


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

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

## ***Special Education Teacher/Related Service Provider***

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

You can also complete this questionnaire online at [www.seep.org](http://www.seep.org).

**Thank you for your participation!**

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### **INFORMATION ABOUT REPORTING BURDEN**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0629. The time required to complete this information collection is estimated to average 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**

Dear Educator,

Your district and the school in which you provide services have been selected to participate in the *Special Education Expenditure Project (SEEP)*, a national study funded by the U.S. Department of Education. Your district and school have elected to participate and cooperate in this important study.

**Why is the U.S. Department of Education sponsoring this study?** The purpose of this study is to obtain information about how federal, state, and local funds are used to support programs and services for students with disabilities and to explore the relationship between general and special education spending. The study will provide information to Congress and the U.S. Department of Education about implementation of the Individuals with Disabilities Education Act (IDEA, P.L. 105-17). You can obtain more information about the study through our web site: <http://www.seep.org>.

**What are we asking you to do?** As a special education teacher or related service provider, we are asking you to complete two types of questionnaires. The first type (**for Special Education Teachers or Related Service Providers**) is designed to gather information about your employment status, job assignments, experience, educational preparation, and compensation. The second type (**Information about a Special Education Student**) is designed to gather information about student background, needs, functional abilities, and special services received. We are asking you to complete two student forms: one for each of two randomly selected special education students in your classes or caseload. The procedures for selecting students are on a separate sheet in this packet. **Note: while teacher and student questionnaires appear long, many of the pages may not apply to you or the selected students, and the instructions will guide you on how to skip the items that do not apply.** These questionnaires can be filled out in one of two ways: 1) online or 2) using the paper versions. If you choose to fill out the questionnaires online, go to <http://www.seep.org> and enter your login, which is on the sticker on the front of each questionnaire that you will fill out. We urge you to use the online questionnaires and to take advantage of the increased efficiency and ease of response that they provide.

**Why should you participate in this study?** Your response is needed to enable this study to provide Congress and other policymakers with accurate and complete information. We are conducting this study with only a small sample of teachers so your responses represent many other teachers, greatly increasing their importance. The information from you and other educators will provide a comprehensive picture of how special education students are served in this country. As a token of our appreciation for your participation, we have also enclosed a coupon for a free pint of Ben and Jerry's ice cream with each questionnaire. We hope that these coupons may be used to benefit the students you serve. If you fill out the questionnaire online, we will give you an extra coupon as thanks for making our job easier.

**How is confidentiality handled?** We fully recognize the importance of confidentiality both for you and for the students included in the sample. First, we are not asking you to identify the names of the selected students to us in any way. **Only you** will know the names of the selected students. Second, your own responses will be kept strictly confidential and your name will not be included in any final data files.

**Where should you return your completed questionnaires?** If you complete the questionnaires online, you do not need to fill out the paper versions. If you choose to complete the paper versions, please place your completed questionnaires in the envelope that has been provided for this purpose and **return the sealed envelope to your principal or your school's designated study coordinator**. We would like to receive all responses by **April 1, 2000**.

Sincerely,

Jay Chambers, Ph.D.  
Project Director for SEEP and Senior Research Fellow  
American Institutes for Research

In this study, the term "district" refers to any local education agency (LEA) to which your school belongs (including intermediate education units, cooperatives, or consortiums). Any reference in this survey to "this school" means the school or center through which you received this survey. This school is also indicated on the white label on the cover page.

## I. Employment Status

1. Check the box for the category that best describes your job title. (Check only ONE box.)

### Teacher

- Special class teacher.....
- Resource specialist/teacher.....
- Consulting teacher.....
- Regular early childhood education (ECE) Classroom teacher.....
- Early childhood special education (ECSE) Classroom teacher.....
- Itinerant teacher.....
- Team teacher.....
- Other (specify).....
- .....

### Related service provider

- Speech therapist.....
- Occupational therapist.....
- Physical therapist.....
- Adaptive PE.....
- Psychologist.....
- School counselor/social worker.....
- Special education counselor.....
- Other (Specify).....

2. Who is your employer? (Check only ONE box.)

- School district.....
- Regional cooperative/intermediate education unit.....
- County office of education.....
- Other public agency.....
- Private agency.....
- Private consultant.....
- Other agency (Specify).....
- .....

- 
3. Are you a full-time employee?      Yes  → **SKIP TO ITEM 5**  
No  → **GO TO ITEM 4**
- 
4. What percentage of full time do you work?      %
- 
5. How many paid hours per week do you work, on average, at your job?      . Hours per week
- 
6. Do you provide services in more than one school?      Yes  → **GO TO ITEM 7**  
No  → **SKIP TO ITEM 10**
- 
7. In total, how many schools do you serve?       Schools
- 
8. Are all of the schools you serve in the same district?      Yes   
No
- 
9. How many paid hours per week do you work, on average, at other schools?      . Hours per week
- 
10. Do you spend part of your work week at the district office?      Yes  → **GO TO ITEM 11**  
No  → **SKIP TO ITEM 12**
- 
11. How many paid hours per week do you work, on average, at the district office?      . Hours per week

## II. Type and Number of Students Served

12. How many of the special education students that you currently serve at this school and at other schools or sites are in each of the disability categories below? (Count each student in only one primary disability category, and enter "0" if there are no students in a category.) If you are unable to report the breakdown by disability for preschool-aged special education, please report the enrollment total at the bottom of the table.

IDEA Classification	Number of students you serve at this school <i>(Count each student in only one category.)</i>		Number of students you serve at other schools <i>(Count each student in only one category.)</i>	
	Preschool, Ages 3-5	Ages 6-22	Preschool, Ages 3-5	Ages 6-22
	Autism.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Deaf-blindness.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Developmental delay.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Emotional disturbance.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Hearing impairment or deafness.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Mental retardation.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Multiple disabilities.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Orthopedic impairment.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Other health impairment.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Specific learning disability.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Speech or language impairment.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Traumatic brain injury.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Visual impairment or blindness.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>Total special education</b> .....	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

12a. How many of the special education students you serve may also be classified as having Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)? (Enter "0" if none.)

Students with ADD  
 Students with ADHD

### III. Direct Services to Students

This section asks about the types of direct services you provide to students.

- Review the list of direct services provided below.
- Check the boxes corresponding to the direct services that you provide.
- Complete the corresponding items and associated questions on the following pages.

Please note that your job responsibilities may require you to complete more than one of the following pages. **If you serve more than one school, you will be asked only about the services at the school designated on the label attached to the front of this questionnaire. That is, the phrase “at this school” refers only to the school listed on the label.**

13. Which of following types of direct services do you provide to students at this school? *(Check each item below corresponding to the direct services you provide. You will be asked about each of these direct services in the items noted immediately after the check box.)*

Direct services	Check all that apply
€ <b>Special (self-contained) class</b>	<input type="checkbox"/> → Fill out section € on page 6
∉ <b>Pull-out services:</b> you pull students out of their general or special education classrooms to provide instruction or related services in a separate room.	<input type="checkbox"/> → Fill out section ∉ on page 7
∠ <b>In-class services:</b> you go into general or special education classrooms of another classroom teacher to provide instructional or related services. This includes team teaching.	<input type="checkbox"/> → Fill out section ∠ on page 8
∇ <b>Separate resource classes (NOT pull-out):</b> students are assigned to your classroom for specific periods of the day (e.g., departmentalized setting in secondary school).	<input type="checkbox"/> → Fill out section ∇ on page 9
® <b>Community-based training:</b> generally for students ages 18-22. Do NOT include vocational classes that are part of the departmentalized schedule of classes.	<input type="checkbox"/> → Fill out section ® on page 10
© <b>Formal before-school, after-school, or weekend programs.</b> (e.g., clubs, sports, daycare)	<input type="checkbox"/> → Fill out section © on page 11

#### Activities other than direct services:

**After you complete any applicable questions (it is possible that none of the above apply to you) in Section III about the direct services you provide, please go to Section IV on page 13.**

# I Special (Self-Contained) Class

14. Do you teach students in a special (self-contained) class of your own at this school? ("At this school" means the school listed on the label on the front of this questionnaire.)

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

A. **Contact hours per week.** How many hours per week are you in contact with students in this special class? . Hours per week of contact time

B. **Class size.** How many students are on your special class roster?  Students

C. **Eligibility for other programs.** How many of the special education students in your class are also eligible for Title I, ESL or bilingual services? (Students may be counted more than once; enter "0" if there are none in a category.)

Students eligible for Title I services  
 Students eligible for ESL/bilingual services  
 Don't know .....

D. **Age levels.** What are the ages of the students you serve in this class? (Check one box on each line.)

<u>Age level</u>	Yes	No
Under 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"/>

E. **Subjects taught.** Which subjects do you teach in this special class? (Check one box on each line.)

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

F. **Other staff in your class.** How many hours per week do each of the following types of staff spend in your classroom providing instructional or related services to your students? (If there is more than one of a particular type of teacher or service provider, combine their hours and report the total in the corresponding row. Enter "0" in categories in which no time is spent.)

<u>Special education staff</u>	<u>Hours per week</u>	<u>Related service providers</u>	<u>Hours per week</u>
Special education aides .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Speech/language therapists .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Personal health aides .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Physical/occupational therapists .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Special education team teachers .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Audiologists .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Special ed. resource specialists .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	Visual specialists .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
		Adaptive PE specialists .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
		Psychologists .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
		Counselors .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
		Social workers .....	<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"/>

Other (Specify) \_\_\_\_\_ .

**Staff for other programs**

Title I resource teachers \_\_\_\_\_ .

ESL/bilingual resource teachers \_\_\_\_\_ .

Other (Specify) \_\_\_\_\_ .

**II Pull-Out Services**

15. **Do you pull students out of their classrooms (either general education or special classes) to provide instruction or related services in a separate room (e.g., a resource room) at this school?** ("At this school" means the school listed on the label on the front of this questionnaire.)

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

A. **Contact hours per week.** How many total hours per week are you in contact with students while providing pull-out services at this school?  Hours per week at this school

B. **Total students served.** How many students do you pull out from their classes over the course of a week? (Count each student only once.)  From general education classes  From special education classes

B1. **Classrooms served.** From how many different classrooms do you pull out students at this school?  General education classes  Special education classes

B2. **Group sizes.** How many students do you serve at one time in pull-out services at this school?  
 Smallest group size:  Student(s)  
 Largest group size:  Student(s)  
 Average group size:  Student(s)

C. **Types of students served.** How many of each of the following types of students do you serve in the pull-out program at this school? (Students may be counted in more than one category.)  
 Special education students \_\_\_\_\_   
 Title I services \_\_\_\_\_   
 ESL/bilingual services \_\_\_\_\_

D. **Age levels.** What are the ages of the students you serve in the pull-out program at this school? (Check one box on each line.)

<u>Age ranges</u>	Yes	No
Under 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"/>

E. **Subjects taught or services provided.** What subjects Subjects taught continued... Yes No

do you teach or services do you provide to the students you pull out at this school? (Check one box on each line.)

<u>Subjects taught</u>	Yes	No
General pre-K 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"/>

Behavior/social skills.....    
 Other (Specify).....

<u>Services provided</u>	Yes	No
Speech/language therapy.....	<input type="checkbox"/>	<input type="checkbox"/>
Physical/occupational therapy.....	<input type="checkbox"/>	<input type="checkbox"/>
Audiology.....	<input type="checkbox"/>	<input type="checkbox"/>
Vision therapy.....	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive PE.....	<input type="checkbox"/>	<input type="checkbox"/>
Counseling.....	<input type="checkbox"/>	<input type="checkbox"/>
Social work.....	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>

F. **Aide time.** How many hours per week do you have a teaching assistant or aide helping you for the pull-out program at this school?  
 (If you have more than one aide, combine their hours and report the total.)

Hours per week of aide time

## D In-Class Services

16. Do you ever go into the classroom of another teacher to provide instructional or related services at this school? (We refer to this as "in-class services" below. This includes team teaching.)

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

A. **Contact hours per week.** How many total hours per week do you provide in-class services at this school?

Hours per week at this school

B. **Total students served.** How many students do you serve during in-class services over the course of a week? (Count each student only once. Students may be counted under both pull-out [Section 4] and in-class services [Section 2] if they receive both.)

Students in general education classes  
 Students in special education classes

B1. **Classrooms served.** In how many different classrooms do you provide in-class services at this school?

General education classes  
 Special education classes

B2. **Group sizes.** How many students do you serve at one time during in-class services at this school?

Smallest group size:  Student(s)  
 Largest group size:  Student(s)  
 Average group size:  Student(s)

C. **Types of students served.** How many of each of the following types of students do you serve during in-class services at this school? (Students may be counted in more than one category.)

Special education students .....   
 Title I services .....   
 ESL/bilingual services .....

D. **Age levels.** What are the ages of the students you serve in the in-class services at this school? (Check one box on each line.)

<u>Age ranges</u>	Yes	No
Under 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"/>

E. **Subjects taught or services provided.** What subjects do you teach or services do you provide to the students through in-class services at this school?

<u>Subjects taught</u>	Yes	No	<u>Subjects taught continued...</u>	Yes	No
General pre-K curriculum .....	<input type="checkbox"/>	<input type="checkbox"/>	Behavior/social skills .....	<input type="checkbox"/>	<input type="checkbox"/>
Language arts/reading/writing .....	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>
Arithmetic/mathematics .....	<input type="checkbox"/>	<input type="checkbox"/>	<u>Services provided</u>	Yes	No
Social studies .....	<input type="checkbox"/>	<input type="checkbox"/>	Speech/language therapy .....	<input type="checkbox"/>	<input type="checkbox"/>
Science .....	<input type="checkbox"/>	<input type="checkbox"/>	Physical/occupational therapy .....	<input type="checkbox"/>	<input type="checkbox"/>
Physical education .....	<input type="checkbox"/>	<input type="checkbox"/>	Audiology .....	<input type="checkbox"/>	<input type="checkbox"/>
Music/art/drama .....	<input type="checkbox"/>	<input type="checkbox"/>	Vision therapy .....	<input type="checkbox"/>	<input type="checkbox"/>
English as a second language .....	<input type="checkbox"/>	<input type="checkbox"/>	Adaptive PE .....	<input type="checkbox"/>	<input type="checkbox"/>
Functional/life skills .....	<input type="checkbox"/>	<input type="checkbox"/>	Counseling .....	<input type="checkbox"/>	<input type="checkbox"/>
			Social work .....	<input type="checkbox"/>	<input type="checkbox"/>
			Other (Specify) .....	<input type="checkbox"/>	<input type="checkbox"/>

F. **Classroom participation.** During the in-class services you provide, 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.)*

<b>Participating in:</b>	<b>% of time</b>
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"/> %

### Ñ Separate Resource Classes (NOT Pull-out)

These types of classes are **typical in middle and secondary** schools in which students switch classes for different subjects during the course of the day (e.g., departmentalized setting in secondary schools).

17. Do you teach different groups of students that are assigned to your classroom for specific periods of the day at this school? Yes  → GO TO ITEM A  
No  → SKIP TO ITEM 18

A. Please complete (a) through (g) below about your class schedule. **INCLUDE** only in-class time during which you are serving students either in your own classroom or in the classroom of another teacher. **EXCLUDE** time spent outside of class (e.g., instructional preparation) and in other schools.

a) Class or Course Title	b) Subject or Service Code	c) Type of Class	d) Collaboration			e) Class Time	f) Assistant/Aide Time		g) Class Size	
			Spec Ed Tchr	Gen Ed Tchr	Related service provider		Spec Ed Aide	Gen Ed Aide	Spec Ed	Gen Ed
Enter a brief title that describes each class you teach or service you provide.	Enter a subject or related service code from the list below.	Enter the indicated code: 1=Special Ed. class 2=Title I class 3=Bilingual/ESL class 4=Other	How many hours per week do you and another teacher simultaneously teach this class (e.g., 2.5 hours)? Do not include student teachers.			How many hours per week does this class meet (e.g., 3.75 hours)?	How many hours per week do you have an aide in this class (e.g., 2.25 hours)?*		What is the enrollment of this class?	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
<b>TOTAL</b>										

\*If there is more than one assistant/aide, combine their hours and report the total.

#### Subject and Service Codes (for Column b)

**Subject codes**

:O = Computers

:N = English

:S = English as a Second Language

:L = Foreign Language

IS = Health/Safety/Drivers Education

**Subject codes (continued)**

MU = Music, Arts

PE = Physical Education

SC = Science

SS = Social Studies/Social Science

VE = Vocational Education

**Related service codes**

AU = Audiology

BS = Behavior/Social Skills

CC = Extended/Child Care Services

CN = Counseling

AD = Adaptive PE

**Related service codes (continued)**

VR = Vocational Resource Program

PT = Physical/Occupational Therapy

SP = Speech/Language

OT = Other Therapy Services

VS = Vision

A = Language Arts and Reading

O = Other

FS = Functional/Life/Independent Living Skills

WS = Work Study Program

MA = Math

SW = Social Work Service

## Ò Community-Based Training (Generally for Students Ages 18–22)

18. Do you provide training services to students or oversee student activities in a community-based setting as part of your job responsibilities for this school? (Exclude vocational classes that are part of the departmentalized schedule of classes included in ∇.)

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

A. **Contact hours per week.** How many hours per week are you engaged in direct service activities in a community-based setting?

. Hours per week

B. **Total students served.** How many students do you serve during the course of a week in community-based settings?

Students

C. **Types of student served.** How many of each of the following types of students do you serve during in-class services at this school? (Students may be counted in more than one category.)

Special education students .....   
Title I students .....   
ESL/bilingual students .....

## Ó Formal Before-School, After-School, or Weekend Programs (e.g., clubs, sports, day care)

19. Do you provide any before-school, after-school, or weekend programs at your school?

Yes  → GO TO ITEM A  
 No  → SKIP TO ITEM 20

A. **Hours per week.** How many hours per week are you in contact with students in before-school, after-school, or weekend programs?

	<u>Hours per week</u>
Before-school .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
After-school .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Weekend .....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

B. **Total students served.** How many students do you currently serve during the course of a week in each program?

	<u>Number of students</u>
Before-school .....	<input type="text"/> <input type="text"/>
After-school .....	<input type="text"/> <input type="text"/>
Weekend .....	<input type="text"/> <input type="text"/>

C. **Types of student served.** How many of each of the following types of students do you serve in these programs at this school? (*Students may be counted in more than one category.*)

	<u>Number of students</u>
Special education .....	<input type="text"/> <input type="text"/>
Title I students .....	<input type="text"/> <input type="text"/>
ESL/bilingual students .....	<input type="text"/> <input type="text"/>

D. **Age levels.** What are the ages of the students you serve in these programs at this school? (Check one box on each line.)

<u>Age ranges</u>	Yes	No
Under 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"/>

### Ó Formal Before-School, After-School, or Weekend Programs (Continued)

<p>E. <b>Types of services provided.</b> What is the <b>emphasis</b> of each of these programs? (Mark only ONE box per line.)</p> <p>Before-School.....</p> <p>After-School.....</p> <p>Weekend.....</p>	<p>Instructional programs (e.g., reading/language arts, math, ESL)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Sport, club, or recreational program</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>Daycare, child care, or child development program</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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F. **Other staff.** How many hours per week do any of the following staff work directly with you in before-school, after-school, or weekend programs? (*If there is more than one of a particular teacher/service provider, combine their hours and report the total.*)

Hours per week

	Before-School	After-School	Weekend
Special education teaching assistants or aides.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
General education teaching assistants or aides.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
General education teachers.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Other special education resource teachers.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Title I resource teachers.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
ESL/bilingual resource teachers.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Gifted and talented education resource teachers....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Speech or language therapists.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Physical or occupational therapists.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Adaptive PE specialists.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Visual specialists.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Psychologists.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Social workers.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Guidance counselors.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Other.....	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

## IV. Time Spent on Activities Other than Direct Services

(e.g., preparation for instruction, consultation, IEP (Individualized Education Program) development, and administrative duties)

In Section III, you accounted for the time you spend providing direct services to students. In this section, we are interested in the activities and time in which you are involved as a special education teacher or related service provider outside the classroom. Question 20 asks about activities that commonly occur on a weekly basis, while question 21 asks about activities that commonly occur on a monthly or annual basis.

**INCLUDE ALL YOUR NON-INSTRUCTIONAL TIME HERE EVEN IF SOME OF IT IS AT ANOTHER SCHOOL OR AT THE CENTRAL OFFICE.**

20. How many **hours per week** do you spend in each of the following activities? If there are none, enter "0."

<b>Non-teaching responsibilities and activities that typically occur on a weekly basis</b>	<b>Hours per week (in a typical week)</b>
a. Consultation with <b>special education staff</b> (e.g., informal or formal meetings with, or observations with, special education staff such as special education teachers, aides, related service providers, or psychologists).....	□□.□□
b. Consultation with <b>other school staff</b> (e.g., informal or formal meetings with, or observations with, other school or district staff such as general education teachers, principals, or district administrators).....	□□.□□
c. Consultation with <b>parents</b> (e.g., informal or formal meetings or phone calls with parents).....	□□.□□
d. <b>Preparation and related activities</b> (e.g., individual planning, preparation for instruction, grading, formal or informal meetings or tutoring with students outside of class time).....	□□.□□
e. <b>Pre-referral or IEP related activities</b> for special education students.....	□□.□□
f. Miscellaneous <b>school site</b> duties (e.g., yard duty, lunchroom duty, committee meetings, regular staff meetings).....	□□.□□
g. Miscellaneous <b>district-level</b> duties (e.g., informal or formal planning meetings or consultations with district staff about students, curriculum, or instruction).....	□□.□□
h. <b>All other activities</b> (include all other teacher or related service duties not specified above) (Specify).....	□□.□□
<b>TOTAL</b>	□□.□□

21. How many **hours per month** or **hours per year** do you spend in each of the following activities related to pre-referral or development of Individual Education Programs (IEPs) for special education students? Please provide your *best estimate* of either monthly **or** annual hours.

Pre-referral or IEP-related activities for special education students	Hours per month (in a typical month)	O R	Hours per year (expected this year)
a. <b>Pre-referral</b> planning/consultation and record keeping (e.g., participation on student study teams or other similar activities).....	□□□.□□	OR	□,□□□.□□
b. <b>Referral</b> (e.g., meeting with parents and other service providers).....	□□□.□□	OR	□,□□□.□□
c. <b>Initial assessments or evaluations</b> for students who have NOT previously been identified as eligible for special education in your district (e.g., determination of staff involved in IEP process, conduct of assessment and evaluation, IEP meetings, completion of IEP documents, and preparation of written assessments).....	□□□.□□	OR	□,□□□.□□
d. <b>Ongoing assessments or evaluations</b> for students who have previously been identified as eligible for special education (e.g., determination of staff involvement in IEP process, conduct of assessment and evaluation, IEP meetings, completion of IEP documents, and preparation of written assessments).....	□□□.□□	OR	□,□□□.□□
<b>TOTAL</b>	□□□.□□	OR	□,□□□.□□

## V. Experience and Educational Background

22. Counting this year, how many years have you been employed as a teacher or related service provider at this school?.....   Years

23. Counting this year, how many years have you been employed as a teacher or related service provider in this school district? .....   Years

24. Counting this year, how many years have you been employed as a teacher or related service provider in total (all schools and districts)? .....   Years

25. Counting this year, how many years have you been providing special education services?.....   Years

26. **College Degrees and Major Fields of Study.** Please complete the table below about your college education. Which of the following education diplomas and degrees have you earned?

<b>What degrees have you earned?</b> <i>Check all that apply.</i>	<b>What was your major field of study for each degree?</b> <i>Record the field code from page 16</i>	<b>In what year did you receive your degree?</b>
Associate's Degree <input type="checkbox"/>	Code <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/>
Bachelor's Degree <input type="checkbox"/>	Code <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/>
Second Bachelor's Degree <input type="checkbox"/>	Code <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/>
Master's Degree <input type="checkbox"/>	Code <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/>
Second Master's Degree <input type="checkbox"/>	Code <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/>
Education Specialist or Professional Diploma (at least one year beyond master's level) <input type="checkbox"/>	Code <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/>
Certificate of Advanced Graduate Studies <input type="checkbox"/>	Code <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/>
Doctoral Degree or First Professional Degree (Ph.D., Ed.D., MD, LLB, JD, DDS) <input type="checkbox"/>	Code <input type="checkbox"/> <input type="checkbox"/>	19 <input type="checkbox"/> <input type="checkbox"/>

## MAJOR FIELDS OF STUDY CODES FOR ITEM 26

EDUCATION FIELDS	GENERAL FIELDS
<p><b>General Education</b></p> <p>01 Early childhood education or pre-elementary education</p> <p>02 Prekindergarten</p> <p>03 Kindergarten</p> <p>04 Elementary education</p> <p>05 Secondary education</p> <p><b>Education—Subject Areas</b></p> <p>06 Agricultural education</p> <p>07 Art education</p> <p>08 Bilingual education</p> <p>09 Business education</p> <p>10 Cross-cultural education</p> <p>11 English as a second language education</p> <p>12 English/language arts education</p> <p>13 Family and consumer science education</p> <p>14 Foreign languages education</p> <p>15 Health education</p> <p>16 Indian education (Native American)</p> <p>17 Mathematics education</p> <p>18 Music education</p> <p>19 Physical education</p> <p>20 Reading education</p> <p>21 Religious education</p> <p>22 Science education</p> <p>23 Social studies/social science education</p> <p>24 Trades and industry/industrial arts education</p> <p><b>Special Education</b></p> <p>25 Special education, general</p> <p>26 Autism</p> <p>27 Deaf and hard-of-hearing</p> <p>28 Developmentally delayed</p> <p>29 Early childhood special education</p> <p>30 Emotionally disturbed or behavior disorders</p> <p>31 Learning disabilities</p> <p>32 Mentally retarded</p> <p>33 Mildly or moderately disabled</p> <p>34 Orthopedically impaired</p> <p>35 Severely or profoundly disabled</p> <p>36 Speech or language impaired</p> <p>37 Traumatically brain injured</p> <p>38 Visually impaired</p> <p>39 Other special education</p> <p><b>Other Education</b></p> <p>40 Counseling and guidance</p> <p>41 Curriculum and instruction</p> <p>42 Educational administration</p> <p>43 Educational psychology</p> <p>44 Other education</p>	<p><b>Arts</b></p> <p>45 Art, fine and applied</p> <p>46 Drama or theater</p> <p>47 Music</p> <p>48 Other visual/performing arts</p> <p><b>English</b></p> <p>49 English literature or composition</p> <p>50 Communications or journalism</p> <p><b>Foreign Languages</b></p> <p>51 French</p> <p>52 German</p> <p>53 Latin</p> <p>54 Russian</p> <p>55 Spanish</p> <p>56 Other languages</p> <p><b>Mathematics</b></p> <p>57 Mathematics</p> <p>58 Statistics</p> <p><b>Natural Sciences</b></p> <p>59 Biology</p> <p>60 Chemistry</p> <p>61 Geology</p> <p>62 Physics</p> <p>63 Other natural sciences</p> <p><b>Other Areas</b></p> <p>64 Agriculture and natural resources</p> <p>65 American Indian/Native American studies</p> <p>66 Architecture, environmental design</p> <p>67 Business and management</p> <p>68 Computer science</p> <p>69 Engineering</p> <p>70 Family and consumer science</p> <p>71 General studies</p> <p>72 Health professions and occupations</p> <p>73 Humanities</p> <p>74 Law</p> <p>75 Library and information science</p> <p>76 Military science</p> <p>77 Multi- or interdisciplinary studies</p> <p>78 Philosophy</p> <p>79 Public affairs or services</p> <p>80 Religion or theology</p> <p>81 Other area or ethnic studies</p>

**Social Sciences**

- 82 Economics
- 83 History
- 84 Political science and government
  
- 85 Psychology
- 86 Sociology
- 87 Other social sciences
- 88 All Other Areas

27. Do you have a teaching or other related service certificate in this state?

Yes  → GO TO ITEM A  
No  → SKIP TO ITEM 28

A. What type of certificate do you hold? (Check **ONE** box only.)

Regular or standard state certificate or advanced professional certificate in the same field as your main job assignment.....

Regular or standard state certificate or advanced professional certificate in another field or fields.....

Probationary certificate (the initial certificate issued after satisfying all requirements except the completion of a probationary period).....

Provisional or other type of certificate given to persons who are still participating in what the state calls an "alternative certification program".....

Temporary certificate (requires some additional college coursework and/or student teaching before regular certification can be obtained).....

Emergency certificate or waiver (issued to persons with insufficient teacher preparation who must complete a regular certification program in order to continue teaching).....

Other (Specify) \_\_\_\_\_

## VI. Compensation and Personal Background

28. During the current school year (1999–2000), what is your academic base salary for your job assignment? \$ , .00

29. Do you, or will you, earn any additional compensation from this school system for extracurricular or additional activities such as coaching, student activity sponsorship, or teaching evening classes?

Yes  → How much? \$ , .00  
 No

30. Have you earned income from any other school sources this year, such as a merit pay bonus, etc.?

Yes  → How much? \$ , .00  
 No

31. What is your gender?

Female   
 Male

32. Are you of Hispanic origin?

Yes   
 No

33. What is your race? (Check **all** that apply)

American Indian or Alaska Native   
 Asian   
 Black or African American   
 Native Hawaiian or other Pacific Islander   
 White

34. What is your year of birth? 19

<b>IDENTIFICATION</b>	
<p>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 would like the teacher who completes this survey to please provide 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.</p>	
<b>Respondent Name:</b> _____	<b>Phone:</b> ( _____ ) _____ - _____ ext. _____
<b>Best Day and Times to Reach You</b> Days: M    T    W    Th    F <i>between the following times</i> _____ : _____ and _____ : _____ <b>AM or PM</b> <span style="margin-left: 100px;"><i>(circle)</i></span>	

**Once completed, please return this questionnaire to the designated study coordinator at your school.**

**Thank you for your participation!**