

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. Were 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?