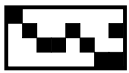


18740

- - -



**Please use a BLACK pen; pencils or red and blue pens cannot be read by our scanners.  
When asked to mark boxes, make an "X" through the boxes.**



18740

A1. In what capacity (or capacities) are you involved with this child? *PLEASE MARK BOXES FOR ALL THAT APPLY.*

- Provide instruction directly to this child
- Provide related services directly to this child
- Provide consultation to child's teacher(s)
- Provide case management (e.g., program monitoring) for this child
- Program administrator/supervisor
- Supervise instructional assistant assigned to work with this child
- Other (describe):

A2. What is your **main** role in this school? *PLEASE MARK ONE BOX ONLY.*

- General education classroom teacher
- Special education teacher
- Other (describe):

A3. How many years have you been teaching?   years

A4. What is the current grade level placement of this child? *PLEASE MARK ONE BOX ONLY.*

- Kindergarten
- Ungraded
- First
- Other (describe):

A5. Does this child participate in the following? *PLEASE MARK ONE BOX ON EACH LINE.*

	Yes	No	Don't know
a. Program for gifted and talented students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Title I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bilingual education or instruction for English language learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Program for children with behavioral or emotional problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Free/reduced-price lunch program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A6. Approximately how many **TOTAL hours per week** does this child attend school? (If this child does not attend school, indicate approximately how many total hours of instruction he/she receives in a typical week.)

Number of **TOTAL hours per week** child attends school



A7. Approximately how much school time **per week** does this child currently spend in the following settings? Please provide either minutes or hours.

Number of minutes/week	OR	Number of hours/week	
<input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/>	General education classroom
<input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/>	Special education setting
<input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/>	Therapy setting (office, small room, etc.)
<input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/>	Setting for remedial or special assistance outside the general education classroom that is not special education
<input type="text"/> <input type="text"/>	OR	<input type="text"/> <input type="text"/>	Homebound instruction

A8. Please indicate **ALL** the settings in which this child currently receives instruction for each subject listed below. (Please note: Some children may receive instruction in a subject area in multiple settings, such as a special education setting and a general education classroom. Special education or other special services delivered only in the general education classroom should be indicated only in the first column.) *PLEASE MARK ALL THAT APPLY ON EACH LINE. MARK "Not applicable" IF THIS CHILD DOES NOT RECEIVE INSTRUCTION IN A SUBJECT AREA.*

Mark <b>ALL</b> setting(s) of instruction	General education classroom	Special education setting	Pullout program (not spec. educ.)	Home- bound instruction	Not applic- able
a. Language arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Art, music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Self-help skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Social skills instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



18740

A9. How many of the following are usually in the classroom during this child's language arts or reading instruction? *PLEASE ENTER ONE NUMBER ON EACH LINE. ENTER "0" IF NONE ARE IN THIS CLASS.*

Number

a. General education **teachers**

b. Special education **teachers**

c. Teacher aides

d. One-to-one instructional assistants assigned to a specific child

e. Other specialists

f. Adult volunteers

g. General education **students**

h. Special education **students**

A10. Which of the following best describes the curriculum materials for this child? *PLEASE MARK ONE BOX.*

- General education grade-level curriculum materials are used without modification.
- Some modifications in general education curriculum materials have been made.
- Substantial modifications in general education curriculum materials have been made.
- Specialized curriculum or materials are used.

A11. In some schools, special efforts are made to make the transition into kindergarten less difficult for children. Which of the following occurs in your school? *PLEASE MARK ONE BOX ON EACH LINE.*

	Yes	No	Don't know
a. I (or someone at the school) phone or send home information about the kindergarten program to parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preschoolers spend some time in the kindergarten classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The school days are shortened at the beginning of the school year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Parents and children visit kindergarten prior to the start of the school year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I (or another teacher) visit the homes of the children at the beginning of the school year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parents come to the school for orientation prior to the start of the school year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



A12. How easy was it for this child to make the transition to kindergarten?

*PLEASE MARK ONE BOX ONLY.*

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Very difficult |
| <input type="checkbox"/> Easy      | <input type="checkbox"/> Don't know     |
| <input type="checkbox"/> Difficult |   |

A13. During this school year, did this child's parent or guardian attend a parent-teacher conference or "back-to-school night"? *PLEASE MARK ONE BOX ONLY.*

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable, we do not have parent conferences or "back-to-school night." |
| <input type="checkbox"/> No  | <input type="checkbox"/> Don't know   |

A14. Approximately how often have you communicated with this child's parent or guardian during this school year about his/her progress (by phone, in person, or in writing), excluding routine progress reports or report cards? *PLEASE MARK ONE BOX ONLY.*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Never                            | <input type="checkbox"/> Once every other month               | <input type="checkbox"/> Every day or several times a week |
| <input type="checkbox"/> Once                             | <input type="checkbox"/> Once a month                         |  |
| <input type="checkbox"/> A few times over the school year | <input type="checkbox"/> Once a week or several times a month |  |

A15. Has this child's parent or guardian volunteered to help in your classroom or school during this school year? *PLEASE MARK ONE BOX ONLY.*

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No volunteer opportunities available in the classroom or school |
| <input type="checkbox"/> No  | <input type="checkbox"/> Don't know  |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Not at all involved | <input type="checkbox"/> Fairly involved |
| <input type="checkbox"/> Not very involved   | <input type="checkbox"/> Very involved   |
|  | <input type="checkbox"/> Don't know      |



A17. Overall, how would you rate this child's academic skills compared with other children of the same grade level? *PLEASE MARK ONE BOX ONLY.*

- |  |  |
|--|--|
| <input type="checkbox"/> Far below average | <input type="checkbox"/> Above average     |
| <input type="checkbox"/> Below average     | <input type="checkbox"/> Far above average |
| <input type="checkbox"/> Average           |  |

A18. During structured and unstructured play time, how does this child compare with other children in the class in terms of physical activity? *PLEASE MARK ONE BOX ONLY.*

- |   |   |
|---|---|
| <input type="checkbox"/> A lot less active than most    | <input type="checkbox"/> A little more active than most |
| <input type="checkbox"/> A little less active than most | <input type="checkbox"/> A lot more active than most    |
| <input type="checkbox"/> About the same as most         |   |

A19. How many friends does this child have in your classroom? *PLEASE MARK ONE BOX ONLY.*

- |   |  |
|---|--|
| <input type="checkbox"/> Far fewer than most children | <input type="checkbox"/> More than most children     |
| <input type="checkbox"/> Fewer than most children     | <input type="checkbox"/> Far more than most children |
| <input type="checkbox"/> As many as most children     |  |

A20. Has this child missed two or more weeks of school this year because of a health problem? *PLEASE MARK ONE BOX ONLY.*

- |                              |                             |                                     |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

A21. Overall, how appropriate do you think this child's placement is in your classroom? *PLEASE MARK ONE BOX ONLY.*

- |   |   |
|---|---|
| <input type="checkbox"/> Very appropriate     | <input type="checkbox"/> Not at all appropriate |
| <input type="checkbox"/> Somewhat appropriate | <input type="checkbox"/> Don't know             |
| <input type="checkbox"/> Not very appropriate |   |



18740

A22. How often does this child do each of the following in your classroom?  
PLEASE MARK **ONE** BOX FOR **EACH** LINE.

	<i>MARK ONE FOR EACH LINE</i>				
	Never	Sometimes	Very often	Not applicable	Don't know
a. Join an ongoing activity or group without being told to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Make friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Initiate conversations with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Control his/her temper in conflict situations with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Easily make transitions from one classroom activity to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Respond appropriately to teasing by other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Respond appropriately when pushed or hit by other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ask for what s/he needs in order to do his/her best in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Receive criticism well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cooperate with other students without prompting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Fight with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Perform up to his/her ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Argue with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Invite others to join in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Act impulsively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Appear lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Do things on his or her own even if they are hard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Keep at a task until s/he is finished, even if it takes a long time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Have low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Act sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Complete homework on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Communicate his/her thoughts and ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Get easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Follow classroom rules and routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## ACADEMIC RATING SCALE

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

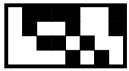
The following **five-category scale** is used for each of the questions. It reflects the degree to which a child has acquired and/or chooses to demonstrate the targeted skills, knowledge, and behaviors.

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

Rate only the child's **current** achievement or motivation. Rate each child compared with other children of the same age level. Please use the full range of ratings. If the skill, knowledge, or behavior has been introduced in the classroom, please rate the child using one of the five categories. Mark "**Not applicable**" only if the skill, knowledge, or behavior has not been introduced in your classroom setting.

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

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



18740

## A23. LANGUAGE AND LITERACY

*MARK ONE FOR EACH LINE*

This child...

	Not yet	Beginning	In progress	Intermediate	Proficient	Not applicable
a. <b>Uses complex sentence structures</b> - for example, says "If she had brought her umbrella, she wouldn't have gotten wet," or "Yesterday it was raining cats and dogs," or "Why can't we go on the field trip at the same time as the first grade?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Understands and interprets a story or other text read to him/her</b> - for example, retelling a story just read to the group, or telling about why a story ended as it did, or connecting part of the story to his/her own life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Easily and quickly names all upper- and lower-case letters of the alphabet.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Produces rhyming words</b> - for example, says a word that rhymes with "chip," "shop," "drink," or "light."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Reads simple books independently</b> - for example, reads books with a repetitive language pattern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Uses different strategies to read unfamiliar words</b> - for example, examines cues from pictures or context, or uses consonant sounds to read words, or uses prior knowledge in order to make predictions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>Composes simple stories</b> - for example, by writing about a personal experience in a journal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <b>Demonstrates an understanding of some of the conventions of print</b> - for example, by using both upper- and lower-case letters when writing, or putting spaces between words, or using a period at the end of a sentence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <b>Uses the computer for a variety of purposes</b> - for example, by drawing a picture, or counting objects, or typing numbers, letters, or words.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



18740

## A24. MATHEMATICAL THINKING

MARK ONE FOR EACH LINE

This child...

	Not yet	Beginning	In progress	Intermediate	Proficient	Not applicable
a. <b>Sorts, classifies, and compares math materials by various rules and attributes</b> - for example, creating a rule for sorting keys, such as "keys with numbers" in one pile and "keys without numbers" in another pile, or sorting shapes by several attributes such as "large plastic shapes" and "small wooden shapes."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>Orders a group of objects</b> - for example, by ordering rods or sticks by length, or arranging paints from lightest to darkest, or musical instruments from softest to loudest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <b>Shows an understanding of the relationship between quantities</b> - for example, knowing that a group of ten small stones is the same quantity as a group of ten larger blocks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <b>Solves problems involving numbers using concrete objects</b> - for example, "Vera has six blocks, George has three; how many blocks are there in all?" or "How many do I need to give George so he will have the same number of blocks as Vera?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <b>Demonstrates an understanding of graphing activities</b> - for example, by looking at a picture graph on favorite ice-cream flavors and knowing which flavor is the most popular and which one is the least popular.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <b>Uses instruments accurately for measuring</b> - for example, by using a balance scale to compare the weight of two objects, or using tablespoons and teaspoons during a cooking project, or using a measuring tape to measure the length of different objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <b>Uses a variety of strategies to solve math problems</b> - for example, using manipulative materials, looking for a pattern, or acting out a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



18740

A25. We would like to obtain a profile of this child's abilities and disabilities across major areas of functioning. Mark **ONE** box on each line that best describes this child from normal to extreme difficulty.

<i>MARK ONE FOR EACH LINE</i>						
	Normal for age	Suspected difficulty	Mild difficulty	Moderate difficulty	Severe difficulty	Extreme difficulty
a. Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use of hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use of arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use of legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Muscle tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Communication-Understanding others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Communicating with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Thinking and reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A26. What grade do you expect this child to be in next year? *PLEASE MARK ONE BOX.*

Grade 1

Other (specify):

Kindergarten

Don't know

Ungraded

A27. Do you anticipate that this child will have an IEP (Individualized Education Plan) next year? *PLEASE MARK ONE BOX.*

Yes

No

Don't know



18740

A28. Did this child have an IEP (Individualized Education Plan) during the **year prior** to this school year?  
*PLEASE MARK ONE BOX.*

Yes                                    →   →   →   **PLEASE CONTINUE WITH QUESTION A29.**

No  
 Don't know                                    }                                    **PLEASE GO TO NEXT PAGE, QUESTION A33.** →

A29. To what extent were you involved in planning the transition from preschool special education for this child? *PLEASE MARK ONE BOX ONLY.*

Not at all                                     Somewhat                                     Extensively

A30. To what extent did you communicate with the person(s) who provided preschool special education for this child? *PLEASE MARK ONE BOX ONLY.*

Not at all                                     Somewhat                                     Extensively

A31. How would you rate the amount of planning and support that were provided to this child and his/her family during the transition from preschool special education?  
*PLEASE MARK ONE BOX ONLY.*

It was more than needed                                     The child and/or family could have benefited from more transition support  
 It was appropriate to the needs of this child and family                                     Don't know

A32. Have you reviewed this child's records related to special education provided before kindergarten? *PLEASE MARK ONE BOX ONLY.*

Yes, in detail  
 Yes, briefly  
 No, I don't have access to the records  
 No, I have access to the records but have not reviewed them



18740

A33. Does this child currently have either an IEP (Individualized Education Plan) or a 504 plan for children with disabilities (this includes an IEP for speech services)? *PLEASE MARK ONE BOX.*

<input type="checkbox"/> Yes, this child has an IEP for special education services.	}	<b>PLEASE CONTINUE WITH QUESTION A34.</b>
<input type="checkbox"/> Yes, this child has a 504 plan.		

<input type="checkbox"/> No, this child does not have an IEP or 504 plan.	}	<b>PLEASE GO TO NEXT PAGE.</b>
<input type="checkbox"/> Don't know		



A34. Overall, how adequate are the educational supports that are provided to this child because of his/her disabilities? *PLEASE MARK ONE BOX ONLY.*

- |  |  |
|--|--|
| <input type="checkbox"/> Very adequate     | <input type="checkbox"/> Not at all adequate |
| <input type="checkbox"/> Somewhat adequate | <input type="checkbox"/> Don't know          |
| <input type="checkbox"/> Not very adequate |  |

**IF THIS CHILD HAS AN IEP OR 504 PLAN FOR THIS SCHOOL YEAR, THEN THE TEACHER OR SPECIALIST MOST FAMILIAR WITH THIS CHILD'S SPECIAL EDUCATION PROGRAM OR 504 PLAN SHOULD COMPLETE SECTION B.**



18740

### OPTIONAL

Is there anything else you want to tell us about this child or his/her program?  
(Please write your comments in the box below.)

Date completed:

/  /   
m m      d d      y y

THANK YOU FOR COMPLETING THIS SECTION OF THE QUESTIONNAIRE.  
PLEASE RETURN BOTH SECTIONS IN THE POSTAGE-PAID ENVELOPE TO:

THE NATIONAL EARLY INTERVENTION LONGITUDINAL STUDY  
SRI International, BS 158  
333 Ravenswood Avenue  
Menlo Park, CA 94025

We need your name and address if you are interested in participating in the  
selection for the gift certificate. PLEASE PRINT.

First Name

Last Name

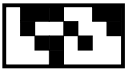
Number & Street Address

City

State

Zip Code

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18740

- - -

