

**BASELINE TEACHER SELF-REPORT SURVEY FOR  
HEAD START CARES**

DRAFT

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**Section A – Demographic Characteristics**

To be completed by the Lead Teacher

Date: \_\_\_ / \_\_\_ / 2009

School/Center Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_  
First Last

**Please fill out the following information about yourself and your experiences being a teacher. Your answers will be kept strictly confidential.**

1. What is your age? \_\_\_\_\_ YEARS

2. **What is your gender?**

MALE.....1  
FEMALE.....2

3. **What is your birth date?**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DON'T KNOW.....d  
REFUSED.....r

4. **Are you of Spanish, Hispanic, or Latino origin?**

YES.....1  
NO.....0 → GO TO 6  
DON'T KNOW.....d  
REFUSED.....r

5. **Which one of these best describes you . . .**

**Mexican, Mexican American,  
Chicano,.....1**  
**Puerto Rican,.....2**  
**Cuban, or.....3**  
**another Spanish/Hispanic/Latino  
group?.....4**  
DON'T KNOW.....d  
REFUSED.....r

6. **What is your race? You may name more than one if you like.**

CODE ALL THAT APPLY

- WHITE.....1
- BLACK, AFRICAN AMERICAN,  
OR NEGRO.....2
- AMERICAN INDIAN OR ALASKA  
NATIVE (SPECIFY).....3

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- ASIAN INDIAN.....4
- CHINESE.....5
- FILIPINO.....6
- JAPANESE.....7
- KOREAN.....8
- VIETNAMESE.....9
- ASIAN (NOT FURTHER SPECIFIED).....10
- NATIVE HAWAIIAN.....11
- GUAMANIAN OR CHAMORRO.....12
- SAMOAN.....13
- OTHER PACIFIC ISLANDER  
(SPECIFY).....14

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- ANOTHER RACE (SPECIFY).....15

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- DON'T KNOW.....d
- REFUSED.....f

7. **In what country were you born?**

- USA.....1 → GO TO 9
- ANOTHER COUNTRY (SPECIFY).....2

---

- DON'T KNOW.....d
- REFUSED.....f

8. **How many years have you lived in the United States?**

- |\_|\_| NUMBER
- DON'T KNOW.....d
- REFUSED.....f

9. What language(s) do you speak (*include English*)?

\_\_\_\_\_

10. In total, how many years have you been teaching (including all grades and preschool)?

|\_|\_| NUMBER OF YEARS

DON'T KNOW.....d

REFUSED.....r

11. How many of those years have you been teaching Head Start (as either lead or assistant teacher)?

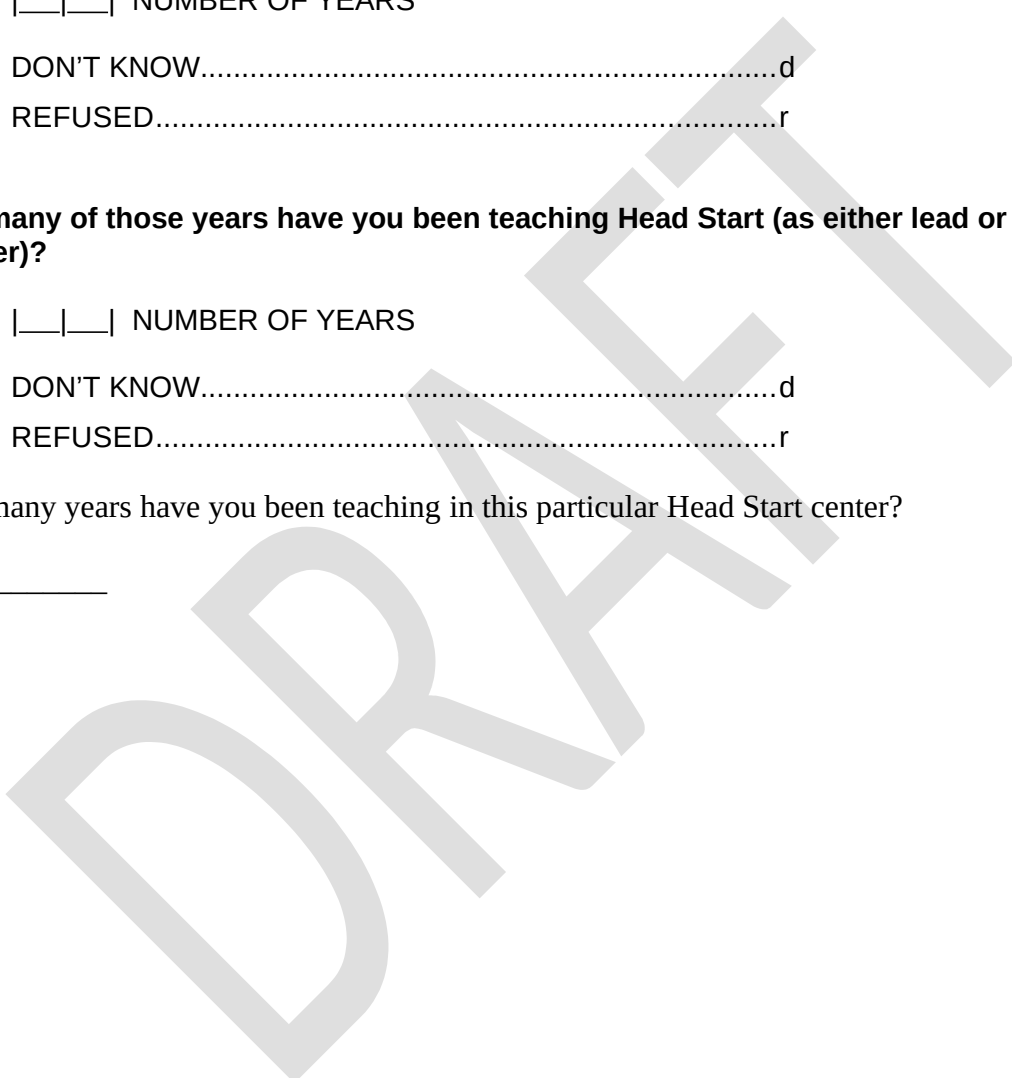
|\_|\_| NUMBER OF YEARS

DON'T KNOW.....d

REFUSED.....r

12. How many years have you been teaching in this particular Head Start center?

\_\_\_\_\_



13. **What is the highest grade or year of school that you completed?**

CODE ONE ONLY

- |   |    |   |          |
|---|----|---|----------|
| UP TO 8TH GRADE.....  | 1  | } | GO TO 19 |
| 9TH TO 11TH GRADE.....  | 2  |   |          |
| 12TH GRADE BUT NO DIPLOMA.....  | 3  |   |          |
| HIGH SCHOOL DIPLOMA/EQUIVALENT.....   | 4  |   |          |
| VOC/TECH PROGRAM AFTER HIGH SCHOOL<br>BUT NO VOC/TECH DIPLOMA.....                                    | 5  |   |          |
| VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....   | 6  |   |          |
| SOME COLLEGE BUT NO DEGREE.....   | 7  | → | GO TO 15 |
| ASSOCIATE'S DEGREE.....   | 8  | } | GO TO 14 |
| BACHELOR'S DEGREE.....  | 9  |   |          |
| GRADUATE OR PROFESSIONAL SCHOOL<br>BUT NO DEGREE.....   | 10 |   |          |
| MASTER'S DEGREE (MA, MS).....   | 11 |   |          |
| DOCTORATE DEGREE (PH.D., ED.D.).....  | 12 |   |          |
| PROFESSIONAL DEGREE AFTER BACHELOR'S<br>DEGREE (MEDICINE/MD; DENTISTRY/DDS;<br>LAW/JD/LLB; ETC.)..... | 13 | → | GO TO 14 |
| DON'T KNOW.....   | d  | } | GO TO 19 |
| REFUSED.....  | r  |   |          |

14. **In what field did you obtain your highest degree?**

- |   |   |
|---|---|
| CHILD DEVELOPMENT OR DEVELOPMENTAL<br>PSYCHOLOGY..... | 1 |
| EARLY CHILDHOOD EDUCATION.....                        | 2 |
| ELEMENTARY EDUCATION.....                             | 3 |
| SPECIAL EDUCATION.....                                | 4 |
| OTHER FIELD (SPECIFY).....                            | 5 |
| <hr/>   |   |
| DON'T KNOW.....                                       | d |
| REFUSED.....  | r |

15. **Did your schooling include 6 or more college courses in early childhood education or child development?**

- YES..... 1 → GO TO 17
- NO..... 0
- DON'T KNOW..... d
- REFUSED..... r

16. **Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?**

- YES..... 1
- NO..... 0
- DON'T KNOW..... d
- REFUSED..... r

17. **What is the name of the college or university (you attended/where you completed your highest degree)?**

\_\_\_\_\_

NAME OF COLLEGE/UNIVERSITY

- DON'T KNOW..... d
- REFUSED..... r

18. **In what city and state is the (college/university) located?**

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

- DON'T KNOW..... d
- REFUSED..... r

19. **Do you have a Child Development Associate (CDA) credential?**

- YES..... 1
- NO..... 0
- DON'T KNOW..... d
- REFUSED..... r

20. **Do you have a state-awarded preschool certificate?**

YES.....1  
 NO.....0  
 DON'T KNOW.....d  
 REFUSED.....r

21. **Do you have a teaching certificate or license?**

YES.....1  
 NO.....0  
 DON'T KNOW.....d  
 REFUSED.....r

22. **Including post-secondary school degrees, graduate degrees, etc., are you currently enrolled in any additional teacher-related training or education?**

YES.....1  
 NO.....0  
 DON'T KNOW.....d  
 REFUSED.....r

23. **What kind of training or education program are you enrolled in?**

CODE ONE ONLY

CHILD DEVELOPMENT ASSOCIATE (CDA)  
 DEGREE PROGRAM.....1  
 TEACHING CERTIFICATE.....2  
 SPECIAL EDUCATION TEACHING DEGREE.....3  
 GRADUATE DEGREE  
 (MASTER'S OR PH.D. OR ED.D.).....4  
 OTHER (SPECIFY).....5

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DON'T KNOW.....d  
 REFUSED.....r



24. **What is your total annual salary (before taxes) as a teacher for the current school year?**

\$ |\_\_|\_\_|\_\_|,|\_\_|\_\_|\_\_| PER YEAR

DON'T KNOW.....d

REFUSED.....r

25. **How many hours per week does this salary cover (not including overtime)?**

|\_\_|\_\_| HOURS PER WEEK

DON'T KNOW.....d

REFUSED.....r

26. Are you the primary income earner of your household?

Yes

No

27. What is your marital status? (*Choose only one*)

Single

Married

Remarried

Living with partner (not married)

Divorced

Separated

Widowed

28. Do you have any children?

Yes

No (*skip to question #30*)

29. If so, what are the ages of your children? (*check all that apply*)

<u>Ages</u>	<u>Do they currently live with you?</u>	
<input type="checkbox"/> 0-2 years	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> 3-5 years	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> 6-10 years	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> 11-18 years	<input type="radio"/> Yes	<input type="radio"/> No

30. **Do you have any children living in your household who attend Head Start now?**

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

31. **Did any child who lived in your household in the past attend Head Start?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

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**Section B – Structural Characteristics of the Classroom**

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Teacher name: \_\_\_\_\_

Head Start Center: \_\_\_\_\_

Class: \_\_\_\_\_

Room: \_\_\_\_\_

Total student enrollment in classroom: \_\_\_\_\_

Number of teachers/teaching assistants assigned to classroom (please include yourself): \_\_\_\_\_

Average number of children absent **on any given day**: \_\_\_\_\_

Average number of children late **on any given day**: \_\_\_\_\_

Number of students **today**: \_\_\_\_\_

Names of other teachers/teaching assistants in the classroom **on any given day** (and circle one):

1. \_\_\_\_\_ Teacher / Teaching Assistant / Other
2. \_\_\_\_\_ Teacher / Teaching Assistant / Other
3. \_\_\_\_\_ Teacher / Teaching Assistant / Other
4. \_\_\_\_\_ Teacher / Teaching Assistant / Other

**Section C – Emotion-Related Parenting Styles Self-Test (will be adapted for teachers)**

1. When my child is acting sad, he turns into a real brat.
2. Children often act sad to get their way.
3. I don't mind dealing with a child's sadness, so long as it doesn't last too long.
4. When my child is sad, I try to help the child explore what is making him sad.
5. When my child is sad, we sit down to talk over the sadness.
6. When my child is sad, I try to help him figure out why the feeling is there.
7. When she gets sad, I warn her about not developing a bad character.
8. When my child is angry, it's time to solve a problem.
9. When my child gets angry, my goal is to get him to stop.
10. It's important to help the child find out what caused the child's anger.

**Factor 1: Dismissing/Disapproving: Items 1,2,3,7,9**

**Factor 2: Emotion Coaching: Items 4,5,6,8,10**

The Likert scale ranges from 1 (always false) to 5 (always true).

**Section D – Maslach Burnout Inventory – Educators Survey**

## MBI–Educators Survey

<b>How often:</b>	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day

<b>How Often 0–6</b>	<b>Statements:</b>
1. _____	I feel emotionally drained from my work.
2. _____	I feel used up at the end of the workday.
3. _____	I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____	I can easily understand how my students feel about things.
5. _____	I feel I treat some students as if they were impersonal objects.
6. _____	Working with people all day is really a strain for me.
7. _____	I deal very effectively with the problems of my students.
8. _____	I feel burned out from my work.
9. _____	I feel I'm positively influencing other people's lives through my work.
10. _____	I've become more callous toward people since I took this job.
11. _____	I worry that this job is hardening me emotionally.
12. _____	I feel very energetic.
13. _____	I feel frustrated by my job.
14. _____	I feel I'm working too hard on my job.
15. _____	I don't really care what happens to some students.
16. _____	Working with people directly puts too much stress on me.
17. _____	I can easily create a relaxed atmosphere with my students.
18. _____	I feel exhilarated after working closely with my students.
19. _____	I have accomplished many worthwhile things in this job.
20. _____	I feel like I'm at the end of my rope.
21. _____	In my work, I deal with emotional problems very calmly.
22. _____	I feel students blame me for some of their problems.

(Administrative use only) cat. cat. cat.

**EE:** \_\_\_\_\_ **DP:** \_\_\_\_\_ **PA:** \_\_\_\_\_

**Section E – K-6 Kessler Psychological Distress Scale**

The following questions ask about how you have been feeling during the past 30 days. For each question, please circle the number that best describes how often you had this feeling.

Q1. During the past 30 days, about how often did you feel ...	None of the time	A little of the time	Some of the time	Most of the time	All of the time
a. ...nervous?	1	2	3	4	5
b. ...hopeless?	1	2	3	4	5
c. ...restless or fidgety?	1	2	3	4	5
d. ...so depressed that nothing could cheer you up?	1	2	3	4	5
e. ...that everything was an effort?	1	2	3	4	5
f. ...worthless?	1	2	3	4	5

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**Section F – TCU Organizational Readiness for Change (ORC) – ALL teachers**

The next several questions ask about how you see yourself and people you work with. Your answers will be confidential (i.e., not recorded or shown with your identification). Honesty is needed to make this information useful in identifying strengths/weaknesses of this center and addressing them.

Please mark your answers by completely filling in the appropriate circles, as illustrated below. If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement. If an item does not apply to you or your workplace, leave it blank.

**Example:**

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
(1)	(2)	(3)	(4)	(5)

**Person 1.** I like chocolate ice cream. ....       
*(This person disagrees so she probably doesn't like chocolate ice cream)*

**Person 2.** I like chocolate ice cream. ....       
*(This person likes chocolate ice cream a lot)*

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
(1)	(2)	(3)	(4)	(5)

**How strongly do you agree or disagree with each of the following statements?**

1. Staff here all get along very well. ....
2. Too many staff decisions have to be reviewed by someone else. ....
3. Management here fully trusts your professional judgment.....
4. There is too much friction among staff members.
5. The staff here work together effectively as a team.
6. Staff members are given broad authority in carrying out their duties. ....
7. Staff here are always quick to help one another when needed. ....

Appendix A.1: Head Start CARES Baseline Lead Teacher Self-Report Survey

Updated: January 27, 2009

<i>Disagree Strongly</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree Strongly</i>
(1)	(2)	(3)	(4)	(5)

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 8. Novel ideas by staff are discouraged here.....                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Mutual trust and cooperation among staff here<br>are strong.....            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. You are willing to try new ideas even if some<br>people are reluctant..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Learning and using new procedures are easy<br>for you.....                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. It is easy to change routine procedures to<br>meet new conditions.....     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Staff here are free to try out different ideas<br>or techniques.....       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. You are sometimes too cautious or slow to<br>make changes.....             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. There are too many rules and limitations here.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. You frequently hear good staff ideas for<br>improving operations.....      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Some staff members do not do their fair<br>share of work.....              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. The general attitude here is to change things<br>that aren't working.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. You are encouraged here to try new and<br>different ideas.....             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. You are able to adapt quickly when you<br>have to shift focus.....         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Questions from the TCU Organizational Readiness for Change (ORC) measure. Subscales used:

- Adaptability: Items 10, 11, 14, 20
- Cohesion: Items 1, 4, 5, 7, 9, 17
- Autonomy: Items 2, 3, 6, 13, 15



- Change: Items 8, 12, 16, 18, 19

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**Section G – Views on social-emotional development – ALL teachers**

Before entering kindergarten, there are academic and social-emotional milestones that children should be able to master.

- Examples of academic skills include: can recite ABCs, knows all the letters in his/her first name, can recognize basic shapes and colors, and can count to 10.
- Examples of social-emotional skills include: plays nicely with other same-aged children, follows simple directions given by an adult, stays in seat when appropriate, and can wait his/her turn and share.

Please indicate which of the following options best represents your opinion by filling in the appropriate circle.

Would you say:

- I value children's academic readiness for school **a lot more** than I value children's social-emotional readiness for school.
- I value children's academic readiness for school **a little more** than I value children's social-emotional readiness for school.
- I value children's academic readiness for school **as much as** I value children's social-emotional readiness for school.
- I value children's academic readiness for school **a little less** than I value children's social-emotional readiness for school.
- I value children's academic readiness for school **a lot less** than I value children's social-emotional readiness for school.

**Section H– Past training and professional development – ALL teachers**

**(ALL teachers):** Within the last year, how many professional development days did you use? \_\_\_\_\_  
**(Program model teachers):** How many of these days were used for <program model>? \_\_\_\_\_

**(Control teachers):** Within the last year, have you had training in:

**(Program model teachers):** Not including the training you received in <program model>, in the last year, have you had training in:

	No	Yes	If yes, when?	If yes, number of hours?
a. how to foster social behavior and emotional skills in preschoolers?				
b. classroom management?				
c. children’s attention or self-regulation skills?				

**(ALL teachers):** In the last year, have you had training in the following curricula:

	No	Yes	If yes, when?	If yes, number of hours?
Al’s Pals				
As I am Program				
Behavior Modeling Curriculum				
Chicago School Readiness Project				
COMPASS				
Conscious Discipline				
CSEFEL (The Center on the Social and Emotional Foundations for Early Learning)				
Denham’s Teacher Training Intervention				
Emotions Course				
FACET				
Foundations of Learning				
Functional Assessment				
Gillespie Modeling Program				
Guralnick’s Intervention				
Head Start REDI				
Incredible Years Dinosaur School				

Incredible Years Parenting Program				
Incredible Years Teacher Training Program ( <b>Remove for program teachers</b> )				
Positive Behavior Support				
Preschool PATHS ( <b>Remove for program teachers</b> )				
Project STAR				
Resilient Peer Treatment				
Second Step				
Tools of the Mind ( <b>Remove for program teachers</b> )				
Other (please specify: _____ )				

**Section I – Wehby Teacher-Consultant Alliance Scale – ALL teachers**

Please fill in the circles that best represent your experience with the teaching assistant with whom you have been working.

		<b>Never</b>	<b>Seldom</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
1.	The teaching assistant and I trust one another.	○	○	○	○	○
2.	The teaching assistant and I work together collaboratively in the classroom.	○	○	○	○	○