


*Special Education Expenditure Project  
Sponsored by the U.S. Department of Education*

<i>Contact information</i>	
<i>Please complete the <b>required</b> information before returning this questionnaire</i>	
School (required)	_____
District (required)	_____
State (required)	_____
Respondent Name (optional)	_____
Phone (optional)	_____
Email (optional)	_____

## *Information About a Special Education Student with an External Placement*

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 Once completed, please return this questionnaire to the designated SEEP study coordinator for your district.

**Thank you for your participation!**

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### **INFORMATION ABOUT REPORTING BURDEN**

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 1820-0629. The time required to complete this information collection is estimated to average 15 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. 20202-2731. If you have comments or concerns regarding your individual submission of this form, write directly to: Scott Brown, Office of Special Education Programs, U.S. Department of Education, 400 Maryland Ave., SW, Washington, D.C. 20202.

OMB Number 1820-0629

Expiration Date: 02/28/2003



**AMERICAN INSTITUTES FOR RESEARCH**

## Student Background

1. Please create a numerical code or initials that will permit you to identify the student in case we have follow up questions on your responses. We do not need the name or any other identifying information for this student. ....
2. What is the student's (a) grade level placement, (b) reading performance level, and (c) mathematics performance level on his or her most recent assessment? (Check **one** box in **each** column)

Grade level	Grade level performance		
	Placemen	Readin	Mathematic
	t (a)	g (b)	s (c)
No grade determined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What is the student's age? \_\_\_\_\_ Years old

4. What is the student's sex? Female   
Male

5. What is the student's race or ethnicity? (Check **all** that apply.)

American Indian or Alaska Native.....

Asian.....

- Black or African American .....
- Hispanic or Latino .....
- Native American or other Pacific  
Islander .....
- White .....

6. How would this student be classified? (Check only **one** primary disability category. Attention Deficit Disorder [ADD], Attention Deficit Hyperactivity Disorder [ADHD], and "Other" may not be designated as the primary disability.)

Disability category	Primary (check only one)	Other Disabilities (check all that apply)
Autism.....	<input type="checkbox"/>	<input type="checkbox"/>
Deaf-blindness.....	<input type="checkbox"/>	<input type="checkbox"/>
Developmental delay.....	<input type="checkbox"/>	<input type="checkbox"/>
Emotional disturbance.....	<input type="checkbox"/>	<input type="checkbox"/>
Hearing impairment/deafness.....	<input type="checkbox"/>	<input type="checkbox"/>
Mental retardation.....	<input type="checkbox"/>	<input type="checkbox"/>
Multiple disabilities.....	<input type="checkbox"/>	<input type="checkbox"/>
Orthopedic impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
Other health impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
Specific learning disability.....	<input type="checkbox"/>	<input type="checkbox"/>
Speech or language impairment.....	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic brain Injury.....	<input type="checkbox"/>	<input type="checkbox"/>
Visual impairment/blindness.....	<input type="checkbox"/>	<input type="checkbox"/>
ADD.....	<i>These</i>	<input type="checkbox"/>
ADHD.....	<i>categories</i>	<input type="checkbox"/>
Other (Specify).....	<i>may not be</i>	<input type="checkbox"/>
	<i>designated</i>	<input type="checkbox"/>
	<i>as primary</i>	<input type="checkbox"/>

7. Does this student participate in any of the following programs? (Check **one** box on **each** line)

	Yes	No	Don't know
Programs for gifted and talented students.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Title I program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilingual education or instruction for English- language learners.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Migrant Education programs...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. For this school year, what are the primary goals for this student? (Check **one** box on **each** line)

	Yes	No
Improve overall academic performance...	<input type="checkbox"/>	<input type="checkbox"/>
Improve academic performance in a specific area (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>
Build social skills.....	<input type="checkbox"/>	<input type="checkbox"/>
Improve pre-academic readiness skills...	<input type="checkbox"/>	<input type="checkbox"/>
Improve appropriateness of general behavior.....	<input type="checkbox"/>	<input type="checkbox"/>
Increase functional skills.....	<input type="checkbox"/>	<input type="checkbox"/>
Improve speech and communication skills.....	<input type="checkbox"/>	<input type="checkbox"/>
Vocational preparation.....	<input type="checkbox"/>	<input type="checkbox"/>
Post-secondary education preparation....	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>
Don't know.....	<input type="checkbox"/>	<input type="checkbox"/>

9. What is this student's external placement? (Check one.)

Private day.....

Private residential.....

Home or hospital program.....

Preschool program.....

## The ABILITIES Index<sup>1</sup>

Please rate the student's abilities on the table on the following page. Ratings in each area are made on a scale of 0 to 5, with **0 indicating normal ability, 1 (suspected) indicating some questions about the child's ability, and 5 indicating extreme or profound lack of ability.** In making each rating, think about the child compared to other children the same age. Guidelines follow to assist you in making each rating.

**Audition (Hearing)** - Think about the child's ability to hear in everyday activities. Score hearing for each ear separately. A score of 5 (Profound Loss) means that the child has no hearing. Rate the child's hearing without a hearing aid. If the child uses a hearing aid, indicate this on the bottom of the form.

**Behavior and Social Skills** - Two ratings are made in this area, one for social skills and one for inappropriate or unusual behavior. Social skills refer to the child's ability to relate to others in a meaningful manner. Inappropriate & unusual behavior may include fighting, hitting, screaming, rocking, hand flapping, biting self, etc.

**Intellectual Function (Thinking and Reasoning)** - This rating reflects the child's ability to think and reason. Think about the way the child solves problems and plays with toys and compare this to other children of the same age.

**Limbs (Use of Hands, Arms & Legs)** - Think about the child's ability to use his or her hands, arms, and legs in daily activities. Score left and right limbs separately. A Score of 5 (Profound difficulty) means that the child has no use of a limb.

**Intentional Communication (Understanding and Communicating with Others)** - Two ratings are made, one for the child's ability to understand others and one for the child's ability to communicate with others. This rating includes attempts to communicate in ways other than talking (signs, gestures, picture boards). Think about the child's ability to understand and communicate with others and compare this to other children of the same age.

**Tonicity (Muscle Tone)** - Think about the child's muscle tone. Normal means that the child's muscles are neither tight nor loose. If the child's muscle tone is not in the normal range, place an "X" in each box that indicates the degree of tightness or looseness or both. Two ratings should be made since, in some children, tightness or looseness can vary in different parts of the body or from one time to the next.

**Integrity of Physical Health (Overall Health)** - Think about the child's general health. Normal means the usual health problems & illnesses typical for a child this age. If there is a health problem, ratings should be made indicating the degree to which health problems limit activities. Ongoing health problems may include seizures, diabetes, muscular dystrophy, cancer, etc.

**Eyes (Vision)** - Think about the child's ability to see in everyday activities. Score both the left and right eye. A score of 5 (Profound Loss) means that the child has no vision. Rate the child's vision without glasses. If the child uses glasses, indicate this on the bottom of the form.

**Structural Status (Shape, Body Form & Structure)** - This rating reflects the form and structure of the child's body. Normal means that there are no differences associated with form, shape, or structure of the body parts. Differences in form include conditions like cleft palate or club foot; differences in

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<sup>1</sup> This section is based on "The Abilities Index" developed by Rune J. Simeonsson and Donald B. Bailey of the Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.

structure include conditions like curved spine and arm or leg deformity. Ratings should indicate how much these differences interfere with how the child moves, plays, or looks.

**Student Abilities Index<sup>2</sup>**

10. In each column, place an X in the space that best describes the child. Please note that multiple Xs should be recorded under A (Audition), B (Behavior), L (Limbs) I (Intentional Communication), T (Tonicity), and E (Eyes).

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

<sup>2</sup>This section is based on "The Abilities Index" developed by Rune J. Simeonsson and Donald B. Bailey of the Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.



### Tuition and placement

11. What is the total amount of tuition or transfers of funds that the district pays per year for this student’s external placement? (**Include** expenditures on summer school placements, but **exclude** expenditures on transportation services.)

\$\_\_\_\_\_ Total tuition

12. How many days per year of service are to be received by this student?

\_\_\_\_\_ Days per year of service

13. Which of the following statements best describes the placement of this student? (*Please check **one** box only*)

- a. Private day school for students with disabilities \_\_\_\_\_
- b. Private residential facility for students with disabilities \_\_\_\_\_
- c. Special public school for students with disabilities \_\_\_\_\_
- d. Public residential facility for students with disabilities \_\_\_\_\_
- e. Other (Specify) \_\_\_\_\_

### Transportation services

14. Which of the following transportation services does this district provide for this student? (*Please check **all** that apply*)

- a. None \_\_\_\_\_
- b. Regular home to school/center \_\_\_\_\_
- c. Special education home to school/center \_\_\_\_\_
- d. From school/center to school/center to receive vocational or other special instruction or services \_\_\_\_\_
- e. Reimbursement to parent for transporting student \_\_\_\_\_
- f. Other (Specify) \_\_\_\_\_

15. Does the district contract with a private agency to provide these transportation services for this child?

Yes   
No

### Special equipment expenditures

16. In addition to tuition expenses, does the district pay for any special equipment for this child?

- Yes  → GO TO ITEM 17  
 No  → SKIP TO ITEM 18

17. What is the total amount of money spent by the district for the special equipment?

\$ \_\_\_\_\_

### Other special services

18. In addition to the services paid by tuition and fees, does the district provide any direct services through district employees or private contractors/consultants?

Related services	Indicate which services are provided.	How many total hours per year of service were provided?
Speech-language pathology	Yes <input type="checkbox"/> → No <input type="checkbox"/>	_____ hrs. per year
Audiology	Yes <input type="checkbox"/> → No <input type="checkbox"/>	_____ hrs. per year
Psychological services	Yes <input type="checkbox"/> → No <input type="checkbox"/>	_____ hrs. per year
Physical therapy	Yes <input type="checkbox"/> → No <input type="checkbox"/>	_____ hrs. per year
Occupational therapy	Yes <input type="checkbox"/> → No <input type="checkbox"/>	_____ hrs. per year
Therapeutic recreation	Yes <input type="checkbox"/> → No <input type="checkbox"/>	_____ hrs. per year

Social work services	Yes <input type="checkbox"/> → No <input type="checkbox"/>	_____ hrs. per _____ year
Counseling services, rehabilitation counseling	Yes <input type="checkbox"/> → No <input type="checkbox"/>	_____ hrs. per _____ year
Orientation and mobility services	Yes <input type="checkbox"/> → No <input type="checkbox"/>	_____ hrs. per _____ year
Medical services	Yes <input type="checkbox"/> → No <input type="checkbox"/>	_____ hrs. per _____ year

Please print your name: \_\_\_\_\_

Please estimate the amount of time it took you to complete this Student Information Form.

\_\_\_\_\_ minutes

Once you have completed this questionnaire, please do the following:

- Put this questionnaire together with the other out-of-district student information forms which you have completed.
- Insert them into the original envelope provided for this purpose.
- Return with other SEEP data collection forms to the designated SEEP study coordinator for your district.

Thank you again for your cooperation and assistance. The information you have provided will be used to assist the Office of Special Education Programs (OSEP) in its investigation of Special Education funding and policy.

**IDENTIFICATION**

All responses provided for this study are kept confidential; however, sometimes we need to follow up to clarify a response. To help us make this contact, we request that you please fill in the information below. We probably will not need the information but would appreciate having it, just in case. Once the survey data are all entered, we will delete all identifying

information from our files.

**Respondent Name:**  
\_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ext.  
\_\_\_\_\_

**Best Day and Times to Reach You**

**Days:** M      T      W      Th      F *between* \_\_\_\_\_ : \_\_\_\_\_ **AM** or **PM** (*circle*) and \_\_\_\_\_ : \_\_\_\_\_ **AM** or **PM** (*circle*)