



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

Teacher 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.

If you have questions about the study or the questionnaire, please:
e-mail us at seels-nlts2@sri.com,
or call our hotline toll-free at 1-866-438-8490,
or visit our web site at 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 numbers for this information collection is 1820-0635. The time required to complete this information collection is estimated to average 23 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, D.C. 20202-4651.

A4. What is the grade level of the majority of students in this class?

PLEASE MARK ONE BOX.

- 6th grade 7th grade 8th grade 9th grade
 10th grade 11th grade 12th grade Ungraded

A5. How many of the following are usually in this class? (Include yourself in the count.)

PLEASE ENTER ONE NUMBER FOR EACH CATEGORY. IF NONE, ENTER 0.

Number

a. General education students

b. Special education students

c. General education teachers

d. Special education teachers

Number

e. Classroom aides

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

g. Other specialists

h. Adult volunteers

B. ABOUT THE INSTRUCTION THIS STUDENT RECEIVES IN THIS CLASS

B1. Which of the following best describes the curriculum you use for this student?

PLEASE MARK ONE BOX.

- General education grade-level curriculum is used without modification.
 Some modifications in the general education curriculum have been made
 Substantial modifications in the general education curriculum have been made
 Specialized curriculum is used (e.g., parallel curriculum, individualized curriculum).

B2. Do you ever use sign language or other manual communication method(s) to teach this class?

PLEASE MARK ONE BOX.

- Yes
 No

B3. In Column A, please indicate how often the class as a whole uses the following instructional materials.

In Column B, indicate how often this student uses these materials.

PLEASE MARK ONE BOX ON EACH LINE IN COLUMN A AND IN COLUMN B.

	A			B		
	The class as a whole			This student		
	Never or Rarely	Some-times	Often	Never or Rarely	Some-times	Often
a. Computers for Internet use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Textbooks, worksheets, workbooks, curriculum-based materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Supplementary trade or printed materials (e.g. maps, newspapers, blank bank deposit slips, road signs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Life skills materials (e.g. token economy items, tactile manipulatives, household equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Screen-based multi-media (e.g., TV, videos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Lab equipment, machinery, tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4. In **Column A**, please indicate **how important** each of the following factors is in determining grades or evaluating progress for students in the **class as a whole**.

In **Column B**, please indicate **how important** each of the following factors is in determining grades or evaluating progress for **this student**.

PLEASE MARK ONE BOX ON EACH LINE IN COLUMN A AND IN COLUMN B.

	A The class as a whole			B This student		
	Not important	Somewhat important	Very important	Not important	Somewhat important	Very important
a. Attitude/behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Student portfolio	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Performance on special projects and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Performance relative to a set standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Performance relative to the rest of the class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Results of tests	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

B5. During this school year, have you attended an Individualized Education Plan (IEP) meeting about special education services for this student? **PLEASE MARK ONE BOX.**

- Not applicable; this student does not receive special education
- Yes
- No

B6. If this student needs to be disciplined because of behaviors in this class, to what extent is this discipline similar to what is done with other students?

PLEASE MARK ONE BOX.

- The same
- Somewhat different
- Very different
- Student has not required disciplining because of behavior in this class

B7. In **Column A**, please indicate how often the **class as a whole** engages in the following **instructional activities and groupings**.

In **Column B**, please indicate how often **this student** engages in these activities and groupings.

PLEASE MARK ONE BOX ON EACH LINE IN COLUMN A AND IN COLUMN B.

	A The class as a whole			B This student		
	Never or Rarely	Some-times	Often	Never or Rarely	Some-times	Often
Student-centered activities						
a. Responds orally to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Takes quizzes or tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Works with a peer partner or group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Performs or presents in front of class or group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher instruction						
f. Whole-class instruction (e.g., lecture, demonstration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Small group instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Individual instruction from classroom teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Individual instruction from another adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B7. In **Column A**, please indicate how often the **class as a whole** engages in the following **instructional activities and groupings**.

In **Column B**, please indicate how often **this student** engages in these activities and groupings.

PLEASE MARK ONE BOX ON EACH LINE IN COLUMN A AND IN COLUMN B.

	A			B		
	The class as a whole			This student		
Class-related experiences outside the classroom	Never or Rarely	Some-times	Often	Never or Rarely	Some-times	Often
j. School-based instructional experiences (e.g., library, cafeteria, computer lab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Field trips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Community-based instructional experiences (e.g., service learning or science instruction at local laboratory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B8. Which of the following, if any, are provided to this student to help him or her in this class?

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 teacher or related services provider
- 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 for activities not allowed other students (e.g., during tests)
- Communication aids (e.g., Touch Talker, manual printing board)
- Use of computer for activities not allowed other students (e.g., to produce work other students write, 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**

B9. Which of the following supports, if any, have been provided to you because this student is in your 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 aides or instructional assistants, or aides for individual students
- Smaller student load or class size
- Information about this student's needs or abilities
- Other: _____
- None of the above have been provided
- None are needed

B10. In your opinion, how adequate are the supports that are provided to you because this student is in your class?

PLEASE MARK ONE BOX.

- Not applicable; none are needed
- Not at all adequate
- Not very adequate
- Somewhat adequate
- Very adequate

B11. In your view, how appropriate is this student's placement in your class?

PLEASE MARK ONE BOX.

- Not at all appropriate
- Not very appropriate
- Somewhat appropriate
- Very appropriate

C. STUDENT PERFORMANCE AND FAMILY SUPPORT

C1. 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"/>

C2. Please indicate how often this student does each of the following in this class.

PLEASE MARK ONLY ONE BOX ON EACH LINE.

	Never	Some-times	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"/>

C3. Generally, is this student expected to keep up with the other students in this class (using any accommodations or modifications he or she might need)?

- Yes
- No

C4. Generally, **does** this student keep up with the other students in this class?

- Yes
- No

C5. Overall, which of the following best describes this student's performance in this class?
PLEASE MARK ONE BOX.

- | | | |
|---|-----------|---|
| Grades are: | OR | Performance is: |
| <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" |

C6. How **often** does this student do each of the following in this class?
PLEASE MARK ONE BOX ON EACH LINE.

	Rarely	Some-times	Usually	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 classwork	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
e. Work to the best of his or her ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7. Approximately how often have you communicated with this student's parent/guardian(s) during this school year about his/her progress (by phone, in person, or in writing), not counting routine progress reports or report cards?
PLEASE MARK ONE BOX.

- Never
- Once
- A few times over the school year
- Once every other month
- Once a month
- Once a week or several times a month
- Every day or several times a week

C8. This school year, has this student's parent/guardian(s) attended parent-teacher conferences with you or attended "back-to-school night"?

- Yes
- No
- Not applicable. We do not have parent conferences or "back-to-school night."
- Don't know

D. ABOUT YOU

D1. Are you credentialed to teach the class you are teaching this student at this grade level?

- Yes
- No

D2. For how many years have you been a teacher?

Years teaching

D3. How many years have you taught special education students in your classroom? *IF NONE, ENTER 0.*

Years teaching special education students

D4. Please indicate the extent to which you agree or disagree with each of the following statements. *PLEASE MARK ONE BOX ON EACH LINE.*

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

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I have adequate training for teaching students with disabilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The school leadership has high expectations and standards for all students and teachers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The principal promotes instructional improvement among school staff. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. This school is a safe place for students. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D5. During the past 3 years, have you participated in any continuing professional development activities totaling 8 or more hours to help you in any of the following areas? *PLEASE MARK ALL THAT APPLY.*

- The subject matter content that you teach this student
- Work with students who are considered to be "at risk"
- Work with students with disabilities
- Behavior management
- Create positive school environment, violence prevention
- Collaborate with other educators
- Work with parents
- Use technology in instruction
- Consider and build on the cultural diversity of students
- Assessment
- Other: _____
- None

D6. 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: _____

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