SPLIT			
$sitecode	User:	System Date:	Mode: Development
Site Name:			

School Attendance and Performance Survey (EDU)

Version: 5.0; 11-30-07

Segment (PROTSEG):

Visit Number (VISNO):

Date of form completion: (EDUDATE) _____ (mm/dd/yyyy)

Primary Caregiver Information

1. Primary caregiver #1/person completing form: (EDUPCG)

   Mother - 1
   Father - 2
   Guardian - 3
   Other - 9

   If *Other*, specify: (EDUPCGSP)

   a. Primary caregiver's marital status: (EDUPCGMS)

   Single - 1
   Married - 2
   Divorced - 3
   Widowed - 4

   b. Has the primary caregiver's marital status changed since transplant? (EDUMSCH)   ☐ No - 0   ☐ Yes - 1

   c. Primary caregiver's highest level of education: (EDUP1EDU)

   Some high school or less - 1
   High school diploma/GED - 2
   Vocational school or some college - 3
   College degree - 4
   Professional or graduate degree - 5

2. Is there another primary caregiver? (EDUP2YN)   ☐ No - 0   ☐ Yes - 1

   a. Primary caregiver #2 highest level of education: (EDUP2EDU)

   Some high school or less - 1
   High school diploma/GED - 2
   Vocational school or some college - 3
   College degree - 4
   Professional or graduate degree - 5

   b. Relationship to participant: (EDUP2REL)

   Mother - 1
   Father - 2
   Guardian - 3
   Other - 9

   If *Other*, specify: (EDUP2REO)

School History

3. Has your child...(indicate for each):

   a. Participated in a Head Start or Early Intervention Program (EDUHSTRT)   ☐ No - 0   ☐ Yes - 1

   b. Had testing to develop an Individual Educational Plan (IEP) at his/her school (EDUIEP)   ☐ No - 0   ☐ Yes - 1

c. Received special educational or resource eduational services as recommended by an IEP *(EDUIEPSE)* ☐ No - 0 ☐ Yes - 1

d. Received a 504 Plan with accomodations and modifications *(EDU504P)* ☐ No - 0 ☐ Yes - 1

4. Have you ever requested testing of your child for evaluation of learning or school problems? *(EDURTEST)* ☐ No - 0 ☐ Yes - 1

   If **YES**, *specify:*

   a. Was the testing performed by a local school system? *(EDUTESTL)* ☐ No - 0 ☐ Yes - 1

   b. Was the testing denied by a local school system? *(EDUTESTD)* ☐ No - 0 ☐ Yes - 1

   c. Was the testing performed by a private or hospital based service? *(EDUTESTP)* ☐ No - 0 ☐ Yes - 1

5. Has your child ever repeated a grade or been held back? *(EDURPT)* ☐ No - 0 ☐ Yes - 1

   IF YES, was the child held back because of: *(EDURPTAT)*

   Missed school days -1
   Academic or developmental concerns - 2
   Other - 9

   If *Other*, specify: *(EDURPTOT)*

Current School Information

6. *In the past 12 months*, has your child attended school? *(EDUSCH12)* ☐ No - 0 ☐ Yes - 1

   If **YES**, *specify:*

   If **NO**, *specify:*

   a. What grade does your child currently attend? (If not currently in school, e.g. summer break, indicate last grade attended.) *(EDUGRADE)*

   K - 0
   1
   2
   3
   4
   *Additional Options Listed Below

   b. How many full days of school did your child miss *during the past 12 months* due to illness or doctors' visits: *(EDUMISSE)*

   0-4 days - 1
   5-10 days - 2
   11-20 days - 3
   21-30 days - 4
   31+ days - 5

   c. Did your child receive special education support at school *during the past 12 months*? (exclude gifted or accelerated programs) *(EDUSPED)* ☐ No - 0 ☐ Yes - 1

   If YES, indicate: *(EDUSPEDS)*

   Less than 50% of the time - 1
   More than 50% of the time - 2

   Speech/language: *(EDUSPSL)* ☐ No - 0 ☐ Yes - 1
   Reading/language arts: *(EDUSPR)* ☐ No - 0 ☐ Yes - 1
   Physical/Occupational ☐ No - 0 ☐ Yes - 1

therapy: *(EDUPHOCT)*

Math: *(EDUSPM)*　　　☐ No - 0　　☐ Yes - 1

Other: *(EDUSOTH)*　　☐ No - 0　　☐ Yes - 1

If *Other*, specify: *(EDUSOSP)*

If your child did not attend school *during the past 12 months*, indicate reason: *(EDUNATTN)*

Child was home-schooled - 1
Child was medically unable to attend school, but received home-bound school services - 2
Child was medically unable to participate in any academic activities - 3
Child has dropped out of school - 4
Other - 9

If *Other*, specify: *(EDUNOSCO)*

If your child participated in any academic activities (attending school, home-bound services, home schooling) *during the past 12 months*, please rate his/her performance:

Reading/language arts: *(EDUREAD)*　　☐ Below Average - 1　　☐ Average - 2　　☐ Above Average - 3

Math: *(EDUMATH)*　　☐ Below Average - 1　　☐ Average - 2　　☐ Above Average - 3

Speech/language: *(EDUSPCH)*　　☐ Below Average - 1　　☐ Average - 2　　☐ Above Average - 3

Concerns

7. *During the past 12 months* have you had concerns about any of the following (check all that apply)?

Speech/language:　　　　　　　*(EDUSPECH)* ☐ No - 0　☐ Yes - 1

Hearing:　　　　　　　　　　　*(EDUHEAR)* ☐ No - 0　☐ Yes - 1

Vision:　　　　　　　　　　　　*(EDUVISN)* ☐ No - 0　☐ Yes - 1

Motor skills:　　　　　　　　　*(EDUMOTOR)* ☐ No - 0　☐ Yes - 1

Physical handicap:　　　　　　*(EDUHANDI)* ☐ No - 0　☐ Yes - 1

Toilet training:　　　　　　　　*(EDUTT)* ☐ No - 0　☐ Yes - 1

Sleep:　　　　　　　　　　　　*(EDUSLEEP)* ☐ No - 0　☐ Yes - 1

Feeding/eating:　　　　　　　　*(EDUFEED)* ☐ No - 0　☐ Yes - 1

Behavior:　　　　　　　　　　　*(EDUDISR)* ☐ No - 0　☐ Yes - 1

Friendships/social skills:　　　*(EDUPEER)* ☐ No - 0　☐ Yes - 1

Self-esteem:　　　　　　　　　*(EDUESTM)* ☐ No - 0　☐ Yes - 1

Attention:　　　　　　　　　　　*(EDUATETN)* ☐ No - 0　☐ Yes - 1

Hyperactivity:　　　　　　　　　*(EDUHYPER)* ☐ No - 0　☐ Yes - 1

Learning:　　　　　　　　　　　*(EDULEARN)* ☐ No - 0　☐ Yes - 1

Memory:　　　　　　　　　　　　*(EDUMEM)* ☐ No - 0　☐ Yes - 1

Mood (sadness, depression, anxiety, irritability/anger):　*(EDUMOOD)* ☐ No - 0　☐ Yes - 1

8. Has your child ever been described or diagnosed as having Attention　　☐ No - 0　☐ Yes - 1

Deficit/Hyperactivity Disorder (ADHD) with or without hyperactivity? *(EDUADHD)*

    Is your child currently taking medication for ADHD? *(EDUADHDM)*   ☐ No - 0   ☐ Yes - 1

9. Has your child ever been described or diagnosed as having a Learning Disability (LD)? *(EDULD)*   ☐ No - 0   ☐ Yes - 1

10. Has your child ever been described or diagnosed as having mental retardation? *(EDUMENTR)*   ☐ No - 0   ☐ Yes - 1

11. Do you have any additional concerns or comments: *(EDUADCON)*   ☐ No - 0   ☐ Yes - 1

    If Yes, indicate: *(EDUCONCR)*

The Notes field should not be used to communicate information to the SPLIT DCC. This field is intended to be used for notes center staff may find useful when returning to the form.

Notes: *(EDUCOMME)*

Additional Selection Options for EDU

What grade does your child currently attend? (If not currently in school, e.g. summer break, indicate last grade attended.)
5
6
7
8
9
10
11
12