


Special Education Expenditure Project (SEEP)
Sponsored by the U.S. Department of Education

| Contact information | |
|--------------------------------------------------------------------------------------------|-------|
| <i>Please complete the required 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

 Once completed, please return this questionnaire with the other student information form and your Special Education Teacher/Related Service Provider Questionnaire to the school principal or designated study coordinator at this site.

You can also complete this questionnaire online at www.seep.org.

Thank you for your participation!

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 30 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

I. 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.)

| | <u>Grade level</u> | <u>Placement</u> | <u>Grade-level performance</u> | |
|---------------------|--------------------------|--------------------------|--------------------------------|--------------------------|
| | | (a) | (b) | (c) |
| No grade determined | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preschool | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Kindergarten | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 1 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 5 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 7 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 9 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 10 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 11 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grade 12 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3a. What is the student's age? Years

3b. What is the student's sex? Female
Male

3c. 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 Hawaiian or other Pacific Islander

White

4. 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 (ages 3-9)..... | <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"/> <input type="checkbox"/> |
| Traumatic brain injury..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual impairment/blindness..... | <input type="checkbox"/> | <input type="checkbox"/> |
| ADD..... <i>May not be</i> | | <input type="checkbox"/> |
| ADHD..... <i>designated</i> | | <input type="checkbox"/> |
| Other (Specify)..... <i>as primary</i> | | <input type="checkbox"/> |

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

| | Yes | No | Don't know |
|-------------------------------------------|--------------------------|--------------------------|--------------------------|
| Gifted and talented student programs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Title I program..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bilingual education/ESL..... | <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 programs..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | |
|----------------------------------------------------------------|--------------------------|--------------------------|
| If unknown, please check here and skip to the next page... | <input type="checkbox"/> | |
| 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"/> |

II. The ABILITIES Index¹

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 disability) indicating some questions about the child's ability, and 5 indicating extreme or profound disability**. 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, please check this box:

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 and 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, and 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 and 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, please check this box:

¹ 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.

Structural Status (Shape, Body Form, and 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 clubfoot; differences in 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 Index²

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

²This 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.

Profound
hearing loss

Profound
difficulty

Profound
vision loss

III. Services the Student Receives

This section asks about ALL direct services currently received by this student regardless of who pays for, or provides, the services. ***It is unlikely that you will have to respond to more than two or three of the 10 parts that make up this section. To help identify the parts that you should answer, we have prepared the following list of direct services in item 8.*** Please answer all questions to the best of your knowledge. If you are unsure, you should provide your **best estimate**.

8. Please review this list of direct services and place a check in the box corresponding to each type of service received by this student. Then, complete only the survey items that make up the part(s) that you checked. *(Please check **ALL** that apply.)*

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <p>Ī General elementary services. Services in a general, elementary education (e.g., self-contained) classroom from general education staff (include pre-k through grade 8 in a non-departmentalized setting). Go to € for departmentalized middle school grades (e.g., 5 through 8).</p> | <input type="checkbox"/> → Answer Section Ī on page 6 |
| <p>Ī General secondary services. Services in general, secondary (e.g., middle, junior high, or high school <u>departmentalized</u>) classes from general education staff. (DO NOT include special education, Title I, Gifted and Talented Education, or ESL (English as a Second Language) classes. Include these special programs under ∠ through © below.)</p> | <input type="checkbox"/> → Answer Section Ī on page 8 |
| <p>Đ Special education, special class. Services in a special class from a special education teacher.</p> | <input type="checkbox"/> → Answer Section Đ on page 9 |
| <p>Ñ Special education resource specialist. Services from a special education resource specialist at the elementary, middle, junior high, or high school level. These services may be provided in a separate room (e.g., pull-out) or as in-class services in a student's general education classroom or special education special class.</p> | <input type="checkbox"/> → Answer Section Ñ on page 11 |
| <p>Ò Related service providers. Services from related service providers such as speech therapists, physical therapists, occupational therapists, or counselors. These services may be provided in a separate room (e.g., pull-out) or as in-class services in a student's general education classroom or special education special class.</p> | <input type="checkbox"/> → Answer Section Ò on page 14 |
| <p>Ó Other resource teachers. Services from Title I, Gifted and Talented Education, or ESL (English as a Second Language) staff. These services may be provided in a separate room (e.g., pull-out) or as in-class services in a student's general education classroom or special education special class.</p> | <input type="checkbox"/> → Answer Section Ó on page 18 |
| <p>Ô Community-based training services. Services in a community-based setting.</p> | <input type="checkbox"/> → Answer Section Ô on page 21 |
| <p>Õ Extended-time services. Services in before-school, after-school, or weekend programs.</p> | <input type="checkbox"/> → Answer Section Õ on page 22 |
| <p>Ö Transportation services. Home-to-school or school-to-school transportation services.</p> | <input type="checkbox"/> → Answer Section Ö on page 24 |

× **Summer or extended-year services.** Instruction during the summer, during vacation, or during "off track" times in a year-round program.

→ Answer Section × on page 25

Î General Elementary Services

9. Does this student spend any portion of his/her time being served in a **general education elementary classroom** (*including preschool*)?

Yes → GO TO ITEM A
 No → SKIP TO ITEM 10

A. How many **hours per week** does this student receive instruction in the general education classroom?

. Hours per week

B. How many **students** are on the class roster for this general education class? (*Include ALL students, with and without disabilities.*)

Students

C. What is the **grade range** of this general education classroom? (*Record the lowest grade and the highest grade of students in the class, e.g., if 3rd and 4th grade are taught in this classroom, you would enter "3 to 4"; if only 3rd grade is taught you would enter "3 to 3."*)

to
 Low grade High grade
 (PK, K, 1,...12) (PK, K,1,...12)

D. Is there a general education **teacher assistant/aide** in this general education classroom?

Yes → GO TO ITEM D1
 No → SKIP TO ITEM E

D1. How many **hours per week** of assistant/aide time does the class receive? *If there is more than one assistant/aide, combine their hours and report the total. Exclude personal one-on-one aides serving this student.*

. Hours per week

E. In what **subject(s)** does this student receive instruction in this classroom from the general education classroom teacher? (*Do not include subjects provided by a general education subject matter specialist who may provide services to the students in this class on an intermittent or itinerant basis. These are covered in Part F. Check **one** box on each line*)

| <u>Subjects taught by general education teacher</u> | Yes | No |
|-----------------------------------------------------|--------------------------|--------------------------|
| Language arts/reading/writing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Arithmetic/mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Social studies..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Science..... | <input type="checkbox"/> | <input type="checkbox"/> |
| English as a second language..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical education..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Music/art..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Functional/life skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavior/social skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| General preschool curriculum..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Î General Elementary Services (continued)

F. During the time this student is in the general elementary class, does the class receive any instructional services from a **subject matter specialist**? Yes → GO TO ITEM F1
No → SKIP TO ITEM G

F1. How many hours per week does this student receive instruction, along with the other students in this class, from a **general education subject matter specialist(s)** in each of the subjects indicated? (*DO NOT include services provided by special education, Title I, or ESL teachers. These are covered later.*)

| <u>Subjects taught by subject matter specialists</u> | <u>Hours per week</u> |
|------------------------------------------------------|-----------------------|
| Language arts/reading/writing..... | □□.□□ |
| Arithmetic/mathematics..... | □□.□□ |
| Social studies..... | □□.□□ |
| Science..... | □□.□□ |
| English as a second language..... | □□.□□ |
| Physical education..... | □□.□□ |
| Music/art..... | □□.□□ |
| Functional/life skills..... | □□.□□ |
| Behavior/social skills..... | □□.□□ |
| General preschool curriculum..... | □□.□□ |
| Other (Specify)..... | □□.□□ |

G. Is this **general education class specifically designed** to serve the following type of students? (*Check one box on each line.*)

| | Yes | No |
|-----------------------------------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Gifted and Talented (GATE) students..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Bilingual or English language learner students..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Migrant education students..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Title I students..... | <input type="checkbox"/> | <input type="checkbox"/> |

H. Are any of the hours of general education instruction that this student receives **team taught** with another general education teacher (i.e., two general education teachers in the class at the same time)? Yes → GO TO ITEM H1
No → SKIP TO ITEM 10

H1. How many **hours per week** of general education team teaching does this student receive? □□.□□ Hours per week

I General Secondary Services

10. Does this student spend any portion of his/her time being served in **general education secondary (departmentalized) courses?** (Do not include special education, Title I, ESL, or gifted classes.)

Yes → GO TO ITEM A
 No → SKIP TO ITEM 11

A. How many **hours per week** does this student receive instruction in each general education subject or course? (If a student takes more than one general education course in a particular subject, add the hours per week together and report the total.)

| General education subjects | Hours per week |
|-------------------------------------|---------------------------------------------------------------------------------------|
| English | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| English as a second language | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Health and family education | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Language arts/reading/writing | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Mathematics | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Music/art/drama | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Computers | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Foreign language | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Vocational education | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Physical education | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Science | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Social studies | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Other (Specify) | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

B. How many **students** are in each of this student's general education classes? (Include ALL students, with and without disabilities. If a student takes more than one general education course in a particular subject, report the average class size of the two courses under the corresponding subject. Please provide your **best estimate** of class sizes for each subject.)

| General education subjects | Average class size |
|-------------------------------------|-------------------------------------------|
| English | <input type="text"/> <input type="text"/> |
| English as a second language | <input type="text"/> <input type="text"/> |
| Health and family education | <input type="text"/> <input type="text"/> |
| Language arts/reading/writing | <input type="text"/> <input type="text"/> |
| Mathematics | <input type="text"/> <input type="text"/> |
| Music/art/drama | <input type="text"/> <input type="text"/> |
| Computers | <input type="text"/> <input type="text"/> |
| Foreign language | <input type="text"/> <input type="text"/> |
| Vocational education | <input type="text"/> <input type="text"/> |
| Physical education | <input type="text"/> <input type="text"/> |
| Science | <input type="text"/> <input type="text"/> |
| Social studies | <input type="text"/> <input type="text"/> |
| Other (Specify) | <input type="text"/> <input type="text"/> |

D Special Education, Special Class

11. Does this student spend any portion of his/her time being served in a **special (self-contained) class** specifically designed for special education students?

Yes → GO TO ITEM A
 No → SKIP TO ITEM 12

A. How many **hours per week** does this student receive services in this special class?

. Hours per week

B. How many **students** are on the roster for this special class?

Students

C. What **age level(s)** are included in this special class?
 (Check one box on each line.)

| | Yes | No |
|------------------------------|--------------------------|--------------------------|
| Less than 3 years old..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 through 5 years old..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 through 11 years old..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 through 17 years old..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 through 22 years old..... | <input type="checkbox"/> | <input type="checkbox"/> |

D. Is there a special education **teacher assistant/aide** in this classroom?

Yes → GO TO ITEM D1
 No → SKIP TO ITEM E

D1. How many **hours per week** of special education teacher assistant/aide time does this special class receive? *If there is more than one assistant/aide, combine their hours and report the total. Exclude personal one-on-one aides serving this student.*

. Hours per week

E. Does this student receive instruction in the following **subjects** in this special (self-contained) class?

| Subjects in special class | Yes | No |
|------------------------------------|--------------------------|--------------------------|
| Language arts/reading/writing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Arithmetic/mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Social studies..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Science..... | <input type="checkbox"/> | <input type="checkbox"/> |
| English as a second language..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical education..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Music/art/drama..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Functional/life skills..... | <input type="checkbox"/> | <input type="checkbox"/> |

| Subjects in special class (continued) | Yes | No |
|----------------------------------------------|--------------------------|--------------------------|
| Transition skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreation, leisure skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Self care, hygiene..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Work behavior, job skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Citizenship..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Community transportation, mobility..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Community services, activities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Independent living skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavior/social skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| General pre-K curriculum..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |

D Special Education, Special Class (continued)

F. During the time this student is in the special class, does the class receive any instructional services from a **general education subject matter specialist**?

Yes → GO TO ITEM F1
 No → SKIP TO ITEM 12

F1. How many hours per week does this student receive instruction, along with the other students in this special (self-contained) class, from a **subject matter specialist(s)**?

DO NOT include services provided by special education resource specialists/teachers, Title I resource teachers, or ESL teachers on an intermittent or itinerant basis. These are covered later in items 12 and 14.

| <u>Subject matter specialist</u> | <u>Hours per week</u> |
|------------------------------------|-----------------------|
| Language arts/reading/writing..... | □ □ . □ □ |
| Arithmetic/mathematics..... | □ □ . □ □ |
| Social studies..... | □ □ . □ □ |
| Science..... | □ □ . □ □ |
| English as a second language..... | □ □ . □ □ |
| Physical education..... | □ □ . □ □ |
| Music/art/drama..... | □ □ . □ □ |
| Functional/life skills..... | □ □ . □ □ |
| Behavior/social skills..... | □ □ . □ □ |
| Other (Specify)..... | □ □ . □ □ |

Ñ Special Education Resource Specialist

12. Does this student receive instructional services from a **special education resource specialist or teacher**? *(This includes special education courses at the middle, junior high, and high school levels.)*

Yes → GO TO ITEM A
 No → SKIP TO ITEM 13

A. **Services in a separate room** *(often called a resource room).* Is this student ever served in a separate room by a special education resource specialist/teacher or teaching assistant/aide? *(At the elementary level, separate room means a room other than the one in which the student's primary instructional assignment [the general education classroom or special class] is offered. At the secondary level [middle, junior high, or high school], a separate room refers to a class or course designed specifically for special education students.)*

Yes → GO TO ITEM A1
 No → SKIP TO ITEM B

A1. How many **hours per week** does this student spend in a separate room with a special education resource specialist/teacher? *(If there is more than one special education resource specialist/teacher, combine their hours and report the total.)*

. Hours per week

A2. For how many of those hours is there a special education **teacher assistant/aide** in the separate room? *If there is more than one assistant/aide, combine their hours and report the total. Exclude personal one-on-one aides serving this student.*

. Hours per week

A3. In **total**, how many students are served in this separate class during the same time period that this student is served?

Students

A4. Does this student receive instruction in the following subjects in this separate room? (Check one box on each line.)

| Subject | Yes | No | Subject (continued) | Yes | No |
|------------------------------------|--------------------------|--------------------------|-----------------------------------------|--------------------------|--------------------------|
| Language arts/reading/writing..... | <input type="checkbox"/> | <input type="checkbox"/> | Transition skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Arithmetic/mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> | Recreation, leisure skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Social studies..... | <input type="checkbox"/> | <input type="checkbox"/> | Self care, hygiene..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Science..... | <input type="checkbox"/> | <input type="checkbox"/> | Work behavior, job skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| English as a second language..... | <input type="checkbox"/> | <input type="checkbox"/> | Citizenship..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical education..... | <input type="checkbox"/> | <input type="checkbox"/> | Community transportation, mobility..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Music/art/drama..... | <input type="checkbox"/> | <input type="checkbox"/> | Community services, activities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Functional/life skills..... | <input type="checkbox"/> | <input type="checkbox"/> | Independent living skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Behavior/social skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | General pre-K curriculum..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Other (Specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Ñ Special Education Resource Specialist (continued)

B. **Services in the general education classroom.** Does a special education resource specialist/teacher or a special assistant/aide ever come into the general education classroom to serve this student? *(This includes team teaching.)*

Yes → GO TO ITEM B1
 No → SKIP TO ITEM C

B1. How many **hours per week** does this student receive services from a special education resource specialist/teacher while in the general education classroom? *(This includes team teaching. If there is more than one resource specialist/teacher, combine their hours and report the total.)*

. Hours per week

B2. For how many of those hours does this student receive services from a **special education teacher assistant/aide** while in the general education classroom? *If there is more than one assistant/aide, combine their hours and report the total. If there are none, enter "0." Exclude personal one-on-one aides serving this student.*

. Hours per week

B3. In **total**, how many students are served in this separate class during the same time period that this student is served?

Special education students
 Non-special education students

B4. Does this student receive instruction in the following **subjects** from the special education resource specialist/teacher who comes into the general education classroom?

| <u>Subject</u> | <u>Yes</u> | <u>No</u> |
|------------------------------------|--------------------------|--------------------------|
| Language arts/reading/writing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Arithmetic/mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Social studies..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Science..... | <input type="checkbox"/> | <input type="checkbox"/> |
| English as a Second Language..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical education..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Music/art/drama..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Functional/life skills..... | <input type="checkbox"/> | <input type="checkbox"/> |

| <u>Subject (continued)</u> | <u>Yes</u> | <u>No</u> |
|-----------------------------------------|--------------------------|--------------------------|
| Transition skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreation, leisure skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Self care, hygiene..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Work behavior, job skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Citizenship..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Community transportation, mobility..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Community services, activities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Independent living skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Behavior/social skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| General pre-K curriculum..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |

B5. **Classroom participation.** When this student receives these services in the general education classroom, what percentage of the time is this student participating in classroom activities with your assistance, participating in modified activities, or participating in separate activities? *(Please provide your best estimate.)*

Classroom activities with my assistance %
 Modified activities..... %
 Separate activities..... %

Ñ Special Education Resource Specialist (continued)

C. **Services in the special (self-contained) classes.** Does a special education resource specialist/teacher or special education assistant/aide ever come into the special (self-contained) class to serve this student? *(This includes team teaching.)*

Yes → GO TO ITEM C1
 No → SKIP TO ITEM 13

C1. How many **hours per week** does this student receive services from a special education resource specialist/teacher while in the special (self-contained) class? *(This includes team teaching.)*

(If there is more than one special education resource specialist/teacher, combine their hours and report the total.)

. Hours per week

C2. For how many of those hours does this student receive services from a special education **teacher assistant/aide** while in the special (self-contained) class?

(If there is more than one assistant/aide, combine their hours and report the total. Exclude personal one-on-one aides serving this student.)

. Hours per week

C3. In total, how many **students** are served in the special (self-contained) class by the special education resource specialist/teacher or assistant/aide in this separate class during the same time period that this student is served?

Special education students
 Non-special education students

C4. Does this student receive instruction in the following **subjects** from the special education resource specialist/teacher who comes into the special (self-contained) class?

| Subject (continued) | Yes | No |
|-----------------------------------------|--------------------------|--------------------------|
| Transition skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreation, leisure skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Self care, hygiene..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Work behavior, job skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Citizenship..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Community transportation, mobility..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Community services, activities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Independent living skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Behavior/social skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| General pre-K curriculum..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |

| Subject | Yes | No |
|------------------------------------|--------------------------|--------------------------|
| Language arts/reading/writing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Arithmetic/mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Social studies..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Science..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| English as a Second Language..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical education..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Music/art/drama..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Functional/life skills..... | <input type="checkbox"/> | <input type="checkbox"/> |

C5. **Classroom participation.** When this student receives these services in the special (self-contained) classroom, what percentage of time is this student participating in classroom activities with your assistance, participating in modified activities, or participating in separate activities? *(Please provide your best estimate.)*

| | | | | |
|----------------------------------------------|--------------------------|--------------------------|--------------------------|---|
| Classroom activities with my assistance..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Modified activities..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | % |
| Separate activities..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | % |

Ò Related Service Providers

13. Does this student receive any related services during or after the school day that are part of his/her IEP? (This includes intermittent or periodic service that may not occur on a weekly basis.)

Yes → GO TO ITEM A
 No → SKIP TO ITEM 14

A. **Services in a separate room or facility.** Do any of these related service providers pull students out of their general education or special class and provide services in a separate room or facility? *(At the elementary level, separate room means a room other than the one in which the student's primary instructional assignment [the general education classroom or special class] is offered. At the secondary level [middle, junior high, or high school], a separate room refers to a class or course designed specifically for special education students.)*

Yes → GO TO ITEM A1
 No → SKIP TO ITEM B

A1. How many **hours per week** of service does this student receive in a separate room or facility from each of these related service providers? *If none, enter "0." If services occur on an intermittent or periodic basis, translate to hours per week. For example, if the student receives 2 hours of service from an audiologist every other month, it would translate to approximately .25 hrs/wk (2 hrs ÷ 8 wks = .25 hrs/wk).*

Hours per week

| | Separate Facility | | | | Separate Room | | | |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Speech/lang. specialist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical/occup. therapist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobility instructor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adaptive PE specialist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech-language pathologist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Audiologist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychologist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical therapist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Occupational therapist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreational therapist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social worker..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rehabilitation counselor..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Orientation/mobility specialist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctor/nurse..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Ò Related Service Providers (continued)

A2. How many **students** are in the group in which this student is served for each related service? *(Enter a '1' if the student receives these services alone. If the student receives services in various group sizes from a particular type of service provider, report your best estimate of the average group size.)*

| <u>Related services</u> | <u>Group Size</u> | |
|--------------------------------------|----------------------|----------------------|
| Speech/language specialist..... | <input type="text"/> | <input type="text"/> |
| Physical/occupational therapist..... | <input type="text"/> | <input type="text"/> |
| Mobility instructor..... | <input type="text"/> | <input type="text"/> |
| Adaptive PE specialist..... | <input type="text"/> | <input type="text"/> |
| Speech-language pathologist..... | <input type="text"/> | <input type="text"/> |
| | | |
| Audiologist..... | <input type="text"/> | <input type="text"/> |
| Psychologist..... | <input type="text"/> | <input type="text"/> |
| Physical therapist..... | <input type="text"/> | <input type="text"/> |
| Occupational therapist..... | <input type="text"/> | <input type="text"/> |
| Recreational therapist..... | <input type="text"/> | <input type="text"/> |
| | | |
| Social worker..... | <input type="text"/> | <input type="text"/> |
| Rehabilitation counselor..... | <input type="text"/> | <input type="text"/> |
| Orientation/mobility specialist..... | <input type="text"/> | <input type="text"/> |
| Doctor/nurse..... | <input type="text"/> | <input type="text"/> |
| Other (Specify)..... | <input type="text"/> | <input type="text"/> |

Ò Related Service Providers (continued)

B. Related services in the general education classroom.

Do any of these related service providers come into the student's general education classroom?

- Yes → GO TO ITEM B1
 No → SKIP TO ITEM C

B1. How many **hours per week** does this student receive services from each of these related service providers while in the general education classroom? *If none, enter "0." If services occur on an intermittent or periodic basis, please average. For example if the student receives 2 hours of service from an Audiologist every other month, it would average to approximately .25 hours per week (2 hrs ÷ 8 wks = .25 hrs/wk).*

| | Hours per week | | | |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|
| Speech/language specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Physical/occupational therapist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mobility instructor..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Adaptive PE specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | Hours per week | | | |
|----------------------------------------|----------------------|----------------------|----------------------|----------------------|
| Vision specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Audiologist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Personal/health aide or nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other specialist/therapist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Reader or interpreter..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Licensed vocational nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Registered nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Physician..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Family counselor or social worker..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Psychologist or counselor..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other (Specify)..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

B2. What is the total number of **students** (special education and non-special education) who are served at the same time as this student by the related service provider in the general education classroom? *(Enter a "1" if the student is served alone. If the student receives services in various group sizes from a particular type of service provider, report your best estimate of the average group size.)*

| | Number of Students | | | |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|
| | Special Ed | | Non-Spec Ed | |
| Speech/language specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Physical/occupational therapist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mobility instructor..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Adaptive PE specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | Special Ed | | Non-Spec Ed | |
|----------------------------------------|----------------------|----------------------|----------------------|----------------------|
| Vision specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Audiologist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Personal/health aide or nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other specialist/therapist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Reader or interpreter..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Licensed vocational nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Registered nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Physician..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Family counselor or social worker..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Psychologist or counselor..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other (Specify)..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

B3. Classroom participation. When this student receives these services in the general education classroom, what percentage of the time is this student participating in classroom activities with your assistance, participating in modified activities, or participating in separate activities? *(Please provide your best estimate.)*

| | <u>Percent of time</u> | | | |
|-----------------------------------------------|------------------------|----------------------|----------------------|---|
| Classroom activities with my assistance | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Modified activities..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Separate activities..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |

Ò Related Service Providers (continued)

C. **Related services in the special (self-contained) class.** Do any of these related service providers come into the student's special (self-contained) class to provide instruction? **Yes** → **GO TO ITEM C1** **No** → **SKIP TO ITEM 14**

C1. How many **hours per week** does this student receive service from each of these related service providers while in the special (self-contained) class? *If none, enter "0." If services occur on an intermittent or periodic basis, translate to hours per week. For example, if the student receives 2 hours of service from an Audiologist every other month, it would translate to approximately .25 hours per week (2 hrs ÷ 8 wks = .25 hrs/wk).*

| | Hours per week | | | |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|
| Speech/language specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Physical/occupational therapist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mobility instructor..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Adaptive PE specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | Hours per week | | | |
|----------------------------------------|----------------------|----------------------|----------------------|----------------------|
| Vision specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Audiologist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Personal/health aide or nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other specialist/therapist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Reader or interpreter..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Licensed vocational nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Registered nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Physician..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Family counselor or social worker..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Psychologist or counselor..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other (Specify)..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

C2. What is the total number of **students** who are served at the same time as this student by the related service provider in the special (self-contained) class? *(Enter a "1" if the student is served alone. If the student receives services in various group sizes from a particular type of service provider, report your best estimate of the average group size.)*

| | Number of Students | | | |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|
| | Special Ed | | Non-Spec Ed | |
| Speech/language specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Physical/occupational therapist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mobility instructor..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Adaptive PE specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | Special Ed | | Non-Spec Ed | |
|----------------------------------------|----------------------|----------------------|----------------------|----------------------|
| Vision specialist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Audiologist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Personal/health aide or nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other specialist/therapist..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Reader or interpreter..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Licensed vocational nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Registered nurse..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Physician..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Family counselor or social worker..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Psychologist or counselor..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other (Specify)..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

C3. **Classroom participation.** When this student receives services in the special (self-contained) class, what percentage of the time are students participating in classroom activities with your assistance, participating in modified activities, or participating in separate activities? *(Please provide your best estimate.)*

Percent of time

| | | | | |
|---------------------------------------------|----------------------|----------------------|----------------------|---|
| Classroom activities with my assistance ... | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Modified activities | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |
| Separate activities..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | % |

Other Resource Teachers

14. Does this student receive instructional services from Title I, GATE (Gifted and Talented Education), or ESL (English as a Second Language) staff?
 Yes → GO TO ITEM A
 No → SKIP TO ITEM 15

A. **Services in a separate room** (often called a resource room). Is this student ever served in a separate room by Title I, GATE, or ESL staff?
 Yes → GO TO ITEM A1
 No → SKIP TO ITEM B

A1. How many **hours per week** does this student spend in a separate room with a Title I, GATE, or ESL resource teacher or teacher assistant/aide? Hours per week

| | | | | | |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title I resource teacher | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ESL resource teacher | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| GATE resource teacher | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | | |
| Title I teacher assistant/aide | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ESL teacher assistant/aide | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| GATE teacher assistant/aide | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

A2. What is the **class/group size** in which the student is served by Title I, ESL or GATE staff in a separate room? *(Enter a "1" if the student receives these services alone. If the student receives services in various group sizes from a particular type of service provider, report your best estimate of the average group size.)* Class/group size

| | | |
|--------------------------------------|----------------------|----------------------|
| Title I resource teacher | <input type="text"/> | <input type="text"/> |
| ESL resource teacher | <input type="text"/> | <input type="text"/> |
| GATE resource teacher | <input type="text"/> | <input type="text"/> |
| | | |
| Title I teacher assistant/aide | <input type="text"/> | <input type="text"/> |
| ESL teacher assistant/aide | <input type="text"/> | <input type="text"/> |
| GATE teacher assistant/aide | <input type="text"/> | <input type="text"/> |

A3. Does this student receive instruction in the following **subjects** from Title I, ESL, or GATE staff in a separate room? (Check one box on each line.)

| | <u>Yes</u> | <u>No</u> |
|-------------------------------------|--------------------------|--------------------------|
| Language arts/reading/writing | <input type="checkbox"/> | <input type="checkbox"/> |
| Arithmetic/mathematics | <input type="checkbox"/> | <input type="checkbox"/> |
| Social studies | <input type="checkbox"/> | <input type="checkbox"/> |
| Science | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| English as a second language | <input type="checkbox"/> | <input type="checkbox"/> |
| Music/art/drama | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> |

Ó Other Resource Teachers (continued)

B. Services in the general education classroom.

Do any Title I, GATE, or ESL staff ever come into the general education classroom to serve this student? (This includes classes taught at the middle, junior high, and high school level.)

Yes → GO TO ITEM B1
 No → SKIP TO ITEM C

B1. How many **hours per week** does this student receive services from a Title I, GATE, or ESL resource teacher and/or teacher assistant/aide in the general education class? *If there is more than one of a particular type of teacher or teaching assistant/aide, combine the hours and report the total.*

Hours per week

| | | | | | |
|--------------------------------------|----------------------|----------------------|---|----------------------|----------------------|
| Title I resource teacher | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| ESL resource teacher | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| GATE resource teacher | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| Title I teacher assistant/aide | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| ESL teacher assistant/aide | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| GATE assistant/aide | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |

B2. In total, how many **students** are served by Title I, GATE, or ESL staff in the general education classroom at the time this student is served in the classroom? *(Enter a "1" if this student is served alone. If the student receives services in various group sizes from a particular type of service provider, report your best estimate of the average group size.)*

Students served

| | | |
|--------------------------------------|----------------------|----------------------|
| Title I resource teacher | <input type="text"/> | <input type="text"/> |
| ESL resource teacher | <input type="text"/> | <input type="text"/> |
| GATE resource teacher | <input type="text"/> | <input type="text"/> |
| Title I teacher assistant/aide | <input type="text"/> | <input type="text"/> |
| ESL teacher assistant/aide | <input type="text"/> | <input type="text"/> |
| GATE assistant/aide | <input type="text"/> | <input type="text"/> |

B3. In what **subject(s)** does this student receive instruction from Title I, GATE, or ESL staff in the general education classroom? (Check one box on each line.)

Yes No

| | | |
|-------------------------------------|--------------------------|--------------------------|
| Language arts/reading/writing | <input type="checkbox"/> | <input type="checkbox"/> |
| Arithmetic/mathematics | <input type="checkbox"/> | <input type="checkbox"/> |
| Social studies | <input type="checkbox"/> | <input type="checkbox"/> |
| Science | <input type="checkbox"/> | <input type="checkbox"/> |
| English as a second language | <input type="checkbox"/> | <input type="checkbox"/> |
| Music/art/drama | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> |

Ó Other Resource Teachers (continued)

C. **Services in the special (self-contained) classroom.** Do any Title I, ESL, or GATE staff come into the special (self-contained) class to serve this student? (This includes classes taught at the middle, junior high, and high school levels.)

Yes → GO TO ITEM C1
 No → SKIP TO ITEM 15

C1. How many **hours per week** does this student receive services from a Title I, ESL, or GATE resource teacher and/or teacher assistant/aide in the special (self-contained) class? *(If none, enter "0." If there is more than one of a particular type of resource teacher or teaching assistant/aide, combine the hours and report the total)*

Hours per week

| | | | | | |
|-------------------------------------|----------------------|----------------------|---|----------------------|----------------------|
| Title I resource teacher..... | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| ESL resource teacher | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| GATE resource teacher..... | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| Title I teacher assistant/aide..... | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| ESL teacher assistant/aide..... | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| GATE assistant/aide..... | <input type="text"/> | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |

C2. Does this student receive instruction in the following **subjects** from Title I, ESL, or GATE staff in the special (self-contained) class? (Check one box on each line.)

Yes No

| | | |
|------------------------------------|--------------------------|--------------------------|
| Language arts/reading/writing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Arithmetic/mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Social studies..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Science..... | <input type="checkbox"/> | <input type="checkbox"/> |
| English as a second language..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Music/art/drama..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Ô Community-Based Training Services

15. Does this student receive any community-based training? (Exclude vocational classes that are part of the departmentalized secondary courses included in Item 10A.)

Yes → GO TO ITEM A
 No → SKIP TO ITEM 16

A. How many **hours per week** does this student spend in community-based training?

. Hours per week

B. For how many of those hours per week during community-based training does this student receive services from a special education **teacher assistant or aide**? (If none, enter "0." If there is more than one assistant/aide, combine their hours and report the total. Exclude personal one-on-one aides serving this student.)

. Hours per week

C. What is the average **group size** of the community-based program in which this student is served?

Students

D. In which of the following subjects does this student receive instruction in the community-based setting? (Check one box on each line.)

| <u>Subjects taught</u> | Yes | No |
|------------------------------------|--------------------------|--------------------------|
| General preschool curriculum..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Language arts/reading/writing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Arithmetic/mathematics..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Social studies..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Science..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical education..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Music/art/drama..... | <input type="checkbox"/> | <input type="checkbox"/> |
| English as a second language..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Functional/life skills..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Ö Extended-Time Services

16. Does this student receive instructional or related services from service providers in before-school, after-school, or weekend programs?

Yes → GO TO ITEM A
 No → SKIP TO ITEM 17

A. How many **hours per week** does this student receive services from each of these types of staff in the before-school, after-school, or weekend programs?

| <u>General education staff</u> | <u>Hours per week</u> |
|---------------------------------|---------------------------------------------------------------------------------------|
| General education teacher | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Other classroom teacher | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Subject matter specialist | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Teacher assistant or aide | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

| <u>Special education staff</u> | <u>Hours per week</u> |
|---------------------------------------------|---------------------------------------------------------------------------------------|
| Special education assistant/aide | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Personal health aide | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Special education team teacher | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Special education resource specialist | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Other (Specify) | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

| <u>Related service providers</u> | <u>Hours per week</u> |
|-------------------------------------|---------------------------------------------------------------------------------------|
| Speech/language therapist | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Physical/occupation therapist | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Adaptive PE specialist | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Visual specialist | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Psychologist | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Other (Specify) | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

| <u>Staff for other programs</u> | <u>Hours per week</u> |
|------------------------------------------------|---------------------------------------------------------------------------------------|
| Title I resource teacher | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| ESL/bilingual resource teacher | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Other teacher (Specify) | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Special education teacher assistant/aide | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Title I teacher assistant/aide | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| ESL teacher assistant/aide | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| GATE teacher assistant/aide | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Tutor | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| Other non-certified staff | <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

Ö Extended-Time Services (continued)

B. What is the **class/group size** in which the student receives services from each of these service providers in the before-school, after-school, or weekend programs?
 (Enter a "1" if the student receives these services alone.)

| <u>General education staff</u> | <u>Class/group size</u> |
|--------------------------------------------|---------------------------------------------------|
| General education teacher..... | <input type="checkbox"/> <input type="checkbox"/> |
| Other classroom teacher..... | <input type="checkbox"/> <input type="checkbox"/> |
| Subject matter specialist..... | <input type="checkbox"/> <input type="checkbox"/> |
| Teachers' assistant or aide..... | <input type="checkbox"/> <input type="checkbox"/> |
| <u>Special education staff</u> | |
| Special education assistant/aide..... | <input type="checkbox"/> <input type="checkbox"/> |
| Personal health aide..... | <input type="checkbox"/> <input type="checkbox"/> |
| Special education team teacher..... | <input type="checkbox"/> <input type="checkbox"/> |
| Special education resource specialist..... | <input type="checkbox"/> <input type="checkbox"/> |
| Other (Specify)..... | <input type="checkbox"/> <input type="checkbox"/> |

| <u>Related service providers</u> | <u>Class/group size</u> |
|-----------------------------------------------|---------------------------------------------------|
| Speech/language therapist..... | <input type="checkbox"/> <input type="checkbox"/> |
| Physical/occupation therapist..... | <input type="checkbox"/> <input type="checkbox"/> |
| Adaptive PE specialist..... | <input type="checkbox"/> <input type="checkbox"/> |
| Visual specialist..... | <input type="checkbox"/> <input type="checkbox"/> |
| Psychologist..... | <input type="checkbox"/> <input type="checkbox"/> |
| Other (Specify)..... | <input type="checkbox"/> <input type="checkbox"/> |
| <u>Staff for other programs</u> | |
| Title I resource teacher..... | <input type="checkbox"/> <input type="checkbox"/> |
| ESL/bilingual resource teacher..... | <input type="checkbox"/> <input type="checkbox"/> |
| Other teacher (Specify)..... | <input type="checkbox"/> <input type="checkbox"/> |
| Special education teacher assistant/aide..... | <input type="checkbox"/> <input type="checkbox"/> |
| Title I teacher assistant/aide..... | <input type="checkbox"/> <input type="checkbox"/> |
| ESL teacher assistant/aide..... | <input type="checkbox"/> <input type="checkbox"/> |
| GATE teacher assistant/aide..... | <input type="checkbox"/> <input type="checkbox"/> |
| Tutor..... | <input type="checkbox"/> <input type="checkbox"/> |
| Other non-certified staff..... | <input type="checkbox"/> <input type="checkbox"/> |

C. In what **subjects or activities** does this student receive services from these service providers in the before-school, after-school, or weekend programs?
 (Check one box on each line.)

| | Yes | No |
|----------------------------------------------------------------------|--------------------------|--------------------------|
| Instructional programs (e.g., language arts/reading, math, ESL)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Sport, club, or recreational program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Daycare, child care, or child development program..... | <input type="checkbox"/> | <input type="checkbox"/> |

Ö Transportation Services

17. Does the student receive any transportation services provided by the district?

Yes → GO TO ITEM A
 No → SKIP TO ITEM 18

A. Does the school system transport this student to attend a school outside his/her neighborhood attendance area in order to receive special education services?

Yes
 No
 Don't know

B. Which of the following transportation services provided by the district does this student receive? (Check one box on each line.)

| | Yes | No |
|-------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| From home to general ed. school/center... | <input type="checkbox"/> | <input type="checkbox"/> |
| From home to special ed. school/center... | <input type="checkbox"/> | <input type="checkbox"/> |
| From school to school to receive vocational or other special instruction or services..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Reimbursement to parent for transporting student..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know..... | <input type="checkbox"/> | <input type="checkbox"/> |

C. Does the student require any of the following specialized transportation services or equipment? (Check one box on each line.)

| | Yes | No |
|-----------------------|--------------------------|--------------------------|
| Personal aide..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Wheelchair lift..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know..... | <input type="checkbox"/> | <input type="checkbox"/> |
| None..... | <input type="checkbox"/> | <input type="checkbox"/> |

x Summer or Extended-Year Services

18. Did this student attend summer school programs designed for special education students (or school instruction during "off track" times) in the summer of 1999 or the 1999-2000 school year that was provided by the district?

Yes → GO TO ITEM A
No → SKIP TO ITEM 19

A. How many **hours per week** of instructional service did this student receive?

. Hours per week

B. How many **weeks** of instructional services did this student receive?

Weeks

C. What was the approximate **class size**?

Students

IV. Specialized Equipment and Instructional Materials for this Student

19. The tables on the next few pages are devoted to obtaining information on any items of specialized equipment used to meet the needs of this special education student.
- Please review the lists of equipment in each of the tables on the next few pages. Each table corresponds to a specific category of equipment used to meet the needs of special education students.
 - Identify the items in column (1) that are utilized to serve the unique needs of this special education student.
 - Place a check in the box in column (2) corresponding to each item utilized by this student.
 - If you place a check in the in column (2), please report in column (3) how many students (including this student) share the item on a regular basis.

| Description (1) | Which items are used by this student? (Check all that apply) (2) | How many students, including this one, share each item checked? (Enter a '1' if this student is the only user.) (3) |
|--------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| (A) – Basic Materials and Equipment | | |
| Calculator..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Camcorder..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Computer-desktop..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Computer-laptop..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Printer-dot matrix..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Printer-laser..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Tape recorder/player..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Typewriter..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Word processor..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Other (Specify)..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| (B) – Speech and Language Equipment | | |
| Auditory training systems..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Microphone..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Mirror (Speech)..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Phonic ears..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Radio/TV amplifiers..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Speech recognition audiometer..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Video Voice analyzer..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Vocal aid..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |
| Other (Specify)..... | <input type="checkbox"/> → | <input type="text"/> <input type="text"/> Students |

| Description (1) | Which items are used by this student? (Check all that apply) (2) | How many students, including this one, share each item checked? (Enter a '1' if this student is the only user.) (3) |
|-----------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| (C) – Physical Therapy Equipment | | |
| Adaptive sitting/standing/positioning bolsters | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Arm or leg ergometer | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Gait trainers and walkers | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Mulholland chair | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Multi-functional positioning systems..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Prone stander | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Tandem bicycles | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Walker | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Weights | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Therapy balls | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Other (Specify) | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| (D) - Positioning Equipment | | |
| Air mattress | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Balance beam | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Bath lift | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Bolsters and wedges | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Corner chair | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Floor ladder | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Gurney | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Mat | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Parallel bar | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Slant board | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Sliding board | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Wrist splint | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Other (Specify) | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| (E) – Computer Access Equipment | | |
| Adapted computer table | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Alternate keystroke | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Computer touch screen | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Ergonomic keyboard | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Mini keyboard | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Mouth-stick | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Sideways keyboard holder | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Trackball/joystick | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Other (Specify) | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |

| Description (1) | Which items are used by this student? (Check all that apply) (2) | How many students, including this one, share each item checked? (Enter a '1' if this student is the only user.) (3) |
|--------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| (F) – Vision Aids and Equipment | | |
| Aud-a-ball | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Books-on-tape | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Braille 'n speak | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Braille printer | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Braille thermofax | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Braille translation software | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Braille typewriter | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Braille writer | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Calculator (talking) | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Computer: | | |
| Braille monitor | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Large monitor | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Talking keyboard | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Voice active | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Desktop closed-circuit TV | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Illuminated magnifying glass | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Large print books | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Large print or screen enlargement software | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Laser cane | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Light box | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Low-vision aid | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Magnifier | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Monoculars | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Optical scanner | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Opticon | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Portable vision | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Print to audio | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Recordings for the blind tape recorder | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Screen reading software | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Special typewriter | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Talkman (for notes) | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Translator | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Other (Specify) | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |

| Description (1) | Which items are used by this student? (Check all that apply) (2) | How many students, including this one, share each item checked? (Enter a '1' if this student is the only user.) (3) |
|-----------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| (G) - Augmentative and Alternative Communication Devices | | |
| Alpha talker | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Bliss symbols | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Cheap talker | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Communication board | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Communication book | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Communication clock | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Computer-integrated speech synthesizer (laptop system) | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Computerized communication board | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Eye gaze chart | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Phonator | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Sip and Puff morse code switch | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Wolf communication aid | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Other (Specify) | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| (H) - Mobility Equipment | | |
| Adaptive vehicle | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Crutches, canes | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Stroller-style wheel chair | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Wheelchair | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Other (Specify) | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| (I) - Recreation/Leisure Equipment | | |
| Adaptive play equipment | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Automatic swing | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Play equipment | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Tricycle | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Other (Specify) | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |

| Description (1) | Which items are used by this student? (Check all that apply) (2) | How many students, including this one, share each item checked? (Enter a '1' if this student is the only user.) (3) |
|---------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| (J) – Health and Hygiene Equipment | | |
| Adaptive feeding equipment..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Feeding table..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Safety toilet support..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Shower chair..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Toileting equipment..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Other (Specify)..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| (K) – Other Assistive Devices/Adaptive Equipment | | |
| Adjustable tables..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Automatic page turner..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Dressing dummy..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Lacing cube..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Lap table..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Raised workstations..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |
| Tele-teaching equipment..... | <input type="checkbox"/> → | <input type="checkbox"/> <input type="checkbox"/> Students |

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 student information forms which you have completed.
- Place the Special Education Teacher/Related Service Provider Questionnaire you have completed on top of the student information forms.
- Insert them into the original envelope provided for this purpose.
- Return it to your school principal or designated study coordinator.

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 <i>between</i> _____ : _____ AM or PM (<i>circle</i>) and _____ : _____ AM or PM (<i>circle</i>) | |