

OMB Control Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Length of time for instrument: .08 hours

## APPENDIX G:

FPRQ Pilot Test Instruments for Ineligible Parents

2/1/12

## **Family and Early Care and Education Provider Relationship Quality Study PARENT SCREENER**

### **A) IF POTENTIAL RESPONDENT CALLS IN:**

Thank you for calling me. As you may already know, Westat is conducting a study about how families and their children's teachers or child care providers work together to care for children. As part of this study, Westat has developed a brief survey for parents to fill out about their relationship with their children's teacher or child care provider.

The survey takes about 30 minutes to complete.

In order to make sure that you are eligible to participate in this study, I need to ask you a few questions. This will take less than 5 minutes. Do you have any questions before I begin?

Just in case we get disconnected, can I get the phone number that you are calling from?

\_\_\_\_\_

### **B) IF RETURNING A CALL:**

Hello. My name is [WESTAT STAFF NAME]. I'm calling from Westat. May I speak with [POTENTIAL PARTICIPANT]?

<b>VERIFY THAT YOU ARE SPEAKING TO THE CORRECT PERSON.</b>
--

I'm calling about a study that Westat is conducting about how families and their children's teachers or child care providers work together to care for children.

As part of this study, Westat has developed a brief survey for parents to fill out about their relationship with their children's teachers or child care providers. We are currently recruiting parents to complete this brief survey.

The survey takes about 30 minutes to complete.

In order to make sure that you are eligible to participate in the study, I need to ask you a few questions. This will less than 5 minutes. Do you have any questions before I begin?

Before we start, I want to assure you that your participation is completely voluntary and that your responses will remain confidential. If we come to a question you do not wish to answer, please let me know and we will move on to the next question.

1. Do you have a child age 5 or younger who receives child care, attends a Head Start, Early Head Start, or preschool, or is cared for by someone other than a parent **at least 15 hours per week** on average?

- YES
- NO (**GO TO INELIGIBLE TAB**)

2. Can you tell me the name of the program your child attends?

RESPONDENT NAMES A PROGRAM PARTICIPATING IN THE STUDY

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

RESPONDENT NAMES A PROGRAM **NOT** PARTICIPATING IN THE STUDY  
(PROBE TO MAKE SURE THEY ARE NAMING THE PROGRAM AND NOT THE INDIVIDUAL TEACHER)  
**(GO TO INELIGIBLE TAB)**

3. Can you tell me the name of the individual teacher that provides care for your child?

RESPONDENT NAMES A TEACHER PARTICIPATING IN THE STUDY

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

RESPONDENT NAMES A TEACHER **NOT** PARTICIPATING IN THE STUDY  
**(GO TO INELIGIBLE TAB)**

4. What would you say was your household's income last year? Your best guess is fine.

- LESS THAN \$25,000
- \$25,000-\$34,999
- \$35,000-\$44,999
- \$45,000-\$54,999
- \$55,000-\$74,999
- \$75,000 OR MORE

5. Are you of Hispanic or Latino origin?

- YES
- NO

6. What is your racial background? You may mark one or more.

- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- NATIVE HAWAIIAN OR PACIFIC ISLANDER
- OTHER, SPECIFY \_\_\_\_\_

Congratulations! Based on what you have told me, you are eligible for the study.

Within the next day, we will mail you the survey for you to complete. In order to send this to you, can I get your mailing address?

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

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

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

ZIP CODE: \_\_\_\_\_

After we have received your returned questionnaire, we will send your check for \$25. How would you like your name to appear on the check?

NAME: \_\_\_\_\_

Should we send the check to the same address we are sending the questionnaire to, or would you like the check mailed to a different address?

SAME ADDRESS

DIFFERENT ADDRESS

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

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

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

ZIP CODE: \_\_\_\_\_

In case we need to reach you by phone, what is the best phone number to reach you?

PHONE NUMBER ALREADY PROVIDED

NEW PHONE NUMBER \_\_\_\_\_

Is there another phone number you can provide me in case I can't reach you at this phone number?

\_\_\_\_\_

Is there an email address we may use to contact you in case we need to reach you?

EMAIL ADDRESS: \_\_\_\_\_

You should receive the survey to the mailing address you provided soon. Thank you for agreeing to participate in this study!

OMB Control Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**PARTICIPANT IS INELIGIBLE BASED ON ANSWERS PROVIDED**

Unfortunately, you are not eligible to participate in our study. I'd like to thank you for your interest and time.