Dear School Administrator,

We need your input. Your school is participating in a grant funded by U.S. Department of Education (Office of Special Education Programs). This grant is called Project EVOLVE (Expanding and Validating Options for Learning through Variations in Education). Project EVOLVE is being administered by the Center on Disability and Community Inclusion at the University of Vermont. The main purpose of Project EVOLVE is to develop, implement, and evaluate alternatives for supporting students with disabilities in general education classes.

The questionnaire attached to this letter includes a series of questions to collect information that will be helpful in schoolwide planning efforts. Specifically, this information along with information being collected from teachers, special educators, paraprofessionals, and parents of students with disabilities is designed to help inform your school’s planning team as they explore new and more effective models for supporting all students.

You will notice that the 25 questions ask for demographic information about your school. Most of the questions are the same as those that were included in your school’s application to project EVOLVE. We are seeking the most current data, so please respond/update based on current information. There is a space in the top left corner for you to write the date. Feel free to write comments on the page if they might help clarify the meaning of your responses.

Thank you for taking the time to complete this questionnaire and returning it within the next two weeks in the envelope provided to the person listed below. All of your responses will be confidential and anonymous. If you have any questions, please contact me.

Sincerely,

Michael F. Giangreco
Research Professor
802-656-1144
Michael.Giangreco@uvm.edu
More information about this project is available online at www.uvm.edu/~cdci/evolve/

Please Return Questionnaire to:
Michael F. Giangreco
University of Vermont
Center on Disability and Community Inclusion
101 Cherry St., Ste. 450
Burlington, VT 05401
**Project EVOLVE**

*School Questionnaire*

(Responses are confidential; data will be presented in ways to maintain anonymity)

**Please list information as it pertains to your school and students, not the entire district**

D1. Name of School: ____________________________

D2. Position of person completing this questionnaire:
   Circle one: **Principal**  **Special Education Administrator**  **Other (specify: _______________ )**

D3. Grades served in school (for this project): ____________________________

D4. Is your school urban, suburban or rural: ____________________________

D5. Average class size? ________________

D6. Total number of students? ________________

D7. Number of minority students? ________________

D8. Number of students on free or reduced lunch? ________________

D9. Number of students who speak English as a second language? ________________

D10. Number of students on IEPs? ________________

D11. In order to better understand the range of students with disabilities served in general education classes in your school, please provide a **brief listing of the categorical labels and functioning levels** (e.g., autism, serious emotional disturbance, deaf-blind, severe intellectual disability) **of the two or three students** (no names please) **in your school who have the most severe disabilities who are supported primarily within general education placements:**

__________________________________________________________________________

__________________________________________________________________________

D12. Percent of students with disabilities whose primary placement is within the general education classroom with individually determined supports? ________________

D13. Percent of students with disabilities who are placed in chronologically age-appropriate general education classes (i.e., same age option as if they were not disabled, within a year above or below)? ________________

D14. Over the past five years the percentage of our child count of students on IEPs has (please circle one and write the percent in the space provided):

   decreased by _______ %    stayed about the same    increased by _______ %

D15. Over the past five years, the number of special education paraprofessionals has (please circle one and write the FTE number in the space provided):

   decreased by _______ # in FTE    stayed about the same    increased by _______ # in FTE

D16. Number of students with disabilities in any kind of out-of-district placements? ________________

D17. Number of students on 504 plans? ________________

D18. Number of students, not labeled disabled, but who have special needs plans (e.g., schoolwide support system)? ________________

*Please continue to next page .........................*
D19. Number of students with disabilities in an alternative school/program within the district?______
D20. Number of students without disabilities in an alternative school/program within the district?______
D21. Where is the alternative school/program located in relation to the school?____________________
D22. Number of special educators (in FTE)?______________
D23. Number of those special educators on a certification waiver (e.g., not currently certified)?______
D24. Number of general education teachers on a certification waiver?__________
D25. Total number of paraprofessionals in the school (in FTE)?______
   a. Number assigned to and paid for by general education, including Title I (in FTE)?______
   b. Number assigned to and paid for by special education (in FTE)?______
   c. Of those listed in b., the number assigned, one-on-one to individual students?______

Additional Comments: