Appendix (Questionnaires)

- For Principal (Lower Secondary School, Upper Secondary School)
- For Teacher in Regular Classroom (Lower Secondary School, Upper Secondary School)
- For Teacher in Special Education (Lower Secondary School, Upper Secondary School)

Questionnaire 1-M-correct:

Tsuge M. & Keogh B., UCLA Feb. 5, 1998

For Principal in Middle School

This survey is focused on students with learning disabilities. The term of learning disabilities was defined by PL94-142(1975) or NJCLD(1990), and also the students are supported with IEP (Individualized Education Program).

1. School Size and Personnel	
1.1. How many classrooms are there in the school? Regular Classroom	
Resource Room	
Special Classroom (separate) Total	
1.2. How many students are there in the school? Regular Classroom	
Resource Room	
Special Classroom (separate) Total	
1.3. Students grades levels from to	
1.4. What is a racial distribution of students? White	
1.5. How many teachers are there in the school? Items: Teacher who has a classroom and teach some subjects in regular classroom	
Teacher who has not a classroom and teach some subjects	
in regular classroom	
Itinerant Teacher	
Resource Room Teacher Special Classroom(separate) Teacher	
Other type of teacher	
1.6. Other personnel? (yes, no) If yes,	
please check (), and circle "full" (full time) or "part" (part time). () Classroom Aides (full, part) () Nurse (full, part) () Physician / Medical Doctor (full, part) () Psychologist (full, part) () Professor / Researcher (full, part) () Volunteer (full, part)	
() Parents (full, part)	

. Philosophy about Inclusion
2.1. What is the school policy about inclusion for students with Learning Disabilities? Please check (). () Full Inclusion () Partial Inclusion () Separate Program
Inclusion depend on: () School Policy () Each student's needs () Each parent's wishes () Each teacher's philosophy () Each teacher's teaching abilities () Other
2.2. How many students with learning disabilities have IEPs?(%)
2.3. How many students with learning disabilities with IEPs are included in regular classroom?
2.4. How many students with learning disabilities with IEPs in regular classroom use resource room?
2.5. How many students with learning disabilities with IEPs are included in special classroom(separate)?
3. Special Education Services
3.1. Is there a resource room for students with learning disabilities? (yes, no) If "yes", How many?
How many students go to the resource room?
How many resource room teachers?
Are there other persons in the resource room? (yes, no) If "yes", please check (), and circle "full"(full time) or "part"(part time). () Teacher Aid (full, part) () Special Separate Classroom Teacher (full, part) () Psychologist (full, part) () Parent (full, part) () Volunteer (full, part) () Other (full, part)

3.2. Are there special separate class disabilities? (yes, no) If "yes",	srooms for students with learning	disabilities
How many?		
How many students ar	e there in the special classrooms	?
How many teachers ar	e there in the special classrooms	?
If "ves".	s in the special separate classroon	
please check ()	, and circle "full"(full time) or "p	part"(part time).
(`) Te	eacher Aides	(full, part)
() R	esource Room Teacher	(full, part)
	sychologist	(full, part)
	arents	(full, part)
	olunteer	(full, part)
()0	ther	(full, part)
3.3. Are there transition programs If "yes",	for students with learning disabili	ities? (yes, no)
Which type of the transi	tion programs?	
Please check ().		
	or Regular Classroom	
	or Resource Room	
	or Regular High School	
	or Vocational School	
	or Other Type of School	
	or Working	
() F	or Other	
Milest is the contents ?		
What is the contents? Please check ().		
	ocial Skill Training Program	
() D	aily Living Skill Training Program	n
() P	ecreation / Leisure program	
	ocational Training Program	
() V	Vork Study Program For Regular	Students
() V	Vork Study Program For Special I	Education Students
	Other	
,		
3.4. Are there other special educat If "yes",		
	circle "full"(full time) or "part"(p	part time).
What is a name and co		(C.1) (A)
	beech Therapy	(full, part)
	iysical Therapy	(full, part)
` ,	ounseling for the Students	(full, part)
	ocational Training	(full, part)
	Orking Study	(full part)
	amily Support	(full part)
() (ther	(full, part)

3.5. What percent (%) of students w High School Vocational School School for Students with I Correspondence Education Other Type of School Work		% % % % % % % % % % % % % % % % % % %	? .% .% % % %
Other		%	
Total	-	100 %	
3.6. Is there in-service training for re	gular education teache	rs in the school?	(yes, no)
3.7. Is there in-service training for sp. If "yes", please check ().	pecial education teache	rs in the school?	(yes, no)
() Reso () Spec () Nur () Sch () Oth	cipal ular Classroom Teache ource Room Teacher cial Education Teacher se / Nurse Teacher ool Psychologist er Persons in the Scho er Persons out of the S	ol	
4. Resource Around the Sahaal (as In	the Sahaal District		
4. Resource Around the School (or In 4.1. Are there common resources for Please check (). () Another School () Social Education () Community Center () Lifelong Learning () Swimming Pool () Athletic Room () Sports Ground () Museum / Music H () Parks () University / Colleg () Hospital () Big Shopping Center () Small Shopping Center () Many Restaurant () Bank () Traffic Station () Bus Stop () Farm / Field / Rand	students with learning Center Center Hall te ter enter	disabilities?	

	Another Characteristic Facilities Don't Have
Please che (((((((((((((((((((e special education resources in additional to the school? ck().) Training Center / Room) Counseling Center /Room) Diagnostic Center) Special School for Learning Difficulties) Special School for Disabilities) University) College) Hospital) Another Characteristic Resources Don't Have
5. Please Write O	her Information You Think Relevant.

For Principal in High School

This survey is focused on students with learning disabilities. The term of learning disabilities was defined by PL94-142(1975) or NJCLD(1990), and also the students are supported with IEP (Individualized Education Program).

supported with IEP (Individualized Education Program).	
1. School Size and Personnel	` .
1.1. How many classrooms are there in the school? Regular Classroom Resource Room Special Classroom Total	
1.2. How many students are there in the school? Regular Classroom Resource Room Special Classroom Total	
1.3. Students grades levels from to	
1.4. What is a racial distribution of students? White	
Teacher who has not a classroom and teach som	r classroom
I.6. Other personnel? (yes, no) If yes, please check (), and circle "full"(full time) or "part	t''(part time). (full, part) (full, part)

2. Philosophy about Inclusion
2.1. What is the school policy about inclusion for students with Learning Disabilities? Please check (). () Full Inclusion () Partial Inclusion () Separate Program Inclusion depend on: () School Policy () Each student's needs () Each parent's wishes () Each teacher's philosophy () Each teacher's teaching abilities () Other
2.2. How many students with learning disabilities have IEPs?(%)
2.3. How many students with learning disabilities with IEPs are included in regular classroom?
2.4. How many students with learning disabilities with IEPs in regular classroom use resource room?
2.5. How many students with learning disabilities with IEPs are included in special classroom(separate)?
3. Special Education Services
3.1. Is there a resource room for students with learning disabilities? (yes, no) If "yes", How many? How many students go to the resource room? How many resource room teachers?
Are there other persons in the resource room? (yes, no) If "yes", please check (), and circle "full"(full time) or "part"(part time). () Teacher Aid (full, part) () Special Separate Classroom Teacher (full, part) () Psychologist (full, part) () Parent (full, part) () Volunteer (full, part) () Other (full, part)

3.2. Are there special separate classrooms for students with learning disabilities disabilities? (yes, no)
If "yes", How many?
How many students are there in the special classrooms?
How many teachers are there in the special classrooms?
Are there other persons in the special separate classrooms? (yes, no) If "yes",
please check (), and circle "full"(full time) or "part"(part time) . () Teacher Aides (full, part) () Resource Room Teacher (full, part) () Psychologist (full, part) () Parents (full, part) () Volunteer (full, part) () Other (full, part)
3.3. Are there transition programs for students with learning disabilities? (yes, no) If "yes",
Which type of the transition programs? Please check (). () For Regular Classroom () For Resource Room () For Community College () For University / College () For Vocational School () For Other Type of School () For Working () For Other What is the contents?
Please check (). () Social Skill Training Program () Daily Living Skill Training Program () Recreation / Leisure program () Vocational Training Program () Work Study Program For Regular Students () Work Study Program For Special Education Students () Other
3.4. Are there other special education services? (yes, no) If "yes",
please check (), and circle "full"(full time) or "part"(part time). What is a name and content of the services? () Speech Therapy (full, part)
() Physical Therapy (full, part) () Counseling for the Students (full, part) () Vocational Training (full, part) () Working Study (full, part) () Family Support (full, part) () Other (full, part)

	3.5. How many rate(%) of students with learning disabilities got a certification of
re special separate classrooms for students with learning disabilities	completion in the school last year?%
ties? (yes, no)	
yes",	3.6. What percent (%) of students with learning disabilities went to last year?
How many?	Community College
Library manners attached to any thora in the americal places are any	University / College
How many students are there in the special classrooms?	Vocational School
How many teachers are there in the special classrooms?	School for Students with Learning Disabilities
Tiow many teachers are there in the special classicions!	Correspondence Education
Are there other persons in the special separate classrooms? (yes, no)	
If "yes",	Work
please check (), and circle "full"(full time) or "part"(part time).	Business
() Teacher Aides (full, part)	Manufacture%
() Resource Room Teacher (full, part)	Nursing%
() Psychologist (full, part)	Teaching
() Parents (full, part)	Farming / Fisheries%
() Volunteer (full, part)	Other %
() Other (full, part)	
	Other
e transition programs for students with learning disabilities? (yes, no)	Total 100 %
es",	
Thich type of the transition programs?	3.7. Is there in-service training for regular education teachers in the school? (yes, no)
lease check (). () For Regular Classroom	and the second of the second o
() For Resource Room	3.8. Is there in-service training for special education teachers in the school? (yes, no)
() For Community College	If "yes",
() For University / College	please check ().
() For Vocational School	() Regular Classroom Teacher
() For Other Type of School	() Resource Room Teacher
() For Working	() Special Education Teacher
() For Other	() Nurse / Nurse Teacher
	() School Psychologist
Vhat is the contents?	() Other Persons in the School
lease check ().	() Other Persons out of the School
() Social Skill Training Program	
() Daily Living Skill Training Program() Recreation / Leisure program	
() Vocational Training Program	4. Resource Around the School (or In the School District)
() Work Study Program For Regular Students	4.1. Are there common resources around the school?
() Work Study Program For Special Education Students	Please check ().
() Other	() Another School
	() Social Education Center
e other special education services? (yes, no)	() Community Center
yes",	() Lifelong Learning Center
ase check (), and circle "full"(full time) or "part"(part time).	() Swimming Pool
What is a name and content of the services?	() Athletic Room
() Speech Therapy (full, part)	() Sports Ground
() Physical Therapy (full, part)	() Museum / Music Hall
() Counseling for the Students (full, part)	() Parks
() Vocational Training (full, part)	() University / College
() Working Study (full, part)	() Hospital
() Family Support (full, part) () Other (full, part)	() Big Shopping Center
() Other (full, part)	() Small Shopping Center
	() Many Restaurant

	() Bank	
	() Traffic Station	
	() Bus Stop	
	() Farm / Field / Ranch	
	() Another Characteristic Facilities	
	() Another Characteristic Facilities	
42 Wh	nat are there special education resources?	V
D	Please check ().	
1	• •	
	() Training Center / Room	
	() Counseling Center /Room	
	() Diagnostic Center	
	() Special School for Learning Difficulties	
	() Special School for Disabilities	
	() University	
	() College	
	() Hospital	
	() Another Characteristic Resources	
	() Anomer Characteristic Resources	
5 Diagra	e Write Other Information You Think Relevant.	
J. I Icasc	e write odiel information for finial Relevant.	

Questionnaire 2-M-correct:

Tsuge M. & Keogh B., UCLA Feb. 5, 1998

For Regular Classroom Teacher in Middle School

This survey is focused on students with learning disabilities. The term of learning disabilities was defined by PL94-142(1975) or NJCLD(1990), and also the students are supported with IEP (Individualized Education Program).

. Teacher	
.1. What subject Please confidence () () () () () () () () () () () () ()	t do you teach? heck ().) Language/ English) Math) Science) Social Studies) History) Fine Art) Music) Physical Training (Exercise or Sports)) Computer) Vocational Program) Working Study Program) Special Education (in Resource Room or Special Classroom)) Other
2. What other r Please ((((((((responsibilities do you have ?
.3. What type of Please of () None f classroom have you taught in ?

5

1.4. Have you received inservice training for regular education? (yes, no) If "yes",	
What was the contents or focus? Please check (), and circle "in" (in the
school) or "out" (out of the school).	•
<lecture></lecture>	
() Philosophy for Education	(in, out)
() Teaching	(in, out)
() Management of Classroom	(in, out)
() Transition	(in, out)
() Partnership with Other Teachers	(in, out)
() Partnership with Professionals (Psychologist, etc.)	(in, out)
() Partnership with Parents	(in, out)
() Psychology of Students / Adolescent	(in, out)
() Medicine of Students / Adolescent	(in, out)
() Another	(in, out)
<workshop></workshop>	(i
() Teaching / Instruction	(in, out)
() Making Materials for Teaching	(in, out)
() Assessment / Evaluation	(in, out)
() IEP (Individualized Education Program)	(in, out)
() ITP (Individualized Transition Program)	(in, out) (in, out)
() Counseling () Another	(in, out)
() Another	_ (iii, out)
1.5. Did you receive inservice training for regular education last year? (yes, If "ves"	no)
1.5. Did you receive inservice training for regular education last year? (yes, If "yes", What was the contents or focus? Please check (), and circle "in"	
If "yes", What was the contents or focus? Please check (), and circle "in"	
If "yes",	
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school).	(in the
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). Lecture>	(in the (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <pre><lecture></lecture></pre>	(in the (in, out) (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <pre><lecture></lecture></pre>	(in, out) (in, out) (in, out) (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <pre><lecture></lecture></pre>	(in, out) (in, out) (in, out) (in, out) (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <lecture></lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <lecture></lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <lecture></lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). Lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <lecture></lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <lecture></lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <lecture></lecture>	(in the (in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <lecture></lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <pre> </pre> <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <lecture></lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" school) or "out" (out of the school). <pre> </pre> <pre></pre>	(in, out)

1.6. Have you received inservice training for special education? (yes, no)	
If "yes",	
What was the contents or focus? Please check (), and circle "in" (in	n the
Trick translation of the second secon	
school) or "out" (out of the school).	
<lecture></lecture>	(in out)
() Philosophy for Special Education	(in, out)
() Teaching for Students with Disabilities	(in, out)
() Management of Classroom included Students with	
Learning Disabilities	(in, out)
() Transition for Students with Disabilities	(in, out)
() Partnership with Other Teachers	(in, out)
() Partnership with Professionals (Psychologist, etc.)	(in, out)
() Partnership with Parents	(in, out)
() Psychology of Disabilities	(in, out)
() Medicine of Disabilities	(in, out)
() Another	(in, out)
	(III, Out)
<workshop></workshop>	(in out)
() Teaching for Students with Disabilities	(in, out)
() Making Materials for Teaching	(in, out)
() Assessment / Evaluation for Students with Disabilities	
() IEP (Individualized Education Program)	(in, out)
() ITP (Individualized Transition Program)	(in, out)
() Counseling	(in, out)
() Another	(in, out)
1.7 Did you receive inservice training for special education last year? (ves . n.	0)
1.7. Did you receive inservice training for special education last year? (yes, not if "yes"	0)
If "yes",	
If "yes", What was the contents or focus? Please check (), and circle "in"(i	
If "yes", What was the contents or focus? Please check (), and circle "in" (i school) or "out" (out of the school).	
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). Lecture>	n the
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). <lecture></lecture>	n the (in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" (i school) or "out" (out of the school). Lecture>	n the
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with	(in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities	(in, out) (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with	(in, out) (in, out) (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). <lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities () Partnership with Other Teachers</lecture>	(in, out) (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). <lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities () Partnership with Other Teachers</lecture>	(in, out) (in, out) (in, out) (in, out) (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" (i school) or "out" (out of the school). <lecture></lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" (i school) or "out" (out of the school). Lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities () Partnership with Other Teachers () Partnership with Professionals (Psychologist, etc.) () Partnership with Parents () Psychology of Disabilities	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" (i school) or "out" (out of the school). Lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" (i school) or "out" (out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" (is school) or "out" (out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" (is school) or "out" (out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" (is school) or "out" (out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" (is school) or "out" (out of the school). <lecture></lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in" (is school) or "out" (out of the school). <lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities () Partnership with Other Teachers () Partnership with Professionals (Psychologist, etc.) () Partnership with Parents () Psychology of Disabilities () Medicine of Disabilities () Another <workshop> () Teaching for Students with Disabilities () Making Materials for Teaching () Assessment / Evaluation for Students with Disabilities () IEP (Individualized Education Program)</workshop></lecture>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle "in"(i school) or "out"(out of the school). <pre></pre>	(in, out)

2. The Classroom		
2.1. What grade do you teach?	· 	
2.2. Number of students		
2.3. Number of teachers in the classroom	Full time teacher:Part time teacher:	
2.4. Are there other persons in the classroom If "yes",	om on a monthly basis?	(yes, no)
please check (), and circle "fu" () Another Teacher () Teacher Aide () School Counselor () School Psychologist () Volunteer for Teachin () Volunteer for Another () Parents for Support of () Other	(fi (fi (fi (fi ng (fi r Work (fi f Teaching (fi Vork (fi	time). ull, part)
2.5. Are there students with IEPs are in your If "yes", How many students are specified in	ur classroom? (yes, no)	. ,
What kind of the special education Please check ().	ls	
2.6. Is there a special education program for If "yes", Which type of the transition program Please check (). () Regular Classroom () For Resource Room () For Regular High Sch () For Vocational School () For Other Type of Sch () For Working () For Other	ool	oom? (yes, no

What is the contents?	t"(out of the school)
Please check (), and circle "in" (in the school) or "ou	(i= out)
() Social Skill Training	(III, Out)
) Daily Living Skill Training	(in, out)
() Recreation / Leisure program	(in, out)
() Vocational Training Program	(in, out)
() Work Study Program	(in, out)
() Another Related Program	_ (in, out)
() Another Related Frogram	_ , ,
3. Flow of Support	
3.1. Does the student with learning disabilities receive special help in Please check ().	n the school?
from Teacher (regular classroom)	
() from Peer (regular classroom)	
() from Teacher (resource room)	
() From Prop. (resource room)	
() from Peer (resource room)	
() from Teacher (special classroom)	
() from Peer (special classroom)	
() from Itinerant Teacher	
() from Principal	
() from Nursing Teacher	
() from School Psychologist	
() from Another Person	
() by Curriculum (specially designed)	
() by IEP (Individualized Education Program)	
() by ITP (Individualized Transition Program)	
) by Materials (specially prepared)	
) by the Another Special Setting	
) by Home Work (specially designed)	
() by Another	
	la ia nomenita 9
3.2. Does the student with learning disabilities receive additional he	ap in community:
Please check ().	
() in a Training Center / Training Program	
() in a Counseling Center	
() in a University (Counseling, Training, etc.)	
() in Parent Association (Summer Camp, etc.)	
() in a Another Resource	
() None	
3.3. Which kind of support do you receive in school?	
Please check ().	
<in school="" your=""></in>	
() from Regular Classroom Teacher	
() from Resource Room Teacher	
() from Special Classroom Teacher	
() from Itinerant Teacher	
() from Principal	
() from Nursing Teacher	
() from School Psychologist	
() from Another Person	
() None	

	<in anoth<="" th=""><th>er School></th></in>	er School>
	() from Another Secondary School
	ì) from Elementary School
	}) from Kindergarten / Nursery School
	}	
	· () from Special School
	() from Another Type's School
	() None
3.4.	. Which kind of s	support do you receive out of school?
	Please check (),
	(`) from Education Board of The City or The County (Example:
	•	Inservice Training)
	1	
	ţ) from Education Board of California State (Example: Inservice
		Training)
	() from Teacher Association
	() from Academic Association (Example. CEC: Council of
		Exceptional Children, LDA: Learning Disabilities Association,
		etc.)
	1) from Center for Special Education Service
	,	
	,	(Example: Diagnostic Center, etc.)
	() from University / Institute
	() from Hospital
	() from Another Facilities or Professionals
	() None
3.5.	school?	upport does the family of a student with learning disabilities receive in
	Please check ().
	(') Consultation with Teacher (Regular Clas room)
	ì) Consultation with Teacher (Special Classroom)
	}	Consultation with Teacher (Resource Factor)
	<u> </u>	
	,) Consultation with Itinerant Teacher
	Ç) Consultation with Principal
	() Consultation with Nurse
	() Consultation with School Psychologist
	() Consultation with Another Persons
	Ì) None
	Ì) Do not know
	`	,
3 6	Which kind of si	apport does the family of a student with learning disabilities
<i></i> 0.	receive out of sc	had 9
		aoor t
	Please check ().
-) from Another Parents (Friend)
	() from Parent Association
	() from Professional in University (Educational/Psychological)
) from Professional in University (Medical)
) from Professional in Hospital
	}	from Special Education Service Content (Diagnostic Content of
	,) from Special Education Service Center (Diagnostic Center, etc.)
) from Another Resource in Community
	,) None
	() Do not know

4. Family's Needs and The Student's Future Direction
4.1. Do you know the family's goals for the student with learning disabilities? (yes, no If "yes',
What is that? Please check (). () To Enjoy School Life () To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship () To Correct Problem Behavior () Other
4.2. Do you know the goals for future direction of the student with learning disabilities? (yes, no) If "yes',
please check ()
() Enter a High School
() Enter a Vocational School
() Enter a Other School (Example: Special School)
() Working () Other
() Office
5. Difficulties on Teaching
5.1. Do you have difficulties teaching students with learning disabilities? (yes, no)
If "yes",
please check ().
() Making IEP (Individualized Education Program)
() Making ITP (Individualized Transition Program)
() Making the Specialized Curriculum
() Teaching Academic Skills
() Teaching Communication Skills
() Teaching Behavioral Skills () Teaching Social Skill
() Teaching Social Skills
() Teaching Recreation / Leisure Program
() Teaching Vocational Program
() Teaching Work Study Program
() Making or Preparing Specialized Materials
() Classroom Management
() Making Homework
() Evaluation
() Contact or Connection with Resource RoomTeachers() Contact or Connection with Special Education Teachers
() Contact of Connection with Special Education Teachers () Contact or Connection with Another Professionals
(School Psychologist, Professor, etc.)
() Meeting with Parent(s)

	() Other	
5.2. Do y Pl	ou enjoy teaching students with learning disabilities?	(yes, no)
6. Please	Write Other Information You Think Relevant.	

Questionnaire 2-H-correct:

Tsuge M. & Keogh B., UCLA Feb. 5, 1998

For Regular Classroom Teacher in High School

This survey is focused on students with learning disabilities. The term of learning disabilities was defined by PL94-142(1975) or NJCLD(1990), and also the students are supported with IEP (Individualized Education Program).

supported with IEP (Individualized Education Flogram).
Teacher
1.1. What is teaching subject?
Please check ().
() Language/ English
() Math
() Science
() Social Studies
() History
() Fine Art
() Music
() Physical Training (Exercise or Sports)
() Computer
() Vocational Program
() Working Study Program
() Special Education (in Resource Room or Special Classroom)
() Special Education (in Resource Room of Special Supersons)
() Other
1.0. Will at advantage and biliting do you have?
1.2. What other responsibilities do you have?
Please check ().
() Curriculum Coordinator
() Participate in IEP
() Specialist for Ethnic / Bilingual Education
() Specialist for Working Study / Job / Transition Education
() Recreation / Yard Duty
() Parents Association / Parents Teachers Association
() Office Work
() Account Work
() Safety Patrol
() Other
() None
1.3. What type of classroom did you teach in?
Please check ().
() Regular Classroom
() Regular Classroom Included Students with Learning Disabilities
() Resource Room
() Special Classroom (Separate)
() Itinerant Teacher
() Other
1 JUNIU

If "x'oo"	ition? (yes, no	')
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school).), and circle "i	n"(in the
<lecture></lecture>		
 () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers 		(in, ou (in, ou (in, ou (in, ou
 () Partnership with Professionals (() Partnership with Parents () Psychology of Students / Adoles 	(Psychologist, etc.) scent	in, ou (in, ou (in, ou (in, ou
() Medicine of Students / Adolesce () Another	ent	(in, ou (in, ou
<workshop></workshop>		
 () Teaching / Instruction () Making Materials for Teaching () Assessment / Evaluation () IEP (Individualized Education P () ITP (Individualized Transition P 		(in, ou (in, ou (in, ou (in, ou (in, out
() Counseling		(in, ou
() Another		(in, ou
I.5. Did you receive inservice training for regular education If "yes", What was the contents or focus? Please check (school) or "out" (out of the school).	- · · ·	s, no)
If "yes", What was the contents or focus? Please check (school) or "out"(out of the school). Lecture>	- · · ·	n"(in the
If "yes", What was the contents or focus? Please check (school) or "out"(out of the school). Lecture> () Philosophy for Education	- · · ·	n"(in the
If "yes", What was the contents or focus? Please check (school) or "out"(out of the school). <lecture> () Philosophy for Education () Teaching</lecture>	- · · ·	in"(in the (in, ou (in, ou
If "yes", What was the contents or focus? Please check (school) or "out"(out of the school). Lecture> () Philosophy for Education	- · · ·	in"(in the (in, out (in, out (in, out
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom</lecture>), and circle "i	(in, ou (in, ou (in, ou (in, ou (in, ou
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals (leaves the content of the co</lecture>), and circle "i	in"(in the (in, out (in, out (in, out
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals (1) () Partnership with Parents</lecture>), and circle "i	(in, ou (in, ou (in, ou (in, ou (in, ou (in, ou
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals (lecture) () Partnership with Parents () Psychology of Students / Adolese</lecture>	(), and circle "i Psychologist, etc.)	(in, out (in
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals (log) () Partnership with Parents () Psychology of Students / Adolescents () Medicine of Students / Adolescents</lecture>), and circle "i Psychologist, etc.) cent nt	(in, ou (in, ou (in, ou (in, ou (in, ou (in, ou (in, ou (in, ou (in, ou
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals (logonomy) () Partnership with Parents () Psychology of Students / Adolescentes () Medicine of Students / Adolescentes () Another</lecture>), and circle "i Psychologist, etc.) cent nt	(in, out (in
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals (l) () Partnership with Parents () Psychology of Students / Adolese () Medicine of Students / Adolescer () Another <workshop></workshop></lecture>), and circle "i Psychologist, etc.) cent nt	(in, out (in
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals () () Partnership with Parents () Psychology of Students / Adolese () Medicine of Students / Adolescer () Another <workshop> () Teaching / Instruction</workshop></lecture>), and circle "i Psychologist, etc.) cent nt	(in, out
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals () () Partnership with Parents () Partnership with Parents () Psychology of Students / Adolese () Medicine of Students / Adolescer () Another <workshop> () Teaching / Instruction () Making Materials for Teaching</workshop></lecture>), and circle "i Psychologist, etc.) cent nt	(in, out
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals () () Partnership with Parents () Partnership with Parents () Psychology of Students / Adolese () Medicine of Students / Adolescer () Another <workshop> () Teaching / Instruction () Making Materials for Teaching () Assessment / Evaluation</workshop></lecture>	Psychologist, etc.)	(in, our (in
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals () () Partnership with Parents () Partnership with Parents () Psychology of Students / Adolese () Medicine of Students / Adolescer () Another <workshop> () Teaching / Instruction () Making Materials for Teaching</workshop></lecture>	Psychologist, etc.) cent nt	(in, our (in
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals (l) () Partnership with Parents () Partnership with Parents () Psychology of Students / Adolese () Medicine of Students / Adolesee () Another <workshop> () Teaching / Instruction () Making Materials for Teaching () Assessment / Evaluation () IEP (Individualized Education Professionals) () Counseling</workshop></lecture>	Psychologist, etc.) cent nt ogram) cogram)	(in, our (in
If "yes", What was the contents or focus? Please check (school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals (l) () Partnership with Parents () Partnership with Parents () Psychology of Students / Adolese () Medicine of Students / Adolesee () Another <workshop> () Teaching / Instruction () Making Materials for Teaching () Assessment / Evaluation () IEP (Individualized Education Pr. () ITP (Individualized Transition Pr.</workshop></lecture>	Psychologist, etc.) cent nt ogram) cogram)	(in, our (in

1.6. Have you received inservice training for special education? (yes, no	o)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school).	"in"(in the
<lecture></lecture>	
() Philosophy for Special Education	(in, out)
() Teaching for Students with Disabilities	(in, out)
() Management of Classroom included Students with	
() Management of Classroom metaded students with	(in, out)
Learning Disabilities	(in, out)
() Transition for Students with Disabilities	(in, out)
() Partnership with Other Teachers	• • •
() Partnership with Professionals (Psychologist, etc.	c.) (in, out)
() Partnership with Parents	(in, out)
() Psychology of Disabilities	(in, out)
() Medicine of Disabilities	(in, out)
() Another	(in, out)
<workshop></workshop>	
() Teaching for Students with Disabilities	(in, out)
() Making Materials for Teaching	(in, out)
() Assessment / Evaluation for Students with Disab	ilities (in, out)
() IEP (Individualized Education Program)	(in, out)
() ITP (Individualized Transition Program)	(in, out)
	(in, out)
() Counseling	(in, out)
() Another	(, 000)
1.7. Did you receive inservice training for special education last year? (yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school).	
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school).	
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). Lecture>	"in"(in the
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). Lecture> () Philosophy for Special Education	"in"(in the (in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). <pre></pre>	"in"(in the (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Contents w	"in"(in the (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities	"in"(in the (in, out) (in, out) th (in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities	"in"(in the (in, out) (in, out) th (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities () Partnership with Other Teachers	"in"(in the (in, out) (in, out) (in, out) (in, out) (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities () Partnership with Other Teachers () Partnership with Professionals (Psychologist, etc.)	"in"(in the (in, out) (in, out) (in, out) (in, out) (in, out) (in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities () Partnership with Other Teachers () Partnership with Professionals (Psychologist, et () Partnership with Parents	(in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school).	"in"(in the (in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities () Partnership with Other Teachers () Partnership with Professionals (Psychologist, et () Partnership with Parents () Psychology of Disabilities () Medicine of Disabilities	(in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities () Partnership with Other Teachers () Partnership with Professionals (Psychologist, et () Partnership with Parents () Psychology of Disabilities () Medicine of Disabilities () Another	"in"(in the (in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). Lecture> () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities () Partnership with Other Teachers () Partnership with Professionals (Psychologist, et () Partnership with Parents () Psychology of Disabilities () Medicine of Disabilities () Another <	(in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). <pre> </pre> <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). <pre></pre>	(in, out)
If "yes", What was the contents or focus? Please check (), and circle school) or "out" (out of the school). <pre></pre>	(in, out)

2. The Classroom		
2.1. What grade do you teach?		
2.2. Number of students		
2.3. Number of teachers in the classroom	Full time teacher:Part time teacher:	
2.4. Are there other persons in the classroo If "yes",	m on a monthly basis?	(yes, no)
please check (), and circle "ful () Another Teacher () Teacher Aide () School Counselor () School Psychologist () Volunteer for Teachin () Volunteer for Another () Parents for Support of () Parents for Another V () Other	ng (Twork (Teaching (t time). (full, part) (full, part)
2.5. Are there students with IEPs are in your lif "yes", How many students are specified in		0)
What kind of the special education Please check ().	lls	
2.6. Is there a special education program for If "yes", Which type of the transition program Please check (). () Regular Classroom () For Resource Room () For Community College () University / College () For Vocational Schoo () For Other Type of Schoo () For Working () For Other	ns ? ege	sroom? (yes, no)

	What is the contents?
	Please check (), and circle "in" (in the school) or "out" (out of the school).
	() Social Skill Training (III, out)
	Daily Living Skill Training (in, out)
	(in, out)
	(in, out) (in, out)
	() Work Study Program (in, out)
₹	() Another Related Program (in, out)
	() Allother Related Flogram
	3. Flow of Support
	3.1. Does the student with learning disabilities receive special help in the school?
	Please check ().
	() from Teacher (regular classroom)
	() from Peer (regular classroom)
	() from Teacher (resource room)
	() from Peer (resource room)
	() from Teacher (special classroom)
	() from Peer (special classroom)
	() Hom Peer (special classroom)
	() from Itinerant Teacher
	() from Principal
	() from Nursing Teacher
	() from School Psychologist
	() from Another Person
	() by Curriculum (specially designed)
	() by IEP (Individualized Education Program)
	() by ITP (Individualized Transition Program)
	() by Materials (specially prepared)
	() by the Another Special Setting
	() by Home Work (specially designed)
	() by Another
	a a but the wisk beaming dischilition receive additional help in community?
	3.2. Does the student with learning disabilities receive additional help in community?
	Please check ().
	() in a Training Center / Training Program
	() in a Counseling Center
	() in a University (Counseling, Training, etc.)
	in Parent Association (Summer Camp, etc.)
· · ·	() in a Another Resource
	() None
	
m a \	3.3. Which kind of support do you receive in school?
no)	Please check ().
	<in school="" your=""></in>
	() from Regular Classroom Teacher
	() from Resource Room Teacher
	() from Special Classroom Teacher
	() from Itinerant Teacher
	() from Principal
	() from Nursing Teacher
	() from School Psychologist
	() from Another Person
	() None
•	
4	
7	

	<in anoth<="" th=""><th>er School></th></in>	er School>
	() from Another Secondary School
	() from Elementary School
	() from Kindergarten / Nursery School
	() from Special School
	() from Another Type's School
	() None
		support do you receive out of school?
	Please check ().
	() from Education Board of The City or The County (Example:
	,	Inservice Training)
	() from Education Board of California State (Example: Inservice
	,	Training)
	Ç) from Teacher Association
	() from Academic Association (Example, CEC: Council of
		Exceptional Children, LDA: Learning Disabilities Association,
		etc.)
	() from Center for Special Education Service
	,	(Example: Diagnostic Center, etc.)
	() from University / Institute
	() from Hospital) from Another Facilities or Professionals
	,) None
	() None
3.5.	Which kind of s	support does the family of a student with learning disabilities receive in
	school?	,
	Please check ().
	(`) Consultation with Teacher (Regular Classroom)
	() Consultation with Teacher (Special Classroom)
	() Consultation with Teacher (Resource Room)
	() Consultation with Itinerant Teacher
	() Consultation with Principal
	() Consultation with Nurse
	() Consultation with School Psychologist
	() Consultation with Another Persons
	() None
	(,) Do not know
	3370-1-1-1-1-1-4C -	
		support does the family of a student with learning disabilities
	receive out of so	
	Please check ().
	}) from Another Parents (Friend)
	() from Parent Association) from Professional in University (Educational/Psychological)
	() from Professional in University (Educational/Psychological)
	() from Professional in University (Medical)
	() from Professional in Hospital) from Special Education Services Center (Diagnostic Center, etc.)
	,) from Special Education Service Center (Diagnostic Center, etc.)
	. () from Another Resource in Community
	į) None
	() Do not know

. Family's Needs and	The Student's Future Direction	
.1. Do you know the If "yes',	family's goals for the student with learning disabilities?	(yes, no)
What is that ?	Please check ().) To Enjoy School Life) To Make Many Friends) To Learn Academic Skills) To Learn Social Skills) To Learn Daily Living Skills) To Learn Recreation / Leisure Skills) To Learn Vocational Program) To Learn Work Program) To Learn Communication Skills) To Learn Personal Relationship) To Correct Problem Behavior) Other	
	goals for future direction of the student with learning yes, no)).) Community College) University / College) Enter a Vocational School) Enter a Other School (Example: Special School)) Working) Other	
5.1. Do you have diffi If "yes",		es , no)
please check (((((((((((((((((((().) Making IEP (Individualized Education Program)) Making ITP (Individualized Transition Program)) Making the Specialized Curriculum) Teaching Academic Skills) Teaching Communication Skills) Teaching Behavioral Skills) Teaching Social Skill) Teaching Daily Living Skills) Teaching Recreation / Leisure Program) Teaching Vocational Program) Teaching Work Study Program) Making or Preparing Specialized Materials) Classroom Management) Making Homework) Evaluation) Contact or Connection with Resource RoomTeacher) Contact or Connection with Special Education Teach) Contact or Connection with Another Professionals 	rs hers

() Meeting with Parent(s) () Other	
2. Do you enjoy teaching students with learning disabilities? Please write the reason.	(yes, no)
Please Write Other Information You Think Relevant.	

Questionnaire 3-M-correct:

Tsuge M. & Keogh B., UCLA Feb. 5, 1998

For Resource Room Teacher and Special Classroom Teacher in Middle School

This survey is focused on students with learning disabilities. The term of learning disabilities was defined by PL94-142(1975) or NJCLD(1990), and also the students are supported with IEP (Individualized Education Program).

upported with IEP (Individualized Education Program).	
. Teacher	
.1. Which room do you teach in? Please check (). () Resource Room () Special Classroom(Separate)	
Please check (). () Teaching a Subject in Regular Classroom () Curriculum Coordinator () Participate in IEP (Individualized Education Program) () Participate in ITP (Individualized Transition Program) () Specialist for Ethnic / Bilingual Education () Specialist for Working Study / Job / Transition Education () Recreation / Yard Duty () Parents Association / Parents Teachers Association () Office Work () Account Work () Safety Patrol () Other () None	
1.3. What type of classroom have you taught in? Please check ().	ties
I.4. Have you received inservice training for regular education? (yes, no) If "yes", What was the contents or focus? Please check (), and circle "in" (is school) or "out" (out of the school). <lecture> () Philosophy for Education () Teaching () Management of Classroom () Transition () Partnership with Other Teachers () Partnership with Professionals (Psychologist, etc.) () Partnership with Parents () Psychology of Students / Adolescent</lecture>	(in, out)

() Medicine of Students / Adolescent	(in, out)
() Another	_ (in, out)
<worksho< td=""><td>▲</td><td></td></worksho<>	▲	
Ç) Teaching / Instruction	(in, out)
() Making Materials for Teaching	(in, out)
() Assessment / Evaluation	(in, out)
) IEP (Individualized Education Program)	(in, out)
(- 1) ITP (Individualized Transition Program)	(in, out)
() Counseling	(in, out)
() Another	_ (in, out)
If "yes",	ervice training for regular education last year? (yes,	
	contents or focus? Please check (), and circle "in"	(in the
	t"(out of the school).	
<pre><lecture></lecture></pre>		
() Philosophy for Education	(in, out)
Ç) Teaching	(in, out)
() Management of Classroom	(in, out)
. () Transition	(in, out)
) Partnership with Other Teachers	(in, out)
() Partnership with Professionals (Psychologist, etc.)	(in, out)
() Partnership with Parents	(in, out)
() Psychology of Students / Adolescent	(in, out)
() Medicine of Students / Adolescent	(in, out)
() Another	_ (in, out)
<worksho< td=""><td></td><td></td></worksho<>		
() Teaching / Instruction	(in, out)
() Making Materials for Teaching	(in, out)
() Assessment / Evaluation	(in, out)
() IEP (Individualized Education Program)	(in, out)
() ITP (Individualized Transition Program)	(in, out)
() Counseling	(in, out)
() Another	(in, out)
If "yes", What was the c	ontents or focus? Please check (), and circle "in" (") (") (") (") (") (") (") (") (") ("	in the
<lecture></lecture>		
) Philosophy for Special Education	(in, out)
ì) Teaching for Students with Disabilities	(in, out)
<i>`</i>) Management of Classroom included Students with	(111, 041)
•	Learning Disabilities	(in, out)
•) Transition for Students with Disabilities	(in, out)
ì) Partnership with Other Teachers	(in, out)
· ·) Partnership with Professionals (Psychologist, etc.)	(in, out)
Ì) Partnership with Parents	(in, out)
<u>}</u>) Psychology of Disabilities	*
<u>}</u>) Medicine of Disabilities	(in, out)
` <u>`</u>) Another	(in, out)
<worksho< td=""><td></td><td>(in, out)</td></worksho<>		(in, out)
- WOLKSHO) Teaching for Students with Disabilities	(in out)
>) Making Materials for Teaching	(in, out)
() Assessment / Evaluation for Students with Disabilities	(in, out)
ι	/ 11000001110111 / Liveridation for Students with Disabilities	(111, 0111)

 () IEP (Individualized Education Program) () ITP (Individualized Transition Program) () Counseling () Another	(in, out) (in, out) (in, out) (in, out)
1.7. Did you receive inservice training for special education last year? (yes, n	0)
If "yes", What was the contents or focus? Please check (), and circle "in" (i school) or "out" (out of the school).	n the
<lecture></lecture>	(in, out)
<workshop></workshop>	(in, out)
2. The Classroom	
2.1. What grade do you teach?	
2.2. Number of students	
2.3. Number of teachers in the classroom Full time teacher: Part time teacher:	
2.4. Are there other persons in the classroom on a monthly basis? If "yes", please check (), and circle "full"(full time) or "part"(part time). () Another Teacher (full, part) () Teacher Aide (full, part) () School Counselor (full, part) () School Psychologist (full, part) () Volunteer for Teaching (full, part) () Volunteer for Another Work (full, part) () Parents for Support of Teaching (full, part) () Parents for Another Work (full, part) () Other (full, part))

	ents with IEPs are in your classroom? (yes, no)
If "yes",	
How many	students are specified in the IEPs?
	of the special education?
Please che	ck ().
() Reading
() Writing
() Speaking
Ì) Hearing
Ì) Math
ì) Reasoning
ì) Other Academic Skills
ì) Social Skill
}) Daily Living Skill
() Transition
() Behavior / Emotional
) Other
) Other
2.6. Is there a speci	ial education program for transitions in your classroom? (yes, no)
	of the transition programs?
	heck ().
() Regular Classroom
}) For Resource Room
) For Regular High School
ì) For Vocational School
}) For Other Type of School
}) For Working
() For Other
() For Onler
What is the	e contents?
	check (), and circle "in" (in the school) or "out" (out of the school).
r icase c	· · · · · · · · · · · · · · · · · · ·
(
() Daily Living Skill Training (in, out)
() Recreation / Leisure program (in, out)
() Vocational Training Program (in, out)
. () Work Study Program (in, out)
() Another Related Program (in, out)
A 57	
3. Flow of Support	
0.1.75	
	nt with learning disabilities receive special help in the school?
Please check (,
() from Teacher (regular classroom)
() from Peer (regular classroom)
() from Teacher (resource room)
() from Peer (resource room)
() from Teacher (special classroom)
Ì) from Peer (special classroom)
ì) from Itinerant Teacher
}) from Principal
ì) from Nursing Teacher
() from School Psychologist
,	,

() from Another Person
() by Curriculum (specially designed)
) by IEP (Individualized Education Program)
) by ITP (Individualized Transition Program)
) by Materials (specially prepared)
) by the Another Special Setting
) by Home Work (specially designed)
() by Another
and the state of t
3.2. Does the student with learning disabilities receive additional help in community?
Please check ().
() in a Training Center / Training Program
() in a Counseling Center
() in a University (Counseling, Training, etc.)
() in Parent Association (Summer Camp, etc.)
() in a Another Resource() None
() None
3.3. Which kind of support do you receive in school?
Please check ().
<in school="" your=""></in>
() from Regular Classroom Teacher
() from Resource Room Teacher
() from Special Classroom Teacher
() from Itinerant Teacher
() from Principal
() from Nursing Teacher
() from School Psychologist
() from Another Person
() None
<in another="" school=""></in>
() from Another Secondary School
() from Elementary School
() from Kindergarten / Nursery School
() from Special School
() from Another Type's School
() None
2 4 Maria I I I I I I I I I I I I I I I I I I I
3.4. Which kind of support do you receive out of school?
Please check ().
() from Education Board of The City or The County (Example:
Inservice Training)
() from Education Board of California State (Example: Inservice
Training)
() from Teacher Association
() from Academic Association (Example. CEC: Council of
Exceptional Children, LDA: Learning Disabilities Association,
etc.)
() from Center for Special Education Service
(Example: Diagnostic Center, etc.)
() from University / Institute
() from Hospital
() from Another Facilities or Professionals
() None

	Which kind of support does the family of a student with learning disabilities receive in school?
	Please check ().
	() Consultation with Teacher (Regular Classroom)
	() Consultation with Teacher (Special Classroom)
	() Consultation with Teacher (Resource Room)
	() Consultation with Itinerant Teacher
	() Consultation with Principal
	() Consultation with Nurse
	() Consultation with School Psychologist
	() Consultation with Another Persons
	() None
	() Do not know
	() Bo not know
3.6	Which kind of support does the family of a student with learning disabilities
<i></i>	receive out of school?
	Please check ().
	() from Another Parents (Friend)
	() from Parent Association
	() from Professional in University (Educational/Psychological)
	() from Professional in University (Medical)
	() from Professional in Hospital () from Special Education Service Center (Diagnostic Center, etc.)
	 () from Special Education Service Center (Diagnostic Center, etc.) () from Another Resource in Community
	() None
	() Do not know
	() Do not know
ļ. Га	nmily's Needs and The Student's Future Direction
¥.1.	Do you know the family's goals for the student with learning disabilities? (yes, no)
	If "yes', What is that 9. Please should ()
	What is that? Please check ().
	() To Enjoy School Life
	() To Make Many Friends
	() To Make Many Friends () To Learn Academic Skills
	() To Make Many Friends () To Learn Academic Skills () To Learn Social Skills
	() To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills
	 () To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills
	 () To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program
	 () To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program
	 () To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills
	 () To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship
	 () To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship () To Correct Problem Behavior
	 () To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship
2 1	 () To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship () To Correct Problem Behavior () Other
.2.]	() To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship () To Correct Problem Behavior () Other
.2.]	() To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship () To Correct Problem Behavior () Other
.2.]	() To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship () To Correct Problem Behavior () Other
.2.]	() To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship () To Correct Problem Behavior () Other
.2.]	() To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship () To Correct Problem Behavior () Other
.2.]	() To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship () To Correct Problem Behavior () Other
.2.]	() To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship () To Correct Problem Behavior () Other Do you know the goals for future direction of the student with learning lisabilities? (yes, no) If "yes', please check (). () Enter a High School () Enter a Other School (Example: Special School)
.2.]	() To Make Many Friends () To Learn Academic Skills () To Learn Social Skills () To Learn Daily Living Skills () To Learn Recreation / Leisure Skills () To Learn Vocational Program () To Learn Work Program () To Learn Communication Skills () To Learn Personal Relationship () To Correct Problem Behavior () Other

5. Difficulties on Teaching
5.1. Do you have difficulties teaching students with learning disabilities? (yes, no) If "yes", please check (). () Making IEP (Individualized Education Program) () Making ITP (Individualized Transition Program) () Making the Specialized Curriculum () Teaching Academic Skills () Teaching Communication Skills () Teaching Behavioral Skills () Teaching Behavioral Skills () Teaching Daily Living Skills () Teaching Recreation / Leisure Program () Teaching Work Study Program () Teaching Work Study Program () Making or Preparing Specialized Materials () Classroom Management () Making Homework () Evaluation () Contact or Connection with Resource RoomTeachers () Contact or Connection with Special Education Teachers () Contact or Connection with Another Professionals (School Psychologist, Professor, etc.) () Meeting with Parent(s) () Other
6. Please Write Other Information You Think Relevant.

Quest	ionna	ire	3-F	I-co	rrect
Quesi	TOHING	uic	2-1	1-00	n i CCL.

Tsuge M. & Keogh B., UCLA Feb. 5, 1998

For Resource Room Teacher and Special Classroom Teacher in High School

This survey is focused on students with learning disabilities. The term of learning disabilities was defined by PL94-142(1975) or NJCLD(1990), and also the students are supported with IEP (Individualized Education Program).

supported with IEP (Individualized Education Program).	ins are
1. Teacher	~~~~~
1.1. Which room do you teach in ? Please check ().	
() Resource Room () Special Classroom(Separate)	
1.2. What other responsibilities do you have? Please check ().	
() Teaching a Subject in Regular Classroom() Curriculum Coordinator	
 () Participate in IEP (Individualized Education Program) () Participate in ITP (Individualized Transition Program) () Specialist for Ethnic / Bilingual Education 	
() Specialist for Working Study / Job / Transition Education() Recreation / Yard Duty	
() Parents Association / Parents Teachers Association() Office Work	
() Account Work () Safety Patrol	
() Other() None	
1.3. What type of classroom have you taught in ? Please check ().	
() Regular Classroom() Regular Classroom Included Students with Learning Disabili	ties
() Resource Room () Special Classroom (Separate)	
() Itinerant Teacher () Other	
1.4. Have you received inservice training for regular education? (yes, no) If "yes",	
What was the contents or focus? Please check (), and circle "in" (i school) or "out" (out of the school).	n the
<pre><lecture></lecture></pre>	(in, out)
() Teaching	(in, out)
() Management of Classroom	(in, out)
() Transition	(in, out)
() Partnership with Other Teachers	(in, out)
() Partnership with Professionals (Psychologist, etc.)() Partnership with Parents	(in, out) (in, out)
() Psychology of Students / Adolescent	(in, out)

	(in, out)
() Another	(in, out)
<pre><workshop></workshop></pre>	(in, out)
	(in, out)
() [Limitiim filminime care	(in, out)
() ZIBBCBBIROITE : B. MINISTER	(in, out)
	(in, out)
() 111 (111111111111111111111111111111	(in, out)
() Counseling	(in, out)
() Another	
1.5. Did you receive inservice training for regular education last year? (yes, no If "yes",	0)
What was the contents or focus? Please check (), and circle "in" (in school) or "out" (out of the school).	n the
<pre><lecture></lecture></pre>	(in, out)
() Philosophy for Education	(in, out)
() Teaching () Management of Classroom	(in, out)
() Management of Classroom	(in, out)
() Transition () Partnership with Other Teachers	(in, out)
() Partnership with Professionals (Psychologist, etc.)	(in, out)
	(in, out)
() Partnership with Parents	(in, out)
() Psychology of Students / Adolescent() Medicine of Students / Adolescent	(in, out)
() Another	(in, out)
<workshop></workshop>	(2.2, 0.0)
() Teaching / Instruction	(in, out)
() Making Materials for Teaching	(in, out)
() Assessment / Evaluation	(in, out)
() IEP (Individualized Education Program)	(in, out)
() ITP (Individualized Transition Program)	(in, out)
() Counseling	(in, out)
() Another	(in, out)
	(, •)
1.6. Have you received inservice training for special education? (yes, no) If "yes",	
What was the contents or focus? Please check (), and circle "in" (in	the
school) or "out" (out of the school).	
<lecture></lecture>	(in, out)
() Teaching for Students with Disabilities	(in, out)
() Management of Classroom included Students with	(112, 0 - 1)
Learning Disabilities	(in, out)
() Transition for Students with Disabilities	(in, out)
() Partnership with Other Teachers	(in, out)
() Partnership with Professionals (Psychologist, etc.)	(in, out)
	(in, out)
() Partnership with Parents() Psychology of Disabilities	(in, out)
() Medicine of Disabilities	(in, out)
() Another	(in, out)
<workshop></workshop>	()
() Teaching for Students with Disabilities	(in, out)
() Making Materials for Teaching	(in, out)
() Assessment / Evaluation for Students with Disabilities	
/ Assessment Evaluation for Students with Sistemates	·/

 () IEP (Individualized Education Program) () ITP (Individualized Transition Program) () Counseling () Another	(in, out) (in, out) (in, out) (in, out)
1.7. Did you receive inservice training for special education last year? (yes, n	ю)
If "yes", What was the contents or focus? Please check (), and circle "in" (i school) or "out" (out of the school). Lecture>	n the
 () Philosophy for Special Education () Teaching for Students with Disabilities () Management of Classroom included Students with Learning Disabilities () Transition for Students with Disabilities () Partnership with Other Teachers () Partnership with Professionals (Psychologist, etc.) () Partnership with Parents () Psychology of Disabilities () Medicine of Disabilities () Another	(in, out)
 () Teaching for Students with Disabilities () Making Materials for Teaching () Assessment / Evaluation for Students with Disabilities () IEP (Individualized Education Program) () ITP (Individualized Transition Program) () Counseling () Another 	(in, out)
2. The Classroom	
2.1. What grade do you teach?	
2.2. Number of students	
2.3. Number of teachers in the classroom Full time teacher: Part time teacher:	
2.4. Are there other persons in the classroom on a monthly basis? If "yes", please check (), and circle "full"(full time) or "part"(part time). () Another Teacher (full, part) () Teacher Aide (full, part) () School Counselor (full, part) () School Psychologist (full, part) () Volunteer for Teaching (full, part) () Volunteer for Another Work (full, part) () Parents for Support of Teaching (full, part) () Parents for Another Work (full, part) () Other	•

2.5. Are there students with IEPs are in your classroom? (yes, no)
If "yes", How many students are specified in the IEPs?
What kind of the special education? Please check ().
2.6. Is there a special education program for transitions in your classroom? (yes, no) If "yes",
Which type of the transition programs? Please check (). () Regular Classroom () For Resource Room () For Community College () University / College () For Vocational School () For Other Type of School () For Working () For Other What is the contents? Please check (), and circle "in" (in the school) or "out" (out of the school). () Social Skill Training (in, out) () Daily Living Skill Training (in, out) () Recreation / Leisure program (in, out) () Vocational Training Program (in, out) () Work Study Program (in, out) () Another Related Program (in, out)
3.1. Does the student with learning disabilities receive special help in the school? Please check (). () from Teacher (regular classroom) () from Peer (regular classroom) () from Teacher (resource room) () from Peer (resource room) () from Peer (special classroom) () from Peer (special classroom) () from Itinerant Teacher () from Principal () from Nursing Teacher

	() from School Psychologist) from Another Person
	Ì) by Curriculum (specially designed)
	Ì) by IEP (Individualized Education Program)
	() by ITP (Individualized Transition Program)
	Ì) by Materials (specially prepared)
	ì) by the Another Special Setting
	}) by Home Work (specially designed)
	}) by Another
) by Milotion
3.2.	Does the stude	nt with learning disabilities receive additional help in community?
	Please check (
	(`) in a Training Center / Training Program
	ì) in a Counseling Center
	ì) in a University (Counseling, Training, etc.)
	ì) in Parent Association (Summer Camp, etc.)
	() in a Another Resource
	ì) None
	•	, 1.5
3.3.	Which kind of	support do you receive in school?
	Please check (
		r School>
	() from Regular Classroom Teacher
) from Resource Room Teacher
	<u>`</u>) from Special Classroom Teacher
	} .) from Itinerant Teacher
	() from Principal
	() from Nursing Teacher
	}) from School Psychologist
	() from Another Person
	}) None
	<in anot<="" td=""><td>her School></td></in>	her School>
	() from Another Secondary School
	ì) from Elementary School
	ì) from Kindergarten / Nursery School
	}) from Special School
	}) from Another Type's School
	}) None
	`	, rone
.4.	Which kind of	support do you receive out of school?
	Please check ().
	() from Education Board of The City or The County (Example:
	•	Inservice Training)
	() from Education Board of California State (Example: Inservice
	`	Training)
	() from Teacher Association
	Ć) from Academic Association (Example, CEC: Council of
	`	Exceptional Children, LDA: Learning Disabilities Association,
		etc.)
	() from Center for Special Education Service
	,	(Example: Diagnostic Center, etc.)
	1) from University / Institute
	,) from Hospital
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \) from Another Facilities or Professionals
	(None

3.5. Which kind of support does the family of a student with learning disabilities rec		
school?		
Please check (). Of the transmith Teacher (Pagular Classroom)	
() Consultation with Teacher (Regular Classroom)	
() Consultation with Teacher (Special Classroom)	
() Consultation with Teacher (Resource Room)	
() Consultation with Itinerant Teacher	
ì) Consultation with Principal	
() Consultation with Nurse	
() Consultation with School Psychologist	
Ì) Consultation with Another Persons	
() None	
() Do not know	
receive out of		
Please check (). South American Deposits (Eriand)	
Ç) from Another Parents (Friend)	
() from Parent Association	
() from Professional in University (Educational/Psychological)	
() from Professional in University (Medical)	
() from Professional in Hospital	
() from Special Education Service Center (Diagnostic Center, etc.)	
() from Another Resource in Community	
() None	
() Do not know	
4.1. Do you know	and The Student's Future Direction the family's goals for the student with learning disabilities? (yes, no)	
If "yes',	O Di calada (
What is the	at ? Please check ().	
() To Enjoy School Life	
. () To Make Many Friends	
() To Learn Academic Skills	
() To Learn Social Skills	
() To Learn Daily Living Skills	
() To Learn Recreation / Leisure Skills	
() To Learn Vocational Program	
() To Learn Work Program	
. () To Learn Communication Skills	
() To Learn Personal Relationship	
() To Correct Problem Behavior	
() Other	
4.2. Do you know	the goals for future direction of the student with learning	
disabilities?	(vec no)	
If ""	(yes, no)	
If "yes',		
If "yes', please che	cck ().	
	eck ().) Community College	
	cck ().) Community College) University / College	
	eck ().) Community College	

() Working () Other
5. Difficulties on Teaching
5.1. Do you have difficulties teaching students with learning disabilities? (yes, no) If "yes", please check (). () Making IEP (Individualized Education Program) () Making ITP (Individualized Transition Program) () Making the Specialized Curriculum () Teaching Academic Skills () Teaching Communication Skills () Teaching Behavioral Skills () Teaching Behavioral Skills () Teaching Social Skill () Teaching Daily Living Skills () Teaching Recreation / Leisure Program () Teaching Work Study Program () Teaching Work Study Program () Making or Preparing Specialized Materials () Classroom Management () Making Homework () Evaluation () Contact or Connection with Resource RoomTeachers () Contact or Connection with Special Education Teachers () Contact or Connection with Another Professionals (School Psychologist, Professor, etc.) () Meeting with Parent(s)
5.2. Do you enjoy teaching students with learning disabilities? (yes, no) Please write the reason.
6. Please Write Other Information You Think Relevant.

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