

# Classroom Questionnaire Standardization Phase

Harcourt Assessment, Inc. invites you to participate in the Standardization of the Classroom Questionnaire. This checklist is a behavior scale that enables teachers to report sensory information that is vital to:



- understanding the complexity of a student's sensory processing,
- gathering critical information related to school and classroom behaviors, and
- designing strategies for managing daily classroom life.

Although primary caregivers and parents have the most complete information about their children, teachers see the student in a different environment. Teacher input of this nature is required to develop a successful Individualized Education Plan (IEP).

We will be collecting data for students ages 3 years 0 months through 11 years 11 months from across the United States from mid-September until late October. The person completing the behavior scale must be the classroom teacher of the student. The questionnaire will take approximately 15 to 20 minutes for the teacher to complete.

We will also be collecting a parent questionnaire as a validity measure for some non-clinical students and all clinical students (both the examiner and the parent will be compensated for this additional questionnaire).

**Study Information and Payment Information are listed on the back of this page or page 2. If you received a fax or an e-mail that information can be found on page 2.**

# Classroom Questionnaire Standardization Phase

## Study Information

### Standardization Study

This study is for students 3 years 0 months through 11 years 11 months. Students should be typically developing. The teacher must complete one (1) Classroom Questionnaire per student.

### Autism/ADHD/Asperger's Studies

Students in this study should be between the ages of 3 years 0 months through 11 years 11 months. Students should be diagnosed with Autism, ADHD, or Asperger's disorders. The teacher should be either a special education teacher or a resource teacher. The teacher must complete one (1) Classroom Questionnaire and the parent or caregiver must complete one (1) Classroom Questionnaire.

### Test/Retest Study

This study is for students 3 years 0 months through 11 years 11 months. Students must be typically developing. The teacher will complete two (2) Classroom Questionnaires 2-14 days apart.

### Validity Study

This study is for students 3 years 0 months through 11 years 11 months. Students should be typically developing. The teacher will complete one (1) Classroom Questionnaire and the parent or caregiver will complete one (1) Classroom Questionnaire.

Study	Teacher Time	Teacher Payment	Parent Time	Parent Payment
Standardization Study	15—20 Min.	\$10	Not Applicable	Not Applicable
Autism/ADHD/Asperger's Study	15—20 Min.	\$10 for Teacher Form & \$10 for Parent Form	15—20 Min.	\$10
Test/Retest Study	30—40 Min.	\$10 for each of the Teacher Forms	Not Applicable	Not Applicable
Validity Study	15—20 Min.	\$10 for Teacher Form & \$10 for Parent Form	15—20 Min.	\$10

### Payment Information (per valid case)

Please note that the Autism, ADHD, Asperger's, and Validity study cases will not be valid without the parent form.

# Classroom Questionnaire Standardization Phase

# Examiner Enrollment Form

Please **print** your full and complete mailing address. Abbreviations in the address can lead to shipping difficulties with test kits and supplies. **We cannot accept P.O. Box addresses.** Thank you for your cooperation.

Name \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of school district or facility \_\_\_\_\_  
Profession \_\_\_\_\_ Day phone \_\_\_\_\_  
Evening phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Can you receive email attachments? \_\_\_\_\_  
How do you prefer to be contacted?  
Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Who Referred You? \_\_\_\_\_

It is important that we hear from you, even if you have decided not to participate. Please fax the completed form to **1.800.524.4124** as soon as possible. Should you have questions, please call **1.800.854.6434** or send an email to **david\_martinez01@harcourt.com**.

Please indicate by a check mark your decision related to enrollment. Should you elect to participate, please include your signature in the space provided, choose a payment option and fill out the back of this page.

**YES:** \_\_\_\_\_ If selected, I will participate as an examiner in the Classroom Questionnaire standardization study. I fully understand that signing this form indicates that I have read the information about this project, and agree to participate as an examiner in accordance with all terms relating to this research study.

**I understand this includes children ages 3 years 0 months to 11 years 11 months. Harcourt Assessment, Inc. will provide all test materials.**

Signature \_\_\_\_\_

**NO:** \_\_\_\_\_ I do not wish to participate as an examiner in the Classroom Questionnaire standardization study.

### Payment Selection (Choose One)

**Incentives will go to the Teacher**

Payment method

Check

Harcourt Catalog Credit

**Incentives will go to the School (complete the information below)**

Payment Method

Check

Harcourt Catalog Credit

Social Security Number (For Payment Purposes) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

District/Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**If your payment will be going to a facility you will need to provide a W-9 for the facility.**

**Please Complete Page 2**



**Classroom Questionnaire Standardization Examiner Enrollment Page 2**  
**Examiner Name:** \_\_\_\_\_

**Which age group(s) of children do you have access to and will be able to test (check all that apply)?**

- |                                   |                                   |                                     |
|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> 3.0-3.11 | <input type="checkbox"/> 6.0-6.11 | <input type="checkbox"/> 9.0-9.11   |
| <input type="checkbox"/> 4.0-4.11 | <input type="checkbox"/> 7.0-7.11 | <input type="checkbox"/> 10.0-10.11 |
| <input type="checkbox"/> 5.0-5.11 | <input type="checkbox"/> 8.0-8.11 | <input type="checkbox"/> 11.0-11.11 |

**Please indicate the ethnicity of the children you have access to. (Check all that apply):**

- African American     Asian     Caucasian     Hispanic     Other (Includes Native American)

**Please indicate the parent education levels (PED) of the children you have access to. (Check all that apply)**

**Note:** For this project, we are using the primary caregiver’s education level.

- |                                                                    |                                                                                                                   |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <b>PED 1:</b> No HS Diploma or equivalent | <input type="checkbox"/> <b>PED 3:</b> Up through 3 years of college or tech. school, includes Associate’s Degree |
| <input type="checkbox"/> <b>PED 2:</b> HS Diploma or equivalent    | <input type="checkbox"/> <b>PED 4:</b> 4 or more years of college (with or without a degree)                      |

**Please indicate the clinical categories you will be able to test:**

- Autism                       ADHD                       Asperger’s Disorder

**There will be an opportunity for you to earn additional incentives by participating in validity studies. Please indicate the validity studies you would like to participate in:**

- Test-Retest                       Parent Form

**Test candidate nominations**

Please provide information on the candidates that you would like to test for this project. Feel free to send additional pages with names. Note: the greater the diversity in age, ethnicity and parent education, the greater the potential that you will be selected for the project and will be given reservations for your first choices.

**Note: We need diversity in ethnic and socioeconomic backgrounds.** Listing candidates does not guarantee that all names listed will be reserved. Do not test any child until you have received a reservation confirmation to do so.

Child’s Name	Date of Birth	Gender	Ethnicity	Primary Caregiver’s Education	Clinical Category

**Clinical Categories:** Autism, ADHD, Asperger’s Disorder  
**Education Level:** Be very specific when listing number of years of schooling, especially when it is less than a high school diploma  
**Ethnicity:** If multi-racial, please list all races

**Questions?**  
**1.800.854.6434 and Ask for a Classroom Questionnaire Team Member**

