

Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

## Early Childhood Teacher Questionnaire

This questionnaire should be completed by the teacher or service provider who knows the child whose name appears above and can describe the early childhood program or special education and related services for this child.

### SECTION A CHILD'S EXPERIENCE IN YOUR CLASSROOM/PROGRAM

A1. Does this child attend an early childhood class with other children?

Yes

No

→ [Skip to Question A3]

A2. What is the total number of preschoolers with IEPs and the total number of preschoolers without IEPs enrolled in this child's class? (If this child is in more than one class, please respond for the class in which the child spends the most time.)

Number of preschoolers **with IEPs** in child's class: \_\_\_\_\_

Number of preschoolers **without IEPs** in child's class: \_\_\_\_\_

A3. Which of the following people are usually in the room during the majority of this child's time in the classroom? [Check  all that apply.]

Early childhood or preschool teachers (not special education)

Special education teachers

One-to-one assistants or aides assigned to this child

One-to-one assistants or aides assigned to any other child in this child's class

Early childhood or preschool aides

Special education aides

Other specialists or therapists

Nurse or other medical personnel

Adult volunteers

Other (specify: \_\_\_\_\_)

A4. In what capacity (or capacities) are you involved with this child? [Check  all that apply.]

I provide instruction directly to this child

I provide related services directly to this child

I provide consultation services to this child's teacher(s)

I provide case management (e.g., program monitoring) for this child

I am a program administrator or supervisor

I supervise the instructional assistant or para-educator assigned to work with this child

Other (specify: \_\_\_\_\_)

A5. Approximately how many hours per week does this child spend in your classroom or instructional setting?

Number of hours per week: \_\_\_\_\_

A6. Approximately how many hours per week does this child currently spend in each of the following settings?

a. Regular education classroom

# hours/wk

b. Special education setting

c. Therapy setting (office, small room, etc.)

d. Nonspecial education setting outside of the classroom specifically for remedial or special assistance

e. Home instruction

f. Other (specify: \_\_\_\_\_)

**A7.** Approximately how many hours per week does this child currently spend in each of the following activities?  
 [Please exclude time for lunch and recess.]

- |  | # hours/wk |
|--|------------|
| a. Instructional or therapy services outside the classroom | _____      |
| b. Adult-directed whole class activities                   | _____      |
| c. Adult-directed small group activities                   | _____      |
| d. Adult-directed individual activities                    | _____      |
| e. Child-selected activities                               | _____      |
| f. Other (specify: _____)                                  | _____      |

**A8.** What kinds of activities and materials are routinely available to this child in your classroom or program?  
 PLEASE  CHECK ALL THAT APPLY.

**Code**

- a. Arts and crafts projects and materials, clay, or playdough
- b. Blocks, Legos, K'nex, other building toys
- c. Sand and water play
- d. Playhouse, toy kitchen, dishes, plastic food
- e. Dress-up, costumes, puppets, theater props
- f. Children's books and magazines
- g. Sensory table (e.g., cornmeal, beans, and other tactile materials)
- h. Paper, coloring books, crayons, pencils, pens, markers
- i. Playground equipment (e.g., climbing structure, swings, trikes or bikes, digging tools)
- j. Balls of various sizes, Nerf-style toys, sports equipment
- k. Computer and software
- l. Video games
- m. Board games
- n. DVDs or VHS tapes (ASL stories)
- o. ASL-related materials (handshape cards, etc)
- p. Visual cues, camcorder, vlogs
- q. Assistive devices (TTY, flashing lights) in dramatic play area
- r. Toy vehicles and work machines (e.g., cars, trains, trucks, backhoe loaders)
- s. Toy tools (e.g., hammer, stethoscope, cash register, cell phone)
- t. Dolls and stuffed animals
- u. Commercial toys (e.g., action figures, Barbie)
- v. Commercial educational toys (e.g., light-bright, puzzles, sorting cups, bead stringing)
- w. Musical instruments
- x. Tape or CD player with tapes and CDs
- y. Nap/rest time
- z. Breakfast
- aa. Lunch/snack
- bb. Hot lunch
- cc. Commercial television/videotapes
- dd. Educational television/videotapes
- ee. Flashcards
- ff. Counting and number materials
- gg. Alphabet and language materials

**A8a.** Using the code (a, b, c, etc.) that corresponds to the items checked above, indicate the three activities or materials this child engages in most often in your classroom or program. [Do not include meals or naps.]

	Code
Most frequent activity/use of materials	_____
Second most frequent activity/use of materials	_____
Third most frequent activity/use of materials	_____

**A9.** During play time, how does this child compare with other children in the class in terms of physical activity?  
 [Check  only one.]

- |   |   |
|---|---|
| <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         |   |

**A10.** Compared to his/her classmates, how many friends does this child have in your classroom? [Check ✓ only one.]

- Far fewer than most
- Fewer than most
- As many as most
- More than most
- Far more than most

**A11.** Overall, how appropriate do you think this child's placement is in your classroom? [Check ✓ only one.]

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

**A12.** How do you communicate with the parents or guardians of this child? [Check ✓ all that apply.]

- I give parents regular written progress reports.
- I call them on the phone, send email, or send notes home.
- I speak with parents before or after school when this child is being dropped off or picked up
- We have regularly scheduled parent-teacher meetings.
- We share a daily or weekly journal for this child.
- There is a regular system for communicating with parents (e.g., newsletter or phone tree).
- Parents have access to the school's web site with information specifically for parents.
- Other (specify: \_\_\_\_\_)

**A13.** During this school year, approximately how often have you and this child's parents or guardians communicated (by phone, in person, or in writing) about his/her progress, excluding routine progress reports or report cards? [Check ✓ only one.]

- At least once a week
- A few times a month
- About once a month
- Less than once a month
- Never

**A14.** How involved are this child's parents or guardians in this child's school experiences (e.g., monitoring homework or child's progress in school)? [Check ✓ only one.]

- Not at all involved
- Not very involved
- Fairly involved
- Very involved
- Don't know

**A15.** Where was this child enrolled or receiving services one year ago? [Check ✓ only one.]

- Exact same setting as now → *[go to Question A20]*
- Same school setting but different classroom → *[go to Question A20]*
- Not sure, don't know where child was → *[go to Question A20]*
- Some other program or at home

**Continue** →→→→

**A16.** Which of the following strategies were used before this child started in your program in order to support this child's transition into your school, program, or classroom? [Please check  one in each row.]

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>
You received the child's previous records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The sending program provided information about this child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone from your program provided parents with written information about your program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone from your program called the child's parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The parents or guardians of this child were encouraged to meet the staff before the child entered the school or program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This child and family visited your classroom or school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone from your program visited the child's home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone from your program visited the child's previous setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone from your program met with staff of the sending program specifically about this child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone from your program participated in IEP development for this child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your staff developed preparatory strategies specifically for this child (e.g., behavior plans, school scheduling modifications, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A17.** How adequate was the planning and the support provided to this child and his/her family during the transition into your class or program? [Check  only one.]

- Extremely adequate.
- Somewhat adequate.
- Not very adequate.
- Transition planning and support were not needed for this child or family.
- Don't know

**A18.** How easy was it for this child to make the transition into your class or program? [Check  only one.]

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

**A19.** Do you anticipate that this child will be involved in any of the following transitions at the end of this school year? [Check  only one.]

- No transitions are anticipated this coming year → *[go to Question A22]*
- Transition from this preschool to no other preschool → *[go to Question A22]*
- Transition from this preschool class to another preschool class → **Continue with Question A21**
- Transition from preschool to kindergarten → **Continue with Question A21**

**A20.** To the best of your knowledge, what school/program and grade level do you anticipate this child will be in next year? [Check  only one.]

	<u>Preschool</u>	<u>Kindergarten</u>	<u>Other</u>
a. Same school/program as this year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Specify: _____)
b. Different school/program next year*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Specify: _____)
c. Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (Specify: _____)

\*Please write the name and address of the school (if known) that you expect this child will attend if he/she attends a different school/program next year.

Name of new school/program: \_\_\_\_\_

School/program address: \_\_\_\_\_

\_\_\_\_\_

**A21.** Does this child currently have either an IEP or IFSP for special education services? [Check ✓ only one.]

- Yes, this child has an IEP or IFSP for special education services. → **Continue with Question A22**
- No this child does not have an IEP or IFSP → **Go to Question A23**
- Don't know → **Go to Question A23**

**A22.** How are this child's IEP goals and objectives addressed in the general education classroom?  
Please check ✓ the one that best describes how these goals and objectives are addressed.

- Not applicable—the child is not in a general education classroom
- Not applicable—this child's IEP goals are not addressed in the general education classroom; they are addressed elsewhere.
  - The special education teacher or aide works individually with the child on special tasks.
  - The early childhood education teacher or aide works individually with the child on special tasks.
  - Related services personnel work individually with the child on special tasks.
  - Related services personnel work with the child in group activities.
  - The goals and objectives are embedded in common classroom activities.

**A23.** How would you characterize the way deaf and hearing children are brought together in this child's class or program? [Check ✓ only one.]

- Not applicable—we do not currently have hearing children enrolled in this class or program.
  - Deaf and hearing children are not in contact with one another.
  - Classes for deaf children and classes for hearing children share common space only (e.g., playground/ lunch room).
  - Deaf children spend part of the day in a classroom with other deaf children.
  - Deaf children spend part of the day in a classroom for hearing children.
  - Deaf children spend the entire day in a classroom for deaf children.
  - Other (specify: \_\_\_\_\_)
  - Not sure; don't know.

**A24.** Does your program support social interaction between this child and hearing children?

- Yes → **Continue with Question A25**
- Not applicable—we do not currently have hearing children enrolled in this class or program. → **[go to Question A26]**
- Not applicable—this child does not have contact with hearing children while in our program. → **[go to Question A26]**
- Not applicable—no support is needed. → **[go to Question A26]**
- No → **[go to Question A26]**

**A25.** Does your program use any of the following methods to support social interaction between this child and hearing children? [Check ✓ one in each row.]

	<u>Yes</u>	<u>No</u>
a. We present a specific deafness awareness program during group times.	<input type="checkbox"/>	<input type="checkbox"/>
b. We assign hearing children to be "helpers" or "buddies" to this child.	<input type="checkbox"/>	<input type="checkbox"/>
c. We prompt and reinforce the "helpers" or "buddies" for initiating and maintaining interactions with this deaf child.	<input type="checkbox"/>	<input type="checkbox"/>
d. We prompt and reinforce hearing children for initiating and maintaining interactions with this child.	<input type="checkbox"/>	<input type="checkbox"/>
e. We structure play and task situations so that interaction is required between this child and hearing children.	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

**A26.** Overall, how adequate are the support and resources that are provided to you because this child is deaf?  
[Check ✓ only one.]

- Very adequate
- Somewhat adequate
- Not very adequate
- Not at all adequate
- Don't know
- No support is needed

**SECTION B CHILD'S BEHAVIOR IN YOUR CLASSROOM/PROGRAM**

**B1.** How long have you taught or worked with this child? [Check  only one.]

- Less than 2 months
- 2 to 6 months
- More than 6 months

**B2.** During the past 30 days of this school year, how many part or full days was this child present?  
Please enter the number of days.

Number of days present: \_\_\_\_\_

**B3.** During past 30 days of this school year, how many days did you expect this child to be present?  
Please enter the number of days.

Number of days expected: \_\_\_\_\_

**BEHAVIOR FREQUENCY**

	Is not able	Never when needed	Sometimes when needed	Always when needed
<b>B4. Functional Pre-Academics</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B5. Social Skills &amp; Self-Direction</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B6. Social/Leisure</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION C SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

This section of the questionnaire is to be completed only for children with IEPs or 504 plans.

**C1.** Does this child have an IEP or 504 plan?

- YES**, this child DOES have an IEP or 504 plan. **Please continue with next question.**  
 **NO**, this child does NOT have an IEP or 504 plan. You are finished! Please return this questionnaire in the enclosed envelope! Thank you!

This section of the questionnaire is to be completed by the teacher or specialist most familiar with the child's special education and related services.

**C2.** Other than hearing loss, does this child have a developmental delay or disability?

- Yes     No     Don't know

a. If yes, indicate which developmental delay(s) or disability(s) your child has other than his/her hearing impairment:

- |   |  |
|---|--|
| <input type="checkbox"/> Visual impairment      | <input type="checkbox"/> Mental retardation                  |
| <input type="checkbox"/> Low Vision             | <input type="checkbox"/> Emotional disturbance               |
| <input type="checkbox"/> Legal blindness        | <input type="checkbox"/> Autism                              |
| <input type="checkbox"/> Developmental delay    | <input type="checkbox"/> Usher syndrome                      |
| <input type="checkbox"/> Learning disability    | <input type="checkbox"/> Other health impairment(s)          |
| <input type="checkbox"/> Orthopedic impairment  | <input type="checkbox"/> Specific signed language impairment |
| <input type="checkbox"/> ADD/ADHD               | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Traumatic brain injury |  |

**C3.** Indicate the following services provided to this child in support of instruction through the school system during the current school year. *Include services the school contracted from other agencies.* [Check  all that apply.]

- This child does not receive services in support of instruction
- |   |   |
|---|---|
| <input type="checkbox"/> Oral transliteration services          | <input type="checkbox"/> Oral/Aural (AVT) services                                |
| <input type="checkbox"/> Cued language transliteration services | <input type="checkbox"/> Vision services/O & M services                           |
| <input type="checkbox"/> Signed transliteration services        | <input type="checkbox"/> Counseling services, including rehabilitation counseling |
| <input type="checkbox"/> Deaf-blind interpreting services       | <input type="checkbox"/> Occupational/physical therapy                            |
| <input type="checkbox"/> Sign language instruction              | <input type="checkbox"/> School nurse/medical services                            |
| <input type="checkbox"/> CART, C-print, Typewell                | <input type="checkbox"/> Social work services                                     |
| <input type="checkbox"/> Itinerant teacher services             | <input type="checkbox"/> Psychological services                                   |
| <input type="checkbox"/> Classroom paraprofessional services    | <input type="checkbox"/> Recreation, including therapeutic recreation             |
| <input type="checkbox"/> Audiology services                     | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> CI mapping                             | <input type="checkbox"/> Resource   |
| <input type="checkbox"/> Tutoring services                      | <input type="checkbox"/> Remedial ASL services                                    |
| <input type="checkbox"/> Adaptive PE                            | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Speech-language pathology              |   |

**C4.** For this school year, what are the **three** most important IEP goals for this child? [Check  no more than 3.]

- Improve overall school readiness  
 Improve pre-academic performance in a specific area: \_\_\_\_\_  
 Improve social skills  
 Improve appropriateness of general behavior  
 Improve adaptive behavior or self-help skills  
 Improve speech/communication skills  
 Improve fine motor skills  
 Improve gross motor skills  
 Improve sign communication  
 Other (specify: \_\_\_\_\_)  
 Don't know

**C5.** Which of the following best describes the amount of progress this child has made in this school year with regard to the goals specified in the IEP? [Check  only one.]

This child has made:

- Much more progress than expected
- More progress than expected
- As much progress as expected
- Less progress than expected
- Much less progress than expected
- Don't know



