

SPeNSE SERVICE PROVIDER SURVEY

Special Education Paraprofessionals or Teacher Aides

If SCHLTYP = 1, then display "school". If SCHLTYP = 2, then display "district". If SCHLTYP = 3, then display "agency".

SINTRO

[Hello, this is {INTERVIEWER'S NAME}. I am calling on behalf of the U.S. Department of Education.] We are conducting a study of personnel issues affecting services for students with disabilities. You were recently notified by mail that you were randomly selected for this national study. We obtained your name from a personnel roster that was provided by your {school/district/agency}.

The 1997 Amendments to the Individuals with Disabilities Education Act required a national assessment to determine the effectiveness of services for children with disabilities. This study is part of that national assessment. Its purpose is to explore factors affecting workforce quality and ways to improve it.

You may choose not to answer specific questions and you may end the interview at any time. This is a voluntary and confidential study. The interview is estimated to average 15 minutes.

Section A – Screening

If SCHLTYP = 1, then display "school". If SCHLTYP = 2, then display "district". If SCHLTYP = 3, then display "agency".

SINTROA

First, I am going to confirm your role in the {school/district/agency} and ask you about the students you serve. Please note that, unless otherwise stated in the question, we are referring to the 1999-2000 school year.

If SCHLTYP = 1, then display "school". If SCHLTYP = 2, then display "district". If SCHLTYP = 3, then display "agency".

SA1. The personnel roster from your {school/district/agency} indicated that you are {PERTYPE}. Is that correct?

SVERIFY

1. YES (Go to box after SA4)
2. NO (Go to SA3)

S,G,P

NEW

Display **DISNAME**, which is proper name of district.

SA3. Are you still working in {DISNAME}?

STILLIN

1. YES (Go to SA4)
2. NO (**Code IN and go to SINEND**)

S,G,P

NEW

If SCHLTYP = 1, then display "school". If SCHLTYP = 2, then display "district". If SCHLTYP = 3, then display "agency".

SINEND

Thank you, but, because you are no longer working in this {school/district/agency}, you are not eligible for this survey. You are still, however, eligible for the raffle for gift certificates to Circuit City, Amazon.com, and Starbucks Coffee. If you win and you do not have access to these retail stores or online sites, we will provide you with an alternative gift of equal value. The drawing will be conducted in late summer. We will need an address where we can contact you if you win.

Go to SFIN1.

If SCHLTYP = 1, then display "school". If SCHLTYP = 2, then display "district". If SCHLTYP = 3, then display "agency".

SA4. What is your primary position within this {school/district/agency}?

STYPE

1. A teacher who works primarily with children with disabilities ages 3-5,
2. A teacher who works primarily with students with visual impairments or hearing impairments,
3. A teacher who works primarily with students with emotional or behavioral impairments,
4. A teacher who works primarily with other students with disabilities,
5. A professional who works primarily with students with speech and language impairments,
6. A special education paraprofessional or teacher's aid,
7. A teacher who works primarily with students without disabilities, [IF NEEDED: Includes vocational education, Title 1, bilingual/ESL, driver's education, gifted and talented, etc.]
8. An administrator, or
9. None of the above.

S,G,P

NEW

If SA4 = 8 or 9, (Code IP and go to **SINEND2**)

SINEND2

Thank you but because you are not currently teaching or providing direct services in one of the categories specified, you are not eligible for this study. You are still, however, eligible for the raffle for gift certificates to Circuit City, Amazon.com, and Starbucks Coffee. If you win and you do not have access to these retail stores or online sites, we will provide you with an alternative gift of equal value. The drawing will be conducted in late summer. We will need an address where we can contact you if you win.

Go to SFIN1.

SA6. What is the total number of students you work with in a typical week?

STOTSTUD

_____ [NUMBER] [H: 0-300] [S: 0-200]

S, G, P

NEW

SA8 can not have more responses than sum that is **STOTSTUD**.

SA8. What are the ages of the students with whom you work?

[CODE ALL THAT APPLY.]
[FOR CHILDREN UNDER 1 YEAR, CODE "1"]
() () () () ()

- | | | | |
|------------|---------------|-------------------------|---------------|
| 1. ONE | SAGE1 | 12. TWELVE | SAGE12 |
| 2. TWO | SAGE2 | 13. THIRTEEN | SAGE13 |
| 3. THREE | SAGE3 | 14. FOURTEEN | SAGE14 |
| 4. FOUR | SAGE4 | 15. FIFTEEN | SAGE15 |
| 5. FIVE | SAGE5 | 16. SIXTEEN | SAGE16 |
| 6. SIX | SAGE6 | 17. SEVENTEEN | SAGE17 |
| 7. SEVEN | SAGE7 | 18. EIGHTEEN | SAGE18 |
| 8. EIGHT | SAGE8 | 19. NINETEEN | SAGE19 |
| 9. NINE | SAGE9 | 20. TWENTY | SAGE20 |
| 10. TEN | SAGE10 | 21. TWENTY-ONE AND OVER | SAGE21 |
| 11. ELEVEN | SAGE11 | | |

S,G,P NEW

SA10. In a typical week, how many of your students are students with a disability who have an IEP [INDIVIDUALIZED EDUCATION PROGRAM]?

SHAVEIEP

_____ [NUMBER] [HR: < = SA6]

S,G,P NEW

If SA10=0, go to SINEND3. Else go to box before SA13.

SINEND3

Thank you but because you do not provide direct services, you are not eligible for this study. You are still, however, eligible for the raffle for gift certificates to Circuit City, Amazon.com, and Starbucks Coffee. If you win and you do not have access to these retail stores or online sites, we will provide you with an alternative gift of equal value. The drawing will be conducted in late summer. We will need an address where we can contact you if you win.

Go to SFIN1.

SA16. How many different classes or groups of students do you work with in a typical week? If a class meets more than once a week, count it only once. Class refers to a group of one or more students and includes all students you serve in in-class, co-teaching, or pull-out situations.

SCLASSES

_____ [NUMBER] [H: 1-100] [S: 1-50]

S,G,P NEW

SA20. How many of all your current students do you perceive to be Limited English Proficient (LEP)? Do not include students whose English language proficiency is limited due solely to their disability (ex. deafness). [IF NEEDED: This is referring to all of your students, not just your students with IEPs. LEP students are sometimes referred to as ESL, bilingual students, or ELL (English language learners).]

SNUMLEP

_____ [NUMBER] [H: < = SA6]

S,G,P WIS3f

If SA20 = > 1, then go to SA21.
Else go to SA22.

SA21. On a scale of 1 to 5, with 1 being not at all proficient and 5 being fluent, how would you rate your level of proficiency in any of the non-English languages spoken by your LEP students?

[1 = NOT AT ALL PROFICIENT, 2 = KNOW BASIC CONVERSATIONAL TERMS,
3 = CONVERSE WITH DIFFICULTY, 4 = NEARLY FLUENT, 5 = FLUENT]

SLEPLANG

S,G,P

NEW

SA22. How many of all your current students served are from cultural or linguistic groups different from your own? [IF NEEDED: Deafness may be considered a culture.]

SCULTURE

_____ [NUMBER] [H: < = SA6]

S,G,P

NEW

SA23. To what extent are you knowledgeable about the cultures of the students served in this school? Would you say...

SKNOWCUL

1. Not at all,
2. To a small extent,
3. To a moderate extent, or
4. To a great extent?

S,G,P

NEW

SA28. Including this school year, how many years, in total, have you worked as a paraprofessional in a preschool, elementary, or secondary public or private school? [IF NEEDED: If in special education, this includes experience outside of special education.]

[IF ONE YEAR OR LESS, ENTER "1". TREAT PART-TIME EMPLOYMENT THE SAME AS FULL-TIME EMPLOYMENT]

SYEARTCH

_____ [YEARS] [H: = > SA12]

S,G-mod, P-mod

ESDRSSDA-mod

SA30. And how many of those years have you worked as a special education paraprofessional?

[IF ONE OR LESS YEARS, ENTER "1".]

SYRSPARA

_____ [YEARS] [H: < = SA28]

S,G,P-mod

ESDRSSDA

If SA28 = 1 or SA30 = 1, then go to **SINTROB**. Else go SA31.

SA31. Have you been working as a paraprofessional for {**SYEARTCH**} years consecutively?

SCONSEC

1. YES
2. NO

S,G,P-mod

NEW

If SA31 = 2, then go to SA32. Else go to **SINTROB**.

SA32. How many consecutive years have you been working as a paraprofessional since your most recent return?

[IF ONE OR LESS YEARS, ENTER "1".]

SRETURN

_____ [NUMBER] [H: < = SA28]

S, G,P-mod

NEW

Section B – School Characteristics

SINTROB

I would like to ask you a few questions about the schools or settings in which you work.

SB2. What grades are offered in your school or service location? [IF NEEDED: Refer to the school or setting in which you spend the most time or your base school.]

[CODE ALL THAT APPLY.]
() () () () ()

- | | |
|---------------------------------|-------------------------------------|
| 1. FIRST (1ST) SSGRAD1 | 9. NINTH (9TH) SSGRAD9 |
| 2. SECOND (2ND) SSGRAD2 | 10. TENTH (10TH) SSGRAD10 |
| 3. THIRD (3RD) SSGRAD3 | 11. ELEVENTH (11TH) SSGRAD11 |
| 4. FOURTH (4TH) SSGRAD4 | 12. TWELFTH (12TH) SSGRAD12 |
| 5. FIFTH (5TH) SSGRAD5 | |
| 6. SIXTH (6TH) SSGRAD6 | P. PRE-KINDERGARTEN SSGRADPK |
| 7. SEVENTH (7TH) SSGRAD7 | K. KINDERGARTEN SSGRADK |
| 8. EIGHTH (8TH) SSGRAD8 | |

S,G,P

SASSPS-8a

SB3. About how many students are enrolled there?

SSCHSTUD

_____ [NUMBER] [H: 1-8,000] [S: 10-3,000]

S,G,P

SASSPA-6a-mod

SB4. Is this...

STYPESCH

1. A regular elementary or secondary school, [IF NEEDED: This includes preschools and schools with a special program emphasis, such as a magnet school, science/math school, performing arts school, or talented/gifted school.]
2. A special education school or program, [IF NEEDED: Serves only students with disabilities.]
3. A vocational or technical school, or
3. An alternative school? [IF NEEDED: For students not succeeding in a regular school setting.]

S,G-mod,P

SASSPS-8a

If SB4 = 2 go to box before SB6.
Else go to SB5.

SB5. Does your school house any district-wide or regional programs that serve students with IEPs from other schools?

SREGPROG

1. YES
2. NO

S,G,P

NEW

Section C – Workload and Support

SINTROC

Now, I would like to ask you about your workload and the support you receive at work.

Please remember that ALL of your responses are completely confidential.

SC3. To what extent do you agree with each statement? How about...

[1 = NOT AT ALL, 2 = SMALL EXTENT, 3 = MODERATE EXTENT, 4 = GREAT EXTENT]

- SPALIKE** a. You really like the school in which you are currently working. Would you say not at all, to a small extent, a moderate extent or a great extent? _____
- SPAINCLD** b. You feel included in what goes on in this school. _____
- SPASUPER** c. Your supervisor understands what you do. _____
- SPAHELP** d. You are given the support you need to work with students with special needs..... _____
- SPACOOPR** e. There is a great deal of cooperative effort among the staff members _____
- SPAGOODJ** f. In this school, staff members are recognized for a job well done _____

S, G-mod, P-mod

WSE-mod

SC5. Paraprofessionals or teachers aides may do a variety of different tasks as part of their work. I am going to ask you about some of the tasks you perform. Please let me know if you spend at least 10% of your time each week on each particular task. How about...

[1 = YES, 2 = NO]

- SPAMONTR** a. Monitoring hallways, study hall, homeroom, lunchroom, playground, supervising students on detention, or a similar duty? _____
- SPAFROMS** b. Completing forms and administrative paperwork? _____
- SPAGRADE** c. Grading papers? _____
- SPASUPRT** d. Providing instructional support to students in small groups? _____
- SPAONE** e. Providing one-on-one instructional support to students? _____
- SPAPREP** f. Preparing instructional materials for the whole class? [IF NEEDED: Such as copying.] _____
- SPAMODFY** g. Modifying materials for students with disabilities? _____
- SPACARE** h. Providing personal care assistance for students with disabilities? [IF NEEDED: Such as feeding or dressing.] _____
- SPACOMM** i. Communicating with parents or other primary care providers? _____
- SPAPAPER** j. Completing paperwork specific to students with disabilities? _____
- SPAPTOT** k. Providing physical or occupational therapy services? _____
- SPASLP** l. Providing speech therapy services _____

- SPAMEET** m. Meeting with teachers or other service providers to discuss work?..... _____
- SPADATA** n. Collecting data on student performance?_____
- SPAHELTH** o. Providing health care services?_____
- SPAGHMG** p. Implementing behavior management programs?_____
- SPABUS** q. Bus duty?_____
- SPATASK** r. Performing a task that has not been previously mentioned?_____

P NEW

SC5ov. What other tasks do you perform?

- STASOTR1** _____
- STASOTR2** _____
- STASOTR3** _____

P NEW

SC7. Think now about your total job, including all your professional responsibilities. To what extent do you agree that your workload is manageable? Would you say...

STOTJOB

1. Not at all,
2. A small extent,
3. A moderate extent, or
4. A great extent?

S,G,P WSE-5c - mod

Section D – Attitudes and Practices

SINTROD

In this next section, I am going to ask you about the types of services you provide and your feelings regarding this work.

First, I need to get more specific information on the population of students you serve.

SD1. Do you know the types of disabilities your students with IEPs have? [IF NEEDED: If you are a preschool teacher, include the children you work with, if any, who have an IFSP.]

SKNOWDIS

1. YES (Go to **SDISBLTY**)
2. NO (Go to box before SD5)

G,P

NEW

SDISBLTY

I am going to ask you about the disabilities of the students you serve. Please keep in mind the disability categories used to determine their special education eligibility. I will read you a list of 13 possible disability categories. Please tell me how many of your students with IEPs have these as their primary disability. Please remember to count each {student/child} only once. [IF NEEDED: We are looking at educational disabilities, not medical conditions.]

[NOTE TO INTERVIEWER: IF NECESSARY, READ ALL 13 DISABILITY CATEGORIES LISTED ON YOUR GREEN HANDOUT, THEN START THE QUESTION]

If SA10 > 0, sum of SD2a-n = SA10.

SD2.

How many of your students have...

- a. Specific Learning Disabilities..... _____ [NUMBER] **SLDNUM**
- b. Speech or Language Impairments..... _____ [NUMBER] **SSPLGNUM**
- c. Emotional Disturbance (or Behavioral Impairments)..... _____ [NUMBER] **SEDNUM**
- d. Developmental Delay (or Preschool Disabled)..... _____ [NUMBER] **SDDNUM**
- e. Mental Retardation (Cognitive or Intellectual Impairments) _____ [NUMBER] **SMRNUM**
- f. Hearing Impairments or Deafness (or Auditory Impairments)..... _____ [NUMBER] **SHINUM**
- g. Visual Impairments or Blindness..... _____ [NUMBER] **SVINUM**
- h. Deaf-Blindness..... _____ [NUMBER] **SDFBDNUM**
- i. Other Health Impairments (or Chronically ill or Medically Fragile)... _____ [NUMBER] **SOTHHNUM**
- j. Orthopedic Impairments..... _____ [NUMBER] **SORTHNUM**
- k. Autism (or Pervasive Developmental Disorder [PDD])..... _____ [NUMBER] **SAUTINUM**
- l. Multiple Disabilities..... _____ [NUMBER] **SMUTPNUM**
- m. Traumatic Brain Injury (TBI)..... _____ [NUMBER] **STBINUM**

n. Other Disabilities not listed above [IF NEEDED: Children birth – 2 with an IFSP who are being served because they are at-risk, should be listed here.]

_____ [NUMBER] **SNOTLNUM**
= [SUM = SA10]

S,G,P

NEW

If SD2n = > 1, go to SD2ov. Else go to box before SD3.

SD2ov. What other types of disabilities do your students with IEPs have?

SNOTOTR1 _____
SNOTOTR2 _____

S,G,P

NEW

If any items SD5a-m ≠ -7, -8, or 9, go to corresponding overlay (col 2). Else skip to next subitem.

If (SA31 = 2 and SA32 = > 3) or (SA28 = > 3), display “In the past 3 years”. Else display, “In the time that you have been a paraprofessional.”

SPRES5

I am going to ask you to what extent you agree with each of the following statements about a component of your job and how much professional development you have had in this area. Please let me know which components do not apply to your particular position this year.

SD5. (Col. 1) Please tell me to what extent you agree with each of the following statements, not at all, to a small extent, to a moderate extent, or to a great extent.

[1 = NOT AT ALL, 2 = SMALL EXTENT, 3 = MODERATE EXTENT, 4 = GREAT EXTENT, 9 = DOES NOT APPLY]

(Col. 2) {In the past 3 years/ In the time that you have been a paraprofessional ...}, how much professional development you have had in this area? Would you say none, less than 8 hours or 8 hours or more.

[COL 2: 1 = NONE, 2 = LESS THAN 8 HOURS, 3 = 8 OR MORE HOURS]

	How well perform?	# of Hours of Prof Dev?
Col. 1: I am skillful in...		
Col. 2: How much professional development have you had in this area {in the past 3 years/ In the time that you have been a paraprofessional}?		
SSHAREHH a. Sharing information about students with teachers for planning, problem solving, and decision-making purposes.....	_____	<u>SSHAREHR</u>
SRECS b. Maintaining student records.....	_____	<u>SRECSHR</u>
SBHTCH c. Implementing behavior management programs developed by teachers.....	_____	<u>SBHTCHHR</u>
SIEMTG d. Participating in IEP meetings.....	_____	<u>SIEMTHR</u>

SSTRAT	e.	Implementing strategies developed by teachers to support students in non-special education classes.	_____	<u>SSTRATHR</u>
SDEVLP	f.	Understanding levels of development typical for different ages.....	_____	<u>SDEVLPHR</u>
SPARENT	g.	Providing information to parents about available support services and resources.....	_____	<u>SPARNTHR</u>
SNATVLEP	h.	Providing native language support for LEP students...	_____	<u>SNATIVHR</u>
SEQUIP	i.	Helping maintain and/or using adaptive equipment for students with disabilities.....	_____	<u>SEQUIPHR</u>
SMEDIC	j.	Helping administer medications or carry out medical procedures.....	_____	<u>SMEDICHR</u>
SDIVCUL	k.	Supporting students who are culturally diverse.....	_____	<u>SDIVCLHR</u>
STCHAC	l.	Teaching academic concepts and skills.....	_____	<u>STCHACHR</u>
SDATA	m.	Observing and recording data on student performance.....	_____	<u>SDATAHR</u>

P **NEW**

SD40. How confident do you feel about your ability to carry out educational programs for special education students? Would you say you are...

SEDPROGS

1. Not at all confident,
2. Not too confident,,
3. Somewhat confident, or
4. Very confident?

P **ESDRSSDA**

SD41. How would you characterize your overall performance as a paraprofessional? Would you say...

SOVERALL

1. Poor,
2. Fair,
3. Good,
4. Very good, or
2. Exceptional?

S,G,P **NEW**

Section E – Education and Training

SINTROE

Now, I would like to ask you some questions about your education and preparation.

SE1. What is the highest level of education you have completed?

SHIGHEDU

1. LESS THAN HIGH SCHOOL
2. GED
3. HS DIPLOMA
4. SOME COLLEGE
5. ASSOCIATES DEGREE (AA)
6. BACHELOR'S DEGREE (BA, BS, BFA, etc.)
7. MASTER'S DEGREE (MA, MS, MFA, etc.)

P

SE14. Do you currently hold any teaching certificates or licenses in this state or any other state?

SCERTSTA

1. YES
2. NO

S, G, P

SASSPST17a

If SE1 = 4, 5, 6, or 7, go to SE16.
Else go to **SINTROF**.

SE16. Did your college courses specifically prepare you for your current position as a special education paraprofessional?

SCOLLEG

1. YES
2. NO

P

NEW

SE17. Did you receive a certificate or other credential for paraprofessionals resulting from your college courses?

SCERTPAR

1. YES
2. NO

P

NEW

Section F – Professional Development

SINTROF

Next, I have a few questions about professional development activities in which you have participated.

SF1. Do you have an individual professional development plan written in conjunction with a school, district, or agency administrator?

SPDEVPLN

- 1. YES
- 2. NO

S,G,P

NEW

SF2. In the past 12 months, have you participated in any of the following activities related to your work? How about...

[1 = YES, 2 = NO]

SEDCOURS b. University or community college courses related to education?

SOTHCOUR c. Other university or community college courses?

SOBSERVE e. Observational visits to other schools?

SRESERCH f. Individual or collaborative research on a topic of interest to you professionally?

SPROREAD g. Independent professional reading?

SSCHMEET h. School, district, or agency committee, excluding department meetings?

SFRMLCOL i. Regularly scheduled, formal collaboration with teachers, excluding faculty meetings that are held for administrative purposes?

SPEEROBS j. Mentoring and/or peer observation and coaching as part of a formal arrangement that is recognized or supported by the school, district, or agency?

SASCMEET n. Attending professional association meetings?

SWRKSHOP l. Attending workshops, conferences, or training related to your work?

SPRESENT m. Presenting at workshops, conferences, or training?

S,G,P

SASSPST-27

SF3. In the past 12 months, how many hours, altogether, have you spent in professional development? Include hours spent in activities sponsored by your school, district, or agency, as well as activities you completed on your own. [IF NEEDED: Such as conferences, professional reading, or courses.]

SHOURSPD

_____ [NUMBER] [H: 0-1200] [S: 0-750]

S,G,P

NEW

If SF3 = < 0, go to box before SF6.
Else go to SF4.

SF4. Of those hours spent in professional development, how many were required by your school, district, agency, or state?

SHOURDIS

_____ [NUMBER] [H: = < SF3] [S: 0-500]

S,G,P

NEW

SF8. Since the beginning of the school year, how much time have you spent meeting with teachers on lesson planning, curriculum development, guidance and counseling, evaluation of programs, or other collaborative work related to instruction? [IF NEEDED: This includes mentoring.] Would you say...

STIMEMTG

- 1. Less than 1 hour per month,
- 2. 1 to 4 hours per month,
- 3. 5 to 9 hours per month, or
- 4. 10 hours or more per month?

S,G,P

SASSTF-13

SF9. Who has primary responsibility for supervising and evaluating your work?

SPRIMEVL

- 1. A NON-SPECIAL EDUCATION TEACHER
- 2. A SPECIAL EDUCATION TEACHER
- 1. A SPEECH-LANGUAGE PATHOLOGIST, SPEECH THERAPIST, OR COMMUNICATION SPECIALIST
- 4. A PHYSICAL THERAPIST
- 5. AN OCCUPATIONAL THERAPIST
- 6. A SCHOOL ADMINISTRATOR
- 7. A DISTRICT ADMINISTRATOR
- 91. OTHER

P

NEW

SF9ov. SPECIFY?

SEVALOTR

P

NEW

Section G – Background

SINTROG

I would like to complete the interview by asking you a few questions about yourself.

SG6. Do you consider yourself to have a disability?

SHAVEDIS

1. YES
2. NO

S,G,P

PHASE1HEALTHIS

SG7. Would other people consider you to have a disability?

SCONSDIS

1. YES
2. NO

S,G,P

PHASE1HEALTHIS

SG8. [IF NECESSARY ASK: Are you male or female?]

SGENDER

1. MALE
2. FEMALE

S,G,P

SASSPST-66

SG9. Do you consider yourself to be of Hispanic origin?

SHISPANC

1. YES
2. NO

S,G,P

NLSSTF1A

SG10. Do you consider yourself ...

[CODE ALL THAT APPLY]

() () () () ()

SINDIAN 1. American Indian or Alaska Native?

SASIAN 2. Asian?

SBLACK 3. Black or African American?

SNATIVE 4. Native Hawaiian or Other Pacific Islander?

SWHITE 5. White?

S,G,P

SASSPST-68

SG11. What year were you born?

SDOBIRTH

19 __ __ [YEAR] [H: < SE4]

S,G,P

SASSPST-69