

Mentor-Coach Census Survey

[After clicking the survey link, below is the first thing respondents will see]

You are being invited to take this online survey as part of an evaluation of the federal Office of Head Start's Early Learning Mentor Coaches (ELMC) Grant Initiative. This is an evaluation of the ELMC initiative, and *not* an evaluation of you, your Head Start/Early Head Start grantee or its centers.

In the survey, we ask about you, your grantee and your mentor-coaching. This survey should be completed by Early Learning Mentor Coaches.

Participation in this survey is voluntary and you may stop at any time without penalty. You also may skip any questions you don't want to answer. The survey should take approximately 30 minutes to complete, depending on your responses. Completion of this survey is considered an agreement to participate.

All of your responses will be kept private. Your name will not be used in any summary reports that result from this survey and no comments will be attributable to you. Identifying information is requested solely for the purposes of matching information to other surveys and interviews and to the Head Start/Early Head Start PIR data.

Your participation in this survey will contribute to the development of profiles of mentor-coaching approaches to inform policy, practice, and research. There are no risks to your participation.

If you have any questions, you may contact either Eboni Howard, Ph.D. (202-403-5533; ehoward@air.org) or Fiona Helsel, Ph.D. (202-680-0870; fhelsel@air.org). For questions regarding your rights involving participation in this evaluation, please contact the chair of AIR's Institutional Review Board at IRB@air.org or toll free at 1-800-634-0797.

Thank you for your time!

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 **xxxx-xxxx**.

I. YOUR BACKGROUND AND EXPERIENCE

To start with, we would like to ask some questions about your work, background, and experience.

1. What is the name of the Head Start/Early Head Start grantee you are working for on the Early Learning Mentor Coach initiative? [text box; 100 character limit]
2. What is your name? [text box; 50 character limit]
3. What is your job title (when mentor-coaching)? [text box; 50 character limit]
4. Please briefly describe your job role. [text box; 200 character limit]
5. Do you also currently hold another job position at your Head Start/Early Head Start grantee?
 - YES
 - NO [GO TO Q6]

[IF YES] What is that job title? [text box; 50 character limit]
6. How many years of professional experience do you have with teaching, training, and/or facilitating groups of adults? [drop down menu to select from 0, less than 1 year, each of 1 through 40, 41+]
7. How many years of experience do you have in early childhood education (include any work with infants, toddlers, preschoolers, and families of young children)? [drop down menu to select from less than 1 year, each of 1 through 40, 41+]
8. When you think ahead three years from now, do you picture yourself working within the early childhood care and education field?
 - YES
 - NO
9. How many years have you been a mentor-coach, providing professional support to early care and education staff? Please include any mentor-coach experience that you had before the Early Learning Mentor Coach initiative. [drop down menu to select from less than 1 year, each of 1 through 40, 41+]
10. How many hours per week are you paid to work as a mentor-coach for this Head Start/Early Head Start grantee? [drop down menu to select from 0 through 40; 41+]
11. If known, how many of those hours per week are paid for by the Early Learning Mentor Coach grant? [drop down menu to select from 'do not know,' each of 0 through 40; 41+]

12. How many hours per week do you work at your Head Start/Early Head Start grantee in other work (not mentor-coaching)? [drop down menu to select from 0 through 40; 41+]

13. What is your employment status as an Early Learning Mentor Coach? (please select one)

Permanent Head Start/Early Head Start employee	<input type="checkbox"/>
Temporary Head Start/Early Head Start employee	<input type="checkbox"/>
External consultant (non-employee)	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

14. Will you continue to work with this grantee as a mentor-coach after February 2012? (please select one)

YES

NO

DO NOT KNOW

15. Do you use any formal assessment tools in your mentor-coaching work?

YES

NO [GO TO SECTION II]

a. [IF YES] Which of the following assessment tools have you been formally trained in? (please select all that apply)

Classroom Assessment Scoring System (CLASS)	<input type="checkbox"/>
Early Language & Literacy Classroom Observation (ELLCO)	<input type="checkbox"/>
Adult-Child Interactive Reading Inventory (ACIRI)	<input type="checkbox"/>
Teacher-Pupil Observation Tool (T-POT)	<input type="checkbox"/>
Early Childhood Environment Rating Scale (ECERS)	<input type="checkbox"/>
Infant/Toddler Environment Rating Scale (ITERS)	<input type="checkbox"/>
Family Child Care Environment Rating Scale (FCCERS)	<input type="checkbox"/>
Child/Home Early Language and Literacy Observation (CHELLO)	<input type="checkbox"/>
Home Visit Rating Scales (HOVRS)	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

b. Of the tools that you have been formally trained in, which are you currently using in your mentor-coaching work? [text box]

II. PREPARATION FOR THE EARLY LEARNING MENTOR COACH GRANT

We would like to know about the training you received specifically for the Early Learning Mentor Coach initiative.

1. When was your start date as an Early Learning Mentor Coach? [Select Month/Select Year]
2. Did you receive an orientation from your Head Start/Early Head Start grantee as a part of the Early Learning Mentor Coach initiative?
 YES
 NO [GO TO Q5]

[IF YES] What was the focus of the orientation or training? (please select all that apply)

Overall grantee structure and organization	<input type="checkbox"/>
Overall goals for mentor-coaching	<input type="checkbox"/>
Staff roles and training needs	<input type="checkbox"/>
Mentor-coaching structure and implementation (for example, how frequently to meet with staff)	<input type="checkbox"/>
Mentor-coaching strategies (for example, modeling, providing feedback)	<input type="checkbox"/>
Content area domains (for example, literacy development)	<input type="checkbox"/>
Assessments and observation tools	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

3. How satisfied were you with the quantity of the initial training/orientation you received? (please select one)

Very satisfied	<input type="checkbox"/>
Moderately satisfied	<input type="checkbox"/>
Somewhat satisfied	<input type="checkbox"/>
Not at all satisfied (could have used more)	<input type="checkbox"/>
Not at all satisfied (could have used less)	<input type="checkbox"/>

4. How satisfied were you with the content of the initial training/orientation you received? (please select one)

Very satisfied	<input type="checkbox"/>
Moderately satisfied	<input type="checkbox"/>
Somewhat satisfied	<input type="checkbox"/>
Not at all Satisfied	<input type="checkbox"/>

5. Have you received ongoing training from your Head Start/Early Head Start grantee as a part of the Early Learning Mentor Coach initiative?
 YES
 NO [GO TO Q6]

[IF YES] What was the focus of the ongoing training? [text box; 100 character limit]

6. What additional training would be helpful for your work? [text box; 100 character limit]

7. During your work as an Early Learning Mentor Coach, have you received professional development support (such as feedback, resources, training, or problem-solving) from any of the following sources? (please select all that apply). For all sources that you received support from, please indicate how helpful it was.

Support Received	Helpfulness of Support Received			
	Very helpful	Moderately helpful	Somewhat helpful	Not helpful
Office of Head Start YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Center on Quality Teaching and Learning YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor-coaching trainers YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State early childhood education specialist YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Regional program specialist, T/TA	YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Head Start/Early Head Start staff (please specify):	YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other resources (please specify):	YES <input type="checkbox"/> NO <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. MENTOR-COACHING APPROACH

1. How many centers are you working in as a mentor-coach? [text box; numerical entry only]

2. Please identify how many of the following staff you are formally mentor-coaching as a part of the Early Learning Mentor Coach initiative? (please select one for each response option)
 - Early Head Start lead teachers [drop down menu to select from 0 through 40; 41+]
 - Early Head Start assistant teachers [drop down menu to select from 0 through 40; 41+]
 - Head Start lead teachers [drop down menu to select from 0 through 40; 41+]
 - Head Start assistant teachers [drop down menu to select from 0 through 40; 41+]
 - Home visitors (Head Start and Early Head Start) [drop down menu to select from 0 through 40; 41+]
 - Family child care staff [drop down menu to select from 0 through 40; 41+]
 - Administrators (specify job title): [drop down menu to select from 0 through 40; 41+]
 - Supervisors (specify job title): [drop down menu to select from 0 through 40; 41+]
 - Other administrators (specify job title): [drop down menu to select from 0 through 40; 41+]
 - Other (please specify): [drop down menu to select from 0 through 40; 41+]
 - Other (please specify): [drop down menu to select from 0 through 40; 41+]

3. Do you mentor-coach staff that speak a language other than English when working with children and families? (please select one)
 - YES
 - NO [GO TO Q4]

 - a. [IF YES] What language? [text box; 20 character limit]
 - b. Do you speak this language fluently?
 - YES
 - NO

4. Do you ever mentor-coach staff teams together (such as teachers with the assistant teachers or family care provider teams)? (please select one)

Frequently	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Seldom	<input type="checkbox"/>
Never	<input type="checkbox"/>

IV. How often over a typical month do you use the following formats to interact with the staff you mentor-coach? Please indicate the average number of times you use these for each individual staff person. (select one response for each type of contact)

	Never	About once a day	More than once a day	About once a week	About every other week	About once per month
Phone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face-to-face meeting (individual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face-to-face meeting (group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online messaging (instant messenger, chat room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Texting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Virtual meeting (such as Skype, GoToMeeting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social media (such as Facebook, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video camera (such as flip camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions is to help us learn about the strategies you use while mentor-coaching. There are a variety of strategies that you could use while mentor-coaching and it is possible that you have used some, all, or none of the strategies listed below. Our goal is to find out your mentor-coaching strategy profile, so please check the list carefully.

5. Please briefly list your most common goals that you strategies in your mentor-coaching. [text box; 200 character limit]

V. On average, how often do you use the following *observation*, *feedback*, and *discussion* strategies in a typical month with each staff person that you mentor-coach? (please select one response for each strategy)

	Never	1 to 2 times	3 to 4 times	More than 4 times
Conduct live on-site observation (with or without tool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch a video of staff member's work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch with staff, video of other staff members' work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video journal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrange for staff to observe peer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide verbal feedback based on live observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide verbal feedback based on discussion with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide written feedback on paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide written feedback via text, email, or other online method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Introduce new skills, practices, or strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflect on skills, practices, or strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set and re-assess goals for individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate group discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff shares mistakes/challenges in their work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other observation/feedback/discussion strategy (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. On average, how often do you use the following *practice and modeling* strategies in a typical month with each staff person that you mentor-coach? (please select one response for each strategy)

	Never	1 to 2 times	3 to 4 times	More than 4 times
Demonstrate/model skills and strategies while in work-setting (in the classroom, home visit, or child care room)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate/model skills and strategies while not in work-setting (not in classroom, home visit or child care center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with staff to role play a skill or strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask staff that you are mentor-coaching to practice skill and report back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentor-coach “on the fly” (e.g., unplanned, unscheduled, “on the run,” or in a hurry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other practice and modeling strategy (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. On average, how often do you use these other *supportive strategies* in a typical month with each staff person that you mentor-coach? (please select one response for each strategy)

	Never	1 to 2 times	3 to 4 times	More than 4 times
Problem solve with staff on personal issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work on stress reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share materials and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct/arrange an on-site workshop or training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with preparation, administration, scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work as an assistant in classroom, home visit or child care room (such as help manage a child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other supportive strategies (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. Of all of the strategies that you use with the staff that you mentor-coach, what would you say are the three most effective mentor-coaching strategies for changing staff practices? [text box; 200 character limit]

IX. Would you say that your strategies for mentor-coaching sessions vary depending on the staff you are mentor-coaching?

Almost always consistent across staff	<input type="checkbox"/>
More consistent across staff than varying	<input type="checkbox"/>
More varied across staff than consistent	<input type="checkbox"/>
Almost always vary across staff	<input type="checkbox"/>

X. Thinking across all your work as a mentor-coach, how often do you take on the following 'roles'? (please select one rating for each role)

	Frequently	Occasionally	Rarely	Never
Teacher/Instructor for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical expert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborative partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional supporter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Logistical supporter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant to the staff that you are mentor-coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

XI. Are you a formal supervisor of any program staff?

YES
 NO [GO TO SECTION IV]

[IF YES] Are you a supervisor of program staff for whom you mentor-coach?

- YES
 NO [GO TO SECTION IV]

[IF YES] How helpful or challenging is it to your mentor-coaching work to also be working as a supervisor? (please select one)

Mostly helpful	<input type="checkbox"/>
Somewhat helpful	<input type="checkbox"/>
Neither challenging nor helpful	<input type="checkbox"/>
Somewhat challenging	<input type="checkbox"/>
Mostly challenging	<input type="checkbox"/>

6. Do you report to somebody about overall progress that you staff are making in mentor-coaching?

- YES
 NO

[IF YES] What is the job title of the person you report to? [text box; 50 character limit]

IV. MENTOR-COACHING GOALS AND CONTENT

The next set of questions is to help us learn about the content of your mentor-coaching sessions. There are a variety of topics that you could focus on in mentor-coaching and it is possible that you have focused on many, some, or none of the topics we list here. Please take your time to check the whole list, so we can get an accurate picture of your mentor-coach profile.

1. Please briefly list your most common goals that you target in your mentor-coaching. [text box; 200 character limit]

XII. How do you gather information about the needs of staff you mentor-coach? (please select all that apply)

Staff self-identifies needs	<input type="checkbox"/>
Staff's supervisor identifies needs on performance review	<input type="checkbox"/>
Results from child assessment data	<input type="checkbox"/>
Results from classroom and teacher observational assessment tools	<input type="checkbox"/>
Observations without formal assessment	<input type="checkbox"/>

Office of Head Start on-site monitoring review	<input type="checkbox"/>
Grantee administration chose targets that apply to all staff	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

2. In your mentor-coaching, how often do you work to increase staff's professional knowledge in each of the following areas? (please select one response for each area)

	Frequently	Occasionally	Hardly Ever	Never
Developmental domains (such as literacy, social emotional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs of children with identified disabilities or other special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs of culturally diverse <i>families</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs of Dual Language Learner <i>children</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASS scores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other knowledge areas (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In your mentor-coaching, how often do you work to increase or improve staff's skills and strategies in each of the following areas? (please select one response for each area)

	Frequently	Occasionally	Hardly Ever	Never
Instructional practices for specific developmental domains (please identify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff use of language with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff responsiveness to children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher-child interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourage parent-child interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implementation of specific curricula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other skills and strategies (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. In your mentor-coaching, how often do you work to improve structure and organization in each of the following areas? (please select one response for each area)

	Frequently	Occasionally	Hardly Ever	Never
Classroom or center organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use or display of materials (center or elsewhere)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home organization, management, and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of books and other educational materials (center or elsewhere)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content and organization of home visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other structure and organization (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. In your mentor-coaching, how often do you work to increase and improve the use of assessment or technology in each of the following areas? (please select one response for each area)

	Frequently	Occasionally	Hardly Ever	Never
Overall use of technology (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing child assessment for tailoring instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing child assessment for ongoing program quality assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other assessments or technology (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In your mentor-coaching, how often do you work to encourage staff personal growth in each of the following areas? (please select one response for each area)

	Frequently	Occasionally	Hardly Ever	Never
Positive interactions with colleagues (for example: teaching assistants, administrators)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-efficacy, motivation, and empowerment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment in professional development (such as training to improve qualifications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enrollment in college coursework in pursuit of a degree, certificate, or credential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. In which of the areas identified in questions 3 through 7 do you feel you need additional training, resources, and support to be able to bring about positive change in program staff? [text box]

XIII. Would you say that your goals or targeted topics for staff are consistent or vary, depending on the staff you are coaching? (please select one)

Almost always consistent across staff	<input type="checkbox"/>
More consistent across staff than varying	<input type="checkbox"/>
More varied across staff than consistent	<input type="checkbox"/>
Almost always vary across staff	<input type="checkbox"/>

V. EFFECTIVENESS OF MENTOR-COACHING

1. Thinking over your work as an Early Learning Mentor Coach, please rate your success at increasing openness to learning in the staff you worked with. (please select one response)

All staff more open to learning	<input type="checkbox"/>
Many staff more open to learning	<input type="checkbox"/>
Some staff more open to learning	<input type="checkbox"/>
Few staff more open to learning	<input type="checkbox"/>

2. Thinking over your work as an Early Learning Mentor Coach, please rate your success at improving the quality of practice of the staff you worked with. (please select one response)

All staff improved practice	<input type="checkbox"/>
Many staff improved practice	<input type="checkbox"/>
Some staff improved practice	<input type="checkbox"/>
Few staff improved practice	<input type="checkbox"/>
Not worked on	<input type="checkbox"/>

3. Thinking over your work as an Early Learning Mentor Coach, please rate your success at increasing the appropriate use of assessment. (please select one response)

All staff increased their assessment use	<input type="checkbox"/>
Many staff increased their assessment use	<input type="checkbox"/>
Some staff increased their assessment use	<input type="checkbox"/>
Few staff increased their assessment use	<input type="checkbox"/>
Not worked on	<input type="checkbox"/>

4. Thinking over your work as an Early Learning Mentor Coach, please rate your success at increasing staff focus on career development and pursuit of education and training. (please select one response)

Very successful	<input type="checkbox"/>
Moderately successful	<input type="checkbox"/>
Somewhat successful	<input type="checkbox"/>
Limited success	<input type="checkbox"/>
Not worked on	<input type="checkbox"/>

[IF ANYTHING BUT “NOT WORKED ON”] Please briefly explain your rating [text box]

5. Thinking over your work as an Early Learning Mentor Coach, please rate your overall success as a mentor-coach. (please select one response)

Very successful	<input type="checkbox"/>
Moderately successful	<input type="checkbox"/>
Somewhat successful	<input type="checkbox"/>
Limited success	<input type="checkbox"/>

Please briefly explain your rating [text box]

6. What single topic or goal area did you address most successfully as a mentor-coach? [text box]

VI. REFLECTIONS ABOUT MENTOR-COACHING

1. In your opinion, what top three qualifications are most important for a mentor-coach to be successful?

	Select top 3
Degree in early education or related field	<input type="checkbox"/>
Background in working with families	<input type="checkbox"/>
Background in teaching	<input type="checkbox"/>
Background in early childhood education and care	<input type="checkbox"/>
Background in clinical work (such as counseling)	<input type="checkbox"/>
Background in management work (such as administration)	<input type="checkbox"/>
Experience training, teaching, mentoring, or coaching adults	<input type="checkbox"/>
Experience with Head Start/Early Head Start Programs	<input type="checkbox"/>
Experience with Home Visitors	<input type="checkbox"/>
Familiarity with Center/Staff or Program (worked there previously)	<input type="checkbox"/>
Time management skills	<input type="checkbox"/>
Interpersonal skills (such as ability to establish relationships)	<input type="checkbox"/>
Experience with reflective practice or supervision	<input type="checkbox"/>
Ability to provide constructive feedback	<input type="checkbox"/>
Knowledgeable about adult learning strategies/principles	<input type="checkbox"/>
Language and Culture Match (with staff and/or families and children	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>

1. Thinking across all the staff you mentor-coach, in general what staff characteristics have been challenging to your success as a mentor and coach? (please select one for each response option)

	Never challenging	Sometimes challenging	Often challenging	Always challenging

Level of openness to self-improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of engagement/interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of ability to engage in self-reflection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability of staff to share mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability of staff to use feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic skill level of staff members being mentor-coached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of community buy-in to quality improvement in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness of community to 'trusting' mentor-coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship quality between you and staff you mentor-coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Match (such as personality, age, experience) between you and staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. To what extent are these systems features challenging to you as an Early Learning Mentor Coach? (please select one for each response option)

	Never challenging	Sometimes challenging	Often challenging	Always challenging
Number of staff per mentor-coach (such as case load size)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consistency of messaging across mentor-coaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methods for identifying staff mentor-coaching needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variation in staff needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demands on staff time interfering with scheduling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of language match between you and staff, children or families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job demands from work you are doing besides mentor-coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. To what extent are the following logistics factors challenging to you as an Early Learning Mentor Coach? (please select one for each response option)

	Never challenging	Sometimes challenging	Often challenging	Always challenging
Language of staff, children, and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of Continuing Education Units (CEUs) for staff being mentor-coached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of supplies/resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of space for mentor-coaching meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel issues (distance between centers where mentor-coaching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technological barriers (such as internet access)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of substitutes for staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. To what extent are the following contextual factors challenging to you as an Early Learning Mentor Coach? (please select one for each response option)

	Never challenging	Sometimes challenging	Often challenging	Always challenging
Level of support from Head Start/Early Head Start director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of support from other mentor-coaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families' comfort with mentor-coach in their homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Using your responses to questions 2 through 5, what is the biggest challenge to the success of mentor-coaching? [text box]

VII. ABOUT YOU

Lastly, we'd like to gather some information about you so that we are able to describe the mentor-coaches who were a part of the ELMC initiative.

1. In what year were you born? [Select Year]

2. What is your ethnicity? (please select one)

Hispanic or Latino	<input type="checkbox"/>
Non-Hispanic or non-Latino	<input type="checkbox"/>

3. What is your race? (Select one or more)

American Indian or Alaska Native	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>

4. What is the highest level of education you have completed? (please select one)

Up to 8 th grade	<input type="checkbox"/>
9 th to 11 th grade	<input type="checkbox"/>
12 th grade but no diploma	<input type="checkbox"/>
High school diploma/GED/or equivalent	<input type="checkbox"/>
Voc/Tech diploma after high school	<input type="checkbox"/>
Some college, but no degree	<input type="checkbox"/>
Associate's Degree (AA)	<input type="checkbox"/>
Bachelor's degree (BA or BS)	<input type="checkbox"/>
Graduate or professional coursework, but no degree	<input type="checkbox"/>
Master's Degree (MA or MS)	<input type="checkbox"/>
Doctorate degree (Ph.D. or Ed.D.)	<input type="checkbox"/>
Professional degree after bachelor's degree (MD, DDS, MBA, JD, LLB)	<input type="checkbox"/>

5. Do you have any of the following certificates or licenses? (please select all that apply)

Mentor-coach certification	<input type="checkbox"/>
State-awarded teaching certificate	<input type="checkbox"/>
State-awarded early childhood or preschool certificate	<input type="checkbox"/>
Child Development Associate (CDA) credential	<input type="checkbox"/>
Special education teacher degree	<input type="checkbox"/>
Social work, psychology, or counseling license	<input type="checkbox"/>
Teaching certificate or license	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

6. Do you have any other comments that you would like to make? [text box; 100 character limit]

Thank you very much for your participation in this survey!