

State of the Profession Survey for Special Education Teachers

I. Personnel Preparation to Meet the Needs of Students with Exceptionalities

Please respond based on the **students you currently serve** and **within the service delivery system in which you teach today**. Instruction is defined as teaching and support strategies to address the academic, social and adaptive needs of students identified as eligible for special education and related services (students with exceptionalities or twice exceptional).

1. How much do individual student IEP goals **guide your instruction** of students with exceptionalities?

Do not guide Considered at least monthly Considered at least weekly Considered daily

2. How **prepared** are you to provide the instruction required to help students with exceptionalities meet **the range of goals specified on their IEP**?

Not prepared Somewhat prepared Prepared Very prepared

3. To what extent does the **curriculum** you use **support individualization** for meeting specific IEP goals? Or, embedding IEP goals into the curriculum?

Does not Requires frequent modification Requires minimal modification Supports well

4. Consider your **current educational colleagues** and rate your perceptions of how prepared they are to provide the instruction required to help students with exceptionalities meet the range of goals specified in their IEP.

	Not Prepared	Somewhat Prepared	Prepared	Very Prepared
Special education teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General education teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Para educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related service providers (e.g., SLP, PT, OT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others (please specify):

5. Consider the **colleagues**, with whom you work, who have **graduated within the past three years** from teacher preparation programs and rate your perceptions of how prepared they are to provide the instruction required to help students with exceptionalities meet the range of goals specified on their IEP. (Mark Not Applicable if you do not have colleagues from this time frame.)

	Not Prepared	Somewhat Prepared	Prepared	Very Prepared	Not Applicable
Special education teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General education teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others (please specify):

6. Consider your current **educational leaders** and rate your perceptions of how prepared they are to **support you** in providing the instruction required to help students with exceptionalities meet the range of goals specified in their IEP.

	Not Prepared	Somewhat Prepared	Prepared	Very Prepared
Building administrator/ principal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District administrator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special education supervisor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District special education administrator(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In my school, I feel strong sense of belonging and community for students with exceptionalities.

Never Sometimes Most of the time Always

II. Classroom/Assessment, Instructional and Management Practices

Please rate your level of expertise in using the following **strategies to guide instruction** with your students with exceptionalities. **Rate only yourself** and not your colleagues. If you do not use a practice, mark "I do not use".

8. Rate your level of competence with the following Assessment Practices used to inform instruction of students with exceptionalities.

	I am just learning about this	I can use with support	I am comfortable using this	I can support others in using this	I do not use
Progress monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of progress on IEP goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength based assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observational data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Formal assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Stakes test data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others (please specify):

9. Rate your level of competence in using the following Instructional Practices and Strategies for students with exceptionalities.

	I am just learning about this	I can use with support	I am comfortable using this	I can support others in using this	I do not use
Differentiated Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UDL (Universal design for Learning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High leverage practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personalized learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally relevant strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others (please specify):

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10. Rate your level of competence in using the following classroom organizational approaches for students with exceptionalities.

	I am just learning about this	I can use with support	I am comfortable using this	I can support others in using this	I do not use
Co-teaching models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible class grouping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination with para educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Rate your level of competence in using the following Classroom Disciplinary Approaches for:

	I am just learning about this	I can use with support	I am comfortable using this	I can support others in using this	I do not use
Functional Based Assessment (FBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive behavioral supports and interventions (PBIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief time out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student option to leave instruction for designated "safe" or quiet space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of class referral to office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally responsive approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Considering changes in federal educational policy which allow for more restrictive disciplinary approaches, for students with exceptionalities, please indicate if you or your school use the following disciplinary approaches.

	No	Yes
Seclusion	<input type="checkbox"/>	<input type="checkbox"/>
Restraint	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Suspension (in school)	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Suspension (out of school)	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Expulsion	<input type="checkbox"/>	<input type="checkbox"/>

Others (please specify):

III. School or District-wide approaches to meeting the needs of students with exceptionalities

Please rate **your school or district's level** of implementation using the following strategies. Note, these refer to the extent your school or district participates in these strategies and extends beyond your classroom or your method of service delivery.

13. **My school or district support collaborative approaches** to providing the instruction required to help students with exceptionalities meet their IEP goals.

	does not use	is learning to use	sometimes uses	uses most of the time
Co-teaching models	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-tiered systems of support (MTSS) or Response to Intervention (RTI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Behavioral Intervention and Supports (PBIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusion in general education classes/courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others (please specify):

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14. **My school or district provides the following supports** to help me provide the instruction required to help students with exceptionalities meet their IEP goals.

	does not use	is learning to use	sometimes uses	uses most of the time
Mentoring programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-service professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communities of Practice (COP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Others (please specify):

15. My school or district provides regularly scheduled school time **to plan my lessons.**

- this statement is false
 this statement is true, but the time is not enough
 this statement is true

16. My school or district provides regularly scheduled school time **to plan with my team/partners** for lessons.

- this statement is false
 this statement is true, but the time is not enough
 this statement is true

17. My school provides me with the necessary support to **work with the IEP team members** to develop individualized education programs.

- this statement is false
 this statement is true, but the time is not enough
 this statement is true

IV. Parent and Family Engagement

18. I am confident that I meet the needs of families of students with exceptionalities whose social economic status differs from mine.

- Disagree
 Somewhat disagree
 Somewhat agree
 Agree
 Not applicable

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19. I am confident that I meet the needs of families with exceptionalities whose first language differs from mine.

- Disagree Somewhat disagree Somewhat agree Agree Not applicable

20. I am confident that I meet the needs of families of students with exceptionalities whose culture and ethnicity differs from mine.

- Disagree Somewhat disagree Somewhat agree Agree Not applicable

21. My school/district values meaningful partnerships with families with students with exceptionalities by inviting them to become engaged at their student's school at the level they are most comfortable (e.g., parent volunteering, providing resources to families, advisory councils).

- Disagree Somewhat disagree Somewhat agree Agree

Please identify examples of support received or needed:

22. My school or district provides me with necessary support to engage the families of my students in developing and implementing the IEP.

- Disagree Somewhat disagree Somewhat agree Agree

Please identify examples of support received or needed:

V. Teacher Evaluations

23. Please review the following areas of evaluation and indicate whether you are/are not evaluated by checking yes or no in the first two columns. Also, please rate how important you feel each area is to be evaluated, by placing the appropriate indicator in the last column:

NI–Important, SW–Somewhat Important, I–Important, VI–Very Important

	Importance		(NI, SW, I, VI,)
	Yes	No	
My instruction/teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
My students' outcomes on IEP goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
My students' outcomes on high-stakes tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
My ability to work collaboratively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
My ability to work effectively with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
My professional ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
My commitment toward professional growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Comments:

24. I support the process used to evaluate my performance.

- Disagree Somewhat disagree Somewhat agree Agree

25. Please indicate the **three most important** elements that must be in place to ensure your success as a teacher of students with exceptionalities. (Check only 3 from list)

	First	Second	Third
Principal who is strong instructional leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to technology (including technical support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General education curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smaller class sizes/caseloads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to related service providers (e.g., OT, PT, SLP, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrators who support the IEP process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable para-educators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate resources to meet IEP requirements for my students (e.g., assistive technology, materials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

VI. Demographics:

26. Indicate the highest degree you have completed.

- Bachelors Masters Doctorate

27. Indicate ALL areas in which you are currently licensed or certified (check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> Special Education (general) | <input type="checkbox"/> Twice Exceptional |
| <input type="checkbox"/> Cross categorical (mild to moderate) | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Cross categorical (moderate to severe) | <input type="checkbox"/> Intellectual and Developmental Disabilities |
| <input type="checkbox"/> Multi-categorical | <input type="checkbox"/> Physical and Health Disabilities |
| <input type="checkbox"/> Early Childhood Special Education | <input type="checkbox"/> Visual Impairments |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Emotional and Behavior Disorders | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Other (specify: _____) |

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28. Indicate ONE item below that most closely describes the licensure or certification for your current teaching position.

- Full professional license/certification for my position
- Provisional, emergency, or temporary license/certification for my position
- License/certification in an area that does not match my current position
- No license/certification for my position

29. Indicate the number of years you have taught in special education.

- 1-3 years
- 4-9 years
- 10-14 years
- 15-20 years
- 20+ years

30. Are you teaching during the current academic year?

- Yes
- No

31. Indicate the age groups of students served in your current teaching assignment (Check ALL that apply).

- Early Childhood (ages 3-5)
- Primary/elementary
- Middle school/junior high
- Secondary school
- Transition years (ages 19-22)

32. Identify the school setting in which you spend more than 50% of your time with students you teach (check only one).

- General education classes that include students with IEPs
- Self-contained special education classes
- Resource Room for small group or individualized instruction
- Community based settings to prepare for transition
- Hospital or residential setting
- Private School
- Other (specify: _____)

33. Choose the most appropriate classification for the community in which you teach.

- Urban
- Suburban
- Rural

34. Identify the primary funding source for your school/agency (choose one).

- Public
- Private
- Mix of public and private funds

35. Optional: Please Indicate your gender affiliation.

- Female
- Male
- Other

36. Optional: Please indicate your ethnicity

- African American
- Asian/Pacific Islander
- American Indian
- Hispanic/Latino
- Caucasian/European American
- Other

37. Optional: Identify the State/Province in which you teach: _____

Thank you for completing this survey. Your responses will be summarized with others and results shared at the 2019 Convention and in a printed report for CEC.

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