Resident	Resident's Name:
	Name of Cohool
Self Evaluation:	Name of School :
Special Education Program	Contact Person:
Visit Elementary School	Date of Visit:
J	

Choose one child:

1. Where does this child receive special education services (i.e., inclusive environment, resource room)?

- 2. Is the child in the 'least restrictive environment' appropriate for his/her needs? Why or why not?
- 3. Approximately how much time each day does the child spend with non-disabled peers?

- 4. In what type of activity is the child engaged in when with non-disabled peers (example: art, music, regular classes, recreation)?.
- 5. Check the types of related services and supplementary aids and services this child receives:
 - □ Assistive Technology
 - Audiology
 - □ Family Training, counseling, and home visits
 - □ School health services
 - Nursing services
 - Nutrition services
 - □ Occupational therapy
 - □ Orientation and mobility services

- □ Physical therapy
- Psychology
- □ Recreation
- □ Rehabilitative counseling services
- Social work services
- □ Speech/language pathology
- □ Supplemental aides and services
- □ Transportation

- 6. What assistive technology or alternative communication devices (low tech or high tech) does this child use?
- 7. In the inclusive classroom, are there activities from which the child is excluded? If yes, which activities and why?
- 8. Are there social interactions between this student and other students (in or out of the classroom)?
- 9. How is the communication among the family, medical team, and the school conducted regarding this child?
- 10. In the inclusive classroom, does any staff provide support to the regular education teacher? If yes, who?

11.	Did this visit enhance your understanding of inclusive education in the elementary school?	□ Yes	No
12.	Did this visit enhance your understanding of least restrictive environment?	□ Yes	No
13.	Where you satisfied with the preparation given for this visit in the Special Education didactic session?	□ Yes	No
14.	Was the visit beneficial to you as a physician?	□ Yes	No
15.	Were you satisfied with the experience and knowledge gained from this visit?	□ Yes	No
16.	Did you have any difficulties during this experience?	□ Yes	No

17. Please list questions about special education law or practice that are unanswered as a result of this visit.

18. What might you do differently in your practice as a result of this experience?