

**TEACHER QUESTIONNAIRE**  
**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 our 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 nonmedical 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 checkboxes 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.*

**The Privacy Act Statement  
Teacher Questionnaire  
Collection and Use of Personal Information**

Sections 1614 and 1633 of the Social Security Act, as amended, and 20 CFR 416.924a (a), authorize us to collect this information. We will use the information you provide to make a decision on the named claimant's claim. The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent our making an accurate and timely decision on the named claimant's claim. We rarely use the information you supply for any purpose other than to make a decision on a claimant's disability. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an 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 Government Accountability Office and Department of Veterans Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate audit or investigative activities necessary to ensure the integrity of Social Security programs.

We may also use the information you provide in computer-matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs. Explanations about these and other reasons why information you provide us may be used or given out are available in Systems of Records Notice 60-0089 (Claims Folder Systems). The Notice, additional information about this form, and any other information regarding our systems and programs are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

**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 about 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 1, 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?  No  Yes 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.**



## II. ATTENDING AND COMPLETING TASKS

- NO problems observed in this domain; functioning appears age-appropriate.  
*If you selected this block, go directly to Section III.*
- YES, the child has problems functioning in this domain.  
*Please mark a rating for each activity listed below.*

<b>RATING KEY FOR ACTIVITIES LISTED BELOW</b>				
<b>Compared to the functioning of same-aged children without impairments, this child has:</b>				
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="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Sustaining attention during play/sports activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Focusing long enough to finish assigned activity or task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Refocusing to task when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Carrying out single-step instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Carrying out multi-step instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Waiting to take turns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Changing from one activity to another without being disruptive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Organizing own things or school materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Completing class/homework assignments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	Completing work accurately without careless mistakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	Working without distracting self or others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	Working at reasonable pace/finishing on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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**III. INTERACTING AND RELATING WITH OTHERS**

- NO problems observed in this domain; functioning appears age-appropriate.  
*If you selected this block, go directly to Section IV.*
- YES, the child has problems functioning in this domain.  
*Please mark a rating for each activity listed below.*

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

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

**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.)**







VI. 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?     No     Yes     Don't know    Specify below, if known.

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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.

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