



41438

Time	2	CID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		TID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Teacher Report of Special Services

Today's Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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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.

1. Please estimate the percentage of days this child has been absent so far this school year. Please make your best guess.

0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Special education Yes No

3. Hours per week of special services in school (round to nearest hour)

Hours per week

<input type="text"/>	<input type="text"/>
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