

## THE NATIONAL LONGITUDINAL TRANSITION STUDY-2 NLTS2

### Teacher Survey

Student name
ID Number
Birth Date

Dear Educator:

Your school district is taking part in the National Longitudinal Transition Study-2 (NLTS2), an important U.S. Department of Education study. A brochure describing it is enclosed. The student named on the label above is one of 13,000 students nationwide who are included in NLTS2. Your principal has reported that you are the best person to describe this student's overall school program. The Teacher Survey provides the only view of the academic general educational program for this student (other surveys address students' overall program and school characteristics). Your participation is vitally important.

Please complete this questionnaire and return it in the postage-paid envelope that is included. Your answers will be completely confidential, and no information will be reported that identifies you, this student, or this school. After the survey is completed, you will be eligible to be included in our "thank-you gift opportunity" and, if chosen, you will receive <specify incentive>.

If you have any questions about the study or the survey, please feel free to call the NLTS2 hotline toll free at 1-800-XXX-XXXX, send e-mail to XXX@XXX.XXXX, or visit the NLTS2 Web site at www.XXXX/XXX.

Gathering your grade book or records of students' performance in your class ahead of time will enable you to complete the questionnaire more quickly.

Thank you in advance for your contribution to this very important study.

**PLEASE TURN THE PAGE TO BEGIN → → → → → → →**

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## Teacher Survey

This survey is about a general education class taken by the student identified on the label above. References to “this student” mean the student named above.

### Who should complete this survey?

This survey should be completed by the person who:

Teaches the **first academic general education class** that this student takes on a typical Monday. An academic class is one that takes place in a general education setting in one of the following subject areas:

- Language Arts—including English, reading, literature, writing, grammar, etc.
- Mathematics—including all math levels, business and functional math, etc.
- Sciences—including biology, chemistry, earth, physics, general, basic, etc.
- Social Sciences—including social studies, geography, history, economics, etc.
- Humanities—including philosophy, classics, ancient studies, mythology, etc.
- Foreign Language

An academic general education class does **NOT** include physical education, music, art, adolescent skills, health, home economics, industrial or other vocationally oriented areas, and does **NOT** include any special education class.

### Do you teach the student named on the front cover in a general education academic class?

**No**      **STOP.**  **PLEASE RETURN THIS SURVEY TO THE PRINCIPAL OR SUPERVISOR WHO GAVE IT TO YOU.**

**Yes**      **PLEASE CONTINUE.** → → → → → → → → → → → →  
→ →

**A. ABOUT THIS CLASS**

A1. What subject do you teach **this student**? (If you teach this student in more than one subject, please select the **first** academic subject taught on a typical Monday.)

*PLEASE CIRCLE ONE NUMBER.*

- 1 Language arts (e.g., English, reading, literature, writing)
- 2 Mathematics (including specialties like business math)
- 3 Science (e.g., biology, chemistry, physics, general sciences)
- 4 Social science (e.g., social studies, history, geography, economics)
- 5 Humanities (e.g., classics, philosophy, ancient studies, mythology)
- 6 Foreign language
- 7 Other: \_\_\_\_\_

A2. What is the specific course you teach this student (e.g. advanced chemistry; pre-algebra; world history)?

Class title: \_\_\_\_\_

A3. How would you characterize the course you teach this student?

*PLEASE CIRCLE ONE NUMBER.*

- 1 Below standard grade level
- 2 General education (at grade level)
- 3 Advanced placement or honors

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

*PLEASE CIRCLE ONE NUMBER.*

- |             |                          |              |
|-------------|--------------------------|--------------|
| 1 6th grade | 4 9th grade              | 7 12th grade |
| 2 7th grade | 5 10 <sup>th</sup> grade | 0 Ungraded   |
| 3 8th grade | 6 11 <sup>th</sup> grade |              |

A5. How many of the following are usually in this class?

*PLEASE ENTER ONE NUMBER ON EACH LINE. IF NONE, ENTER 0.*

Number

- \_\_\_\_\_ a. General education students
- \_\_\_\_\_ b. Special education students
- \_\_\_\_\_ c. General education teachers
- \_\_\_\_\_ d. Special education teachers
- \_\_\_\_\_ 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 CIRCLE ONE NUMBER.*

- 1 General education grade-level curriculum is used without modification.
- 2 Some modifications in the general education curriculum have been made
- 3 Substantial modifications in the general education curriculum have been made
- 4 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 CIRCLE ONE NUMBER.*

- 1 Yes
- 2 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 CIRCLE ONE NUMBER ON EACH LINE IN COLUMN A AND IN COLUMN B.*

	<b>A</b>			<b>B</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	1	2	3	1	2	3
b. Computers for word processing, spreadsheets, and other applications	1	2	3	1	2	3
c. Computers for academic drills and skills practice	1	2	3	1	2	3
d. Textbooks, worksheets, workbooks, curriculum-based materials	1	2	3	1	2	3
e. Supplementary trade or printed materials (e.g. maps, newspapers, blank bank deposit slips, road signs)	1	2	3	1	2	3
f. Life skills materials (e.g. token economy items, tactile manipulatives, household equipment)	1	2	3	1	2	3
g. Games and toys used for instructional purposes	1	2	3	1	2	3
h. Screen-based multi-media (e.g., TV, videos)	1	2	3	1	2	3
i. Lab equipment, machinery, tools	1	2	3	1	2	3

- 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 CIRCLE ONE NUMBER ON EACH LINE IN COLUMN A AND IN COLUMN B.*

	<b>A</b>			<b>B</b>		
	The class as a whole			This student		
	Not important	Somewhat important	Very important	Not important	Somewhat important	Very important
a. Attitude/behavior	1	2	3	1	2	3
b. Class participation	1	2	3	1	2	3
c. Homework	1	2	3	1	2	3
d. Student portfolio	1	2	3	1	2	3
e. Performance on daily class work	1	2	3	1	2	3
f. Performance on special projects and activities	1	2	3	1	2	3
g. Performance relative to a set standard	1	2	3	1	2	3
h. Performance relative to the rest of the class	1	2	3	1	2	3
i. Results of tests	1	2	3	1	2	3
j. Attendance	1	2	3	1	2	3

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

- 0 Not applicable; this student does not receive special education
- 1 Yes
- 2 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 CIRCLE ONE NUMBER.*

- 1 The same
- 2 Somewhat different
- 3 Very different
- 4 Student does not require 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 CIRCLE ONE NUMBER ON EACH LINE IN COLUMN A AND IN COLUMN B.*

	<b>A</b>			<b>B</b>		
	The class as a whole			This student		
	Never or Rarely	Some- times	Often	Never or Rarely	Some- times	Often
<b>Student-centered activities</b>						
a. Responds orally to questions	1	2	3	1	2	3
b. Takes quizzes or tests	1	2	3	1	2	3
c. Works independently	1	2	3	1	2	3
d. Works with a peer partner or group	1	2	3	1	2	3
e. Performs or presents in front of class or group	1	2	3	1	2	3
<b>Teacher instruction</b>						
f. Whole-class instruction, (e.g. lecture, demonstration)	1	2	3	1	2	3
g. Small group instruction	1	2	3	1	2	3
h. Individual instruction from classroom teacher						
i. Individual instruction from another adult	1	2	3	1	2	3
<b>Class-related experiences outside the classroom</b>						
j. School-based instructional experiences (e.g. library, cafeteria, computer lab)	1	2	3	1	2	3
k. Field trips	1	2	3	1	2	3
l. Community-based instructional experiences (e.g. riding a bus)	1	2	3	1	2	3

B8. Which of the following, if any, are provided to this student to help him or her in this class?  
*PLEASE CIRCLE ALL THAT APPLY.*

**Accommodations/modifications**

- 1 More time in taking tests
- 2 Test read to student
- 3 Modified tests
- 4 Alternative tests or assessments
- 5 Modified grading standards
- 6 Slower-paced instruction
- 7 Additional time to complete assignments
- 8 Shorter or different assignments
- 9 More frequent feedback
- 10 Physical adaptations (e.g., modifications to the classroom, special desks). Please describe: \_\_\_\_\_
- 11 Large print or Braille books or large print computer

**Additional supports and assistance**

- 12 Reader or interpreter
- 13 Teacher aide, instructional assistant, or other personal aide
- 14 Student progress monitored by special education teacher or related services provider
- 15 Peer tutors
- 16 Tutoring by an adult
- 17 Behavior management program
- 18 Learning strategies/study skills assistance
- 19 Self-advocacy training

**Learning aids**

- 20 Books on tape
- 21 Use of a calculator for activities not allowed other students (e.g., during tests)
- 22 Communication aids (e.g., Touch Talker, manual printing board)
- 23 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)
- 24 Computer software designed for students with disabilities
- 25 Computer hardware adapted for student's unique needs (e.g., alternative keyboards, switch interface)
- 26 Other: \_\_\_\_\_

**00 None of these indicated in the plan**

B9. Which of the following supports, if any, have been provided to you because this student is in your class? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 Special equipment or materials to use with the student
- 2 In-service training on the needs of this student
- 3 Co-teaching/team teaching with special education and general education teachers
- 4 Consultation services by special education or other staff
- 5 Teacher aides or instructional assistants, or aides for individual students
- 6 Smaller student load or class size
- 7 Information about this student's needs or abilities
- 8 Other: \_\_\_\_\_
- 9 None of the above have been provided
- 0 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 CIRCLE ONE NUMBER.*

- 0 Not applicable; none are needed
- 1 Not at all adequate
- 2 Not very adequate
- 3 Somewhat adequate
- 4 Very adequate

B11. In your view, how appropriate is this student's placement in your class? *PLEASE CIRCLE ONE NUMBER.*

- 1 Not at all appropriate
- 2 Not very appropriate
- 3 Somewhat appropriate
- 4 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 CIRCLE ONLY ONE NUMBER ON EACH LINE.*

	Not at all well	Not very well	Well	Very well
a. Get along with other students	1	2	3	4
b. Follow directions	1	2	3	4
c. Control his or her behavior to act appropriately in class	1	2	3	4
d. Ask for what s/he needs in order to do his or her best in class.	1	2	3	4

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

*PLEASE CIRCLE ONLY ONE NUMBER ON EACH LINE.*

	<u>Never</u>	<u>Sometimes</u>	<u>Very Often</u>	<u>Don't know</u>
a. Argue with others	1	2	3	98
b. Appear lonely	1	2	3	98
c. Act impulsively	1	2	3	98
d. Fight with others	1	2	3	98
e. Get easily distracted	1	2	3	98
f. Act sad or depressed	1	2	3	98

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

*PLEASE CIRCLE ONE NUMBER.*

<u>Grades are:</u>	<b>OR</b>	<u>Performance is:</u>
1 Mostly As	10	Mostly "excellent"
2 Mostly As & Bs	11	Mostly "good"
3 Mostly Bs	12	Mostly "fair"
4 Mostly Bs & Cs	13	Mostly "poor"
5 Mostly Cs	14	Mostly "needs improvement"
6 Mostly Cs & Ds	15	Mostly satisfactory
7 Mostly Ds	16	Mostly unsatisfactory
8 Mostly Ds & Fs	17	Mostly passing
9 Mostly Fs	18	Mostly failing

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

	<u>Rarely</u>	<u>Some- times</u>	<u>Usually</u>	<u>Almost always</u>	<u>Not applicable</u>
a. Complete homework on time	1	2	3	4	0
b. Take part in group discussions	1	2	3	4	0
c. Stay focused on classwork	1	2	3	4	--
d. Withdraw from social contact or class activities	1	2	3	4	--
e. Work to the best of his or her ability	1	2	3	4	--

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 CIRCLE ONE NUMBER.*

- 1 Never
- 2 Once
- 3 A few times over the school year
- 4 Once every other month
- 5 Once a month
- 6 Once a week or several times a month
- 7 Every day or several times a week

C8. This school year, has this student's parent/guardian(s) attended parent-teacher conferences with

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

**D. ABOUT YOU**

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

- 1 Yes
- 0 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?

\_\_\_\_\_ Years teaching special education students

D4. Please indicate the extent to which you agree or disagree with each of the following statements.

*PLEASE CIRCLE ONE NUMBER ON EACH LINE.*

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. I have adequate training for teaching students with disabilities.	1	2	3	4
b. The school leadership has high expectations and standards for all students and teachers.	1	2	3	4
c. The principal promotes instructional improvement among school staff.	1	2	3	4
d. This school is a safe place for students.	1	2	3	4

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 CIRCLE ALL THAT APPLY.*

- 1 The subject matter content that you teach this student
- 2 Work with students who are considered to be “at risk”
- 3 Work with students with disabilities
- 4 Behavior management
- 5 Create positive school environment, violence prevention
- 6 Collaborate with other educators
- 7 Work with parents
- 8 Use technology in instruction
- 9 Consider and build on the cultural diversity of students
- 10 Assessment
- 11 Other: specify \_\_\_\_\_
- 00 None

D6. Which best describes you? *PLEASE CIRCLE ALL THAT APPLY.*

- 1 African-American or Black
- 2 American Indian or Alaska Native
- 3 Asian
- 4 Caucasian or White
- 5 Hispanic or Latino
- 6 Native Hawaiian or other Pacific Islander
- 7 Other: \_\_\_\_\_

Thank you for your help! You are eligible to be chosen for one of several “thank you” gifts. These include.....(describe incentives). Gifts will be sent to teachers selected randomly from those who are included in the survey. To whom should we send the thank-you gift, if you are chosen as a recipient?

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City/state/zip code: \_\_\_\_\_

**THANK YOU AGAIN!**

**Please return the questionnaire in the postage-paid envelope to:  
The National Longitudinal Transition Study-2 (NLTS2)  
(contractor address)**