

Pre-Elementary Education Longitudinal Study



# Early Childhood Teacher Questionnaire



*friends*



**PEELS**

*learn*



*grow*

## Pre-Elementary Education Longitudinal Study

# Early Childhood Teacher Questionnaire

### *Dear Early Childhood Professional:*

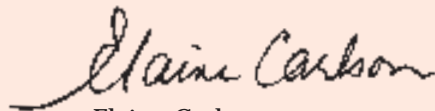
Your school district is participating in an important U.S. Department of Education study called the Pre-Elementary Education Longitudinal Study (PEELS). The child named on the label is one of more than 3,000 children nationwide who are taking part in PEELS. This questionnaire is the only source of information about the educational programs and services for this child. Because of this, your participation is vitally important.

Please complete this questionnaire and return it in the postage-paid envelope within 3 weeks. Answer all questions to the best of your knowledge and use your best guess when answering questions for which you are not quite sure of the answer. However, try as best you can to avoid responses that represent complete guesses. If necessary, please consult with colleagues in answering questions. Be assured that your answers will be confidential, and no information will be reported that identifies you, this child, or this school. We have enclosed \$10 as a token of our appreciation.

If you have any questions about the study or the questionnaire, please feel free to call the PEELS toll-free hot line at 1-888-534-8348, send an email to [questions@peels.org](mailto:questions@peels.org), or visit the PEELS web site at [www.peels.org](http://www.peels.org).

Thank you in advance for your contribution to this very important study.

Sincerely,



Elaine Carlson  
Project Director, PEELS

Call the PEELS  
toll-free hot line:  
1-888-534-8348

Questions?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0809. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: National Center for Special Education Research, Institute of Education Sciences, U.S. Department of Education, 555 New Jersey Ave., NW, Washington, D.C. 20208.

OMB Control # 1850-0809, Expiration date: 1/31/08

## Who should complete this questionnaire?

This questionnaire should be completed by the **teacher or service provider** who **knows the child whose name appears on the label above** and can describe the early childhood program or special education and related services for this child.

- **Can you tell us about the child whose name appears on the label?**

- 1  Yes  
2  No

- **Can you tell us about this child's early childhood program?**

- 1  Yes  
2  No

- **Can you tell us about special services this child receives (e.g., speech therapy)?**

- 1  Yes  
2  No

If you answered NO to ALL three questions:

DO NOT COMPLETE THIS QUESTIONNAIRE. PLEASE PASS THE QUESTIONNAIRE ON TO THE PERSON WHO IS BEST ABLE TO DESCRIBE THIS CHILD'S PROGRAM OR SPECIAL SERVICES.

If you answered YES to ANY of the three questions:

PLEASE PROCEED TO SECTION A →

*note:*

Any question referring to IEPs (Individualized Education Program for a child with a disability) is meant to refer also to IFSPs (Individualized Family Service Plan for a child with a disability) in states using the latter plan for children ages 3 through 5.

# Section A:

## CHILD'S EXPERIENCE IN YOUR PROGRAM

REMINDER: "This child" refers to the child whose name appears on the label.

A1. Does this child attend an early childhood class with other children?  
PLEASE CHECK ONE.

- 1  Yes → Continue with Question A2  
 2  No  
 8  Don't know } Go to Question B1

A2. What are the total numbers of preschoolers with IEPs and without IEPs enrolled in this child's class? PLEASE ENTER ONE NUMBER ON EACH LINE. IF THE CHILD IS ENROLLED IN MORE THAN ONE CLASS, PLEASE RESPOND FOR THE CLASS IN WHICH THE CHILD SPENDS THE MOST TIME.

Number of preschoolers with IEPs in child's class   
 Number of preschoolers without IEPs in child's class  } If "0," go to Question A4

A3. Among the children **without** IEPs in this child's main classroom, how many are currently under formal review for special education services? PLEASE ENTER ONE NUMBER.

Number of children under formal review

A4. How many of the following people are usually in the room during the majority of this child's time in the classroom? PLEASE ENTER ONE NUMBER ON EACH LINE. COUNT EACH PERSON ONLY ONCE. ENTER "0" IF NONE.

	Number of people
a. Early childhood or preschool teachers (not special education)	<input type="text"/>
b. Special education teachers	<input type="text"/>
c. One-to-one assistants or aides assigned to this child	<input type="text"/>
d. One-to-one assistants or aides assigned to any other child in this child's class	<input type="text"/>
e. Early childhood or preschool aides	<input type="text"/>
f. Special education aides	<input type="text"/>
g. Other specialists or therapists	<input type="text"/>
h. Nurse or other medical personnel	<input type="text"/>
i. Adult volunteers	<input type="text"/>
j. Other	<input type="text"/>

A5. Approximately how many TOTAL hours per week does this child spend in **your** classroom or instructional setting?

TOTAL number of hours per week

A6. Approximately how much school time per week does this child currently spend in the following settings? PLEASE INDICATE EITHER MINUTES OR HOURS PER WEEK

	Number of minutes/week	OR	Number of hours/week
a. Regular education classroom	<input type="text"/>		<input type="text"/>
b. Special education setting	<input type="text"/>		<input type="text"/>
c. Therapy setting (office, small room, etc.)	<input type="text"/>		<input type="text"/>
d. Non-special education setting outside of the classroom specifically for remedial or special assistance	<input type="text"/>		<input type="text"/>
e. Home instruction	<input type="text"/>		<input type="text"/>

A7. What percentage of the day does this child spend in the following activities?  
THE PERCENTAGES YOU PROVIDE SHOULD TOTAL 100%. PLEASE EXCLUDE TIME FOR LUNCH AND RECESS IN CALCULATING PERCENTAGES.

a. Instructional or therapy services outside the classroom	<input type="text"/>	%
b. Adult-directed whole class activities	<input type="text"/>	%
c. Adult-directed small group activities	<input type="text"/>	%
d. Adult-directed individual activities	<input type="text"/>	%
e. Child-selected activities	<input type="text"/>	%
f. Other (Specify: _____)	<input type="text"/>	%
		100%

A8. What kinds of activities and materials are routinely available to this child in your classroom or program? PLEASE  CHECK ALL THAT APPLY.

	Activity code
a. Arts and crafts projects and materials, clay, or playdough	01 <input type="checkbox"/>
b. Blocks, Legos, K'nex, other building toys	02 <input type="checkbox"/>
c. Sand and water play	03 <input type="checkbox"/>
d. Playhouse, toy kitchen, dishes, plastic food	04 <input type="checkbox"/>
e. Dress-up, costumes, puppets, theater props	05 <input type="checkbox"/>
f. Children's books and magazines	06 <input type="checkbox"/>
g. Sensory table (e.g., cornmeal, beans, and other tactile materials)	07 <input type="checkbox"/>
h. Paper, coloring books, crayons, pencils, pens	08 <input type="checkbox"/>
i. Playground equipment (e.g., climbing structure, swings, trikes or bikes, digging tools)	09 <input type="checkbox"/>
j. Balls (of various sizes), Nerf-style toys, sports equipment	10 <input type="checkbox"/>
k. Computer and software	11 <input type="checkbox"/>
l. Video games	12 <input type="checkbox"/>
m. Board games	13 <input type="checkbox"/>
n. Toys: vehicles and work machines (e.g., cars, trains, trucks, backhoe loaders)	14 <input type="checkbox"/>

	Activity code
o. Toys: tools (e.g., hammer, stethoscope, cash register, cell phone)	15 <input type="checkbox"/>
p. Dolls and stuffed animals	16 <input type="checkbox"/>
q. Commercial toys (e.g., action figures, Barbie)	17 <input type="checkbox"/>
r. Commercial educational toys (e.g., light-bright, puzzles, sorting cups, bead stringing)	18 <input type="checkbox"/>
s. Musical instruments	19 <input type="checkbox"/>
t. Tape or CD player with tapes and CDs	20 <input type="checkbox"/>
u. Nap/rest time	21 <input type="checkbox"/>
v. Breakfast	22 <input type="checkbox"/>
w. Lunch/snack	23 <input type="checkbox"/>
x. Hot lunch	24 <input type="checkbox"/>
y. Commercial television/videotapes	25 <input type="checkbox"/>
z. Educational television/videotapes	26 <input type="checkbox"/>
aa. Flashcards	27 <input type="checkbox"/>
bb. Counting and number materials	28 <input type="checkbox"/>
cc. Alphabet and language materials	29 <input type="checkbox"/>

A9. Of the items specified earlier, what three activities or materials does **this child** engage in most often in your classroom or program? **Do not include meals or naps.** USE THE ACTIVITY CODE THAT CORRESPONDS WITH THE ACTIVITY FROM A8.

	Activity code from list
a. Most frequent activity	<input type="text"/>
b. Second most frequent activity	<input type="text"/>
c. Third most frequent activity	<input type="text"/>

A10. During play time, how does this child compare with other children in the class in terms of physical activity? PLEASE ✓ CHECK ONE.

- 1  A lot less active than most
- 2  A little less active than most
- 3  About the same as most
- 4  A little more active than most
- 5  A lot more active than most

A11. Compared to his/her classmates, how many friends does this child have in your classroom? PLEASE ✓ CHECK ONE.

- 1  Far fewer than most
- 2  Fewer than most
- 3  As many as most
- 4  More than most
- 5  Far more than most

A12. Overall, how appropriate do you think this child's placement is in your classroom? PLEASE ✓ CHECK ONE.

- 1  Very appropriate
- 2  Somewhat appropriate
- 3  Not very appropriate
- 4  Not at all appropriate
- 8  Don't know

A13. Which of the following methods do you commonly use to assess how well this child is doing in your class? PLEASE ✓ CHECK ALL THAT APPLY.

- 01  a. Impressions based on experience with child and written notes about specific events
- 02  b. Direct observation with general anecdotal notes
- 03  c. Direct observation with checklist of skills
- 04  d. Direct assessment or testing
- 05  e. Video/audio recording
- 06  f. Portfolios of child's work samples
- 07  g. Other (Specify: \_\_\_\_\_)
- 08  h. Child progress is not formally monitored
- 98  i. Not sure

A14. How do you communicate with the parents or guardians of this child? PLEASE ✓ CHECK ALL THAT APPLY.

- 01  a. I give parents regular written progress reports.
- 02  b. I call them on the phone, send email, or send notes home.
- 03  c. I speak with parents before or after school when this child is being dropped off or picked up.
- 04  d. We have regularly scheduled parent-teacher meetings.
- 05  e. We share a daily or weekly journal for this child.
- 06  f. There is a regular system for communicating with parents (e.g., newsletter or phone tree).
- 07  g. Parents have access to the school's web site with information specifically for parents.
- 08  h. Other (Specify: \_\_\_\_\_)

A15. During this school year, approximately how often have you and **this child's** parents or guardians communicated (by phone, in person, or in writing) about his/her progress, excluding routine progress reports or report cards? PLEASE ✓ CHECK ONE.

- 1  At least once a week
- 2  A few times a month
- 3  About once a month
- 4  Less than once a month
- 0  Never

A16. How involved is this child's parent or guardian in his/her school experiences (e.g., monitoring homework or child's progress in school)? PLEASE ✓ CHECK ONE.

- 1  Not at all involved
- 2  Not very involved
- 3  Fairly involved
- 4  Very involved
- 8  Don't know

A17. The following are statements commonly associated with various educational philosophies. Which three statements best describe your approach to working with this child?

- Write the number **1** next to the most important approach.
- Write the number **2** next to the second most important approach.
- Write the number **3** next to the third most important approach.
- Leave 5 squares blank.

	Rank 1, 2, 3 Use each number only once.
a. We assume that children learn naturally when they are developmentally ready. The interest of the child and age appropriateness of skills are emphasized in determining program content.	<input type="text"/>
b. We believe that teaching children the knowledge and skills they need to succeed in school is critical. Structured learning experiences in academic content areas are a central part of the program.	<input type="text"/>
c. We emphasize principles of behavior modification and precision teaching. Target behaviors are specified and skills are sequenced and taught using strategies such as modeling, prompting, fading, and reinforcing of successive approximation.	<input type="text"/>
d. We combine developmental theory with a behavioral model to identify target behaviors and use behavioral strategies when appropriate.	<input type="text"/>
e. We emphasize the way individual children and parents/guardians influence each other's behavior. Interventions target primarily the parent/guardian, who is taught to interpret the child's behavior and respond appropriately.	<input type="text"/>
f. We focus on a child's medical diagnosis and concentrate on therapeutic interventions.	<input type="text"/>
g. We recognize that the child is a member of a family system and base services on the perceived strengths and priorities of family members.	<input type="text"/>
h. Other (Specify: _____ )	<input type="text"/>

A18. Where was this child enrolled or receiving services 1 year ago? PLEASE ✓ CHECK ONE.

- |                         |   |                              |
|-------------------------|---|------------------------------|
| 1 <input type="radio"/> | Exact same setting as now                   | } Go to Question A23         |
| 2 <input type="radio"/> | Same school setting but different classroom |                              |
| 3 <input type="radio"/> | Not sure, don't know where child was        | } Continue with Question A19 |
| 4 <input type="radio"/> | Some other program or at home               |                              |

A19. Which of the following strategies were used **before** the child started in your program in order to support this child's transition **into** your school, program, or classroom? PLEASE ✓ CHECK ONE IN EACH ROW.

	Yes	No	Don't know
a. You received the child's previous records.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
b. The sending program provided information about this child.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
c. Someone from your program provided parents with written information about your program.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
d. Someone from your program called the child's parents.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
e. The parents or guardians of this child were encouraged to meet the staff before the child entered the school or program.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
f. This child and family visited your classroom or school.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
g. Someone from your program visited the child's home.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
h. Someone from your program visited the child's previous setting.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
i. Someone from your program met with staff of the sending program specifically about this child.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
j. Someone from your program participated in IEP development for this child.	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
k. Your staff developed preparatory strategies specifically for this child (e.g., behavior plans, school scheduling modifications).	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
l. Other (Specify: _____ )	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>

A20. How adequate were the planning and support that were provided to this child and his/her family during the transition **into** your class or program? PLEASE ✓CHECK ONE.

- 1  Extremely adequate
- 2  Somewhat adequate
- 3  Not very adequate
- 4  Transition planning and support were not needed for this child or family
- 8  Don't know

A21. To what extent were you involved in planning this child's transition into your class or program? PLEASE ✓CHECK ONE.

- 1  Not at all
- 2  Somewhat
- 3  Extensively
- 4  Not applicable — transition planning not done

A22. How easy was it for this child to make the transition into your class or program? PLEASE ✓CHECK ONE.

- 1  Very easy
- 2  Somewhat easy
- 3  Somewhat difficult
- 4  Very difficult

A23. Do you anticipate that this child will be involved in any of the following transitions at the end of this school year? PLEASE ✓CHECK ONE.

- 1  No transitions anticipated this coming year
  - 2  This preschool to no preschool
  - 3  This preschool class to another preschool class
  - 4  Preschool to kindergarten
- } Go to Question A25
- } Continue with Question A24

A24. To the best of your knowledge, what school or program and grade level do you **anticipate** this child will be in next year? PLEASE ✓CHECK ONE.

	Preschool	Kindergarten	Other
a. Same school as this year	1 <input type="radio"/>	2 <input type="radio"/>	(Specify: _____)
b. Different school next year	1 <input type="radio"/>	2 <input type="radio"/>	(Specify: _____)
c. Don't know	1 <input type="radio"/>	2 <input type="radio"/>	(Specify: _____)

Please write the name and address of the school (if known) if you expect this child will attend a different school next year.

Name of **new** school: \_\_\_\_\_

School address: \_\_\_\_\_

A25. Does this child currently have either an IEP or IFSP for children with disabilities? PLEASE ✓CHECK ONE.

- 1  Yes, this child has an IEP or IFSP for special education services. → Continue with Question A26
- 2  No, this child does not have an IEP or IFSP. → Go to Question B1
- 8  Don't know. → Go to Question A28

A26. How are this child's IEP goals and objectives primarily addressed in the regular education classroom? PLEASE ✓CHECK THE ONE THAT BEST DESCRIBES HOW GOALS AND OBJECTIVES ARE PRIMARILY ADDRESSED.

- 00  Not applicable—the child is not in a regular education classroom.
- 01  Not applicable—this child's IEP goals are not addressed in the regular education classroom; they are addressed elsewhere.
- 02  The special education teacher or aide works individually with the child on special tasks.
- 03  The early childhood education teacher or aide works individually with the child on special tasks.
- 04  Related services personnel work individually with the child on special tasks.
- 05  Related services personnel work with the child in group activities.
- 06  The goals and objectives are embedded in common classroom activities.

A27. Other than at IEP meetings, how do you and other staff come together to discuss and plan progress and programs for the children with IEPs in your class? PLEASE ✓CHECK ALL THAT APPLY.

- 01  a. Staff communicate on an as-needed basis.
- 02  b. We hold regular weekly meetings.
- 03  c. We hold regular biweekly meetings.
- 04  d. We hold regular monthly meetings.
- 05  e. We provide release time or change program hours so that both special education and early childhood teachers can attend meetings regularly.
- 06  f. We hold common inservice meetings and training sessions for regular education and special education staff.
- 07  g. Other (Specify: \_\_\_\_\_)
- 08  h. Not applicable, no other staff serve this child.

A28. How would you characterize the way children with and without disabilities are primarily brought together in this child’s class or program? PLEASE ✓CHECK ONE.

- 00  Not applicable—we do not currently have children without disabilities enrolled in this class or program.
- 01  Children with and without disabilities are not in contact with one another.
- 02  Classes for children with and without disabilities share common space only (e.g., playground/lunch room).
- 03  Children without disabilities spend part of the day in the classroom for children with disabilities.
- 04  Children with disabilities spend part of the day in a classroom for children without disabilities.
- 05  Children with disabilities spend the entire day in a classroom for children primarily without disabilities.
- 06  Other (Specify: \_\_\_\_\_)
- 08  Not sure; don’t know.

A29. Does your program support social interaction between this child and children without disabilities?

- 1  Yes. → Continue with Question A30
  - 2  Not applicable—we do not currently have children without disabilities enrolled in this class or program.
  - 3  Not applicable—this child does not have contact with children without disabilities during our program.
  - 4  Not applicable—no support is needed.
  - 5  No.
- } Go to Question A31

A30. Does your program use any of the following methods to support social interaction between this child and children without disabilities?

PLEASE ✓CHECK ONE IN EACH ROW.

	Yes	No
a. We present a specific disability awareness program during group times.	1 <input type="radio"/>	2 <input type="radio"/>
b. We assign children without disabilities to be “helpers” or “buddies” to this child.	1 <input type="radio"/>	2 <input type="radio"/>
c. We prompt and reinforce this child for initiating and maintaining interactions with children without disabilities.	1 <input type="radio"/>	2 <input type="radio"/>
d. We prompt and reinforce the children without disabilities for initiating and maintaining interactions with this child.	1 <input type="radio"/>	2 <input type="radio"/>
e. We structure play and task situations so that they require interaction between this child and children without disabilities.	1 <input type="radio"/>	2 <input type="radio"/>
f. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>

A31. Overall, how adequate are the supports that are provided to **this child** because of his/her disabilities? PLEASE ✓ CHECK ONE.

- 1  Very adequate
- 2  Somewhat adequate
- 3  Not very adequate
- 4  Not at all adequate
- 8  Don't know
- 0  No support is needed

A32. Overall, how adequate are the supports and resources that are provided to **you** for this child because of his/her disabilities? PLEASE ✓ CHECK ONE.

- 1  Very adequate
- 2  Somewhat adequate
- 3  Not very adequate
- 4  Not at all adequate
- 8  Don't know
- 0  No support is needed

## Section B:

### CHILD BEHAVIOR

REMINDER: "This child" refers to the child whose name appears on the label.

B1. How long have you taught or worked with this child? PLEASE ✓ CHECK ONE.

- 1  Less than 2 months
- 2  2 to 6 months
- 3  More than 6 months

B2. During October of this school year, how many part or full days was this child present? PLEASE ENTER THE NUMBER OF DAYS.

Number of days present

B3. During October of this school year, how many days did you expect this child to be present? PLEASE ENTER THE NUMBER OF DAYS.

Number of days expected

## SOCIAL SKILLS RATING SYSTEM

This questionnaire is designed to measure **how often** a student exhibits certain social skills and **how important** those skills are for success in your classroom. Ratings of problem behaviors are also requested.

Read each of the items on B4 and B5 and think about this student's behavior during the past month or two. Decide **how often** the student does the behavior described.

- If the student **never** does this behavior, check the 0.
- If the student **sometimes** does this behavior, check the 1.
- If the student **very often** does this behavior, check the 2.

For each of the items on B4, you should also rate **how important** each of these behaviors is for success in *your* classroom.

- If the behavior is **not important** for success in your classroom, check the 0.
- If the behavior is **important** for success in your classroom, check the 1.
- If the behavior is **critical** for success in your classroom, check the 2.

Here are two examples:

	A How Often?			B How Important?		
	Never	Sometimes	Very Often	Not Important	Important	Critical
Shows empathy for peers.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input checked="" type="radio"/>	0 <input type="radio"/>	1 <input checked="" type="radio"/>	2 <input type="radio"/>
Asks questions of you when unsure of what to do in schoolwork.	0 <input type="radio"/>	1 <input checked="" type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input checked="" type="radio"/>
This student <b>very often</b> shows empathy for classmates. Also, this student <b>sometimes</b> asks questions when unsure of schoolwork. This teacher thinks that showing empathy is <b>important</b> for success in his or her classroom and that asking questions is <b>critical</b> for success.						

**Please do not skip any items.** In some cases you may not have observed the student perform a particular behavior. Make an estimate of the degree to which you think the student would probably perform that behavior.

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## B4. Social Skills

IN COLUMN A, PLEASE ✓ CHECK ONE IN EACH ROW TO INDICATE HOW OFTEN THE STUDENT DOES THE BEHAVIOR DESCRIBED.

IN COLUMN B, PLEASE ✓ CHECK ONE IN EACH ROW TO INDICATE HOW IMPORTANT THE BEHAVIOR IS FOR SUCCESS IN YOUR CLASSROOM.

	A How Often?			B How Important?		
	Never	Sometimes	Very Often	Not Important	Important	Critical
1. Controls temper in conflict situations with peers.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
2. Introduces herself or himself to new people without being told.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
3. Appropriately questions rules that may be unfair.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
4. Compromises in conflict situations by changing own ideas to reach agreement.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
5. Responds appropriately to peer pressure.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
6. Says nice things about himself or herself when appropriate.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
7. Invites others to join in activities.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
8. Uses free time in an acceptable way.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
9. Finishes class assignments within time limits.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
10. Makes friends easily.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
11. Responds appropriately to teasing by peers.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
12. Controls temper in conflict situations with adults.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
13. Receives criticism well.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
14. Initiates conversations with peers.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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continued >

	A How Often?			B How Important?		
	Never	Sometimes	Very Often	Not Important	Important	Critical
15. Uses time appropriately while waiting for help.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
16. Produces correct schoolwork.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
17. Appropriately tells you when he or she thinks you have treated him or her unfairly.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
18. Accepts peers' ideas for group activities.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
19. Gives compliments to peers.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
20. Follows your directions.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
21. Puts work materials or school property away.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
22. Cooperates with peers without prompting.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
23. Volunteers to help peers with classroom tasks.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
24. Joins ongoing activity or group without being told to do so.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
25. Responds appropriately when pushed or hit by other children.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
26. Ignores peer distractions when doing class work.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
27. Keeps desk clean and neat without being reminded.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
28. Attends to your instructions.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
29. Easily makes transition from one classroom activity to another.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
30. Gets along with people who are different.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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**B5. Problem Behaviors**

PLEASE ✓ CHECK ONE IN EACH ROW TO INDICATE HOW OFTEN THE STUDENT DOES THE BEHAVIOR DESCRIBED.

	How Often?		
	Never	Sometimes	Very Often
1. Fights with others.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
2. Has low self-esteem.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
3. Threatens or bullies others.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
4. Appears lonely.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
5. Is easily distracted.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
6. Interrupts conversations of others.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
7. Disturbs ongoing activities.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
8. Shows anxiety about being with a group of children.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
9. Is easily embarrassed.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
10. Doesn't listen to what others say.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
11. Argues with others.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
12. Talks back to adults when corrected.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
13. Gets angry easily.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
14. Has temper tantrums.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
15. Likes to be alone.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
16. Acts sad or depressed.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
17. Acts impulsively.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
18. Fidgets or moves excessively.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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## GROSS AND FINE MOTOR SKILLS

The Vineland Motor Skills checklist is divided into two domains: (1) gross motor and (2) fine motor. After reading the item, decide whether or not you have actually observed situations in which the child performed the activity. If you have observed the child in the situation, then select a rating from one of the *OBSERVED* performance columns. If you haven't, or if you are unsure, then select a rating from one of the *ESTIMATED* performance columns. Please note that there is no penalty for selecting the *Estimated* performance columns over the *Observed* performance columns.

Select a rating that best describes what you have observed or estimate the child does. Be careful not to make a rating based on what you think the child can or could do if given the opportunity.

Items with multiple activities (e.g., screws and unscrews jar lids; marks with pencil, crayon, or chalk) require special attention. Items with AND require that both activities be performed by the child. Items with OR require only one of the activities be performed by the child.

Check *USUALLY* if the child satisfactorily and habitually performs the activity.

Check *SOMETIMES OR PARTIALLY* if the activity is in an emergent or transitional state, if the activity is only sometimes performed with complete success, or if only part of the activity is performed with complete success.

Check *NEVER* if the child does not or seldom performs the activity, or if limiting circumstances (e.g., physical limitation or sensory impairment) prevent the performance of the activity.

Please be sure to check one circle in each row. Leaving a row blank will invalidate the child's score.

### B6. Gross Motor

PLEASE ✓ ONE IN EACH ROW.

THIS CHILD...	Observed			Estimated		
	Usually	Sometimes or partially	Never	Usually	Sometimes or partially	Never
a. Walks steadily, as primary means of getting around, without assistance or support.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Walks up stairs, putting both feet on each step. (The child may use a railing. If the child did this in the past but has outgrown it, check "usually." If the child puts hands on the steps or is assisted by another person, check "sometimes.")	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Walks down stairs, forward, putting both feet on each step. (The child may use a railing. If the child did this in the past but has outgrown it, check "usually." If assisted by another person, check "sometimes.")	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Walks down stairs with alternating feet, without assistance. (The child may use a railing.)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

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continued >

THIS CHILD...	Observed			Estimated		
	Usually	Sometimes or partially	Never	Usually	Sometimes or partially	Never
e. Runs smoothly, with changes in speed and direction (e.g., plays tag or runs while attempting to catch a ball).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Jumps over small object (e.g., a stick of wood or small toy).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Climbs both in and out of bed or steady adult chair, without assistance.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
h. Climbs on low play equipment (e.g., swings, seesaws, or small slides).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. Climbs on and off high play equipment (e.g., monkey bars, jungle gyms, trees, or fences).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
j. Hops on one foot at least once, while holding on to another person or a stable object, without falling.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
k. Hops forward on one foot at least three times, without losing balance or falling. Do not check "sometimes."	1 <input type="radio"/>		3 <input type="radio"/>	4 <input type="radio"/>		6 <input type="radio"/>
l. Hops forward on one foot with ease. (The child must hop well enough to play hopscotch or a similar game.) Do not check "sometimes."	1 <input type="radio"/>		3 <input type="radio"/>	4 <input type="radio"/>		6 <input type="radio"/>
m. Rolls ball (any size) while sitting.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
n. Catches a small ball (such as a tennis ball or baseball) thrown from a distance of 10 feet, even if moving is necessary to catch it.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
o. Pedals a tricycle or other three-wheeled vehicle for at least 6 feet. (If the child did this in the past but has outgrown it, check "usually.")	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
p. Rides a bicycle without training wheels, without falling. (The child must mount and start without assistance to check "usually.")	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

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# Section C:

## B7. Fine Motor PLEASE ✓ ONE IN EACH ROW.

THIS CHILD...	Observed			Estimated		
	Usually	Sometimes or partially	Never	Usually	Sometimes or partially	Never
a. Screws and unscrews lid of jar, without dropping the jar or lid.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Builds three-dimensional structures with at least five blocks. (The structure must have height, width, and depth; must represent something, such as a house or bridge; and the child must label it as such to check "usually.")	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Completes non-inset puzzle (such as a jigsaw puzzle) of at least six pieces. Do not check "sometimes."	1 <input type="radio"/>		3 <input type="radio"/>	4 <input type="radio"/>		6 <input type="radio"/>
d. Opens doors that require only pushing or pulling (e.g., cabinet doors, refrigerator doors, or sliding doors).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Opens doors by turning and pulling doorknobs.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Unlocks key locks (e.g., locks on doors, trunks, diaries, or jewelry boxes).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Marks with pencil, crayon, or chalk on appropriate writing surface.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
h. Draws more than one recognizable form with pencils or crayons. (If the child only traces, check "never.")	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. Uses erasers without tearing paper.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
j. Opens and closes scissors (children's or adults') with one hand.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
k. Cuts across a piece of paper with scissors. (The cut need not follow a line to check "usually.")	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
l. Cuts paper along a line with scissors, fairly accurately.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
m. Cuts out complex items with scissors (e.g., paper dolls, pictures from magazines).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

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## ABOUT YOU

C1. About how many years have you been working with children ages 3 through 5 and children with disabilities? PLEASE GIVE YOUR BEST ESTIMATE.

- a. Number of years working with children ages 3 through 5
- b. Number of years working with children with disabilities
- c. Number of years working with children ages 3 through 5 with disabilities

C2. About how many years have you been in your current job? PLEASE GIVE YOUR BEST ESTIMATE.

Number of years in current job

C3. Which of the following employee benefits are provided as part of your job? PLEASE ✓ CHECK ALL THAT APPLY.

- 1  a. None
- 2  b. Paid vacation and holidays
- 3  c. Paid sick leave
- 4  d. Health insurance
- 5  e. Contribution to a retirement plan
- 6  f. Other

C4. How satisfied are you with working with young children? Would you say you are... PLEASE ✓ CHECK ONE.

- 1  Very satisfied
- 2  Satisfied
- 3  Neither satisfied nor dissatisfied
- 4  Dissatisfied
- 5  Very dissatisfied

Please continue with Section C: "About You" on the next page. →

C5. How likely are you to continue working in your current job through the next school year? PLEASE ✓ CHECK ONE.

- 1  Very likely
- 2  Somewhat likely
- 3  Somewhat unlikely
- 4  Very unlikely

C6. Which of the following best represents **your** views on the education of children ages 3 through 5 with disabilities (regardless of the type of class or school you work in)? PLEASE ✓ CHECK ONE.

- 1  Children with disabilities should be taught full time in separate classrooms that are specially designed and programmed for children with disabilities.
- 2  Children with disabilities should be taught in special classrooms but should have some time each day to socialize with children who do not have disabilities.
- 3  The child's placement should depend on the severity or type of disability.
- 4  All children with disabilities should be taught full time in regular early childhood classrooms.
- 5  Other (Specify: \_\_\_\_\_)
- 8  No opinion, or not sure.

C7. Think about all of your professional education, training, and experience taken together. Please indicate the extent to which you are adequately prepared to work with the following:

PLEASE ✓ CHECK ONE IN EACH ROW. PLEASE DO NOT MARK BETWEEN THE CIRCLES.

	Not at all prepared						Extremely well prepared
a. Preparation to work with children ages 3 through 5 with disabilities	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Preparation to work with families of children ages 3 through 5 with disabilities	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

Below are listed a variety of disciplines in which early childhood professionals might hold degrees, certificates, or licenses. Please use the codes next to each discipline to answer Questions C8 and C9.

Code	Discipline	Code	Discipline
01	Audiology	10	Occupational therapy
02	Child development	11	Orientation/mobility
03	Elementary/secondary education	12	Physical therapy
04	Early childhood education	13	Psychology
05	Early childhood special education	14	Public health
06	Family therapy/counseling	15	Social work
07	Medicine	16	Special education
08	Nursing	17	Speech/language pathology
09	Nutrition	18	Other (Specify: _____)

C8. Please check each kind of degree you have received. Then, using the discipline codes above, please write in the discipline(s) or subject area(s) of your degree(s). PLEASE ✓ CHECK AND WRITE IN ALL THAT APPLY.

- 1  High school diploma or GED
- 2  Associate degree Discipline code(s)
- 3  Bachelor's degree Discipline code(s)
- 4  Master's degree Discipline code(s)
- 5  Doctoral degree Discipline code(s)

C9. Using the discipline codes listed earlier, please write in the space provided here any discipline(s) in which you hold a professional license, credential, or certificate.

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Professional license(s), credential(s), or certificate(s) held

C10. Did any of your degree or license programs involve training or preparation to work specifically with **children ages 3 through 5 with disabilities**? PLEASE ✓ CHECK ONE.

- 1  Yes
- 2  No
- 3  No degree or license

C11. Did any of your degree or license programs involve training or preparation to work specifically with **families** of children with disabilities? PLEASE ✓ CHECK ONE.

- 1  Yes
- 2  No
- 3  No degree or license

C12. Do you have an immediate family member with a disability (e.g., a spouse, child, parent, sibling)? PLEASE ✓ CHECK ONE.

- 1  Yes
- 2  No

C13. What is your gender? PLEASE ✓ CHECK ONE.

- 1  Female
- 2  Male

C14. Are you of Hispanic or Latino origin? PLEASE ✓ CHECK ONE.

- 1  Yes
- 2  No

C15. What is your race? PLEASE SELECT ONE OR MORE.

- 1  a. American Indian or Alaska Native
- 2  b. Asian
- 3  c. Black or African American
- 4  d. Native Hawaiian or Other Pacific Islander
- 5  e. White

C16. What is your age? PLEASE ✓ CHECK ONE.

- 1  20 years old or younger
- 2  21 to 30 years old
- 3  31 to 40 years old
- 4  41 to 50 years old
- 5  51 to 60 years old
- 6  More than 60 years old

C17. We want to know what you think about special education for young children.

In the space provided, please print any suggestions or concerns you have regarding the provision of special education services for young children. *(Be assured that your answers will be confidential.)*

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Please continue with Section D. →

## Instructions for Section D of this Questionnaire:

1. Section D of the questionnaire is to be completed **only** for children with IEPs or 504 plans. Does this child have an IEP or 504 plan?
  - **YES**, this child **DOES** have an IEP or 504 plan. Please continue with next question.
  - **NO**, this child does **NOT** have an IEP or 504 plan. Please go to page 37 of this questionnaire.
2. Section D is to be completed by the teacher or specialist most familiar with the child's special education and related services. Can you describe this child's special services?
  - **YES. Please continue with Section D on the next page.**
  - **NO.** Please remove Section D and give it to the person who you feel could best answer questions about this child's special education or related services. Please provide this person's name and phone number below. When this person completes Section D, please have him or her return it directly to Westat using the self-mailer.

Name: _____
Phone: (       ) _____

*Thank you for completing  
this questionnaire.*

Date Completed: ___/___/___ mm dd yy	Please provide your name and contact information below, so that we can reach you if we have questions.
Your Name: _____	
School/Program Name: _____	
Address: _____	
Phone: (       ) _____	
Email: _____	

*Please continue to the back cover.*

*Thank you for completing  
this questionnaire.*

**Please return this questionnaire  
in the postage-paid envelope to:**

Pre-Elementary Education Longitudinal Study  
Westat  
1650 Research Blvd.  
Rockville, MD 20850



*thank you!*

National Center for  
Special Education Research

**WESTAT**



# *Section D:*

SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES



Pre-Elementary Education Longitudinal Study

# Early Childhood Teacher Questionnaire

## Dear Early Childhood Professional:

Your school district is participating in an important U.S. Department of Education study called the Pre-Elementary Education Longitudinal Study (PEELS). The child named on the label is one of more than 3,000 children nationwide who are taking part in PEELS. This questionnaire is the only source of information about this child's special education and related services. Because of this, your participation is vitally important.

Please complete Section D of this questionnaire and return it in the self-mailer within 3 weeks. To use the self-mailer, simply fold the questionnaire in half, affix the seal to secure it, and drop it in your mailbox. Be assured that your answers will be confidential, and no information will be reported that identifies you, this child, or this school.

In completing this questionnaire, you may need to refer to the child's most recent Individualized Education Program (IEP). If you have any questions about the study or the questionnaire, please feel free to call the PEELS toll-free hot line at 1-888-534-8348, send an email to [questions@peels.org](mailto:questions@peels.org), or visit the PEELS web site at [www.peels.org](http://www.peels.org).

Thank you in advance for your contribution to this very important study.

Sincerely,



Elaine Carlson  
Project Director, PEELS

Call the PEELS  
toll-free hot line:  
1-888-534-8348

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0809. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: National Center for Special Education Research, Institute of Education Sciences, U.S. Department of Education, 555 New Jersey Ave., NW, Washington, D.C. 20208.

# Section D:

## SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

REMINDER: "This child" refers to the child whose name appears on the label.

D1. What are this child's disabilities?

PLEASE ✓ CHECK ALL THAT APPLY IN COLUMN A.

PLEASE ✓ CHECK ONE PRIMARY DISABILITY IN COLUMN B.

	A All disability categories applicable to this child Check all that apply	B This child's primary disability category Check one
a. Autism	01 <input type="radio"/>	01 <input type="radio"/>
b. Deaf/blindness	02 <input type="radio"/>	02 <input type="radio"/>
c. Deafness	03 <input type="radio"/>	03 <input type="radio"/>
d. Developmental delay	04 <input type="radio"/>	04 <input type="radio"/>
e. Emotional disturbance/behavior disorder	05 <input type="radio"/>	05 <input type="radio"/>
f. Hearing impairment	06 <input type="radio"/>	06 <input type="radio"/>
g. Learning disability	07 <input type="radio"/>	07 <input type="radio"/>
h. Mild mental retardation	08 <input type="radio"/>	08 <input type="radio"/>
i. Moderate/severe mental retardation	09 <input type="radio"/>	09 <input type="radio"/>
j. Multiple disabilities	10 <input type="radio"/>	10 <input type="radio"/>
k. Orthopedic impairment	11 <input type="radio"/>	11 <input type="radio"/>
l. Other health impairment	12 <input type="radio"/>	12 <input type="radio"/>
m. Speech or language impairment	13 <input type="radio"/>	13 <input type="radio"/>
n. Traumatic brain injury	14 <input type="radio"/>	14 <input type="radio"/>
o. Visual impairment/blindness	15 <input type="radio"/>	15 <input type="radio"/>
p. Other (Specify: _____)	16 <input type="radio"/>	16 <input type="radio"/>
q. Not sure	98 <input type="radio"/>	98 <input type="radio"/>

D2. Does this child use any medical devices that require school staff attention during any part of the school day? (Medical devices could include suctioning equipment, oxygen, catheters, etc. Do not include nonmedical devices, such as communication devices, electronic equipment, etc.) PLEASE ✓ CHECK ONE.

1  Yes

2  No

D3. Were any of the following services provided to this child through the school system during the current school year? *Include services the school contracted from other agencies.* PLEASE ✓ CHECK ALL THAT APPLY.

- 01  a. Adaptive physical education
- 02  b. Assistive technology services/devices
- 03  c. Audiology
- 04  d. Augmentative or alternative communication system
- 05  e. Behavior management program
- 06  f. Health services (e.g., administering of medication, oxygen, tracheostomy care, tube feeding, catheterization)
- 07  g. Instruction in American Sign Language
- 08  h. Instruction in Manual English or Cued Speech
- 09  i. Instruction in Braille
- 10  j. Learning strategies/study skills assistance by a special educator
- 11  k. Mental health services, personal/group counseling, therapy, or psychiatric care provided to this child
- 12  l. Occupational therapy
- 13  m. One-to-one para-educator/assistant (e.g., teacher aide, nurse's aide, full-inclusion assistant, behavioral assistant)
- 14  n. Physical therapy
- 15  o. Reader or interpreter
- 16  p. Service coordination/case management
- 17  q. Social work services
- 18  r. Special transportation because of disability (e.g., help in travel or special equipment such as lifts, ramps)
- 19  s. Specialized computer software or hardware
- 20  t. Speech or language therapy
- 21  u. Training, counseling, and other supports/services provided to this child's family
- 22  v. Tutoring/remediation by a special education teacher
- 23  w. Vision services
- 24  x. Other (Specify: \_\_\_\_\_)

D4. In which of the following settings does this child receive special education and related services? Please think about all the settings in which this child receives services. PLEASE ✓ CHECK ALL THAT APPLY.

- 01  a. Early childhood classroom (regular education)
- 02  b. Early childhood special education classroom
- 03  c. Therapy site for special services outside the classroom
- 04  d. Outpatient medical service facility, clinic, or therapy site
- 05  e. Child's home
- 06  f. Someone else's home (e.g., a babysitter)
- 07  g. Other (Specify: \_\_\_\_\_)

D5. For this school year, what are the three most important IEP goals for this child? PLEASE ✓ CHECK UP TO THREE.

- 01  a. Improve overall school readiness
- 02  b. Improve pre-academic performance in a specific area: \_\_\_\_\_
- 03  c. Improve social skills
- 04  d. Improve appropriateness of general behavior
- 05  e. Improve adaptive behavior or self-help skills
- 06  f. Improve speech/communication skills
- 07  g. Improve fine motor skills
- 08  h. Improve gross motor skills
- 09  i. Other (Specify: \_\_\_\_\_)
- 98  j. Don't know

D6. Which of the following best describes the amount of progress this child has made in this school year with regard to the goals specified in the IEP? PLEASE ✓ CHECK ONE

This child has made:

- 1  Much more progress than expected
- 2  More progress than expected
- 3  As much progress as expected
- 4  Less progress than expected
- 5  Much less progress than expected
- 8  Don't know

- **IF YOU COMPLETED SECTIONS A,B, and C, please go to the back cover.**
- **IF SOMEONE ELSE COMPLETED SECTIONS A,B, and C, please continue with Question D7.**

D7. In what capacity (or capacities) are you involved **with this child?**

PLEASE ✓ CHECK ALL THAT APPLY.

- 01  a. Provide instruction directly to this child
- 02  b. Provide related services directly to this child
- 03  c. Provide consultation services to this child's teacher(s)
- 04  d. Provide case management (e.g., program monitoring) for this child
- 05  e. Program administrator or supervisor
- 06  f. Supervise instructional assistant or para-educator assigned to work with this child
- 07  g. Other (Specify: \_\_\_\_\_)

D8. What are your main roles in this school or program?

PLEASE ✓ CHECK ALL THAT APPLY.

- 01  a. Early childhood teacher, not special education
- 02  b. Special education teacher
- 03  c. Related service provider (e.g., speech therapist)
- 04  d. Program specialist (e.g., full inclusion specialist)
- 05  e. Case manager/service coordinator
- 06  f. School psychologist
- 07  g. School counselor
- 08  h. Other (Specify: \_\_\_\_\_)

D9. We want to know what you think about special education for young children. In the space provided, please print any suggestions or concerns you have regarding the provision of special education services for young children. *(Be assured that your answers will be confidential.)*

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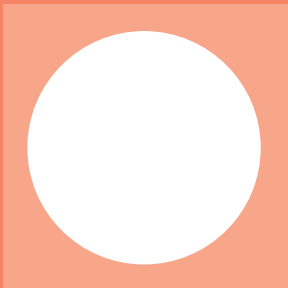
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Date Completed: ___/___/___ mm  dd  yy	Please provide your name and contact information below, so that we can reach you if we have questions.
Your Name: _____	
School/Program Name: _____	
Address: _____	
Phone: (        ) _____	
Email: _____	

*Please continue to the back cover.*

*Thank you for completing  
this questionnaire.*

When you have completed this portion of the questionnaire, please seal it with the label below and place it in your local mailbox.



*thank you!*

National Center for  
Special Education Research

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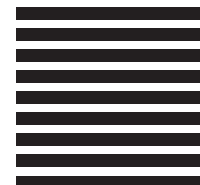
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