Public reporting burden for this collection of information is estimated to average 24 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information collection is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer (Attn: OMB/PRA 0970-XXXX), Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447.

**INSTRUCTIONS FOR Data collectors**

*Please read all instructions before beginning data collection. Conduct data collection in the order indicated.*

1. *Read the introduction below and Complete the Teacher Consent (Appendix O3) Upon classroom entry*
2. *complete CLASSROOM OBSERVATION COVERSHEET*

* **Classroom Observation Coversheet –** *see below*

1. *Complete the CLASS & TSRS ObservationS*

* **Classroom Assessment Scoring System (CLASS)**
* **Teacher Style Rating Scale (TSRS)**

1. *Complete the ECERS-R and ECERS-E OBSERVATIONS*

* **Early Childhood Environment Rating Scale – Revised (ECERS-R)**
* **Early Childhood Environment Rating Scale – Extension (ECERS-E)**

1. *Upon completion of the ECERS-R and ECERS-E, PLEASE go back through the instruments and interview the classroom teacher to obtain responses for any items you were unable to observe.*

*Introduction:* Thank you for your interest in the research study “Evaluation of the Head Start Designation Renewal System.” The study is being conducted for the Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services by researchers at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill and the Urban Institute. The purpose of the evaluation is to understand if the Head Start Designation Renewal System is working as intended, as a valid, reliable, and transparent method for identifying high-quality programs that can receive continuing five-year grants without competition, and as a system that encourages overall quality improvements over time. Participating in this research study will include both a classroom observation and an interview. The interview will take up about 20-30 minutes of your time. The observation will take place over three to four days, during which time you will be free to go about your daily activities. I am going to tell you a little bit more about the study now using a document called an informed consent document, have you sign that form if you agree to participate, give you a copy for your records, answer any questions you have, and get started. [Proceed to informed consent.]

## Classroom Observation Coversheet

|  |  |
| --- | --- |
| Center ID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Data Collector ID: \_\_\_ \_\_\_ \_\_\_  Data Collector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Teacher ID = \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  **Teacher Q1: What is your Highest Education Level (check one):**  **** **Advanced degree in ECE** (Advanced degree in any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children)  **** **Baccalaureate degree in ECE** (Baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children)  **** **Associate degree in ECE** (Associate degree in a field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children)  **** **Child Development Associate** (CDA) credential or state-awarded preschool, infant/toddler, family child care or home-based certification, credential, or licensure that meets or exceeds CDA requirements  **** **Some college, no degree**  **** **High school or GED**  **** **Less than high school/no GED**  **Teacher Q2: What is your Major in your Highest Degree Program?**  ** Early Childhood Education  Psychology**  ** Education  Special Education**  ** Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Teacher Q3: Do you have any of the following certifications, licenses or credentials? (check all that apply)**  ** Child Development Associate credential (CDA)**  **State certificate in ECE**  ** State certificate in special education**  ** License as social worker**  ** License as speech pathologist** | **Teacher Q4: What is your Ethnicity?**  ** Hispanic or Latino**  ** Not Hispanic or Latino**  **Teacher Q5: What is your race? (Select one or more)**  ** American Indian or Alaska Native**  ** Asian**  ** Black or African American**  ** Native Hawaiian or Other Pacific Islander**  ** White**  Date of Observation: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  m m d d y y y y  Number of staff present: \_\_\_ \_\_\_  Highest number of children present during observation: \_\_\_ \_\_\_  Number of children with identified disabilities: \_\_\_ \_\_\_  Check type(s) of disability:  physical/sensory  cognitive/language   social/emotional   other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Birthdates of children enrolled:  youngest \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  m m d d y y  oldest \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  m m d d y y  Time observation began: \_\_\_ \_\_\_ : \_\_\_ \_\_\_   AM  PM  Time observation ended: \_\_\_ \_\_\_ : \_\_\_ \_\_\_   AM  PM |
| **Estimate how this classroom can be classified (do not count display or books – consider spoken language).**    mono-lingual English with little or no use of another language (0 to 10% other language)    mono-lingual English with occasional use of another language in greetings, songs, etc. (11% to 25% other )    dual – lingual English with use of another language less than half of the time (other  26% to 50%)    dual – lingual English with use of another language more than half of the time (other 51% – 75%)    mono-lingual Non-English language with occasional use of English (other  76% - 90%)    mono-lingual Non-English language with little or no use of English (other 91% - 100%)  Non-English language:        Spanish   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |