

Pre-Elementary Education Longitudinal Study



Elementary School Teacher Questionnaire



friends



**P E E L S
L**

learn



grow

Pre-Elementary Education Longitudinal Study

Elementary School Teacher Questionnaire

Dear Teacher:

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.

The study is following the children as they move through preschool, kindergarten, and into the early elementary school years. This questionnaire is the only source of information about this year's school programs and experiences 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 completely 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.

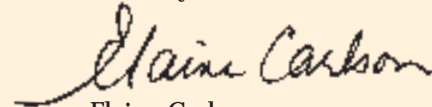
Before beginning this questionnaire, you may want to gather the following information so that you will be able to complete the questionnaire more quickly:

- The school file for the child whose name is on the label, including, if applicable, the most recent Individualized Education Program (IEP);
- Attendance records for this child during October of this school year; and
- Child's previous school records.

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, or visit the PEELS web site at www.peels.org.

Thank you so much for your contribution to this very important study.

Sincerely,



Elaine Carlson
Project Director, PEELS

Questions?

**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.

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** and can describe the elementary education 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 elementary school 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 ELEMENTARY EDUCATION PROGRAM OR SPECIAL SERVICES.

If you answered YES to ANY of the three questions:

PLEASE PROCEED TO SECTION A →

note:

All references to "this child" mean the child whose name appears on the label. "IEP" refers to an Individualized Education Program for a child with a disability. "Special education setting" and "special education classroom" could be a self-contained day classroom or a resource room.

Section A:

ELEMENTARY SCHOOL PROGRAM AND CHILD PROGRESS

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

A1. What is the current grade-level placement of this child? PLEASE ✓ CHECK ONE.

- 0 Ungraded
1 1st grade
2 2nd grade
3 3rd grade
4 4th grade
5 Other (Specify: _____)

A2. 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/special service setting (office, small room, etc.)	<input type="text"/>		<input type="text"/>
d. Setting outside of the classroom for other remediation or assistance (e.g., Title I, English as a second language [ESL])	<input type="text"/>		<input type="text"/>
e. Home instruction	<input type="text"/>		<input type="text"/>

A3. Which of the settings below is considered to be this child's **main** education setting? PLEASE ✓ CHECK ONE.

- 01 Regular education classroom
02 Special education setting
03 Home
04 Other (Specify: _____)

A4. 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 to this child's teacher(s)
- 04 d. Provide case management (e.g., program monitoring) for this child
- 05 e. Program administrator/supervisor for this child's program
- 06 f. Supervise instructional assistant assigned to work with this child
- 07 g. Other (Specify: _____)

A5. What is your **main** role in this school? PLEASE ✓ CHECK ONE.

- 1 Regular education classroom teacher
- 2 Special education teacher
- 3 Related service provider (Specify: _____)
- 4 Other (Specify: _____)

A6. How many years have you been teaching or working in your current professional capacity?

Number of years

A7. Approximately how many TOTAL hours per week does this child attend school? (If this child does not attend school [e.g., home schooled], indicate approximately how many total hours of instruction he/she receives in a typical week.)

TOTAL hours per week child attends school or receives instruction

A8. Please indicate **all** the settings in which this child currently receives instruction for each subject listed here. (NOTE: Some children may receive instruction in a subject area in multiple settings, such as a special education setting **and** a general education classroom.) PLEASE ✓ CHECK ALL THAT APPLY IN EACH ROW. PLEASE ✓ CHECK NOT APPLICABLE IF CHILD DOES NOT RECEIVE INSTRUCTION IN A SUBJECT AREA.

	Regular education classroom	Special education setting	Pull-out program (not special education)	Home-bound instruction	Not applicable
a. Language arts	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Mathematics	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Science	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Social studies	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Art, music	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Physical education	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Self-help skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Social skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Other (Specify: _____)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

A9. Does this child participate in the following? PLEASE ✓ CHECK ONE IN EACH ROW.

	Yes	No	Don't know
a. Program for gifted and talented students	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
b. Title I	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
c. Bilingual education or instruction for English language learners (ELL) (e.g., ESL or limited English proficient [LEP])	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
d. Program for children with behavioral or emotional problems	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
e. Free/reduced-price lunch program	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>

A10. How many of the following people are usually in the room during the majority of this child's time in **your** classroom?
PLEASE ENTER **ONE** NUMBER ON EACH LINE. ENTER "0" IF NONE.

	Number of people
a. Regular education teachers	<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. Teacher aides	<input type="text"/>
f. Other specialists	<input type="text"/>
g. Adult volunteers	<input type="text"/>

A11. What are the total numbers of children with IEPs and without IEPs enrolled in this child's **main** 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 children with IEPs in child's class

Number of children without IEPs in child's class } If "0," go to Question A13

A12. 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

A13. Has this child missed 2 or more weeks of school this year because of a health problem? PLEASE CHECK ONE.

- 1 Yes
- 2 No
- 8 Don't know

A14. During October of this school year, how many days was this child absent?
PLEASE ENTER THE NUMBER OF DAYS.

Number of days absent

A15. How many of these were unexcused absences?
PLEASE ENTER THE NUMBER OF DAYS.

Number of unexcused absences

A16. Which of the following best describes the curriculum materials for this child?
PLEASE CHECK ONE.

- 1 Regular education grade-level curriculum materials are used without modification.
- 2 Some modifications in regular education curriculum materials have been made.
- 3 Substantial modifications in regular curriculum materials have been made.
- 4 Specialized curriculum or materials are used.

A17. 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 style="width: 50px;" type="text"/>	%
b. Adult-directed whole class activities	<input style="width: 50px;" type="text"/>	%
c. Adult-directed small group activities	<input style="width: 50px;" type="text"/>	%
d. Adult-directed individual activities	<input style="width: 50px;" type="text"/>	%
e. Child-selected activities	<input style="width: 50px;" type="text"/>	%
f. Other (Specify: _____)	<input style="width: 50px;" type="text"/>	%

100%

A18. Which of the following teaching practices and methods are used with this child on a regular basis? PLEASE ✓ CHECK ONE IN EACH ROW.

	Yes	No	Don't know
a. One-on-one instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
b. Small-group instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
c. Large-group instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
d. Cooperative learning	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
e. Peer tutoring	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
f. Computer-based instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
g. Direct instruction	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
h. Cognitive strategies	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
i. Self-management	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
j. Behavior management	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>
k. Not applicable, you do not deliver regular instruction to this child	1 <input type="radio"/>	2 <input type="radio"/>	8 <input type="radio"/>

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 A19 and A20 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 A19, 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 very often shows empathy for classmates. Also, this student sometimes asks questions when unsure of schoolwork. This teacher thinks that showing empathy is important for success in his or her classroom and that asking questions is critical 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.

Social Skills Rating System (SSRS) Teacher Questionnaire by Frank Gresham and Stephen Elliott ©1990 American Guidance Service, Inc., 4201 Woodland Road, Circle Pines, MN 55014-1796. Permission to reproduce granted to Westat for research purposes only. All rights reserved. www.agsnet.com

A19. 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"/>

Social Skills Rating System (SSRS) Teacher Questionnaire by Frank Gresham and Stephen Elliott ©1990 American Guidance Service, Inc., 4201 Woodland Road, Circle Pines, MN 55014-1796. Permission to reproduce granted to Westat for research purposes only. All rights reserved. www.agsnet.com

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"/>

Social Skills Rating System (SSRS) Teacher Questionnaire by Frank Gresham and Stephen Elliott ©1990 American Guidance Service, Inc., 4201 Woodland Road, Circle Pines, MN 55014-1796. Permission to reproduce granted to Westat for research purposes only. All rights reserved. www.agsnet.com

A20. 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"/>

Social Skills Rating System (SSRS) Teacher Questionnaire by Frank Gresham and Stephen Elliott ©1990 American Guidance Service, Inc., 4201 Woodland Road, Circle Pines, MN 55014-1796. Permission to reproduce granted to Westat for research purposes only. All rights reserved. www.agsnet.com

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.

A21. 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"/>

Vineland Adaptive Behavior Scales, Classroom Edition, Motor Skills Domain by Sara S. Sparrow, David A. Balla, and Domenic V. Cicchetti © 1985 American Guidance Service, Inc., 4201 Woodland Road, Circle Pines, MN 55014-1796. Permission to reproduce granted to Westat for research purposes only. All rights reserved. www.agsnet.com

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"/>

Vineland Adaptive Behavior Scales, Classroom Edition, Motor Skills Domain by Sara S. Sparrow, David A. Balla, and Domenic V. Cicchetti © 1985 American Guidance Service, Inc., 4201 Woodland Road, Circle Pines, MN 55014-1796. Permission to reproduce granted to Westat for research purposes only. All rights reserved. www.agsnet.com

A22. 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"/>

Vineland Adaptive Behavior Scales, Classroom Edition, Motor Skills Domain by Sara S. Sparrow, David A. Balla, and Domenic V. Cicchetti © 1985 American Guidance Service, Inc., 4201 Woodland Road, Circle Pines, MN 55014-1796. Permission to reproduce granted to Westat for research purposes only. All rights reserved. www.agsnet.com

ACADEMIC RATING SCALE

The Academic Rating Scale is separated into two areas: (1) language and literacy and (2) mathematical thinking. You are asked to rate the child's skills, knowledge, and behaviors within each of these areas based on your experience with this child. This is NOT a test and should not be administered directly to the child. Each question includes examples that are meant to help you think of the range of situations in which the child may demonstrate similar skills and behaviors. **The examples do not exhaust all the ways that a child may demonstrate what he/she knows or can do.**

The following **five-point scale** is used for each of the questions. It reflects the degree to which a child has acquired/chooses to demonstrate the targeted skills, knowledge, and behaviors.

- 1 = Not yet** Child has **not yet** demonstrated skill, knowledge, or behavior.
- 2 = Beginning** Child is **just beginning** to demonstrate skill, knowledge, or behavior but does so very inconsistently.
- 3 = In progress** Child demonstrates skill, knowledge, or behavior **with some regularity** but varies in level of competence.
- 4 = Intermediate** Child demonstrates skill, knowledge, or behavior **with increasing regularity and average competence** but is not completely proficient.
- 5 = Proficient** Child demonstrates skill, knowledge, or behavior **competently and consistently.**
- N/A = Not applicable** Skill, knowledge, or behavior has **not been introduced** in classroom setting.

Rate only the child's current achievement or motivation. Rate each child compared to other children of the same age level. Please use the full range of ratings. If the skill, knowledge, or behavior has been introduced in the classroom, please rate the child using the numbers **1 through 5**. Check "NA" only if the skill, knowledge, or behavior has not been introduced in your classroom setting.

Children with limited English proficiency: Please answer the question based on your knowledge of this child's skills. If the child does not yet demonstrate skills in English but does demonstrate them in his/her native language, please answer the questions with the child's native language in mind.

Children with special needs: It may be necessary to consider adaptations for some questions to make them more inclusive for this child's skills/use of adaptive equipment. Some children may utilize alternative forms of verbal communication (e.g., sign language, communication boards) or written communication (e.g., word processors, Braille, dictation). Please answer the questions with these adaptations in mind.

A23. Language and literacy

PLEASE ✓ CHECK ONE IN EACH ROW.

THIS CHILD...	Not yet	Beginning	In progress	Intermediate	Proficient	Not applicable
a. Contributes relevant information to classroom discussions (e.g., during a class discussion, can express an idea or a personal opinion on a topic and the reasons behind the opinion).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
b. Understands and interprets a story or other text read to him/her (e.g., by writing a sequel to a story, dramatizing part of a story, or posing a question about why a particular story event occurred as it did).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
c. Reads words with regular vowel sounds (e.g., reads "coat," "junk," "lent," "chimp," "halt," or "bite").	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
d. Reads words with irregular vowel sounds (e.g., reads "through," "point," "enough," or "shower").	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
e. Reads first grade books independently with comprehension (e.g., reads most words correctly and answers questions about what was read, makes predictions while reading, and retells story after reading).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
f. Reads first grade books fluently (e.g., easily reads words in meaningful phrases rather than reading word by word).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
g. Composes a story with a clear beginning, middle, and end.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
h. Demonstrates an understanding of some of the conventions of print (e.g., appropriately using question marks, exclamation points, and quotation marks).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
i. Uses the computer for a variety of purposes (e.g., by writing a page for a class book, looking up information on a topic of interest, solving math problems, or recording a scientific observation).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>

A24. Mathematical thinking

PLEASE ✓ CHECK ONE IN EACH ROW.

THIS CHILD...	Not yet	Beginning	In progress	Inter-mediate	Proficient	Not applicable
a. Demonstrates an understanding of place value (e.g., explaining that 14 is 10 plus 4, or using two stacks of 10 and 5 single cubes to represent the number 25).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
b. Models, reads, writes, and compares whole numbers (e.g., recognizing that 30 is the same quantity if it is 30 rabbits or 30 tallies or 15 + 15 red dots, or describing that the number 25 is smaller than 41).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
c. Counts change with two different types of coins (e.g., two quarters and a nickel, or three dimes and two pennies).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
d. Surveys, collects, and organizes data into simple graphs (e.g., making tally marks to represent the number of children who want to play jump rope at recess, or making a picture, bar, line, or circle graph to show the different kinds of fruit children bring to school and the quantity of each type).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
e. Makes reasonable estimates of quantities (e.g., looking at a group of objects and deciding if it is more than 10, about 50, or less than 100).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
f. Measures to the nearest whole number using common instruments (e.g., rulers, or tape measures, or thermometers, or scales).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>
g. Uses a variety of strategies to solve math problems (e.g., using manipulative materials, using trial and error, making an organized list or table, drawing a diagram, looking for a pattern, acting out a problem, or talking with others).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	0 <input type="radio"/>

A25. Overall, how would you rate this child's academic skills compared to typical children of the same grade level? PLEASE ✓ CHECK ONE.

- 1 Far below average
- 2 Below average
- 3 Average
- 4 Above average
- 5 Far above average

A26. 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

A27. 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

A28. 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

A29. 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. Test developed to accompany published curriculum
- 06 f. Teacher-developed tests
- 07 g. Video/audio recording
- 08 h. Portfolios of child's work samples
- 09 i. Other (Specify: _____)
- 10 j. Child progress is not formally monitored

A30. During the current school year, to what extent will this child participate in any mandated standardized test(s) administered as part of a school-, district-, or statewide testing program? PLEASE ✓ CHECK ONE.

- 0 There is no such testing at this grade level.
 - 1 Child did not take such tests or is not expected to take them.
 - 2 Child participated in some of the testing program without accommodations or modifications or is expected to do so.
 - 3 Child participated in most or all of the testing program without accommodations or modifications or is expected to do so.
 - 4 Child participated in some of the testing program with accommodations or modifications or is expected to do so.
 - 5 Child participated in most or all of the testing program with accommodations or modifications or is expected to do so.
- } **Go to Question A33**
- } **Continue with Question A31**

A31. Which of the following accommodations/modifications were provided to this child to participate in mandated standardized tests? PLEASE ✓ CHECK ALL THAT APPLY.

- 01 a. Given test orally
- 02 b. Reader provided
- 03 c. Dictated responses
- 04 d. Shortened test
- 05 e. Alternative setting
- 06 f. Additional time
- 07 g. Alternative format for responding (e.g., pointing, typing)
- 08 h. Braille/large-print version of test
- 09 i. Other (Specify: _____)

A32. For what type(s) of test were the above accommodations provided? PLEASE ✓ CHECK ALL THAT APPLY.

- 1 a. Math assessments
- 2 b. Reading/language assessments
- 3 c. Other (Specify: _____)

A33. What grade level in reading and mathematics has this child achieved as of the most recent assessment(s)? PLEASE ✓ CHECK ONE FOR READING AND ONE FOR MATH.

	Grade level in:	
	Reading	Mathematics
No grade level determined	95 <input type="radio"/>	95 <input type="radio"/>
Preschool/Kindergarten	00 <input type="radio"/>	00 <input type="radio"/>
Grade 1	01 <input type="radio"/>	01 <input type="radio"/>
Grade 2	02 <input type="radio"/>	02 <input type="radio"/>
Grade 3	03 <input type="radio"/>	03 <input type="radio"/>
Grade 4	04 <input type="radio"/>	04 <input type="radio"/>
Grade 5	05 <input type="radio"/>	05 <input type="radio"/>
Grade 6 or above	06 <input type="radio"/>	06 <input type="radio"/>

A34. Date of most recent reading assessment:

Month/year

A35. Date of most recent math assessment:

Month/year

A36. 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 regularly give parents report cards for this child.
- 03 c. I call them on the phone, send email, or send notes home.
- 04 d. I speak with parents before or after school when this child is being dropped off or picked up.
- 05 e. We have regularly scheduled parent-teacher meetings.
- 06 f. We share a daily or weekly journal for this child.
- 07 g. There is a regular system for communicating with parents (e.g., newsletter or phone tree).
- 08 h. Parents have access to the school's web site with information specifically for parents.

A37. 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

A38. How involved are this child's parents or guardians 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

A39. During this school year, did this child's parents or guardians attend a parent-teacher conference or "back-to-school night"? PLEASE ✓ CHECK ONE.

- 1 Yes
- 2 No
- 3 Not applicable; we do not have parent conferences or "back-to-school night"
- 8 Don't know

A40. To what extent were you involved in planning this child's transition into your class?

PLEASE ✓ CHECK ONE.

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

A41. 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

A42. Did this child have an IEP during the year **prior** to this school year?

PLEASE ✓ CHECK ONE.

- 1 Yes → Continue with Question A43
- 2 No
- 8 Don't know } Go to Question A44

A43. To what extent did you communicate with the person(s) who provided special education for this child last year? PLEASE ✓ CHECK ONE.

- 0 Not at all
- 1 Somewhat
- 2 Extensively
- 3 I provided special education services

A44. Does this child currently have either an IEP or a 504 plan for children with disabilities? PLEASE ✓ CHECK ONE.

- 1 Yes, this child has an IEP for special education services. } Continue with Question A45
- 2 Yes, this child has a 504 plan. → Go to Question A46
- 3 No, this child does not have an IEP or 504 plan. → Go to Question A50
- 8 Don't know. → Go to Question A46

A45. 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.

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

A46. 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 adequate at all
- 8 Don't know
- 0 No support is needed

A47. 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 adequate at all
- 8 Don't know
- 0 No support is needed

A48. Does your program support social interaction between this child and children without disabilities? PLEASE ✓ CHECK ONE.

- 1 Yes → **Continue with Question A49**
 - 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 A50**

A49. 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"/>

A50. To the best of your knowledge, what school and grade level do you **anticipate** this child will be in next year? PLEASE ✓ CHECK ONE.

	1st grade	2nd grade	3rd grade	4th grade	Other
a. Same school as this year	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	(Specify: _____)
b. Different school next year	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	(Specify: _____)
c. Don't know	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <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: _____

A51. 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.)*

Instructions for Section B of this Questionnaire:

1. Section B 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 B 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 B on the next page.**
 - **NO.** Please remove Section B 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 B, 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

19309.01.06.808930209



Section B:

SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES



Pre-Elementary Education Longitudinal Study

Elementary School Teacher Questionnaire

Dear Education Professional:

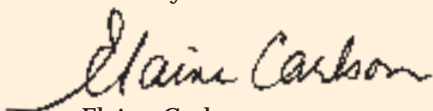
Your school district is participating in an important U.S. Department of Education study called the Pre-Elementary Education Longitudinal Study (PEELS). The child named on the label is one of more than 3,000 children nationwide who are taking part in PEELS. This questionnaire is the only source of information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

Please complete Section B 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, or visit the PEELS web site at www.peels.org.

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

Sincerely,



Elaine Carlson
Project Director, PEELS

Questions?

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 B:

SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

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

B1. 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="checkbox"/>	01 <input type="checkbox"/>
b. Deaf/blindness	02 <input type="checkbox"/>	02 <input type="checkbox"/>
c. Deafness	03 <input type="checkbox"/>	03 <input type="checkbox"/>
d. Developmental delay	04 <input type="checkbox"/>	04 <input type="checkbox"/>
e. Emotional disturbance/behavior disorder	05 <input type="checkbox"/>	05 <input type="checkbox"/>
f. Hearing impairment	06 <input type="checkbox"/>	06 <input type="checkbox"/>
g. Learning disability	07 <input type="checkbox"/>	07 <input type="checkbox"/>
h. Mild mental retardation	08 <input type="checkbox"/>	08 <input type="checkbox"/>
i. Moderate/severe mental retardation	09 <input type="checkbox"/>	09 <input type="checkbox"/>
j. Multiple disabilities	10 <input type="checkbox"/>	10 <input type="checkbox"/>
k. Orthopedic impairment	11 <input type="checkbox"/>	11 <input type="checkbox"/>
l. Other health impairment	12 <input type="checkbox"/>	12 <input type="checkbox"/>
m. Speech or language impairment	13 <input type="checkbox"/>	13 <input type="checkbox"/>
n. Traumatic brain injury	14 <input type="checkbox"/>	14 <input type="checkbox"/>
o. Visual impairment/blindness	15 <input type="checkbox"/>	15 <input type="checkbox"/>
p. Other (Specify: _____)	16 <input type="checkbox"/>	16 <input type="checkbox"/>
q. Not sure	98 <input type="checkbox"/>	98 <input type="checkbox"/>

B2. 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

B3. Who participated in the most recent IEP or 504 plan development or review for this child? PLEASE ✓CHECK ALL THAT APPLY.

- 01 a. Regular education academic subject teacher(s)
- 02 b. Regular education vocational teacher(s)
- 03 c. Special education teacher(s)
- 04 d. School administrator (e.g., principal, special education director, program coordinator)
- 05 e. School counselor or psychologist
- 06 f. Related services personnel (e.g., speech therapist, physical therapist, nutritionist)
- 07 g. Parent/guardian(s)
- 08 h. Child
- 09 i. Staff of outside service agency or outside consultant
- 10 j. Advocate
- 11 k. Other (Specify: _____)
- 98 l. Don't know

B4. For this school year, what are the three most important IEP goals for this child? PLEASE ✓CHECK UP TO THREE.

- 01 a. Not applicable—the child does not have an IEP. → Go to Question B7
- 02 b. Improve overall school readiness
- 03 c. Improve academic performance in a specific area: _____
- 04 d. Improve social skills
- 05 e. Improve appropriateness of general behavior
- 06 f. Improve adaptive behavior or self-help skills
- 07 g. Improve speech/communication skills
- 08 h. Improve fine motor skills
- 09 i. Improve gross motor skills
- 10 j. Other (Specify: _____)
- 98 k. Don't know

B5. 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

B6. 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. Regular education classroom
- 02 b. Regular education program but outside the classroom
- 03 c. Special education classroom
- 04 d. Special education setting, but not a classroom
- 05 e. Therapy site for special services located at a regular elementary school
- 06 f. An outpatient medical service facility, clinic, or therapy site
- 07 g. Child's home
- 08 h. Someone else's home (e.g., a babysitter)
- 09 i. Other (Specify: _____)

B7. Which of the following are provided to this child as part of his/her IEP or 504 plan? PLEASE ✓CHECK ALL THAT APPLY.

Accommodations/modifications

- 01 a. Modified grading standards
- 02 b. Slower-paced instruction
- 03 c. Additional time to complete assignments
- 04 d. Modified assignments
- 05 e. Physical adaptations (e.g., preferential seating, special desks)

Learning aids

- 06 f. Books on tape
- 07 g. Communication aids (e.g., Touch Talker, manual printing board)
- 08 h. Use of spell checker
- 09 i. Computer software designed for children with disabilities
- 10 j. Computer hardware adapted for child's unique needs (e.g., alternative keyboards, switch interface)
- 11 k. Other (Specify: _____)

95 No accommodations/modifications or learning aids provided (NOT ANY of items a. through k., above)

B8. 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: _____)

- **IF YOU COMPLETED SECTION A, please go to the back cover.**
- **IF SOMEONE ELSE COMPLETED SECTION A, please continue with B9.**

B9. 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 child's teacher(s)
- 04 d. Provide case management (e.g., program monitoring) for this child
- 05 e. Serve as program administrator or supervisor
- 06 f. Supervise instructional assistant or para-educator assigned to work with this child
- 07 g. Other (Specify: _____)

B10. 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.)

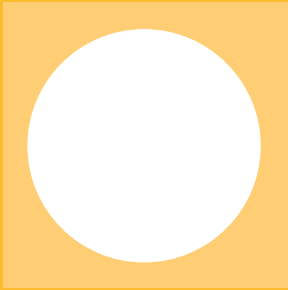
Thank you for completing this questionnaire.

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.*

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

WESTAT

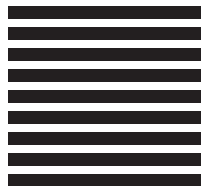
19309.0106.80890209



PEELS 8089.02.09



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS PERMIT NO.433 ROCKVILLE, MD

POSTAGE WILL BE PAID BY ADDRESSEE

**PEELS • Pre-Elementary Education
Longitudinal Study**

Westat • RW2634
1650 Research Blvd.
Rockville, MD 20850-9973

