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# Teacher Questionnaire

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## Answers For Teachers or Homeschool 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 a decision. Please complete the enclosed questionnaire.

### **Q. Why Do You Need Information From Me?**

A. To decide whether a child qualifies for disability benefits, 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 level of functioning at school, at home, or in the community may affect his or her eligibility. The information you provide about the child's day-to-day functioning in school will help us to determine the effects of the child's impairment(s). It will also help us to compare this child's functioning to that of other children the same age who do not have impairments. We need this information from you even if you have taught (or did teach) the child 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 benefits, but it is very important to us.

### **Q. Is This Request Redundant? We (or Others) Have Already Evaluated This Child Under the Individuals With Disabilities Education Act (IDEA).**

A. The definition of disability in the Social Security Act is entirely separate from the definition of an "educational disability" in the IDEA. We must determine whether a child's impairment(s) meets the SSA definition of disability, regardless of the child's standing under the IDEA definition of educational disability.

### **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 receive. 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 check boxes 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. We also organized the form 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 move on to the next section.

*We appreciate your cooperation, your time, and your effort in completing the questionnaire.*

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**Privacy Act Statement**  
**Collection and Use of Personal Information**

Sections 202, 223 and 1631(e) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on the named claimant's eligibility for benefits.

We will use the information to make a determination of eligibility for benefits. We may also share your information for the following purposes, called routine uses:

1. To specified business and other community members and Federal, State, and local agencies for verification of eligibility for benefits under section 1631(e) of the Act; and
2. To Federal, State, or local agencies for administering cash or non-cash income maintenance or health maintenance programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0089, entitled Claims Folders Systems. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take 40 minutes to read the instructions, gather the facts, and answer the questions. If you have questions about how to complete the form, contact the Requesting Office; see page 3, upper left corner, for the name, address, and phone number of the Requesting Office. If you need the address or phone number for the Requesting Office, you can get it by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778). SEND THE COMPLETED FORM TO THE REQUESTING OFFICE. *You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.***

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

Requesting Office Name and Address

Attach Label or Type in Claimant Name

## Teacher Questionnaire

**This Form Should Be Completed By The Person(s) Most Familiar With The Child's Overall Functioning.**

Name of School:

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

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

For what subjects:

3. Actual Grade Level:	Current Instructional Levels	Special Ed. Services & Frequency
	Reading Level:	
Student/Teacher Ratio:	Math Level:	
	Written Language Level:	

4. Is there, or was there, an unusual degree of absenteeism?  Yes  No If yes, please explain:

5. Dominant Language:  English  Spanish  Other (please specify)

6. Any other names by which the child is known:

### IMPORTANT

**Please compare this child's functioning to that of same-aged children who do not have impairments**

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

### 1. Acquiring and Using Information

- NO problems observed in this domain; functioning appears age-appropriate.  
*If you selected this block, go directly to Section 2.*
- YES, the child has problems functioning in this domain.  
*Please mark 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Understanding school and content vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Reading and comprehending written material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Comprehending and doing math problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Understanding and participating in class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Providing organized oral explanations and adequate descriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Expressing ideas in written form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Learning new material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Recalling and applying previously learned material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Applying problem-solving skills in class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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## 2. Attending and Completing Tasks

- NO problems observed in this domain; functioning appears age-appropriate.  
*If you selected this block, go directly to Section 3.*
- YES, the child has problems functioning in this domain.  
*Please mark 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					Frequency of Problem			
		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
1.	Paying attention when spoken to directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Sustaining attention during play/sports activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Focusing long enough to finish assigned activity or task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Refocusing to task when necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Carrying out single-step instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Carrying out multi-step instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Waiting to take turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Changing from on activity to another without being disruptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Organizing own things or school materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Completing class/homework assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Completing work accurately without careless mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Working without distracting self or others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Working at reasonable pace/finishing on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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### 3. Interacting and Relating with Others

NO problems observed in this domain; functioning appears age-appropriate.

*If you selected this block, go directly to Section 4.*

YES, the child has problems functioning in this domain. *Please mark 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					Frequency of Problem			
		1	2	3	4	5	Monthly	Weekly	Daily	Hourly
1.	Playing cooperatively with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Making and keeping friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Seeking attention appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Expressing anger appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Asking permission appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Following rules (classroom, games, sports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Respecting/obeying adults in authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Relating experiences and telling stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Using language appropriate to the situation and listener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Introducing and maintaining relevant and appropriate topics of conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Taking turns in conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Interpreting meaning of facial expression, body language, hints, sarcasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Using adequate vocabulary and grammar to express thoughts/ideas in general, everyday conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Has it been necessary to implement behavior modification strategies for the child?**  Yes  No

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.

### 3. Interacting and Relating with Others (Continued)

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.)

How much of the child's speech can you, as a familiar listener, understand on the first attempt?		Very Little	No more than 1/2	1/2 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, as a familiar listener, understand after repetition and/or rephrasing?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 4. Moving About and Manipulating Objects

- NO problems observed in this domain; functioning appears age-appropriate. *If you selected this block, go directly to Section 5.*
- YES, the child has problems functioning in this domain. *Please mark 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.	Moving body from one place to another (e.g., standing, balancing, shifting weight, bending, kneeling, crouching, walking, running, jumping, climbing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Moving and manipulating things (e.g., pushing, pulling, lifting, carrying, transferring objects; coordinating eyes and hands to manipulate small objects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Demonstrating strength, coordination, dexterity in activities or tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Managing pace of physical activities or tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Showing a sense of body's location and movement in space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Integrating sensory input with motor output	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Planning, remembering, executing controlled motor movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)





## 6. Medical Conditions and Medications/Health and Physical Well-Being

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?

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

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Glasses     | <input type="checkbox"/> Nebulizer/Inhaler            | <input type="checkbox"/> Assistive Technology device |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Auditory Trainer             | <input type="checkbox"/> Orthopedic devices          |
| <input type="checkbox"/> Prosthesis  | <input type="checkbox"/> Other (please specify) _____ |  |

3. Is medication prescribed for this child?  Yes  No  Don't Know      Specify below, if known.

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4. Does this child take the medication on a regular basis?  Yes  No  Don't Know

5. Does this child's functioning change after taking medication?  Yes  No  Don't Know

If yes, please explain below

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6. Does this child frequently miss school due to illness?  Yes  No

If yes, please explain below

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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 needed.)

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**Please Provide Your Name and Title on Next Page. Add Any Remarks as Needed.**

### 7. Additional Comments

Use this section for continuation of any previous sections. You may also use this section to make any additional remarks, or to note any changes in the child's functioning, for better or worse, that you would like to address.

Lined area for writing additional comments.

**This form completed by:**

Name/Title	Date
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If we need more information about this child,

- Is there a phone number where we can reach you? ( \_\_\_\_\_ ) \_\_\_\_\_
- Is there a best time to call you? \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

Name/Title	Date
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If we need more information about this child,

- Is there a phone number where we can reach you? ( \_\_\_\_\_ ) \_\_\_\_\_
- Is there a best time to call you? \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

**Thank You**