

# The Incredible Years

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## Teacher Report of Special Services

This survey asks questions about services and resources provided for this child. All data collected is confidential. No names or other identifying information about your agency, the child or his/her family will be used in reports from this study.

Instructions: All information should be for the current school year unless otherwise noted.

1. Number of days absent during current year
2. Number of days suspended during current year (in or out-of-school)
3. Special education
  - A. Current IEP Yes  No
  - B. Date of initial qualification for Special Education services:  /  /
  - C. Student is currently certified as (mark all that apply):
    - Mental Retardation (MR)
    - Serious Emotional Disturbance including behavior disorders (SED)
    - Orthopedic Impairment (OI)
    - Visual Impairment (VI)
    - Other Health Impaired (OHI)
    - Developmental Delay (DD)
    - Learning Disability (LD)
    - Speech/Language Impairment (SLI)
    - Hearing Impairment (HI)
    - Multiple Handicaps (MH)
    - Autism
    - 504 Eligible (list why): \_\_\_\_\_
  - D. Placement out of regular classroom into self-contained classroom?  No  Partial day  Full day  
If partial or full day, how many hours?  hours  per day  per week
  - E. Placement out of regular classroom into resource room?  No  Partial day  Full day  
If partial or full day, how many hours?  hours  per day  per week
  - F. Student was assigned a classroom aide?  No  Partial day  Full day  
If partial or full day, how many hours?  hours  per day  per week
  - G. List other Special Education services provided to the student this year (e.g., assistive technologies, curriculum modifications, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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H. Number of Special Education meetings with teacher, parents, specialists, and/or administrators held this year for the student? (Write number in box for all that apply.)

		Problem Solving, student study team (SST)
		Summarizing results of formal individual evaluation
		Special Education eligibility meeting
		Placement meeting
		Individual Education Program (IEP)
		Intervention/service planning
		Mediation/due process complaints or hearings
		Other (list): _____

I. Documented formal individual evaluations the student received this year? (Mark all that apply)

- Psychological/personality
- Speech/language
- Vision
- Hearing
- Intelligence
- Academic skills/achievement
- Motor skills
- Behavioral/emotional
- Other (list): \_\_\_\_\_

4. Did you refer the student or family for additional support and/or treatment?

No

Yes, in-school

If yes, in-school, # of hours of service provided by any school personnel to student or family

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Yes, out-of-school

If yes, out-of-school, did the family seek the recommended services?

- Yes    No    Don't Know