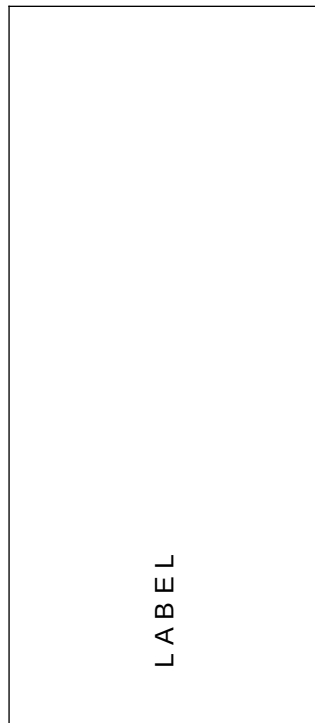


Teachers/Care Providers: About the ECLS-K Child

Prepared for the U.S. Department of Education
National Center for Education Statistics by:

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Rockville, Maryland 20850



Use a black or blue ball point pen or #2 pencil to complete this questionnaire.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. Approval expires 03/31/2012. The time required to complete this information collection is estimated to average 12 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual response to

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (PL 107-279, Title I, Part C, Sec. 183). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address,

this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Room 9086, Washington, D.C. 20006-5650.

telephone number, or identification number with your responses will be included in the statistical reports.

Dear Caregiver/Teacher,

In this questionnaire, we would like to get information about a particular child in your before-/after-school care setting. The child's name is on the cover of this questionnaire. The information you give us is being gathered for research purposes only and will be protected from disclosure to the fullest extent allowable by law. We will not tell parents any information you give us in this questionnaire or report information about individual caregivers, teachers, children, or programs. What you tell us will be combined with information from other questionnaires for research and statistical reports. Taking part in the study is completely voluntary. You may stop at any time or choose not to answer a question you do not want to answer.

This questionnaire takes about 12 minutes to finish. Please put your answers directly on the questionnaire by marking the boxes or writing your answers in the spaces given. Your best guesses are okay as answers.

THANK YOU VERY MUCH FOR YOUR HELP.

MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN OR A SOFT LEAD (#2) PENCIL TO WRITE ON THIS QUESTIONNAIRE. DO NOT USE A FELT-TIP PEN.

MARKING BOXES

It is important that you mark an "X" in the box next to your answers and print clearly.

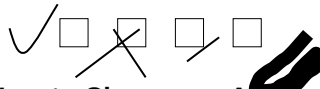
Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



Incorrect Marks:

Light and thin, outside the box, thick or scrawled.



How to Change an Answer:

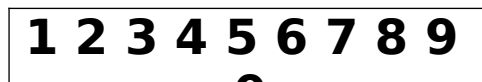
Completely black out the box of the incorrect answer and mark an "X" in the box next to the correct answer.



PRINTING ANSWERS IN BOXES:

Print entire answer in box. Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write numbers like this:



Write words like this:



CAREGIVER/TEACHER INTERVIEW (CHILD LEVEL), ECLS-K: 2011

Please answer the questions below specifically about the child named on the cover of this questionnaire.

- 1. How many months and years have you been watching after or teaching this child?
PLEASE ANSWER FOR BOTH YEARS AND MONTHS.**

NOTE: If it is less than one month, please write "1" for months.

<input type="text"/>	AND	<input type="text"/>
Number of years		Number of months

- 2. Typically, how many days each week do you watch after or teach this child?**

Source: CF010

<input type="text"/>	Number of days
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- 3. How many hours each week do you watch after or teach this child?**

NOTE: If the hours each week vary, answer for the average number of hours.

<input type="text"/>	Number of hours
----------------------	-----------------

- 4. Including yourself, how many adults usually help watch after or teach this child at the same time?**

NOTE: If the number of adults can vary, answer for the majority of the time that this child is in care. If you watch after or teach the child both before and after school, for the same amount of time before and after school, answer for the number of adults after school.

<input type="text"/>	Number of adults
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- 5. Are you related to this child?**

NOTE: By related we mean a grandparent, sister/brother, aunt/uncle, cousin or any relative other than this child's parent or guardian.

Yes

No (SKIP TO 7)

6. How are you related to him/her?

Grandmother

Grandfather

Aunt

Uncle

Sister

Brother

Cousin

Other relative (Please specify)

7. Do you live with this child?

Yes

No

8. Do you watch after this child in the home where he/she lives?

Yes

No

9. What language or languages do you speak most when watching after or teaching this child?

NOTE: If your language is not listed below, please write it in under "some other language."

English

Arabic

Chinese language/dialect

Farsi

Filipino language

French

German

Greek

Hmong

Italian

Japanese

Korean

Polish

Portuguese

Spanish

Vietnamese

Some other language (Specify)

10. Do you watch after or teach other children at the same time that you are watching after or teaching this child?

NOTE: If you watch after or teach the child both before and after school, and the number of children varies before and after school, answer for the number of children after school.

Yes

No (SKIP TO 16)

11. How many children do you typically watch after or teach at the same time as this child?

NOTE: Please include all children you watch after or teach before and after school at the same time as this child, including your own children, but do NOT include this child. If there are a different number of children cared for before school and after school, answer for after school.

Number of children

12. How many of the children you watch after or teach at the same time as this child are related to you?

Number of children (If none, write "0.")

13. What is the age of the youngest child you watch after or teach at the same time as this child?

NOTE: Please include your own children and all children you watch after or teach before and after school.

Months (if less than 2 years old)

OR

Years (if more than 2 years old)

14. How many of the other children that you watch after or teach at the same time as this child speak a language other than English?

NOTE: Please include all children you watch after or teach before and after school at the same time as this child, including your own children, but do NOT include this child. If there are a different number of children cared for before school and after school, answer for after school.

Number of children who speak a language other than English

15. How many of the other children that you currently watch after or teach at the same time as this child have special health needs? This includes those children with a diagnosed physical, cognitive, or behavioral disability, with a chronic illness or medical problem, or with emotional problems.

NOTE: Please include all children you watch after or teach before and after school at the same time as this child, including your own children, but do NOT include this child. If there are a different number of children cared for before school and after school, answer for after school.

Number of children with special needs

16. How many hours is a television or video on while this child is in your care?

NOTES: Count the whole time the child is in your care, both before and after school.
If the TV or videos are on for less than an hour, write "0" hours.

Number of hours

OR

There is no TV, or it is not turned on while this child is in my care **(SKIP TO 18)**

17. On average, how much time per day does this child watch television or videos while in your care?

NOTE: Please report both hours and minutes.

Source: LE50

AND
Number of hours Number of minutes

OR

This child does not watch TV or videos in my care.

18. About how many children's books are available to this child?

Source: LE005

Number of children's books

19. Do you have a computer available for him/her to use?

- Yes
- No (SKIP TO 22)

20. How many days per week (in a typical week) does this child use the computer?

- Never (SKIP TO 22)
- One
- Two
- Three
- Four
- Five
- Six
- Seven

21. On average, on days that this child uses the computer, how many minutes per day does he/she use the computer?

Source: LE020b

Number of minutes

22. Now, we have some questions about activities you or other child care providers/teachers might do with this child, either alone or in a group. On average, how many times per week do you do each of the following activities with this child?

NOTE: Please write a number for each activity. If you do not do an activity with this child, write "0."

	<u>Number of times per week</u>
a. Read books to this child	<input type="text"/>
b. Tell stories to this child	<input type="text"/>
c. Sing songs with this child	<input type="text"/>
d. Play games or do puzzles with this child	<input type="text"/>
e. Build something or play with construction toys with this child	<input type="text"/>

23. In the past month, how many times have you and this child (alone or with the group of children you watch after/teach) visited the library? Please only consider trips made during the time that this child was in your care.

NOTE: If none, write "0."

Source: LE031 (no number in original file)

Number of times

24. In the past month, how many times have you and this child (alone or with the group of children you watch after/teach) visited a bookstore? Please only consider trips made during the time that this child was in your care.

NOTE: If none, write "0."

Source: LE031 (no number in original file)

Number of times

25. In the past month, how many times have you and this child (alone or with the group of children you watch after/teach) visited a playground? Please only consider trips made during the time that this child was in your care.

NOTE: If none, write "0."

Source: LE031 (no number in original file)

Number of times

IF YOU PROVIDE BEFORE-SCHOOL CARE TO THIS CHILD, CONTINUE WITH 26.

OTHERWISE, SKIP TO BOX BEFORE 28.

26. What time does this child usually become your responsibility for before-school care?

PLEASE WRITE THE TIME.

<input type="text"/>	:	<input type="text"/>
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27. What time does this child stop being your responsibility for before-school care?

PLEASE WRITE THE TIME AND MARK "AM" OR "PM."

<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> AM
			<input type="checkbox"/> PM

IF YOU PROVIDE AFTER-SCHOOL CARE TO THIS CHILD, CONTINUE WITH 28.

OTHERWISE, SKIP TO 30.

28. What time does this child usually become your responsibility for after-school care?

PLEASE WRITE THE TIME AND MARK "AM" OR "PM."

	:			AM
				PM

29. What time does this child stop being your responsibility for after-school care?

PLEASE WRITE THE TIME AND MARK "AM" OR "PM."

	:			AM
				PM

30. Do you ever watch after or teach this child (either regularly or as needed)... (MARK YES OR NO FOR EACH ROW.)

	<u>Yes</u>	<u>No</u>
After 8 PM?	<input type="checkbox"/>	<input type="checkbox"/>
Overnight?	<input type="checkbox"/>	<input type="checkbox"/>
On the weekends?	<input type="checkbox"/>	<input type="checkbox"/>

31. In a typical day, how much time does this child spend in the following kinds of activities?

NOTE: Please report either minutes or hours but not both.

	<u>Hours</u>	<u>Minutes</u>
a. Adult-directed whole class activities	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
b. Adult-directed small group activities	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
c. Adult-directed individual activities	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
d. Child-selected activities	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
e. Play outdoors	<input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>

32. Below is a list of activities that children may participate in. Think about the time when this child is in your care. For each activity, please mark whether it is available in your care setting for this child to participate in daily, weekly, monthly, occasionally, or never. MARK ONE RESPONSE ON EACH ROW.

	Every day	At least once a week	At least once a month	A few times a year	Never
a. Creative arts or crafts such as painting, sewing, or carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Construction or building with blocks, Legos, or sand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Science activities or experiments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Board or card games, puzzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reading independently or in small groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Creative writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Time for doing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Computer or electronic games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Television watching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Video or movie viewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Cooking or food preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Unstructured dramatic play or dress up play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Storytelling, role-playing, or theatrical activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Movement, dance, or exercise activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Musicmaking, music appreciation or singing activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Unstructured physically active play such as running or climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Organized individual skillbuilding sports such as swimming, track, field, gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Organized team sports such as soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Field trips, excursions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Socializing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Outdoor play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Adult directed/led activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How often does this child receive tutoring or academic help from an adult (for example, help with homework) while he or she is in your care or at your program? MARK ONLY ONE RESPONSE.

- Every day
- At least once a week
- At least once a month
- A few times a year
- Never
- As needed

34. Do you keep a folder or record on this child?

- Yes
- No

END, PART 2

Date Questionnaire Completed:

MONTH

DAY

YEAR

THANK YOU FOR YOUR COOPERATION.