

## TEACHER QUESTIONNAIRE

### ANSWERS FOR TEACHERS ABOUT THE QUESTIONNAIRE

**One of your current or former students has filed a claim for disability benefits. We need information from you to help us make our decision. Please complete the enclosed questionnaire.**

#### **Q. WHY DO YOU NEED INFORMATION FROM ME?**

**A.** To decide whether a child qualifies for disability payments, we use information from both medical and non-medical sources. Medical sources include doctors and other health care professionals; non-medical sources include teachers and other people who spend time with the child. Information from sources who know the child well is important, because a child's eligibility may be related to his or her level of functioning at school, at home, or in the community. The information you provide about this child's day-to-day functioning in school will help us to determine the effects of his or her impairment(s) on his or her functioning compared to that of other children the same age who do not have impairments. We need this information from you even if the child has been (or was) in your class for only a short time. Your information is not the only information we will be considering when we decide if the child qualifies for disability payments, but it is very important to us.

#### **Q. I DO NOT THINK THE CHILD IS DISABLED. SHOULD I COMPLETE THIS FORM?**

**A.** Yes. Under Social Security law, we are responsible for deciding whether this child is disabled, and we will be making our decision based on all of the medical, school, and other information we get. Your observations will help us to have a more complete picture of the child's daily functioning and to make a fair and accurate decision. Your completion of this form does not constitute an endorsement of our decision.

#### **Q. THE FORM IS LONG. DO I NEED TO ANSWER EVERY QUESTION?**

**A.** Not always. The form uses checkblocks and multiple choice questions to help you provide specific information as easily and quickly as possible, so it is not as long as it may appear. It is also organized into sections that cover broad domains of functioning. For each section, there is an option to check one block indicating that you have not observed any limitations in that domain. When you have not observed any limitations in a domain, you may check that block and skip to the next section.

***We appreciate your cooperation, and the time and effort it takes to complete the questionnaire.***

## **Privacy Act and Paperwork Reduction Act Statements**

The Social Security Administration is authorized to collect the information on this form under sections 1614 and 1633 of the Social Security Act. Social Security needs this information to make a decision on the named claimant's claim. This form is authorized under 20 CFR 416.924a(a). While giving us the information on this form is voluntary, failure to provide all or part of the requested information could prevent an accurate or timely decision on the named claimant's claim. Although the information you furnish is almost never used for any purpose other than making a determination about the claimant's disability, such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits and/or coverage; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security office.

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the **Paperwork Reduction Act of 1995**. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 15 – 20 minutes to read the instructions, gather the necessary facts, and answer the questions.

**REMOVE THIS SHEET BEFORE RETURNING THE COMPLETED FORM**

DDS Name and address

Attach label or type in claimant name and SSN

## TEACHER QUESTIONNAIRE

This form should be completed by the person(s) most familiar with the child's overall functioning.

Name of School: \_\_\_\_\_

How long have you known, or did you know, this child?

How often, and for how long, do you, or did you, see this child?

For what subjects:

Actual Grade level: \_\_\_\_\_

Current Instructional Level:

Student/Teacher Ratio:

Reading \_\_\_\_\_

Math \_\_\_\_\_

Written Lang. \_\_\_\_\_

Special Ed. Services & Frequency: \_\_\_\_\_

Is there, or was there, an unusual degree of absenteeism?

\_\_\_\_ No \_\_\_\_ Yes If yes, please explain:

Dominant Language:

\_\_\_\_ English \_\_\_\_ Spanish \_\_\_\_ Other (please specify):

Any other names by which the child is known:

### IMPORTANT:

On the following pages, please compare this child's functioning to that of same-aged children who do not have impairments.

If the child is in special education, please be sure to compare his or her functioning to that of same-aged children who are in regular education.

If you need additional space to describe this child's functioning, please use the last page.

# I. ACQUIRING AND USING INFORMATION

\_\_\_ NO problems observed in this domain; functioning appears age-appropriate. If you checked this block, go directly to Section II.

\_\_\_ YES, the child has problems functioning in this domain. Please circle a rating for each activity listed below.

RATING KEY FOR ACTIVITIES LISTED BELOW				
Compared to the functioning of same-aged children without impairments, this child has:				
1	2	3	4	5
No problem	A slight problem	An obvious problem	A serious problem	A very serious problem

	RATING				
	1	2	3	4	5
1.....Comprehending oral instructions	1	2	3	4	5
2.....Understanding school and content vocabulary	1	2	3	4	5
3.....Reading and comprehending written material	1	2	3	4	5
4.....Comprehending and doing math problems	1	2	3	4	5
5. Understanding and participating in class discussions	1	2	3	4	5
6. Providing organized oral explanations and adequate descriptions	1	2	3	4	5
7. Expressing ideas in written form	1	2	3	4	5
8. Learning new material	1	2	3	4	5
9. Recalling and applying previously learned material	1	2	3	4	5
10. Applying problem-solving skills in class discussions	1	2	3	4	5

**What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often?**  
(Continue on the last page if needed.)

## II. ATTENDING AND COMPLETING TASKS

\_\_\_ NO problems observed in this domain; functioning appears age-appropriate. If you checked this block, go directly to Section III.

\_\_\_ YES, the child has problems functioning in this domain. Please circle a rating and frequency for each activity listed below.

RATING KEY FOR ACTIVITIES LISTED BELOW				
Compared to the functioning of same-aged children without impairments, this child has:				
1	2	3	4	5
No problem	A slight problem	An obvious problem	A serious problem	A very serious problem

	RATING					FREQUENCY OF PROBLEM			
	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
1. Paying attention when spoken to directly	1	2	3	4	5	M	W	D	H
2. Sustaining attention during play/sports activities	1	2	3	4	5	M	W	D	H
3. Focusing long enough to finish assigned activity or task	1	2	3	4	5	M	W	D	H
4. Refocusing to task when necessary	1	2	3	4	5	M	W	D	H
5. Carrying out single-step instructions	1	2	3	4	5	M	W	D	H
6. Carrying out multi-step instructions	1	2	3	4	5	M	W	D	H
7. Waiting to take turns	1	2	3	4	5	M	W	D	H
8. Changing from one activity to another without being disruptive	1	2	3	4	5	M	W	D	H
9. Organizing own things or school materials	1	2	3	4	5	M	W	D	H
10. Completing class/homework assignments	1	2	3	4	5	M	W	D	H
11. Completing work accurately without careless mistakes	1	2	3	4	5	M	W	D	H
12. Working without distracting self or others	1	2	3	4	5	M	W	D	H
13. Working at reasonable pace/finishing on time	1	2	3	4	5	M	W	D	H

**What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often?**  
(Continue on the last page if needed.)

### III. INTERACTING AND RELATING WITH OTHERS

\_\_\_ NO problems observed in this domain; functioning appears age-appropriate. If you checked this block, go directly to Section IV.

\_\_\_ YES, the child has problems functioning in this domain. Please circle a rating and frequency for each activity listed below.

RATING KEY FOR ACTIVITIES LISTED BELOW				
Compared to the functioning of same-aged children without impairments, this child has:				
1	2	3	4	5
No problem	A slight problem	An obvious problem	A serious problem	A very serious problem

	RATING					FREQUENCY OF PROBLEM			
	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
1. Playing cooperatively with other children	1	2	3	4	5	M	W	D	H
2. Making and keeping friends	1	2	3	4	5	M	W	D	H
3. Seeking attention appropriately	1	2	3	4	5	M	W	D	H
4. Expressing anger appropriately	1	2	3	4	5	M	W	D	H
5. Asking permission appropriately	1	2	3	4	5	M	W	D	H
6. Following rules (classroom, games, sports)	1	2	3	4	5	M	W	D	H
7. Respecting/obeying adults in authority	1	2	3	4	5	M	W	D	H
8. Relating experiences and telling stories	1	2	3	4	5	M	W	D	H
9. Using language appropriate to the situation and listener	1	2	3	4	5	M	W	D	H
10. Introducing and maintaining relevant and appropriate topics of conversation	1	2	3	4	5	M	W	D	H
11. Taking turns in a conversation	1	2	3	4	5	M	W	D	H
12. Interpreting meaning of facial expression, body language, hints, sarcasm	1	2	3	4	5	M	W	D	H
13. Using adequate vocabulary and grammar to express thoughts/ideas in general, everyday conversation	1	2	3	4	5	M	W	D	H

Has it been necessary to implement behavior modification strategies for the child? \_\_\_ No. \_\_\_ Yes.  
 If yes, please explain below (e.g., behavior plan, personal assistant, time-out, quiet room, removal from the classroom, change of school placement, suspension, expulsion) Please be as detailed as possible.

What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed.)

**INTERACTING AND RELATING WITH OTHERS** continued on next page

### III. INTERACTING AND RELATING WITH OTHERS (CONTINUED)

How much of the child's speech can you, as a familiar listener, understand on the first attempt?	Very Little	No more than ½	½ to 2/3	Almost All
1. When the topic of conversation is known?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When the topic of conversation is unknown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much of the child's speech can you understand after repetition and/or rephrasing?	Very Little	No more than ½	½ to 2/3	Almost All
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### IV. MOVING ABOUT AND MANIPULATING OBJECTS

\_\_\_ NO problems observed in this domain; functioning appears age-appropriate. If you checked this block, go directly to Section V.

\_\_\_ YES, the child has problems functioning in this domain. Please circle a rating for each activity listed below.

RATING KEY FOR ACTIVITIES LISTED BELOW				
Compared to the functioning of same-aged children without impairments, this child has:				
1	2	3	4	5
No problem	A slight problem	An obvious problem	A serious problem	A very serious problem

	RATING				
1. Moving body from one place to another (e.g., standing, balancing, shifting weight, bending, kneeling, crouching, walking, running, jumping, climbing)	1	2	3	4	5
2. Moving and manipulating things (e.g., pushing, pulling, lifting, carrying, transferring objects; coordinating eyes and hands to manipulate small objects)	1	2	3	4	5
3. Demonstrating strength, coordination, dexterity in activities or tasks	1	2	3	4	5
4. Managing pace of physical activities or tasks	1	2	3	4	5
5. Showing a sense of body's location and movement in space	1	2	3	4	5
6. Integrating sensory input with motor output	1	2	3	4	5
7. Planning, remembering, executing controlled motor movements	1	2	3	4	5

**What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed.)**

## V. CARING FOR HIMSELF OR HERSELF

\_\_\_ NO problems observed in this domain; functioning appears age-appropriate. If you checked this block, go directly to Section VI.

\_\_\_ YES, the child has problems functioning in this domain. Please circle a rating and frequency for each activity listed below.

RATING KEY FOR ACTIVITIES LISTED BELOW				
Compared to the functioning of same-aged children without impairments, this child has:				
1	2	3	4	5
No problem	A slight problem	An obvious problem	A serious problem	A very serious problem

	RATING					FREQUENCY OF PROBLEM			
	1	2	3	4	5	Monthly	Weekly	Daily	Hourly
1. Handling frustration appropriately	1	2	3	4	5	M	W	D	H
2. Being patient when necessary	1	2	3	4	5	M	W	D	H
3. Taking care of personal hygiene	1	2	3	4	5	M	W	D	H
4. Caring for physical needs (e.g., dressing, eating)	1	2	3	4	5	M	W	D	H
5. Cooperating in, or being responsible for, taking needed medications	1	2	3	4	5	M	W	D	H
6. Using good judgment regarding personal safety and dangerous circumstances	1	2	3	4	5	M	W	D	H
7. Identifying and appropriately asserting emotional needs	1	2	3	4	5	M	W	D	H
8. Responding appropriately to changes in own mood (e.g., calming self)	1	2	3	4	5	M	W	D	H
9. Using appropriate coping skills to meet daily demands of school environment	1	2	3	4	5	M	W	D	H
10. Knowing when to ask for help	1	2	3	4	5	M	W	D	H

**What else can you tell us about the child's problems with these activities? For example, how independent is the child in doing them? Does the child get extra help, or an unusual degree of structure or support? If so, what kind and how often? (Continue on the last page if needed.)**



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**VI. MEDICAL CONDITIONS AND MEDICATIONS/HEALTH AND PHYSICAL WELL-BEING**

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1. Describe below any chronic or episodic condition (e.g., asthma, sickle cell anemia, depression, seizures). Does the condition have any physical effects (e.g., shortness of breath, reduced stamina, psychomotor retardation, incontinence, pain) that interfere with the child's functioning at school? How often does the child experience these physical effects related to the condition?

2. Please circle any of the following that the child uses:

Glasses

Hearing Aid

Prosthesis

Nebulizer/inhaler

Auditory Trainer

Other \_\_\_\_\_

Assistive Technology device

Orthopedic devices

3. Is medication prescribed for this child? No \_\_\_ Yes \_\_\_ Don't know \_\_\_ Specify below if known.
4. Does this child take the medication on a regular basis? No \_\_\_ Yes \_\_\_ Don't know \_\_\_.
5. Does this child's functioning change after taking medication? No \_\_\_ Yes \_\_\_ Don't know \_\_\_ If yes, please explain below.
6. Does this child frequently miss school due to illness? No \_\_\_ Yes \_\_\_ If yes, please explain below.

**What else can you tell us about the physical effects of the child's physical or mental condition or treatment for the condition?** (Continue on the last page if necessary.)

**PLEASE SIGN ON NEXT PAGE. Add any remarks as needed.**

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**VII. ADDITIONAL COMMENTS** Use this section for continuation of any previous sections. You may also use this section for any additional remarks or to note if there have been any changes in the child's functioning, for better or worse, that you would like to address.

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This form completed by:

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Signature/Title

Date

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Signature/Title (If more than one teacher has helped complete this questionnaire)

Date

**Thank you**