

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).

**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)

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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 \_\_\_\_\_ %  
Hispanic \_\_\_\_\_ %  
African \_\_\_\_\_ %  
Asian \_\_\_\_\_ %  
Other \_\_\_\_\_ %  
Total 100 %

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)  
( ) Other \_\_\_\_\_ (full, part)

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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) ? \_\_\_\_\_

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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? (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 Regular High School
- ( ) 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. What percent (%) of students with learning disabilities went to last year ?

High School	_____	%
Vocational School	_____	%
School for Students with Learning Disabilities	_____	%
Correspondence Education	_____	%
Other Type of School	_____	%
Work	_____	%
Business	_____	%
Service	_____	%
Manufacture	_____	%
Nursing	_____	%
Teaching	_____	%
Farming / Fisheries	_____	%
Other	_____	%
Other	_____	%
Total	_____	100 %

3.6. Is there in-service training for regular education teachers in the school ? (yes , no)

3.7. Is there in-service training for special education teachers in the school ? (yes , no)

If "yes",  
please check ( ).

- ( ) Principal
- ( ) Regular Classroom Teacher
- ( ) Resource Room Teacher
- ( ) Special Education Teacher
- ( ) Nurse / Nurse Teacher
- ( ) School Psychologist
- ( ) Other Persons in the School \_\_\_\_\_
- ( ) Other Persons out of the School \_\_\_\_\_

4. Resource Around the School (or In the School District)

4.1. Are there common resources for students with learning disabilities ?

Please check ( ).

- ( ) Another School
- ( ) Social Education Center
- ( ) Community Center
- ( ) Lifelong Learning Center
- ( ) Swimming Pool
- ( ) Athletic Room
- ( ) Sports Ground
- ( ) Museum / Music Hall
- ( ) Parks
- ( ) University / College
- ( ) Hospital
- ( ) Big Shopping Center
- ( ) Small Shopping Center
- ( ) Many Restaurant
- ( ) Bank
- ( ) Traffic Station
- ( ) Bus Stop
- ( ) Farm / Field / Ranch

- ( ) Another Characteristic Facilities \_\_\_\_\_
- ( ) Don't Have

4.2. What are there special education resources in additional to the school ?

Please check ( ).

- ( ) 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 Other Information You Think Relevant.

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Thank you very much for answer.

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).

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 \_\_\_\_\_ %  
Hispanic \_\_\_\_\_ %  
African \_\_\_\_\_ %  
Asian \_\_\_\_\_ %  
Other \_\_\_\_\_ %  
Total 100 %

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)  
( ) Other \_\_\_\_\_ (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? (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 completion in the school last year? \_\_\_\_\_%

3.6. What percent (%) of students with learning disabilities went to last year?

- Community College \_\_\_\_\_%
- University / College \_\_\_\_\_%
- Vocational School \_\_\_\_\_%
- School for Students with Learning Disabilities \_\_\_\_\_%
- Correspondence Education \_\_\_\_\_%
- Other Type of School \_\_\_\_\_%
- Work \_\_\_\_\_%

- Business \_\_\_\_\_%
- Service \_\_\_\_\_%
- Manufacture \_\_\_\_\_%
- Nursing \_\_\_\_\_%
- Teaching \_\_\_\_\_%
- Farming / Fisheries \_\_\_\_\_%
- Other \_\_\_\_\_%

Other \_\_\_\_\_%  
Total \_\_\_\_\_ 100%

3.7. Is there in-service training for regular education teachers in the school? (yes, no)

3.8. Is there in-service training for special education teachers in the school? (yes, no)

If "yes",  
please check ( ).

- ( ) Principal
- ( ) Regular Classroom Teacher
- ( ) Resource Room Teacher
- ( ) Special Education Teacher
- ( ) Nurse / Nurse Teacher
- ( ) School Psychologist
- ( ) Other Persons in the School \_\_\_\_\_
- ( ) Other Persons out of the School \_\_\_\_\_

4. Resource Around the School (or In the School District)

4.1. Are there common resources around the school?

Please check ( ).

- ( ) Another School
- ( ) Social Education Center
- ( ) Community Center
- ( ) Lifelong Learning Center
- ( ) Swimming Pool
- ( ) Athletic Room
- ( ) Sports Ground
- ( ) Museum / Music Hall
- ( ) Parks
- ( ) University / College
- ( ) Hospital
- ( ) Big Shopping Center
- ( ) Small Shopping Center
- ( ) Many Restaurant

- Bank
- Traffic Station
- Bus Stop
- Farm / Field / Ranch
- Another Characteristic Facilities \_\_\_\_\_

4.2. What are there special education resources ?

Please check ( ).

- Training Center / Room
- Counseling Center /Room
- Diagnostic Center
- Special School for Learning Difficulties
- Special School for Disabilities
- University
- College
- Hospital
- Another Characteristic Resources \_\_\_\_\_

5. Please Write Other Information You Think Relevant.

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Thank you very much for answer.

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).

1. Teacher

1.1. What subject do you teach ?

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)
- Other \_\_\_\_\_

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 have you taught in ?

Please check ( ).

- Regular Classroom
- Regular Classroom Included Students with Learning Disabilities
- 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"(in the school) or "out"(out of the school).

<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>

- ( ) 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)

1.5. Did you receive inservice training for regular education last year ? (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>

- ( ) 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>

- ( ) 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>

- ( ) 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)

<Workshop>

- ( ) Teaching for Students with Disabilities (in, out)
- ( ) Making Materials for Teaching (in, out)
- ( ) Assessment / Evaluation for Students with Disabilities (in, out)
- ( ) 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 ? (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>

- ( ) 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)

<Workshop>

- ( ) Teaching for Students with Disabilities (in, out)
- ( ) Making Materials for Teaching (in, out)
- ( ) Assessment / Evaluation for Students with Disabilities (in, out)
- ( ) IEP (Individualized Education Program) (in, out)
- ( ) ITP (Individualized Transition Program) (in, out)
- ( ) Counseling (in, out)
- ( ) 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 ? (yes, no)

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)

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 ( ).

- ( ) Reading
- ( ) Writing
- ( ) Speaking
- ( ) Hearing
- ( ) Math
- ( ) Reasoning
- ( ) Other Academic Skills \_\_\_\_\_
- ( ) Social Skill
- ( ) Daily Living Skill
- ( ) Transition \_\_\_\_\_
- ( ) Behavior / Emotional
- ( ) Other \_\_\_\_\_

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 Regular High School
- ( ) 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. 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)
- ( ) 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 \_\_\_\_\_

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

3.3. Which kind of support do you receive in school ?

Please check ( ).

<In Your School>

- ( ) 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>

- from Another Secondary School
- from Elementary School
- from Kindergarten / Nursery School
- from Special School
- from Another Type's School \_\_\_\_\_
- None

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

3.5. 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

3.6. Which kind of support does the family of a student with learning disabilities 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 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 \_\_\_\_\_

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 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 Room Teachers
- Contact or Connection with Special Education Teachers
- Contact or Connection with Another Professionals (School Psychologist, Professor, etc.)
- Meeting with Parent(s)

( ) Other \_\_\_\_\_

5.2. Do you enjoy teaching students with learning disabilities? (yes, no)  
Please write the reason.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please Write Other Information You Think Relevant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you very much for answer.

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).

1. 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)
- ( ) Other \_\_\_\_\_

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 \_\_\_\_\_

1.4. 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>

- ( ) 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>

- ( ) 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)

1.5. Did you receive inservice training for regular education last year ? (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>

- ( ) 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>

- ( ) 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>

- ( ) 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)

<Workshop>

- ( ) Teaching for Students with Disabilities (in, out)
- ( ) Making Materials for Teaching (in, out)
- ( ) Assessment / Evaluation for Students with Disabilities (in, out)
- ( ) 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 ? (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>

- ( ) 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)

<Workshop>

- ( ) Teaching for Students with Disabilities (in, out)
- ( ) Making Materials for Teaching (in, out)
- ( ) Assessment / Evaluation for Students with Disabilities (in, out)
- ( ) IEP (Individualized Education Program) (in, out)
- ( ) ITP (Individualized Transition Program) (in, out)
- ( ) Counseling (in, out)
- ( ) 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 ? (yes , no)

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)

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 ( ).

- ( ) Reading
- ( ) Writing
- ( ) Speaking
- ( ) Hearing
- ( ) Math
- ( ) Reasoning
- ( ) Other Academic Skills \_\_\_\_\_
- ( ) Social Skill
- ( ) Daily Living Skill
- ( ) Transition \_\_\_\_\_
- ( ) Behavior / Emotional
- ( ) Other \_\_\_\_\_

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. 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)
- ( ) 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 \_\_\_\_\_

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

3.3. Which kind of support do you receive in school ?

Please check ( ).

<In Your School>

- ( ) 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>

- from Another Secondary School
- from Elementary School
- from Kindergarten / Nursery School
- from Special School
- from Another Type's School \_\_\_\_\_
- None

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

3.5. 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

3.6. Which kind of support does the family of a student with learning disabilities 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 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 ( ).

- Community College
- University / College
- Enter a Vocational School
- Enter a Other School (Example: Special School)
- 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 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 Room Teachers
- Contact or Connection with Special Education Teachers
- Contact or Connection with Another Professionals (School Psychologist, Professor, etc.)

- Meeting with Parent(s)
- Other \_\_\_\_\_

5.2. Do you enjoy teaching students with learning disabilities? (yes, no)  
Please write the reason.

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6. Please Write Other Information You Think Relevant.

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Thank you very much for answer.

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).

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 Disabilities
- 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"(in the school) or "out"(out of the school).

<Lecture>

- |  |           |
|--|-----------|
| <input type="checkbox"/> Philosophy for Education                            | (in, out) |
| <input type="checkbox"/> Teaching  | (in, out) |
| <input type="checkbox"/> Management of Classroom                             | (in, out) |
| <input type="checkbox"/> Transition  | (in, out) |
| <input type="checkbox"/> Partnership with Other Teachers                     | (in, out) |
| <input type="checkbox"/> Partnership with Professionals (Psychologist, etc.) | (in, out) |
| <input type="checkbox"/> Partnership with Parents                            | (in, out) |
| <input type="checkbox"/> Psychology of Students / Adolescent                 | (in, out) |

- Medicine of Students / Adolescent (in, out)
- Another \_\_\_\_\_ (in, out)
- <Workshop>
- 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)

1.5. Did you receive inservice training for regular education last year? (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>

- 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>

- 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>

- 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)

<Workshop>

- Teaching for Students with Disabilities (in, out)
- Making Materials for Teaching (in, out)
- Assessment / Evaluation for Students with Disabilities (in, out)

- 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? (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>

- 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)

<Workshop>

- Teaching for Students with Disabilities (in, out)
- Making Materials for Teaching (in, out)
- Assessment / Evaluation for Students with Disabilities (in, out)
- IEP (Individualized Education Program) (in, out)
- ITP (Individualized Transition Program) (in, out)
- Counseling (in, out)
- 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? (yes, no)

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)

2.5. Are there students with IEPs in your classroom? (yes, no)

If "yes",

How many students are specified in the IEPs? \_\_\_\_\_

What kind of the special education?

Please check ( ).

- Reading
- Writing
- Speaking
- Hearing
- Math
- Reasoning
- Other Academic Skills \_\_\_\_\_
- Social Skill
- Daily Living Skill
- Transition \_\_\_\_\_
- Behavior / Emotional
- Other \_\_\_\_\_

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 Regular High School
- 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. 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)
- 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 \_\_\_\_\_

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

3.3. Which kind of support do you receive in school?

Please check ( ).

<In Your School>

- 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>

- from Another Secondary School
- from Elementary School
- from Kindergarten / Nursery School
- from Special School
- from Another Type's School \_\_\_\_\_
- None

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



3.5. 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

3.6. Which kind of support does the family of a student with learning disabilities 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 Another Resource in Community \_\_\_\_\_
- ( ) None
- ( ) Do not know

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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 \_\_\_\_\_

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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 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 Room Teachers
- ( ) Contact or Connection with Special Education Teachers
- ( ) Contact or Connection with Another Professionals (School Psychologist, Professor, etc.)
- ( ) Meeting with Parent(s)
- ( ) Other \_\_\_\_\_

5.2. Do you enjoy teaching students with learning disabilities ? (yes , no)

Please write the reason.

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6. Please Write Other Information You Think Relevant.

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Thank you very much for answer.

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).

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 Disabilities
- ( ) 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"(in the school) or "out"(out of the school).

<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>

- ( ) 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)

1.5. Did you receive inservice training for regular education last year ? (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>

- ( ) 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>

- ( ) 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>

- ( ) 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)

<Workshop>

- ( ) Teaching for Students with Disabilities (in, out)
- ( ) Making Materials for Teaching (in, out)
- ( ) Assessment / Evaluation for Students with Disabilities (in, out)

- 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? (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>

- 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)

<Workshop>

- Teaching for Students with Disabilities (in, out)
- Making Materials for Teaching (in, out)
- Assessment / Evaluation for Students with Disabilities (in, out)
- IEP (Individualized Education Program) (in, out)
- ITP (Individualized Transition Program) (in, out)
- Counseling (in, out)
- 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? (yes, no)

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)

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 ( ).

- Reading
- Writing
- Speaking
- Hearing
- Math
- Reasoning
- Other Academic Skills \_\_\_\_\_
- Social Skill
- Daily Living Skill
- Transition \_\_\_\_\_
- Behavior / Emotional
- Other \_\_\_\_\_

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. 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)
- 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 \_\_\_\_\_

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

3.3. Which kind of support do you receive in school ?

Please check ( ).

<In Your School>

- 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>

- from Another Secondary School
- from Elementary School
- from Kindergarten / Nursery School
- from Special School
- from Another Type's School \_\_\_\_\_
- None

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

3.5. 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

3.6. Which kind of support does the family of a student with learning disabilities 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 Another Resource in Community \_\_\_\_\_
- None
- Do not know

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#### 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 ( ).

- Community College
- University / College
- Enter a Vocational School
- Enter a Other School (Example: Special School)

- Working  
 Other \_\_\_\_\_

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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 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 Room Teachers
- Contact or Connection with Special Education Teachers
- Contact or Connection with Another Professionals  
(School Psychologist, Professor, etc.)
- Meeting with Parent(s)
- Other \_\_\_\_\_

5.2. Do you enjoy teaching students with learning disabilities? (yes, no)

Please write the reason.

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6. Please Write Other Information You Think Relevant.

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Thank you very much for answer.