The Incredible Years

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.):

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

- Yes  
- No  
- Don't Know