



# U.S. Department of Education National Longitudinal Transition Study 2

## Student's School Program Questionnaire

### Marking Instructions

Please use a No. 2 pencil or black or blue ink only.  
Print legible numbers and capital block letters in the boxes.

#### Correct Numbers and Letters

1	2	3	A	B	C
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Correct Mark



Incorrect Marks



Thank you for your help in completing this questionnaire – it is vitally important to the success of this significant U.S. Department of Education study. Study findings will be critical as federal, state, and local agencies work to improve the quality of services and results for youth.

Be assured that your answers will be completely confidential; no information will be reported that identifies you, this student, or this school. The NLTS2 study is authorized to collect data under law 20 U.S.C. 123g;34CFR Part 99.

Gathering the following information will help you complete the questionnaire more quickly:

- This student's school file, including the most recent Individualized Education Program, if applicable, and his or her most recent transcript and course schedule.
- Number of absences for this student during February of this school year

If you have questions about the study or the questionnaire, please:

e-mail us at [seels-nlts2@sri.com](mailto:seels-nlts2@sri.com),  
or call our hotline toll-free at 1-866-438-8490,  
or visit our web site at [www.NLTS2.org](http://www.NLTS2.org).

### For Office Use Only

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## Again, thank you!

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 1820-0635. The time required to complete this information collection is estimated to average 35 minutes per response, including the time to review instructions, search existing data sources, 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, DC 20202-4651.

# Student's School Program Questionnaire

Today's Date: Month   Day   Year

**Are you able to describe the school program for the student named on the cover?**

- No → **DO NOT COMPLETE THIS QUESTIONNAIRE. PLEASE PASS IT ON TO THE SCHOOL PROFESSIONAL WHO IS BEST ABLE TO DESCRIBE THE STUDENT'S SCHOOL PROGRAM.**
- Yes **PLEASE CONTINUE.**

## A. OVERVIEW OF THIS STUDENT'S SCHOOL PROGRAM

**A1. What is this student's current grade level? PLEASE MARK ONE BOX.**

- 7th grade    8th grade    9th grade    10th grade    11th grade    12th grade    Ungraded

**A2. Does this student participate in any of the following? PLEASE MARK ONE BOX ON EACH LINE.**

Yes	No	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program for gifted and talented students
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title I
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bilingual education or instruction for English language learners
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summer school or extended school year program during the previous summer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free/reduced-price lunch program

**A3. Please indicate all the settings in which this student is now taking each subject listed below. (Some students may take a subject in multiple settings, such as in a general education classroom with resource room support.) PLEASE MARK ALL THAT APPLY ON EACH LINE. MARK NOT APPLICABLE IF STUDENT DOES NOT TAKE A SUBJECT.**

Subject	General education classroom	Special education classroom	Individual instruction (e.g., home/hospital)	Community Setting	Not applicable
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/history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Foreign language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Art, music, drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Life skills, social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Study skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Prevocational education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Occupational vocational education (including computer skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A4a. Please indicate in Column A whether this student will have received each of the following from or through the school system during this school year. These activities could be part of a class.**

**A4b. For any activity this student does not take part in, please indicate in Column B whether you believe he or she could benefit from it.**

	A Received?			B Could benefit?	
	Yes	No		Yes	No
a. Reproductive health education or services	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
b. Teen parenting education/services	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
c. Child care for children of parenting teens	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
d. Conflict resolution, anger management, violence prevention	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
e. Substance abuse prevention education or services	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>
f. Dropout prevention or reentry program	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>

A5a. During this school year, to what extent will this student participate in any mandated standardized test(s)?

PLEASE MARK ONE BOX.

- There is no such testing at this grade level.
- Student does not take such tests.
- Student participates in an alternate assessment, in place of the standardized test.
- Student participates in the testing program without accommodations or modifications.
- Student participates in the testing program with accommodations or modifications.
- Don't know → → → → → → → → → → **PLEASE GO TO QUESTION A6.**

PLEASE GO TO QUESTION A6.

A5b. Which of the following will this student use to take standardized tests during this school year?

PLEASE MARK ALL THAT APPLY.

- Reader provided for instructions and/or test items
- Student responses dictated, written by someone else
- Shortened test
- Different form of test, out-of-level test
- Alternative setting
- Additional time
- Alternative format for responding (e.g., pointing, typing, etc.)
- Braille/large-print version of test
- Sign language or interpreter for giving instructions, etc.
- Other: \_\_\_\_\_
- Don't know

A6. Will this student be required to pass a standardized test in order to graduate with a regular high school diploma?

- Yes
- No
- Don't know

A7. Has this student taken the PSATs, SATs, or other college entrance examinations in preparation for leaving school?

- Not applicable; this student is too young to take PSATs or SATs.
- Yes
- No
- Don't know

## B. STUDENT PERFORMANCE AND FAMILY SUPPORT

B1. Which of the following best describes this student's English language proficiency?

PLEASE MARK ONE BOX.

- Not applicable; student does not use spoken language
- Native English speaker
- Bilingual (proficient or developing proficiency in both first language and English)
- Limited English proficient
- Non-English speaker

B2a. What is the most recent year this student's reading ability was assessed?

Year of reading assessment

- Don't know

B2b. What is the student's grade level in reading as of the most recent assessment? (e.g., grade 9.3 would be   .  )

 . 

Grade level in reading

- Don't know

B3a. What is the most recent year this student's **math ability** was assessed?

Year of math assessment

Don't know

B3b. What is the student's **grade level in math** as of the most recent assessment? (e.g., grade 9.3 would be  . )

.  Grade level in math

Don't know

B4. During the month of February of this year, how often was this student absent?  
Please **include** both excused and unexcused absences and **exclude** days suspended.  
**PLEASE ENTER EITHER NUMBER OF DAYS ABSENT OR NUMBER OF CLASSES MISSED**

Number of days **OR** Number of classes  
  Total absences

B5. During this school year, how many times has this student experienced the following disciplinary actions?  
**PLEASE ENTER ONE NUMBER ON EACH LINE OR MARK DON'T KNOW. ENTER "0" FOR NONE.**

Number of incidents Don't know

- Disciplinary actions (e.g., referral to the office, detentions, etc.), excluding suspensions or expulsions
- In-school suspensions
- Out-of-school suspensions
- Expulsions

**IF THIS STUDENT HAS A VISUAL IMPAIRMENT, PLEASE CONTINUE WITH ITEM B6, OTHERWISE GO TO SECTION C.**

B6. Please indicate how well this student performs each of the following mobility activities.  
Does he or she do each activity?

**Not very well**—can do the task only within a familiar routine when there is no novelty introduced, or needs a considerable amount of prompting to do it.

**Pretty well**—performs the task consistently in at least one setting or inconsistently but well in several settings.

**Very well**—performs the task well in many settings over a period of time.

**PLEASE MARK ONLY ONE BOX ON EACH LINE.**

	Not very well	Pretty well	Very Well	Don't know
a. Travel using a sighted guide to all familiar locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Travel indoors using rotely learned routes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Travel to other school areas or other buildings using rotely learned routes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Create new routes between familiar places indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Execute a route, given a set of verbal directions to an unfamiliar location within one building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Execute a route, given a set of verbal directions to an unfamiliar location in another building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Locate an unfamiliar place by using numbering systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Orient self to an unfamiliar room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Solicit help to orient self to a building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Solicit help to orient self to a high school campus or to a workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## C. CAREER AND VOCATIONAL EDUCATION AND SERVICES

This section refers to the vocational or career education this student has received, whether or not there is a vocational class on the student's transcript. Vocational education may be part of another class or program, such as special education.

To complete this section, you may need to speak with the student's vocational instructor(s).

- C1. Does this student now spend **any** part of the school day in a vocational education or applied academics class (e.g., career planning, prevocational, occupational skills, business, computer technology, industrial arts, some home economics classes)?

Yes

No → → → → →

Don't know →

PLEASE GO TO QUESTION C13, PAGE 7.

- C2. The next questions refer to the **vocational class in which this student spends the most time**. This could be a general or special education class or a prevocational or occupational vocational education class. If he/she spends the same amount of time in two or more such classes, please choose the **first** vocational class this student attends during the week.

How many of the following are usually in this class?

PLEASE ENTER A NUMBER ON EACH LINE. IF NONE, ENTER "0."

Number

--	--

a. General education students

Number

--	--

e. Teacher aides

--	--

b. Special education students

--	--

f. One-to-one instructional assistants assigned to a specific student

--	--

c. General education teachers

--	--

g. Other specialists

--	--

d. Special education teachers

--	--

h. Adult volunteers

- C3. What communication method(s) does the teacher use to teach this class?

PLEASE MARK **ONE** BOX.

The teacher uses voice communication only.

The teacher uses sign language or other manual communication only.

The teacher uses both voice and manual communication.

- C4. In general, how **well** does this student do each of the following in this class?

PLEASE MARK **ONLY ONE** BOX ON EACH LINE.

	Not at all well	Not very well	Well	Very Well
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a. Get along with other students





b. Follow directions





c. Control his/her behavior to act appropriately in class





d. Ask for what s/he needs in order to do his or her best in class





- C5. How **often** does this student do each of the following in this class?

PLEASE MARK **ONLY ONE** BOX ON EACH LINE.

	Rarely	Some-times	Usually	Almost Always
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a. Complete homework on time





b. Take part in group discussions





c. Stay focused on his/her work





d. Withdraw from social contacts or class activities





e. Work up to his or her ability

C6. Is this vocational class a general education or a special education class?

- Special education → → → → → PLEASE GO TO QUESTION C13, PAGE 7.
- General education

C7. Which of the following supports, if any, were provided to the vocational education teacher because this student is in this class? **PLEASE MARK ALL THAT APPLY.**

- Special equipment or materials to use with the student
- In-service training on the needs of this student
- Co-teaching/team teaching with special education and general education teachers
- Consultation services by special education or other staff
- Teacher aide or aide for this student
- Smaller student load or class size
- Information on the student's abilities or needs
- None of the above provided
- None of these needed
- Other: \_\_\_\_\_
- Don't know

C8. If this student needs to be disciplined in this class, to what extent is this discipline similar to what is done with other students? **PLEASE MARK ONE BOX.**

- Discipline is the same as for other students.
- Discipline is different from other students.
- This student does not require disciplining in this class.
- Don't know

C9. For each factor listed below, how do this student's experiences in this class compare with those of other students? Are they the same, somewhat different, or very different from the whole class? **PLEASE MARK ONE BOX ON EACH LINE.**

	The same	Somewhat different	Very different	Not applicable	Don't know
a. Curriculum/subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Instructional materials used (e.g., text books, computers, tools)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Class activities (e.g., hands-on work, projects, field trips)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Instructional groupings (e.g., small group, partners, individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Grading standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Testing and assessment methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C10. Is this student **expected** to keep up with the other students in this class (with any modifications or accommodations he or she uses)?

- Yes
- No
- Don't know

C11. Generally, **does** this student keep up in this class?

- Yes
- No
- Don't know

C12. How appropriate is this student's enrollment in this class?

PLEASE MARK ONE BOX.

- Very appropriate
- Somewhat appropriate
- Not very appropriate
- Not at all appropriate
- Don't know

C13. What percentage of this student's school day currently is spent in the two activities below (please do not include after-school employment)?

PLEASE MARK ONLY ONE BOX ON EACH LINE.

	None	1%-24%	25%-49%	50%-74%	75%-99%	100%	Don't know
a. School-sponsored work experience on the school campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. School-sponsored work experience off campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF THIS STUDENT IS IN MIDDLE SCHOOL OR JUNIOR HIGH, PLEASE GO TO SECTION D. FOR HIGH SCHOOL STUDENTS, PLEASE CONTINUE.

C14. Since starting high school, which of the following classes or services has this student received from or through the school system?

PLEASE MARK ALL THAT APPLY.

- A formal assessment of career skills or interests
- Career counseling
- Job readiness or prevocational training
- Instruction in looking for jobs
- Job shadowing, work exploration
- Internship, apprenticeship
- Tech-prep program
- Entrepreneurship program
- Other work experience (paid or unpaid)
- Specific job skills training
- Referrals to potential employers, other job placement support
- Job coach, e.g., staff who work with employer to modify jobs for this student, monitor student performance on the job
- None of these
- Don't know

## D. EDUCATIONAL SERVICES

D1a. Does this student currently have an Individualized Education Plan (IEP) or a "504 plan" for students with disabilities?  
PLEASE MARK ONE BOX.

- Yes, this student has an IEP for special education services. → → PLEASE GO TO QUESTION D2.
- Yes, this student has a 504 plan.
- No, the student has neither an IEP nor a 504 plan

D1b. Has this student ever had an IEP for special education or related services?

- Yes, this student has had an IEP for special education services
- No → → → → → PLEASE GO TO INSTRUCTIONS AT BOTTOM OF PAGE.
- Don't know → →

D1c. In what school year did this student discontinue special education services?

School year discontinued special education services

- Don't know

If this student does NOT have a "504 Plan" or an IEP NOW, PLEASE GO TO SECTION F PAGE 15. All others, PLEASE CONTINUE.

D2a. In column A, please mark **all** of this student's disabilities.

D2b. In column B, please mark the student's **primary** disability.

**PLEASE MARK ALL THAT APPLY IN COLUMN A AND ONE BOX IN COLUMN B.**

A All disabilities (Mark ALL that apply)	B Primary disability (Mark ONE)	
<input type="checkbox"/>	<input type="checkbox"/>	Autism
<input type="checkbox"/>	<input type="checkbox"/>	Attention deficit disorder (ADD)/attention deficit hyperactivity disorder (ADHD)
<input type="checkbox"/>	<input type="checkbox"/>	Deafness
<input type="checkbox"/>	<input type="checkbox"/>	Hearing impairment
<input type="checkbox"/>	<input type="checkbox"/>	Deaf-blindness
<input type="checkbox"/>	<input type="checkbox"/>	Developmental delay
<input type="checkbox"/>	<input type="checkbox"/>	Serious emotional disturbance/behavior disorder
<input type="checkbox"/>	<input type="checkbox"/>	Learning disability
<input type="checkbox"/>	<input type="checkbox"/>	Mild mental retardation
<input type="checkbox"/>	<input type="checkbox"/>	Moderate/severe 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"/>	Speech or language impairment
<input type="checkbox"/>	<input type="checkbox"/>	Traumatic brain injury
<input type="checkbox"/>	<input type="checkbox"/>	Visual impairment/blindness
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

D3. Which of the following are provided to this student as part of his/her IEP or 504 plan?

**PLEASE MARK ALL THAT APPLY.**

**Accommodations/modifications**

- More time in taking tests
- Test read to student
- Modified tests
- Alternative tests or assessments
- Modified grading standards
- Slower-paced instruction
- Additional time to complete assignments
- Shorter or different assignments
- More frequent feedback
- Physical adaptations (e.g., modifications to the classroom, special desks).

Please describe: \_\_\_\_\_

- Large print or Braille books or large print computer

**Additional supports and assistance**

- Reader or interpreter
- Teacher aide, instructional assistant, or other personal aide
- Student progress monitored by special education service staff
- Peer tutors
- Tutoring by an adult
- Behavior management program
- Learning strategies/study skills assistance
- Self-advocacy training



**Learning aids**

- Books on tape
- Use of a calculator when not allowed other students (e.g., during tests)
- Communication aids (e.g., Touch Talker)
- Use of computer for when not allowed other students (e.g., use of spell checker when other students do not use one)
- Computer software designed for students with disabilities
- Computer hardware adapted for student's unique needs (e.g., alternative keyboards, switch interface)
- Other: \_\_\_\_\_
- None of these indicated in the plan

If this student has a "504 plan," PLEASE GO TO SECTION F, PAGE 15.

If this student has an IEP for special education, PLEASE CONTINUE.

**D4. For this school year, what are the primary goals for this student?**

**PLEASE MARK ALL THAT APPLY.**

- Improve overall academic performance
- Improve academic performance in specific area(s): \_\_\_\_\_
- Build social skills
- Improve appropriateness of general behavior
- Increase functional or life skills
- Improve fine or gross motor skills, mobility, or other physical functioning
- Enhance skills for self-advocacy and self-determination
- Improve speech and communication skills
- Develop prevocational skills
- Develop vocational skills
- Prepare for postsecondary education
- Other (please specify): \_\_\_\_\_
- Don't know

**D5. Did this student's parent/guardian(s) attend the most recent IEP meeting?**

- Yes
- No
- Don't know

**D6. Does the student use any medical device that requires staff attention during the school day (e.g., suctioning equipment, catheter)? Please do not include nonmedical devices, such as communication devices.**

- Yes
- No

**D7. Which of the following services has been provided this student from or through the school system during this school year (including services the school contracted from other agencies). Service provided?**

**PLEASE MARK ONE BOX ON EACH LINE.**

	Yes	No	Don't know
a. Adaptive physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistive technology services/devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Audiology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Behavioral intervention/specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Speech or language therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Communication services (e.g., instruction in sign/manual communication or lip reading, augmentative communication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Health services (e.g., administering medication, oxygen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D7. Which of the following services has been provided this student from or through the school system during this school year (including services the school contracted from other agencies). **PLEASE MARK ONE BOX ON EACH LINE.**

Service provided?

	Yes	No	Don't know
h. Mental health services, personal/group counseling, therapy, or psychiatric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Mobility training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Service coordination/case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Social work services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Special transportation because of disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Vision services (e.g., Braille instruction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Training, counseling, or other supports/services <u>provided to student's family</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D8. Does this student now spend any part of the school day in a special education class?

- Yes
- No → → PLEASE GO TO SECTION E, PAGE 13.

If this student's ONLY special education class is vocational or prevocational education, PLEASE GO TO SECTION E, PAGE 13. Otherwise, PLEASE CONTINUE WITH D9.

D9. The following questions focus on a specific special education class that this student takes, that is not prevocational or vocational education. If you teach this student in such a class, please use it to answer these questions. If you teach this student in more than one such class, please use the first class in the week. If you do not teach this student in such a class, please confer with the teacher of this student's first special education class during the week to answer these questions.

What kind of special education class are you using to answer the following questions?  
PLEASE MARK ONE BOX.

- Academic subject or class (please specify: \_\_\_\_\_)
- A class focused on life skills (e.g., independent functioning)
- A class focused on basic academic skills (e.g., number concepts, beginning reading skills)
- A class that primarily provides help with homework, tests, and study skills

D10. How many of the following are usually in this class?  
PLEASE ENTER ONE NUMBER ON EACH LINE. IF NONE, ENTER "0."

<p><b>Number</b></p> <p><input type="text"/> <input type="text"/> a. Special education students</p> <p><input type="text"/> <input type="text"/> b. General education teachers</p> <p><input type="text"/> <input type="text"/> c. Special education teachers</p> <p><input type="text"/> <input type="text"/> d. Teacher aides</p>	<p><b>Number</b></p> <p><input type="text"/> <input type="text"/> e. One-to-one instructional assistants assigned to a specific student</p> <p><input type="text"/> <input type="text"/> f. Other specialists</p> <p><input type="text"/> <input type="text"/> g. Adult volunteers</p>
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D11. Which of the following best describes the curriculum used for this student in this class?  
PLEASE MARK ONE BOX.

- Not applicable; this class does not have a curriculum (e.g., it focuses on homework help).
- General education grade-level curriculum is used without modification.
- Some modifications in general curriculum have been made.
- Substantial modifications in education curriculum have been made.
- Specialized or individualized curriculum is used.

D12. How often does this student engage in the following instructional activities and groupings in this class?  
PLEASE MARK ONLY ONE BOX ON EACH LINE.

	Rarely or Never	Sometimes	Often
<b>Student-centered activities</b>			
a. Respond orally to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Take quizzes or tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Participate in class discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work with a peer partner or in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Perform or present in front of class or group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Teacher instruction</b>			
g. Whole-class instruction, (e.g. lecture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Small group instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Individual instruction from classroom teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Individual instruction from another adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Class-related experiences outside the classroom</b>			
k. School-based instructional experiences (e.g. library, cafeteria)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Community-based instructional experiences (e.g. riding a bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D13. What communication method(s) is/are used to teach this class?  
PLEASE MARK ONE BOX.

- The teacher uses voice communication only.
- The teacher uses sign language or other manual communication only.
- The teacher uses both voice and manual communication.

D14. How important is each of the following factors in evaluating progress for this student in this class?  
PLEASE MARK ONLY ONE BOX ON EACH LINE. MARK NOT APPLICABLE IF THE STUDENT DOESN'T ENGAGE IN AN ACTIVITY.

	Not important	Somewhat important	Very important	Not Applicable
a. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Student portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Performance on special projects or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Results of tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Performance on daily class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Performance relative to a set standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Performance relative to the rest of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Attitude/behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D15. How often does this student use the following instructional materials in this class?  
PLEASE MARK ONLY ONE BOX ON EACH LINE.

	Rarely or Never	Sometimes	Often
a. Computers for Internet use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computers for word processing, spreadsheets, and other applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Computers for academic drills and skills practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Textbooks, worksheets, workbooks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplementary trade or printed materials (e.g. maps, newspapers, road signs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Life skills materials (e.g. token economy items, household equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Games and toys used for instructional purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Screen-based multi-media (e.g., TVs, videos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Lab equipment, tools, machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D16. Overall, which of the following best describes this student's performance in this class?  
**PLEASE MARK ONE BOX.**

- |   |           |   |
|---|-----------|---|
| <b>Grades are:</b>                      | <b>OR</b> | <b>Performance is:</b>                              |
| <input type="checkbox"/> Mostly As      |           | <input type="checkbox"/> Mostly "excellent"         |
| <input type="checkbox"/> Mostly As & Bs |           | <input type="checkbox"/> Mostly "good"              |
| <input type="checkbox"/> Mostly Bs      |           | <input type="checkbox"/> Mostly "fair"              |
| <input type="checkbox"/> Mostly Bs & Cs |           | <input type="checkbox"/> Mostly "poor"              |
| <input type="checkbox"/> Mostly Cs      |           | <input type="checkbox"/> Mostly "needs improvement" |
| <input type="checkbox"/> Mostly Cs & Ds |           | <input type="checkbox"/> Mostly "satisfactory"      |
| <input type="checkbox"/> Mostly Ds      |           | <input type="checkbox"/> Mostly "unsatisfactory"    |
| <input type="checkbox"/> Mostly Ds & Fs |           | <input type="checkbox"/> Mostly "passing"           |
| <input type="checkbox"/> Mostly Fs      |           | <input type="checkbox"/> Mostly "failing"           |

D17. Please indicate how **often** this student does each of the following in this class.  
**PLEASE MARK ONLY ONE BOX ON EACH LINE.**

	Never	Sometimes	Very Often	Don't know
a. Argue with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Appear lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Act impulsively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fight with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Get easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Act sad or depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D18. In general, how **well** does this student do each of the following in this class?  
**PLEASE MARK ONLY ONE BOX ON EACH LINE.**

	Not at all well	Not very well	Well	Very Well
a. Get along with other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Control his or her behavior to act appropriately in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ask for what s/he needs in order to do his or her best in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D19. How **often** does this student do each of the following in this class?  
**PLEASE MARK ONLY ONE BOX ON EACH LINE.**

	Rarely	Some-times	Frequently	Almost always	Not applicable
a. Complete homework on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Take part in group discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Stay focused on class work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Withdraw from social contact or class activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Perform up to his or her ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## E. TRANSITION TO ADULT LIFE

E1. Has there been planning for transition to adult life for this student?

- Yes PLEASE CONTINUE WITH QUESTION E2  
 No → → → → → PLEASE GO TO SECTION F, PAGE 15  
 Don't know →

E2. What age or grade level was this student when transition planning first started for him or her? This transition planning could be either part of, or separate from the IEP.

Age OR   Grade level

E3. Has this student received instruction specifically focused on transition planning (e.g., a specialized curriculum designed to help students assess options and develop strategies for leaving secondary school and transitioning to adult life)?

- Yes  
 No  
 Don't know

E4. For the period following high school, the primary goal of this student's educational program is to prepare him/her to...  
**PLEASE MARK ALL THAT APPLY.**

- Attend a 2- or 4-year college  
 Attend a postsecondary vocational training program  
 Get competitive employment (includes military)  
 Get into sheltered employment (where most workers have disabilities)  
 Get supported employment (paid work in a community setting for those needing continuous support services and for whom competitive employment is unlikely)  
 Live independently  
 Maximize functional independence  
 Enhance social/interpersonal relationships and satisfaction  
 Other (please describe): \_\_\_\_\_  
 Don't know

E5. Does this student's transition plan or IEP specifically state what course of study or kinds of classes the student should pursue in order to meet his postschool transition goals?

- Yes  
 No

E6. How much progress do you believe this student is making toward each kind of goal for the transition to adulthood?  
**PLEASE MARK ONLY ONE BOX ON EACH LINE. MARK "NOT APPLICABLE" IF THE STUDENT DOES NOT HAVE A PARTICULAR KIND OF GOAL.**

	No progress	A little progress	Some progress	A lot of progress	Not applicable
a. Goals for how he/she wants to leave secondary school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vocationally oriented goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Goals for postsecondary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Independent living goals (e.g., personal management, getting a driver's license)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Behavior management goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Social/interpersonal goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Self-advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E7. How well suited do you believe this student's school program is for preparing him or her to achieve his or her transition goals. **PLEASE MARK ONE BOX.**

- Not at all well suited; the school program does not prepare him/her to achieve transition goals.
- Somewhat well suited; the school program provides a little preparation for achieving transition goals.
- Fairly well suited; the school program prepares him/her fairly well to achieve transition goals.
- Very well suited; the school program provides very good preparation for achieving transition goals.

E8. Who has actively participated in this student's transition planning (e.g., involved in discussions on choosing services or goals)? **PLEASE MARK ALL THAT APPLY.**

- General education academic subject teacher(s)
- General education vocational teacher(s) or work study coordinator
- Special education teacher(s)
- School administrator (e.g., principal, special education director)
- School counselor or psychologist
- Related services personnel (e.g., speech pathologist, occupational therapist)
- Parent/guardians
- Student
- Vocational Rehabilitation Agency counselor
- Staff of the Social Security Administration
- Staff of other outside service agency or outside consultant (e.g., employment service, mental health service; please specify): \_\_\_\_\_
- Employer
- Representative of postsecondary education institution
- Advocate
- Other: \_\_\_\_\_
- Don't know

E9. Which of the following best describes this student's role in his or her transition planning. **PLEASE MARK ONE NUMBER.**

- This student has not attended planning meetings or participated in the transition planning process.
- This student has been present in discussions of transition planning, but participated very little or not at all.
- This student has provided some input into transition planning as a moderately active participant.
- This student has taken a leadership role in the transition planning process, helping set the direction of discussions, goals, and programs or service needs identified.
- Don't know

E10. Has any of the following been contacted by the school or school system regarding programs or employment for this student when s/he leaves high school? **PLEASE MARK ONE BOX ON EACH LINE.**

	Not appropriate for this student	Yes	No	Don't know
a. Colleges (2- or 4-year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Postsecondary vocational schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. State Vocational Rehabilitation Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other vocational training programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. U.S. military	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Potential employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Job placement programs or agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Supported employment programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Sheltered workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Mental health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued from page 14

E10. Has any of the following been contacted by the school or school system regarding programs or employment for this student when s/he leaves high school? PLEASE MARK ONE BOX ON EACH LINE.

	Not appropriate for this student	Yes	No	Don't know
l. Supervised residential support agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Adult day programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other social service agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Congregate care facilities or institutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Other agencies: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E11. Has information about services available after high school related to this student's kind of disability been provided his or her parents/guardians by the school system?

- Not applicable; this student does not need services after high school.
- Yes
- Not yet; information will be provided before the student graduates.
- No
- Don't know

E12. What service or program needs were identified for this student after high school in his or her IEP or transition plan? PLEASE MARK ALL THAT APPLY.

- Educational accommodations to help him/her pursue postsecondary education
- Audiology
- Behavioral intervention
- Mental health services
- Mobility training
- Nursing or other medical services
- Occupational therapy
- Physical therapy
- Social work services
- Speech or communication therapy or services
- Supported living arrangement
- Transportation assistance
- Vision services
- Vocational training, placement, or support
- Other: \_\_\_\_\_
- None of these
- Don't know

## F. ABOUT YOU

F1. What is your main role in this school? PLEASE MARK ALL THAT APPLY.

- General education classroom teacher
- Special education classroom teacher
- Resource room teacher
- Related services provider (e.g., speech therapist)
- Program specialist (e.g., full inclusion specialist)
- Case manager
- School psychologist
- School guidance counselor
- Other: \_\_\_\_\_

F2. In what capacity (or capacities) are you involved with this student? PLEASE MARK ALL THAT APPLY.

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

F3. Please indicate the extent to which you agree or disagree with each of the following statements.  
**PLEASE MARK ONLY ONE BOX ON EACH LINE.**

Strongly disagree	Disagree	Agree	Strongly agree
-------------------	----------	-------	----------------

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. The school leadership has high expectations and standards for students and teachers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The principal promotes instructional improvement among school staff.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. This school is a safe place for students.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I feel well prepared to work with students with disabilities.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

F4. Which best describes you? **PLEASE MARK ALL THAT APPLY.**

- African-American or Black
- American Indian or Alaska Native
- Asian
- Caucasian or White
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- Other: \_\_\_\_\_

F5. To the best of your knowledge, what do you expect this student's school enrollment status to be for the next school year?  
**PLEASE MARK ALL THAT APPLY.**

- The student is expected to attend **your** school next year. ➡ ➡ PLEASE GO TO F6
- The student is expected to attend a **different** secondary school next year:



Name of school:

City:  State:

- The student is not expected to attend your school because he/she will: (MARK ONE)
  - Graduate
  - Move
  - Exceed the age limit for services
  - Drop out

The student is **not** expected to attend any school next year.

F6. Your Name:

Email:

Your Phone Number:

-  -

**THANK YOU AGAIN!**

Please return the questionnaire in the postage-paid envelope to:

SRI International  
 PO Box 64954  
 St. Paul, MN 55164