      f. Psychological services                      g. Physical therapy                      h. Occupational therapy                      i. Orientation and mobility services                      j. Behavior analysis/therapy                      k. Recreation therapy                      l. Counseling services                      m. Rehabilitation counseling                      n. Medical services                      o. School health services                      p. Social work services                      q. Parent counseling and training                      r. Other (specify)</p> <hr/> <p><i>For each related service:</i></p> <p>Was the service provided to the student:</p> <p>f. Member of a group                      g. 1:1                      h. Other (specify)</p> <p><i>If group:</i>                      How many students were in the group?</p> <p>c. Number                      d. Don't know</p>



**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<p>Who provided the related service for the student during &lt;&lt;TIME BLOCK ON SCHEDULE&gt;&gt;? Please select all that apply.</p> <ul style="list-style-type: none"> <li>a. Speech/language therapist</li> <li>b. Orientation/mobility specialist</li> <li>c. Teacher for students are deaf or hearing specialist</li> <li>d. Teacher of the visually impaired or vision specialist</li> <li>e. Psychologist</li> <li>f. Counselor</li> <li>g. Audiologist</li> <li>h. Behavior analyst/technician</li> <li>i. Social worker</li> <li>j. Physical therapist</li> <li>k. Occupational therapist</li> <li>l. Recreational therapist</li> <li>m. Rehabilitation counselor</li> <li>n. Nurse</li> <li>o. Personal health aide</li> <li>p. Interpreter</li> <li>q. Reader</li> <li>r. Parent/family coordinator support staff or family and community liaison</li> <li>s. Other (specify)</li> </ul>
	<p><i>For each selected a-s:</i></p> <p>On average, for how many minutes is this staff member in the classroom?</p> <ul style="list-style-type: none"> <li>a. Number of minutes</li> <li>b. Don't know</li> </ul>
	<p>Is the related services provider:</p> <ul style="list-style-type: none"> <li>a. Employed by the district full time</li> <li>b. Employed by the district less than full time</li> <li>c. A private contractor</li> <li>d. Other (specify)</li> </ul>
	<p>During the past three months, did the student receive related services that are not provided on a weekly basis? Please select all that apply. This involves related services that were not already reported as part of the student's weekly schedule, including both direct services to the student and consultative services between adults.</p> <ul style="list-style-type: none"> <li>a. Speech/language pathology</li> <li>b. Audiology</li> <li>c. Interpreting services</li> <li>d. Psychological services</li> <li>e. Physical therapy</li> </ul>

**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<ul style="list-style-type: none"> <li>f. Occupational therapy</li> <li>g. Orientation and mobility services</li> <li>h. Behavior analysis/therapy</li> <li>i. Recreation therapy</li> <li>j. Counseling services</li> <li>k. Rehabilitation counseling</li> <li>l. Medical services</li> <li>m. School health services</li> <li>n. Social work services</li> <li>o. Parent counseling and training</li> <li>p. Other (specify)</li> </ul>
	<p><i>For each related service:</i></p> <p>About how many hours did the student receive this service in the past three months?</p> <ul style="list-style-type: none"> <li>a. Number of hours</li> <li>b. Don't know</li> </ul>
	<p>Was the service provided to the student as a:</p> <ul style="list-style-type: none"> <li>a. Member of a group</li> <li>b. 1:1</li> <li>c. Other (specify)</li> </ul> <p><i>If group:</i></p> <p>How many students were in group?</p> <ul style="list-style-type: none"> <li>a. Number</li> </ul>
	<p>Who provided the related service for the student? Please select all that apply.</p> <ul style="list-style-type: none"> <li>a. Speech/language therapist</li> <li>b. Orientation/mobility specialist</li> <li>c. Teacher for students who are deaf or hearing specialist</li> <li>d. Teacher of the visually impaired or vision specialist</li> <li>e. Psychologist</li> <li>f. Counselor</li> <li>g. Audiologist</li> <li>h. Behavior analyst/technician</li> <li>i. Social worker</li> <li>j. Physical therapist</li> <li>k. Occupational therapist</li> <li>l. Recreational therapist</li> <li>m. Rehabilitation counselor</li> </ul>

**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<ul style="list-style-type: none"> <li>n. Nurse</li> <li>o. Personal health aide</li> <li>p. Interpreter</li> <li>q. Reader</li> <li>r. Parent/family coordinator support staff or family and community liaison</li> <li>s. Other (specify)</li> </ul> <p>Is the related services provider:</p> <ul style="list-style-type: none"> <li>a. Employed by the district full time</li> <li>b. Employed by the district less than full time</li> <li>c. A private contractor</li> <li>d. Other (specify)</li> </ul>
<p><b>Extended time services</b></p>	<p>On average, how many hours per week does the student receive services from each type of staff in a before-school, after-school, or weekend program?</p> <p><i>For each of the following services the respondent will indicate whether a student receives as a part of their IEP, the average number of hours per week the student receives and whether the item is shared with other students (and if so, the number of students with whom the item is shared).</i></p> <p><u>General education staff</u></p> <ul style="list-style-type: none"> <li>a. General education teacher</li> <li>b. Non-certified staff, such as aide, paraprofessional, or tutor</li> <li>c. Other (specify)</li> </ul> <p><u>Special education staff</u></p> <ul style="list-style-type: none"> <li>a. Special education teacher</li> <li>b. Special education aide or paraprofessional</li> <li>c. Teacher for students who are deaf or hearing specialist</li> <li>d. Teacher of the visually impaired or vision specialist</li> <li>e. Adapted physical education instructor</li> <li>f. Behavior analyst/technician</li> <li>g. Personal health aide</li> <li>h. Other (specify)</li> </ul> <p><u>English language instruction staff</u></p> <ul style="list-style-type: none"> <li>i. English language teacher</li> <li>j. English language assistant or aide</li> <li>k. Other (specify)</li> </ul>

**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<p><u>Other providers</u></p> <ul style="list-style-type: none"> <li>l. Speech/language therapist</li> <li>m. Orientation/mobility specialist</li> <li>n. Teacher for students who are deaf or hearing specialist</li> <li>o. Teacher of the visually impaired or vision specialist</li> <li>p. Psychologist</li> <li>q. Counselor</li> <li>r. Audiologist</li> <li>s. Behavior analyst/technician</li> <li>t. Social worker</li> <li>u. Physical therapist</li> <li>v. Occupational therapist</li> <li>w. Recreational therapist</li> <li>x. Rehabilitation counselor</li> <li>y. Nurse</li> <li>z. Personal health aide</li> <li>aa. Interpreter</li> <li>bb. Reader</li> <li>cc. Parent/family coordinator support staff or family and community liaison</li> <li>dd. Other (specify)</li> </ul>
<p><b>Specialized Transportation</b></p>	<p><i>If the student receives specialized transportation services:</i></p> <p>Which of the following specialized education transportation services provided by the district does this student receive?</p> <ul style="list-style-type: none"> <li>a. Bus or van from home to general education school/center</li> <li>b. Bus or van from home to special education school/center</li> <li>c. Bus or van from school to school to receive vocational or other special instruction or services</li> <li>d. Bus or van service to access community-based instruction, vocational training, or other off-site services</li> <li>e. Parents are reimbursed for transporting student</li> <li>f. Other (specify)</li> <li>g. Don't know</li> </ul> <hr/> <p>Does the student require any of the following types of assistance to access or use the specialized transportation services provided by the district?</p> <ul style="list-style-type: none"> <li>a. Personal aide or assistant</li> <li>b. Wheelchair lift</li> <li>c. Other (specify)</li> <li>d. Don't know</li> </ul> <hr/> <p>Does the district contract with a private agency to provide specialized transportation services for the student?</p>

**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul>
<b>Extended school year</b>	<p>How many weeks did the student receive extended school year services?</p> <ul style="list-style-type: none"> <li>a. Number of weeks</li> </ul> <p>On average, for how many hours per week did the student receive extended school year service?</p> <ul style="list-style-type: none"> <li>a. Number of hours per week</li> </ul> <p>Did the student receive specialized transportation to access their extended school year services?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul> <p>What services did the student receive as part of their extended school year program?</p> <ul style="list-style-type: none"> <li>a. Instruction or academic support</li> <li>b. Related services</li> <li>c. Behavior management</li> <li>d. Medical or health services</li> </ul> <p><i>For each service:</i></p> <p>How many hours per week did student receive service?</p> <ul style="list-style-type: none"> <li>a. Number of hours per week</li> </ul> <p>Who provides the service:</p> <ul style="list-style-type: none"> <li>a. School district</li> <li>b. Independent contractor</li> <li>c. Parent or family member, in consultation with district</li> <li>d. Other (specify)</li> </ul>
<b>Assistive technology and specialized equipment</b>	<p>What types of assistive technology and specialized equipment does the district provide the student as part of their Individualized Education Program (IEP)?</p> <p><i>For students in external placements, please report assistive technology and specialized equipment that the district purchases above-and-beyond what is included in the tuition payment or funds transferred to the place where the student receives services.</i></p> <p>Identify the items in column (1) that are used to serve the unique needs of this student. Place a check in the box in column (2) corresponding to each item used by this student. If you place a check in the in column (2), please report in column (3) how many students (including this student) share the item on a regular basis.</p> <ul style="list-style-type: none"> <li>a. Classroom materials and equipment             <ul style="list-style-type: none"> <li>i. Basic electronics including timers, calculators, clickers, switches, alarm clocks</li> </ul> </li> </ul>

**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<ul style="list-style-type: none"> <li>ii. Content tools, including abacus, manipulatives, adapted music, pegboards</li> <li>iii. Paper-based content and organizational supports, including agendas, calendars cue cards, alphabet boards</li> <li>iv. Stationary, including colored paper, overlays, highlighter strips, raised lines</li> <li>v. Tools, including pencil grips, scissors, handheld magnifiers, book holders</li> <li>vi. Other (specify)</li>   <li>b. Speech and language equipment, including Augmentative and Alternative Communication (AAC) Devices               <ul style="list-style-type: none"> <li>i. Communication device using boards, cards, and pictures such as an object-based communication display that does not require electricity</li> <li>ii. Speech generating devices with limited response options                   <ul style="list-style-type: none"> <li>a. BigTalk</li> <li>b. BIGmack</li> <li>c. Little Step by Step Choice or other switch-like communication device</li> <li>d. GoTalk</li> <li>e. Message Communicator</li> <li>f. Hiptalk</li> <li>g. Illuminated communicator</li> <li>h. Tactile communicator</li> <li>i. Other (specify)</li> </ul> </li> <li>iii. Advanced speech gathering devices                   <ul style="list-style-type: none"> <li>a. TouchTalk</li> <li>b. TouchTalk Plus</li> <li>c. MiniTalk</li> <li>d. Dynavox</li> <li>e. iPad or tablet with specialized software such as Avaz</li> <li>f. Other (specify)</li> </ul> </li> <li>iv. Scanners with speech synthesizers and voice analyzers</li> <li>v. Visual speech trainer</li> <li>vi. FM System or amplification system</li> <li>vii. CART or other live captioning</li> <li>viii. Other (specify)</li> </ul> </li>   <li>c. Equipment to assist with physical needs               <ul style="list-style-type: none"> <li>i. Computer access                   <ul style="list-style-type: none"> <li>a. Handpointers</li> <li>b. Head Mouse</li> <li>c. Mouthsticks</li> <li>d. Fist/foot keyboards</li> <li>e. Trackpad</li> <li>f. Trackball</li> </ul> </li> </ul> </li> </ul>

**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<ul style="list-style-type: none"> <li>g. Other (specify)</li> <li>ii. Devices to support physical access               <ul style="list-style-type: none"> <li>a. Automatic page turners</li> <li>b. Clip clamp</li> <li>c. Desktop easel on a wheelchair tray</li> <li>d. Door openers</li> <li>e. Grab bars</li> <li>f. Mounting devices and systems</li> <li>g. Page holders</li> <li>h. Reachers</li> <li>i. Slant boards</li> <li>j. Lighted table</li> <li>k. Other (specify)</li> </ul> </li> <li>iii. Physical supports               <ul style="list-style-type: none"> <li>a. Blocks</li> <li>b. Bolsters</li> <li>c. Crashpad</li> <li>d. Weighted blankets or vests</li> <li>e. Positioning equipment (specify)</li> <li>f. Other (specify)</li> </ul> </li> <li>iv. Switches               <ul style="list-style-type: none"> <li>a. Adaptive switches</li> <li>b. External switches activated by pressure (including finger, drip, or head), eyebrows, tilt, or breath</li> <li>c. Eye blink or eye gaze switch</li> <li>d. Other (specify)</li> </ul> </li> <li>v. Seating modification               <ul style="list-style-type: none"> <li>a. Chair leg modifications</li> <li>b. Chair with arms</li> <li>c. Desk modifications</li> <li>d. Exercise ball</li> <li>e. Foot support</li> <li>f. Seat cushions</li> <li>g. T-stool</li> <li>h. Other (specify)</li> </ul> </li> <li>vi. Mobility equipment, provided by the school or LEA (opens sub-menu)               <ul style="list-style-type: none"> <li>a. Cane</li> <li>b. Crutches</li> <li>c. Orthotic devices</li> <li>d. Prosthetics</li> <li>e. Walkers</li> <li>f. Wheelchairs, manual</li> </ul> </li> </ul>

**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<ul style="list-style-type: none"> <li>g. Wheelchairs, electric</li> <li>h. Portable ramp</li> <li>i. Other (specify)</li>   <li>d. Computer hardware and related equipment               <ul style="list-style-type: none"> <li>i. Laptop computer</li> <li>ii. Desktop Computer</li> <li>iii. iPad or Tablet</li> <li>iv. Printer</li> <li>v. Computer accessories (not adaptive)- keyboards, mounts, mouse, clickers</li> <li>vi. iPad/tablet accessories - holders, stylus</li> <li>vii. Computer monitor</li> <li>viii. Sound equipment - speakers, headphones, digital recorders</li> <li>ix. Interactive whiteboard</li> <li>x. Other (specify)</li> </ul> </li>   <li>e. Software and Apps               <ul style="list-style-type: none"> <li>i. Auto-captioning</li> <li>ii. Art tools</li> <li>iii. Audiobooks, players, recorders</li> <li>iv. Math tools</li> <li>v. Behavior monitoring or support</li> <li>vi. Organization and notetaking</li> <li>vii. Reading and writing support</li> <li>viii. Speech recognition</li> <li>ix. Speech to text or text to speech</li> <li>x. Screen magnifier</li> <li>xi. Video platform</li> <li>xii. Writing support</li> <li>xiii. Other (specify)</li> </ul> </li>   <li>f. Vision related               <ul style="list-style-type: none"> <li>i. Braille access (opens sub-menu)                   <ul style="list-style-type: none"> <li>a. Braille</li> <li>b. Braille calculator</li> <li>c. Braille display</li> <li>d. Braille printer</li> <li>e. Braille label maker</li> <li>f. Braille keyboard</li> </ul> </li> <li>ii. Bright switch</li> <li>iii. Eyeglasses, provided by the school or LEA</li> </ul> </li> </ul>



**Draft Items Addressed in Cognitive Interviews With Teachers**

Section	Draft Items
	<ul style="list-style-type: none"> <li>iv. Large print materials</li> <li>v. Magnification dome</li> <li>vi. Video magnifier (such as Zoomax)</li> <li>vii. Talking devices such as calculators, dictionaries, or phones</li> <li>viii. Other (specify)</li>   <li>g. Mobility equipment               <ul style="list-style-type: none"> <li>i. Adaptive vehicle</li> <li>ii. Wheelchair</li> <li>iii. Other (specify)</li> </ul> </li>   <li>h. Recreation/Leisure equipment               <ul style="list-style-type: none"> <li>i. Adaptive play equipment</li> <li>ii. Automatic swing</li> <li>iii. Play equipment</li> <li>iv. Other (specify)</li> </ul> </li>   <li>i. Health and hygiene equipment               <ul style="list-style-type: none"> <li>i. Adaptive feeding equipment</li> <li>ii. Feeding table</li> <li>iii. Safety toilet support</li> <li>iv. Shower chair</li> <li>v. Toileting equipment</li> <li>vi. Other (specify)</li> </ul> </li>   <li>j. Other assistive devices/adaptive equipment               <ul style="list-style-type: none"> <li>i. Other (specify)</li> </ul> </li> </ul>

## ABILITIES Index or Alternative Student Needs Assessment

	A		B		I	L						I		T		I	E		S
	Audition (Hearing) Rate Both		Behavior & Social Skills Rate Both		Intellectual Functioning	Limbs (use of hands, arms, and legs) Rate All						Intentional Communication Rate Both		Tonicity (Muscle Tone) Rate Both		Integrity of Physical	Eyes (Vision) Rate Both		Structural Status
	Left Ear	Right Ear	Social Skills	Inapprop. Behavior	Thinking & Reasoning	Left Hand	Left Arm	Left Leg	Right Hand	Right Arm	Right Leg	Understanding others	Communicating with others	Degree of tightness	Degree of looseness	Overall Health	Left Eye	Right Eye	Shape, Body Form & Structure
0	Normal		All behaviors typical & appropriate for age		Normal for age			Complete normal use				Normal	Normal	Normal	Normal	General good health	Normal		Normal
1	Suspected hearing loss		Suspected disability	Suspected inapprop. Behaviors	Suspected disability			Suspected difficulty				Suspected disability	Suspected disability	Suspected disability	Suspected disability	Suspected health problems	Suspected vision loss		Suspected difference or interference
2	Mild hearing loss		Mild disability	Mildly inapprop. Behaviors	Mild disability			Mild difficulty				Mild disability	Mild disability	Mild disability	Mild disability	Minor ongoing health problems	Mild vision loss		Mild difference or interference
3	Moderate hearing loss		Moderate disability	Moderately inapprop. Behaviors	Moderate disability			Moderate difficulty				Moderate disability	Moderate disability	Moderate disability	Moderate disability	Ongoing but medically-controlled health problems	Moderate vision loss		Moderate difference or interference
4	Severe hearing loss		Severe disability	Severely inapprop. Behaviors	Severe disability			Severe difficulty				Severe disability	Severe disability	Severe disability	Severe disability	Ongoing poorly-controlled health problems	Severe vision loss		Severe difference or interference
5	Profound hearing loss		Extreme disability	Extremely inapprop. Behaviors	Profound disability			Profound difficulty				Profound disability	Profound disability	Profound disability	Profound disability	Extreme health problems, near total restriction of activities	Profound vision loss		Extreme difference or interference

## Local Education Agency (LEA) Student Resource Draft Survey Items

Draft Items Addressed in Cognitive Interviews With District Student Services Personnel	
Section	Draft Item(s)
Service arrangements	<p>During the XX school year, did your district have students with disabilities who resided in your district, but received special education and related services from a consortium, cooperative, or other sharing arrangement with other school districts?</p> <p>Such arrangements usually involve districts sharing in the provision of services, especially to low-incidence students. Such consortia or cooperatives may have independent budgets and directors. Direct service staff (e.g., special education teachers) or administrative and direct service responsibilities may be shared across districts.</p> <p>a. Yes b. No</p> <p><i>If yes:</i></p> <p>During the XX school year, how many students with disabilities received special education services from consortia, cooperatives, or other sharing arrangements with other school districts?</p>
	<p>During the XX school year, did your district have students with disabilities who resided in your district, but received special education and related services from an intermediate educational unit (IEU) that operates independently from local school districts?</p> <p>An IEU is a separate administrative unit established by the state that serves a regional group of school districts. For special education, the administrative unit may provide various special education services such as special schools or classrooms for certain low-incidence or high-cost students. Such services may include direct instructional or related services or administrative and support services related to the special education program. Examples of these include the Intermediate Units (IUs) in Pennsylvania, the Administrative Educational Areas (AEAs) in Iowa, the Boards of Cooperative Educational Services (BOCES) in New York.</p> <p>a. Yes b. No</p> <p><i>If yes:</i></p> <p>During the XX school year, how many students with disabilities received special education services from an intermediate educational unit?</p>
	<p>During the XX school year, did your district have students with disabilities who resided in your district, but received special education and related services from a state-operated school?</p> <p>State-operated schools are independent schools that serve a particular type of student (e.g., students with significant visual or auditory impairments). These schools are run and staffed by the state.</p> <p>a. Yes b. No</p> <p><i>If yes:</i></p> <p>During the XX school year, how many students with disabilities received special education services from a state operated school?</p>
	<p>During the XX school year, did your district have students with disabilities who resided in your district, but received special education and/or related services from a non-public school? These nonpublic schools provide specialized services to a particular type of student and generally receive tuition payments from the district in which the students reside.</p> <p>a. Yes</p>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<p>b. No  <i>If yes:</i>                      During the XX school year, how many students with disabilities received special education services from a nonpublic school?</p> <hr/> <p>During the XX school year, did your district provide special education and related services to students with disabilities who resided in other school districts?                      a. Yes                      b. No  <i>If yes:</i>                      During the XX school year, for how many students with disabilities from other school districts did your district provide special education and related services?</p> <hr/> <p>During the XX school year, did your district operate a special school that served only students with disabilities?                      For example, a school for students who are deaf or school for students with low-incidence disabilities.                      a. Yes                      b. No  <i>If yes:</i>                      During the XX school year, how many students with disabilities attended the special schools operated by the district?</p> <hr/> <p>During XX school year, did your district operate specialized special education programs within neighborhood schools that students with disabilities may attend?                      For example, a district might operate a specialized program for students with autism spectrum disorder or for students with emotional or behavioral disorders.                      a. Yes                      b. No  <i>If yes:</i>                      During the XX school year, how many students with disabilities attended specialized programs operated by the district?</p>
<b>Staffing</b>	<p>How many FTE staff were employed by your district for special education administration? Special education administration refers to coordination activities and supervisory activities that do not provide direct services to students. For each job title, enter the FTE equivalent. The staff may be based at the district or school level.</p> <ul style="list-style-type: none"> <li>a. Director of special education</li> <li>b. Vice principal for special education</li> <li>c. Program coordinator or special education department head</li> <li>d. Office staff</li> <li>e. Psychologists</li> <li>f. Social workers</li> </ul>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<p>g. Counselors  h. Speech/language specialist or pathologists  i. Orientation/mobility specialists  j. Teacher for students who are deaf or hearing specialist  k. Audiologists  l. Teacher of students who are visually impaired or vision specialists  m. Physical therapists  n. Recreational therapists  o. Rehabilitation counselors  p. Assistive technology specialists  q. Parent/family coordinators or family and community liaisons  r. Transition specialists  s. Nurses  t. Physicians or medical professionals  u. Other (specify)</p> <hr/> <p><i>For each of the personnel selected:</i>  Is X primarily based at the district central office, a school, or somewhere else?  a. District central office  b. School  c. Other  What percentage of X's time do they spend on special education administration activities?  What is X's salary or hourly rate?</p> <hr/> <p>During the XX school year, how much did you spend on the following types of private contractors to provide special education and related services to students with IEPs in your district?  a. Speech/language specialists  b. Audiologists  c. Vision specialists  d. Physical/occupational therapists  e. Other therapists  f. Psychologists  g. Physicians  h. Nurses  i. Other (specify)</p>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<p><i>For each category:</i></p> <ul style="list-style-type: none"> <li>a. Total spending for XX school year</li> <li>b. Average hourly rate they paid during the XX school year</li> </ul>
<b>Direct costs</b>	<p>During the XX school year, what were the estimated total expenditures on staff professional development for special education? Expenditures may include registration fees, travel, conference expenses, and provider fees.</p> <p>During the XX school year, what were the estimated total expenditures for software used to administer the district’s special education program? Special education software includes software for IEP development and management and progress monitoring.</p> <p>During the XX school year, what were the estimated total expenditures of capital improvements made to meet students’ needs articulated in students’ IEPs?</p>
<b>Student transitions</b>	<p>Who coordinates transition services for older students?</p> <ul style="list-style-type: none"> <li>a. Director of special education</li> <li>b. Vice principal for special education</li> <li>c. Program coordinator or special education department head</li> <li>d. Transition specialist</li> <li>e. Special education teacher</li> <li>f. Office staff</li> <li>g. Other (specify)</li> </ul> <p>Approximately how many hours per month did X spend coordinating transition services during the XX school year? (<i>Prepopulates with staff selected in preceding question.</i>)</p> <p>For how many older students did your district provide transition services during the XX school year?</p> <p>Does your district provide any of the following transition activities?</p> <ul style="list-style-type: none"> <li>a. Coursework including technical college classes at an institution of higher education</li> <li>b. Independent living skills training provided at a property rented, leased, or purchased by the district</li> <li>c. Development of employment and other post-school adult living objectives</li> <li>d. Acquisition of daily skills</li> <li>e. Functional vocational evaluations</li> <li>f. Other (specify)</li> </ul> <p>What were the estimated total expenditures of the transition activity in XX school year? (<i>Pre-populates with activities selected in preceding question.</i>)</p>
<b>Assistive technology</b>	<p>During the XX school year, what were the estimated total expenditures on assistive technology devices, including maintenance and repair of assistive technology devices?</p>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
<b>Curriculum administration/planning</b>	During the XX school year, what were the estimated total expenditures on curriculum used to meet students' needs articulated in students' IEPs?
<b>Homebound/hospital programs</b>	<p>Who coordinates homebound/hospital services for students with IEPs?</p> <ol style="list-style-type: none"> <li>Director of special education</li> <li>Vice principal for special education</li> <li>Program coordinator or special education department head</li> <li>Transition specialist</li> <li>Special education teacher</li> <li>Office staff</li> <li>Other (specify)</li> </ol> <hr/> <p>During the XX school year, did your district serve students with an IEP who were homebound or hospitalized in external programs supported by district funds for tuition or other fees?</p> <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> <p><i>If Yes:</i></p> <ol style="list-style-type: none"> <li>Number of students</li> <li>What was the total amount of <b>tuition, fees, or transfers of funds</b> paid by your district for all the students served in this homebound/hospital program? <i>Please report total dollars for all students combined.</i></li> </ol> <hr/> <p>During the XX school year, did your district operate its own homebound/hospital program for students with an IEP using district employees or individual private contractors?</p> <ol style="list-style-type: none"> <li>Yes</li> <li>No</li> </ol> <p><i>If Yes:</i></p> <ol style="list-style-type: none"> <li>Number of students</li> </ol> <hr/> <p><i>For districts that operated their own program:</i></p> <p>During the XX school year, what staff did the district <b>employ</b> to provide homebound/hospital services?</p> <p><b>Teachers &amp; Related Services Staff</b></p> <ol style="list-style-type: none"> <li>Homebound/hospital teacher</li> <li>Speech/language therapist</li> <li>Physical/occupational therapist</li> <li>Audiologists</li> <li>Counselors</li> <li>Nurses</li> </ol>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<p>g. Other professional staff (specify)</p> <p><b>Paraprofessionals and Aides</b></p> <p>h. Paraprofessionals</p> <p>i. Nurses aides</p> <p>j. Other support staff (specify)</p> <p><i>For each:</i></p> <p>    a. What was the percentage of FTE for XX school year?</p> <hr/> <p><i>For districts that operated their own program:</i></p> <p>During the XX school year, what private contractors did the district employ to provide homebound/hospital services?</p> <p><b>Teachers &amp; Related Services Staff</b></p> <p>a. Homebound/hospital teacher</p> <p>b. Speech/language therapist</p> <p>c. Physical/occupational therapist</p> <p>d. Audiologists</p> <p>e. Counselors</p> <p>f. Nurses</p> <p>g. Other professional staff (specify)</p> <p><b>Paraprofessionals and Aides</b></p> <p>h. Paraprofessionals</p> <p>i. Nurses aides</p> <p>j. Other support staff (specify)</p> <p><i>For each:</i></p> <p>    a. What was the percentage of FTE for XX school year?</p> <p>    b. Total estimated spending for XX school year</p> <hr/> <p>How much did you spend during the XX school year in each of the following nonpersonnel categories to support homebound/hospital services? This should not include tuition paid to external programs.</p> <p>a. Instructional supplies, materials, and books</p> <p>b. Travel</p> <p>c. Capital outlay</p> <p>d. Other nonpersonnel (specify)</p>
<b>Tuition/fees for external placements</b>	During the XX school year, did your district pay tuition, fees, or other related expenses, or transfer funds to other public or private entities, for services provided to students with IEPs ages 5–22 in external placements?



**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<p>External placements <b>include</b> state schools for students with disabilities or schools or programs operated by a consortium, cooperative, or intermediate educational unit.</p> <p>a. Yes b. No</p> <hr/> <p><i>If yes:</i></p> <p><b>Public programs not operated by district</b></p> <p>a. Nonresidential special education school b. Residential special education school</p> <p><b>Nonpublic schools or programs</b></p> <p>a. Special education day school b. Special education residential school</p> <p><i>For each category:</i></p> <p>a. Number of students served b. Total tuition, fees, related expenses (including transportation) or transfers of funds paid by the district for XX school year</p>
<b>Extended school year services</b>	<p>During summer XX, did your district’s special education office provide or support extended school year services for students with IEPs?</p> <p>a. Yes b. No</p> <p><i>If yes:</i></p> <p>a. For how many students did the district provide extended school year services? b. For how many weeks during summer XX did the district provide extended school year services?</p> <hr/> <p><i>If yes</i></p> <p>For each of the following job titles, how many hours did the district employ staff during summer XX to provide extended school year services for students with IEPs:</p> <p><b>Special education administrative staff</b></p> <p>a. Program director b. Other central office administrators c. Site directors</p> <p><b>Special education teachers</b></p> <p>d. Special class teachers e. Resource specialists/teachers f. Other (specify)</p>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<p><b>Special education related service staff</b></p> <ul style="list-style-type: none"> <li>g. Speech/language specialists</li> <li>h. Audiologists</li> <li>i. Vision specialists</li> <li>j. Physical/occupational therapists</li> <li>k. Psychologists</li> <li>l. Social workers</li> <li>m. Counselors</li> <li>n. Nurses and other medical personnel</li> <li>o. Other (specify)</li> </ul> <p><b>Special education paraprofessional and clerical staff</b></p> <ul style="list-style-type: none"> <li>p. Central office administrative assistants and clerical staff</li> <li>q. School site administrative assistants and clerical staff</li> <li>r. Teacher aides or assistants</li> <li>s. Personal or health aides</li> <li>t. Other (specify)</li> </ul>
	<p><i>For each staff category above:</i></p> <p>Does the district pay a different hourly or salaried wage for employees who work during the summer months?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul> <p>If yes, for each labor category, what is the summer rate?</p>
	<p>During summer XX, did the district employ private contractors to provide special education services to students with IEPs?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul> <p><i>If yes:</i></p> <ul style="list-style-type: none"> <li>u. How much was spent for:             <ul style="list-style-type: none"> <li>a. Speech/language specialists</li> <li>b. Audiologists</li> <li>c. Vision specialists</li> <li>d. Physical/occupational therapists</li> <li>e. Other therapists</li> <li>f. Psychologists</li> </ul> </li> </ul>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<ul style="list-style-type: none"> <li>g. Physicians and other medical professions</li> <li>h. Nurses</li> <li>i. Other consultants/contractors (specify)</li> </ul> <p>During summer XX, how much did the district spend for each of the nonpersonnel items listed below to support instructional and related services provided to students with IEPs who received extended school year services?</p> <ul style="list-style-type: none"> <li>a. Instructional supplies, materials, and books</li> <li>b. Fees, dues, subscriptions, and related expenses for professional development</li> <li>c. Travel for itinerant staff and for transporting parents to appointments and meetings</li> <li>d. Travel for students to receive extended year services</li> <li>e. Capital outlay for specialized equipment</li> <li>f. Spending to rent or maintain facilities</li> <li>g. Other nonpersonnel</li> </ul>
<b>Child find/student eligibility</b>	<p>During XX school year, how many students were evaluated for special education eligibility?</p> <ul style="list-style-type: none"> <li>a. Number of students evaluated for initial eligibility</li> <li>b. Number of students evaluated for continuing eligibility</li> </ul> <p>During XX school year, how many students were newly identified for special education?</p> <ul style="list-style-type: none"> <li>a. Number</li> </ul> <p>For the XX school year, what were the estimated total expenditures on supplies (e.g., test protocols) for evaluating students?</p> <p>For the XX school year, what were the estimated total expenditures related to advertising, public awareness, or posting notices for Child Find?</p> <p>At the district level, who regularly participates in prereferral activities, including meetings with teachers, parents, and other team members to discuss student needs?</p> <ul style="list-style-type: none"> <li>a. Director of special education</li> <li>b. Vice principal for special education</li> <li>c. Program coordinator or special education department head</li> <li>d. Special education teachers</li> <li>e. General education teachers</li> <li>f. Office staff</li> <li>g. Psychologists</li> <li>h. Social workers</li> <li>i. Counselors</li> <li>j. Speech/language specialist or pathologists</li> <li>k. Orientation/mobility specialists</li> </ul>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<ul style="list-style-type: none"> <li>l. Teacher for students who are deaf or hard of hearing/hearing specialist</li> <li>m. Audiologists</li> <li>n. Teacher of students who are visually impaired or vision specialists</li> <li>o. Physical therapists</li> <li>p. Recreational therapists</li> <li>q. Rehabilitation counselors</li> <li>r. Assistive technology specialists</li> <li>s. Parent/family coordinators or family and community liaisons</li> <li>t. Transition specialists</li> <li>u. Nurses</li> <li>v. Physicians or medical professionals</li> <li>w. Other (specify)</li> </ul> <p>For each staff group, on average what is the percentage of FTE?                      During the XX school year, about how many hours per month did X spend coordinating universal screening? (<i>Prepopulates with staff selected in preceding question.</i>)</p> <hr/> <p>During the XX school year, who regularly participates in initial or ongoing assessment or evaluations for students who have not previously been identified as eligible for special education in your district?                      This includes participation in determination of staff involved in the IEP process, conduct of assessment and evaluation, IEP meetings, completion of IEP documents, and preparation of written assessments.</p> <ul style="list-style-type: none"> <li>a. Director of special education</li> <li>b. Vice principal for special education</li> <li>c. Program coordinator or special education department head</li> <li>d. Special education teachers</li> <li>e. General education teachers</li> <li>f. Office staff</li> <li>g. Psychologists</li> <li>h. Social workers</li> <li>i. Counselors</li> <li>j. Speech/language specialist or pathologists</li> <li>k. Orientation/mobility specialists</li> <li>l. Teacher for students who are deaf or hearing specialist</li> <li>m. Audiologists</li> <li>n. Teacher of students who are visually impaired or vision specialists</li> <li>o. Physical therapists</li> </ul>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<p>p. Recreational therapists  q. Rehabilitation counselors  r. Assistive technology specialists  s. Parent/family coordinators or family and community liaisons  t. Transition specialists  u. Nurses  v. Physicians or medical professionals  w. Other (specify)</p> <p><i>For each staff category:</i>  During the XX school year, about how many hours per month did X spend on initial or ongoing assessments or evaluations for students who have not previously been identified as eligible for special education in your district?</p> <hr/> <p>During the XX school year, who regularly participates in assessment or reevaluations for students who have previously been identified as eligible for special education in your district, including determination of staff involved in IEP process, conduct of assessment and evaluation, IEP meetings, completion of IEP documents, and preparation of written assessments)?</p> <p>a. Director of special education  b. Vice principal for special education  c. Program coordinator or special education department head  d. Special education teachers  e. General education teachers  f. Office staff  g. Psychologists  h. Social workers  i. Counselors  j. Speech/language specialist or pathologists  k. Orientation/mobility specialists  l. Teacher for students who are deaf or hearing specialist  m. Audiologists  n. Teacher of students who are visually impaired or vision specialists  o. Physical therapists  p. Recreational therapists  q. Rehabilitation counselors  r. Assistive technology specialists  s. Parent/family coordinators or family and community liaisons  t. Transition specialists</p>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<ul style="list-style-type: none"> <li>u. Nurses</li> <li>v. Physicians or medical professionals</li> <li>w. Other (specify)</li> </ul> <p><i>For each staff member:</i></p> <p>During the XX school year, about how many hours per month did X spend on assessment or reevaluations for students who have previously been identified as eligible for special education in your district? (<i>Prepopulates with staff selected in preceding question.</i>)</p> <hr/> <p>Does your school district conduct universal screening for Child Find?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul> <hr/> <p><i>If yes:</i></p> <p>During the XX school year, who coordinated universal screening for Child Find in the district?</p> <ul style="list-style-type: none"> <li>a. Director of special education</li> <li>b. Vice principal for special education</li> <li>c. Program coordinator or special education department head</li> <li>d. Office staff</li> <li>e. Other (specify)</li> </ul> <hr/> <p><i>For each staff member:</i></p> <p>During the XX school year, about how many hours per week did X spend coordinating universal screening? (<i>Prepopulates with staff selected in preceding question.</i>)</p>
<p><b>Procedural safeguards and due process</b></p>	<p>During the past two school years, were any special education complaints lodged against your district with the state education agency (SEA)?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul> <p><i>If yes:</i></p> <p>For the &lt;&lt;immediate past year&gt;&gt; school year, how many special education complaints against your district were submitted to the SEA?</p> <p>For the &lt;&lt;two years past&gt;&gt; school year, how many special education complaints against your district were submitted to the SEA?</p> <p><i>For each:</i></p> <p>↳ How many of the complaints were dismissed by the SEA?</p> <hr/> <p><i>For each year in which there was a complaint:</i></p> <p>Did your district use private lawyers or other private contractors for legal services associated with the special education complaints?</p> <ul style="list-style-type: none"> <li>a. Yes</li> <li>b. No</li> </ul> <p><i>If yes:</i></p>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<p>What was the total amount spent by your district for the XX school year for private lawyers or other private contractors for legal services associated with the special education complaints?</p> <p>Did your district use its own legal staff to handle complaints against the district? (Yes/no)</p> <p>a. Yes</p> <p>b. No</p> <p><i>If yes:</i></p> <p>What legal staff were used?</p> <p><i>For each staff member:</i></p> <p>    ↳ During the XX school year, about what percentage of their time was spent handling complaints against the district?</p>
	<p><i>For each school year:</i></p> <p>During the XX school year, what staff were responsible for coordinating the district’s response to complaints?</p> <p><i>For each staff member:</i></p> <p>During the &lt;&lt;school year&gt;&gt;, about what percentage of their time was spent handling complaints against the district?</p>
	<p>During the past two school years, was your district involved in special education mediation?</p> <p>a. Yes</p> <p>b. No</p> <p><i>If yes:</i></p> <p>For the &lt;&lt;immediate past year&gt;&gt; school year, how many cases were submitted to the SEA?</p> <p>For the &lt;&lt;two years past&gt;&gt; school year, how many cases were submitted to the SEA?</p> <p><i>For each year where there was a case:</i></p> <p>    ↳ How many special education mediation cases were resolved through mediation?</p>
	<p><i>For each school year:</i></p> <p>During the XX school year, what staff were responsible for coordinating special education mediation?</p> <p><i>For each staff member:</i></p> <p>During the XX school year, about what percentage of their time was spent coordinating special education mediation?</p>
	<p>During the past two school years, was your district involved in any due process hearings?</p> <p>a. Yes</p> <p>b. No</p> <p><i>If yes:</i></p> <p>For the &lt;&lt;immediate past year&gt;&gt; school year, how many special education due process cases were initiated?</p> <p>For the &lt;&lt;two years past&gt;&gt; school year, how many special education due process cases were initiated?</p>

**Draft Items Addressed in Cognitive Interviews With District Student Services Personnel**

Section	Draft Item(s)
	<p>↪ <i>For each:</i> Of those due process cases, how many cases were simultaneously pursued through special education mediation?</p> <p>↪ <i>For each:</i> How many special education due process cases were resolved?</p>
	<p><i>For each year where there was a due process hearing:</i></p> <p>Did your district use private lawyers or other private contractors for legal services associated with due process hearings?</p> <p>a. Yes</p> <p>b. No</p> <p><i>If yes:</i></p> <p>What was the total amount spent by district for the &lt;&lt;school year&gt;&gt; for private lawyers or other private contractors for legal services associated with due process hearings?</p> <p>Did your district use its own legal staff to handle due process hearings?</p> <p>a. Yes</p> <p>b. No</p> <p><i>If yes:</i></p> <p>What legal staff were used?</p> <p><i>For each staff member:</i></p> <p>During the XX school year , about what percentage of their time was spent handling due process hearings?</p>
	<p><i>For each school year:</i></p> <p>During the XX school year, what staff were responsible for coordinating due process hearings?</p> <p><i>For each staff member:</i></p> <p>During the &lt;&lt;school year&gt;&gt;, about what percentage of their time was spent coordinating due process hearings?</p>
	<p>In the past two school years, was your district involved in any special education litigation beyond complaints, mediation, and due process hearings?</p> <p>a. Yes</p> <p>b. No</p> <p><i>If yes:</i></p> <p>For the &lt;&lt;immediate past year&gt;&gt; school year, in how many other court cases involving services for students receiving special education was the district involved?</p> <p>For the &lt;&lt;two years past&gt;&gt; school year, in how many other court cases involving services for students receiving special education was the district involved?</p>
	<p>Did your district use private lawyers or other private contractors for legal services associated with other court cases involving services for students receiving special education?</p> <p>a. Yes</p>



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Section	Draft Item(s)
	<p>b. No  <i>If yes:</i>                      What was the total amount spent by the district for the XX school year for private lawyers or other private contractors for legal services associated with other court cases involving services for students receiving special education?                      Did your district use its own legal staff to handle other court cases involving services for students receiving special education?</p> <p>a. Yes                      b. No  <i>If yes:</i>                      What legal staff were used?  <i>For each staff member:</i>                      During the &lt;&lt;school year&gt;&gt;, about what percentage of their time was spent handling other court cases involving services for students receiving special education?</p> <p><i>For each school year:</i>                      During the XX school year, what staff were responsible for other court cases involving services for special services was the district involved?  <i>For each staff member:</i>                      During the &lt;&lt;school year&gt;&gt;, about what percentage of their time was spent coordinating other court cases involving services for students receiving special education?</p> <p>During the XX school year, did the district participate in a legal cost fund or purchase legal insurance?                      a. Yes                      b. No  <i>If yes:</i>                      For the XX school year, how much was spent on the legal cost fund or legal insurance?</p> <p>During the XX school year, did your district use private lawyers or other private contractors to support policy development?                      a. Yes                      b. No  <i>If yes:</i>                      For the XX school year, how much was spent on private lawyers or other private contractors to support policy development?</p>
<b>Compliance activities</b>	<p>During the XX school year, what district staff were involved in preparing data and reports required to comply with federal and state special education laws?                      &lt;&lt;staff categories will be developed with input received during cognitive testing&gt;&gt;  <i>For each staff member:</i></p>

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<b>Section</b>	<b>Draft Item(s)</b>
	<p>About what percentage of their time was spent on these activities?</p> <p>During the XX school year, did the district purchase or pay a licensing fee for software that is needed to compile data and generate reports to comply with federal and state special education laws?</p> <p>a. Yes b. No</p> <p><i>If yes:</i> What types of software were purchased or licensed? &lt;&lt;response categories will be developed with input received during cognitive testing&gt;&gt; How much did the district spend on this software during the XX school year?</p>
<b>Transportation</b>	<p>During the XX school year, what were the estimated total expenditures on special education transportation?</p> <p>During the XX school year, what were the estimated total expenditures on purchase or lease, insurance, repair, and maintenance of vehicles used for special education related activities?</p>