

EARLY CHILDHOOD LONGITUDINAL STUDY

Kindergarten Class of 1998-99

SPECIAL EDUCATION TEACHER/SERVICE PROVIDER QUESTIONNAIRE FORM A

School ID#: _____

Teacher/Service Provider Name: _____

Teacher ID#: _____

Prepared for the U.S. Department of Education
National Center for Education Statistics

by Westat
1650 Research Boulevard
Rockville, Maryland 20850

Assurance of Confidentiality

The collection of information in this survey is authorized by Public Law 100-297 and continued under the auspices of Section 404(a) of the National Education Statistics Act of 1994, Title IV of the Improving America's Schools Act of 1994, Public Law 103-382. Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. No information collected under this authority may be used for any purpose other than the purpose for which it was supplied. Information will be protected from disclosure by federal statute (42 US Code 242m, section 308d). Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your response will be reported.

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YOUR BACKGROUND

- 1. What is your gender?
Male..... 01
Female 02

- 2. In what year were you born? 19_____

- 3. Are you of Hispanic or Latino origin? CIRCLE ONE NUMBER.
Yes 01
No..... 02

- 4. Which best describes your race? CIRCLE ONE OR MORE.
American Indian or Alaska Native 01
Asian..... 02
Black or African American..... 03
Native Hawaiian or Other Pacific Islander 04
White 05

- 5. Counting this school year, how many years in total (including part-time) have you worked in this school? CIRCLE ONLY ONE NUMBER.
1-3 01
4-10 02
11-15 03
More than 15 04

- 6. Counting this school year, how many years have you been working with students receiving special education or related services? CIRCLE ONLY ONE NUMBER.
Less than 1 year..... 01
1-2 years 02
3-5 years 03
6-10 years 04
11-24 years 05
25 years or more 06

7. What is the highest level of education you have completed? CIRCLE ONLY ONE NUMBER.

- High school diploma or GED 01
 - Associate's degree 02
 - Bachelor's 03
 - At least one year of course work beyond a Bachelor's but not a graduate degree 04
 - Master's 05
 - Education specialist or professional diploma based on at least one year of course work past a Master's degree level 06
 - Doctorate 07
 - Other (PLEASE SPECIFY): _____ 08
-

8. Which of the following credentials do you have to work with children with disabilities? CIRCLE ONE NUMBER ON EACH LINE.

| | Yes | No |
|--|------------|-----------|
| a. Emergency credential | 1 | 2 |
| b. Provisional credential..... | 1 | 2 |
| c. Disability-specific credential or endorsement | 1 | 2 |
| d. Special education credential or endorsement (for more than one disability category) | 1 | 2 |
| e. General education credential..... | 1 | 2 |
| f. Speech/language license..... | 1 | 2 |
| g. Physical therapy license | 1 | 2 |
| h. Occupational therapy license..... | 1 | 2 |
| i. Other professional license, credential, or endorsement (PLEASE SPECIFY): _____ | 1 | 2 |
| <hr/> | | |
| j. Don't have special education or other professional credential, endorsement or license | 1 | 2 |

9. How many college courses have you completed in the following areas? CIRCLE ONE NUMBER ON EACH LINE.

- a. Early childhood education..... 0 1 2 3 4 5 6+
- b. Early childhood special education 0 1 2 3 4 5 6+
- c. Elementary education 0 1 2 3 4 5 6+
- d. Secondary education 0 1 2 3 4 5 6+
- e. English as a second language (ESL) 0 1 2 3 4 5 6+
- f. Bilingual education..... 0 1 2 3 4 5 6+
- g. General special education 0 1 2 3 4 5 6+
- h. Learning disabilities 0 1 2 3 4 5 6+
- i. Mental retardation..... 0 1 2 3 4 5 6+
- j. Orthopedic impairments..... 0 1 2 3 4 5 6+
- k. Serious emotional disturbance 0 1 2 3 4 5 6+
- l. Deafness..... 0 1 2 3 4 5 6+
- m. Blindness 0 1 2 3 4 5 6+
- n. Communication disorders 0 1 2 3 4 5 6+
- o. Infants and toddlers with disabilities 0 1 2 3 4 5 6+
- p. Physical therapy..... 0 1 2 3 4 5 6+
- q. Occupational therapy..... 0 1 2 3 4 5 6+
- r. School psychology 0 1 2 3 4 5 6+

10. Which of the following best describes your current position in this school? CIRCLE ONLY ONE NUMBER.

- Special education teacher..... 01
- Special education teacher consultant 02
- General education teacher 03
- Speech and language therapist 04
- Physical therapist 05
- Physical therapy assistant or aide..... 06
- Occupational therapist..... 07
- Occupational therapy assistant or aide 08
- School psychologist..... 09
- Special education classroom aide..... 10
- Other (PLEASE SPECIFY): _____ 11

11. During this school year, where did you work with students with disabilities? CIRCLE ONE NUMBER ON EACH LINE.

| | Yes | No |
|--|-----|----|
| In a general education classroom | 1 | 2 |
| In a special education classroom..... | 1 | 2 |
| In a non-classroom space (office, therapy room, small work space, mobile van, etc.)..... | 1 | 2 |
| Other (PLEASE SPECIFY): _____ | 1 | 2 |
| <hr/> | | |
| I do not work with students directly | 1 | 2 |

12. During this school year, how many students with IEPs did you work with, on average, each week? (Include students you work with directly, as well as students for whom you consult with the general education teacher) CIRCLE ONLY ONE NUMBER.

| | |
|--------------------|----|
| 1-10 | 01 |
| 11-20 | 02 |
| 21-40 | 03 |
| More than 40 | 04 |
| Don't know..... | 05 |

EARLY CHILDHOOD LONGITUDINAL STUDY

Kindergarten Class of 1998-99

SPECIAL EDUCATION TEACHER/SERVICE PROVIDER QUESTIONNAIRE FORM B

School ID#: _____

Teacher/Service Provider Name: _____

Teacher ID#: _____

Student Name: _____

Student ID#: _____

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1. What is this student's primary disability category? CIRCLE ONLY ONE NUMBER.

- a. Learning disability 01
- b. Serious emotional disturbance 02
- c. Speech or language impairment..... 03
- d. Mental retardation..... 04
- e. Blind/Visual impairment 05
- f. Deaf/Hard of hearing 06
- g. Health impairment..... 07
- h. Physical impairment..... 08
- i. Multiple impairments..... 09
- j. Deaf/blind..... 10
- k. Developmental delay 11
- l. Autism..... 12
- m. Traumatic brain injury 13

2. For which of the following disabilities did this student receive special education or related services this school year? CIRCLE ONE NUMBER ON EACH LINE.

| | Yes | No |
|--|------------|-----------|
| a. Learning disability | 1 | 2 |
| b. Serious emotional disturbance | 1 | 2 |
| c. Speech or language impairment..... | 1 | 2 |
| d. Mental retardation..... | 1 | 2 |
| e. Blind/Visual impairment | 1 | 2 |
| f. Deaf/Hard of hearing | 1 | 2 |
| g. Health impairment..... | 1 | 2 |
| h. Physical impairment..... | 1 | 2 |
| i. Multiple impairments..... | 1 | 2 |
| j. Deaf/blind..... | 1 | 2 |
| k. Developmental delay | 1 | 2 |
| l. Autism..... | 1 | 2 |
| m. Traumatic brain injury | 1 | 2 |

3. When was this student first determined eligible for special education or related services? CIRCLE ONLY ONE NUMBER.

- Before kindergarten..... 01
 - During kindergarten..... 02 **(SKIP TO Q8)**
 - Don't know..... 03 **(SKIP TO Q8)**
 - Other (PLEASE SPECIFY): _____ 04 **(SKIP TO Q8)**
-

4. Did this child have an IEP during the year prior to kindergarten? CIRCLE ONE NUMBER.

- Yes 1
- No..... 2 **(SKIP TO Q8)**
- Don't know..... 3 **(SKIP TO Q8)**

5. To what extent were you involved in planning the transition from preschool special education for this child? CIRCLE ONE NUMBER.

- Not at all 1
- Somewhat 2
- Extensively 3

6. To what extent did you communicate with the person(s) who provided preschool special education for this student? CIRCLE ONE NUMBER.

- Not at all 1
- Somewhat 2
- Extensively 3

7. Have you reviewed this student's records related to special education provided before kindergarten? CIRCLE ONE NUMBER.

- No, I don't know where the records are. 1
- No, I have access to the records, but have not reviewed them. 2
- Yes 3

8. Which of the following best describes the IEP goals for this student during this school year? CIRCLE ALL OF THE AREAS IN WHICH THIS STUDENT HAD IEP GOALS.

Academics

- Reading 1
- Mathematics 2
- Language Arts 3

Speech and Language

- Auditory processing..... 4
- Listening comprehension 5
- Oral expression 6

Social

- Social skills..... 7

Life Skills

- Adaptive behavior or self-help skills..... 8

Physical/Mobility

- Fine motor skills 9
- Gross motor skills..... 10
- Orientation and mobility..... 11

Other (PLEASE SPECIFY): _____ 12

9. Approximately how many hours per week of direct special education and related services (that is, service provided directly to the students, from a teacher or another adult) was this student scheduled to receive this school year?

_____ hours per week

10. Which of the following related services were provided to this student during this school year? CIRCLE ONE NUMBER ON EACH LINE.

| | Yes | No |
|-------------------------------------|------------|-----------|
| Audiology..... | 1 | 2 |
| Counseling services | 1 | 2 |
| Occupational therapy | 1 | 2 |
| Physical therapy | 1 | 2 |
| Psychological services | 1 | 2 |
| School health services | 1 | 2 |
| Social work services..... | 1 | 2 |
| Special transportation..... | 1 | 2 |
| Speech or language therapy | 1 | 2 |
| Other (PLEASE SPECIFY): _____ | 1 | 2 |

11. Did this student receive any of the following? CIRCLE ONE NUMBER ON EACH LINE.

| | Yes | No |
|--|------------|-----------|
| Adaptive physical education..... | 1 | 2 |
| Classroom aides..... | 1 | 2 |
| Instruction in Braille..... | 1 | 2 |
| Interpreter for the deaf or hard of hearing..... | 1 | 2 |
| Instruction in American Sign Language..... | 1 | 2 |
| Instruction in Manual English..... | 1 | 2 |
| Instruction in Cued Speech..... | 1 | 2 |

12. Was this student's primary placement a general education classroom? CIRCLE ONE NUMBER.

| | |
|----------|----|
| Yes..... | 01 |
| No..... | 02 |

13. Approximately what percentage of the total weekly hours in school did this student receive special education and related services outside of a general education classroom? CIRCLE ONLY ONE NUMBER.

| | |
|--------------------|----|
| 0 percent..... | 01 |
| 1-10 percent..... | 02 |
| 11-25 percent..... | 03 |
| 26-50 percent..... | 04 |
| 51-75 percent..... | 05 |
| 76-99 percent..... | 06 |
| 100 percent..... | 07 |

14. What teaching practices and methods did you use with this student? CIRCLE ONE NUMBER ON EACH LINE.

| | Yes | No |
|----------------------------------|------------|-----------|
| One-on-one instruction..... | 1 | 2 |
| Small-group instruction..... | 1 | 2 |
| Large-group instruction..... | 1 | 2 |
| Cooperative learning..... | 1 | 2 |
| Peer tutoring..... | 1 | 2 |
| Computer-based instruction..... | 1 | 2 |
| Direct instruction..... | 1 | 2 |
| Cognitive strategies..... | 1 | 2 |
| Self-management..... | 1 | 2 |
| Behavior management..... | 1 | 2 |
| Did not deliver instruction..... | 1 | 2 |
| Don't know..... | 1 | 2 |

15. Which of the following best describes the curriculum materials used with this student? CIRCLE ONE NUMBER IN THE GENERAL EDUCATION CLASSROOM COLUMN AND ONE NUMBER IN THE SPECIAL EDUCATION CLASSROOM COLUMN.

| | In the general education classroom | In the special education classroom/ program |
|--|------------------------------------|---|
| General education curriculum materials were used without modification | 1 | 1 |
| Some modifications in general education curriculum materials were made..... | 2 | 2 |
| Substantial modifications in general education curriculum materials were made..... | 3 | 3 |
| Specially designed commercial materials were used | 4 | 4 |
| Don't know | 5 | 5 |
| Student not in this setting..... | 6 | 6 |

16. To what extent was this student expected to achieve the same general education goals as other children at his/her grade level? CIRCLE ONLY ONE NUMBER.

- Student was expected to achieve all of the general education goals 01
 Student was expected to achieve some of the general education goals 02
 Student was expected to achieve only a few of the general education goals 03
 Student was not expected to achieve any of the general education goals 04
 There are no general education goals at this grade level..... 05
 Don't know..... 06

17. Which of the following assistive technologies did this student use this school year? CIRCLE ALL OF THE ASSISTIVE TECHNOLOGIES THIS STUDENT USED.

Student did not use any assistive technologies 1 (GO TO Q18)

Mobility aids

Vans, vehicles 2

Wheelchairs..... 3

White canes..... 4

Communication aids

Electronic with voice output (e.g., Touch Talker) 5

Nonelectronic (e.g., manual printing board) 6

Hearing assistance

Hearing aids 7

FM loops..... 8

TTYs/TDDs..... 9

Cochlear implants..... 10

Real time captioning..... 11

Visual aids

Magnifying devices..... 12

CCTV..... 13

Learning aids (non-computer)

Tape recorders 14

Calculators 15

Electronic spelling devices 16

Computer hardware designed for children with disabilities

Used solely by individual child 17

Shared with other children 18

Computer software designed for children with disabilities

Reading 19

Writing 20

Mathematics 21

Computer hardware adapted for child's unique needs (e.g., alternate keyboards, switch interface)

Used solely by individual child 22

Shared with other children 23

Other (PLEASE SPECIFY): _____ 24

18. To what extent did this student participate in any grade-level assessment administered as part of the school's testing program during the current school year? CIRCLE ONLY ONE NUMBER.

- Student did not participate in the school's testing or assessment program..... 01
- Student participated in the school's testing or assessment program to a limited degree..... 02
- Student participated fully in the school's testing or assessment program 03
- Don't know..... 04 (GO TO Q20)
- There are no schoolwide assessments at this grade level 05 (GO TO Q20)

19. Did this student receive special accommodations to participate in the school's testing or assessment program? CIRCLE ONLY ONE NUMBER.

- Yes 01
- No..... 02
- Don't know..... 03

20. On average, how often did you meet with general education teacher(s) to discuss this student's program and progress? CIRCLE ONLY ONE NUMBER.

- Every day or several times a week 01
- Once a week or several times a month..... 02
- Once a month..... 03
- A few times over the school year 04
- Once..... 05
- Never 06 (GO TO Q22)
- Not applicable to my work with this child..... 07 (GO TO Q22)

21. On average, how long were the meetings with the general education teacher(s) to discuss this student's program? CIRCLE ONLY ONE NUMBER.

- 1 to 15 minutes..... 01
- 16 to 30 minutes..... 02
- 31 to 45 minutes..... 03
- 46 to 60 minutes..... 04
- More than 60 minutes..... 05

22. Approximately how often have you communicated with this student's parents during this school year about this student's program or progress (by phone, in person, or in writing)? CIRCLE ONLY ONE NUMBER.

- Every day or several times a week 01
- Once a week or several times a month..... 02
- Once a month..... 03
- A few times over the school year 04
- Once..... 05
- Never..... 06

23. Did this student receive any of the following formal individual evaluations during the past year? CIRCLE ONE NUMBER ON EACH LINE.

| | Yes | No |
|-------------------------------------|------------|-----------|
| Psychological | 1 | 2 |
| Speech/language | 1 | 2 |
| Vision..... | 1 | 2 |
| Hearing..... | 1 | 2 |
| Learning/educational..... | 1 | 2 |
| Motor skills | 1 | 2 |
| Other (PLEASE SPECIFY): _____ | 1 | 2 |
| _____ | | |

24. What percentage of this student's current IEP goals have been met or nearly met at this point in the school year, and are likely to continue as IEP goals? CIRCLE ONLY ONE NUMBER.

- For 75 – 100 percent..... 01
- From 51 – 75 percent..... 02
- From 26 – 50 percent..... 03
- Less than 26 percent..... 04
- Zero percent..... 05

DATE QUESTIONNAIRE COMPLETED: / /
Month Day Year