

ATTACHMENT A6
STAFF QUESTIONNAIRE

OMB No:
Expiration Date:

Head Start Family Voices Pilot Study

Staff Questionnaire

Spring 2013

MPRID: |_|_|_|_|_|_|_|

Interviewer ID: |_|_|_|_|_|_|_|

Date Completed: |_|_|_| / |_|_|_| / | 2 | 0 | 1 | 3 |
 Month Day Year

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxx-xxxx. The time required to complete this collection of information is estimated to average 10 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. This information collection is voluntary. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Nikki Aikens.

ABOUT THIS SURVEY

- This questionnaire is an important part of a larger study Mathematica Policy Research is conducting for the Administration for Children and Families, U.S. Department of Health and Human Services. The overall purpose of the Head Start Family Voices Pilot Study is to better understand the experiences and engagement of families participating in Head Start and Early Head Start. Participation in this project is voluntary.
- Most of the questions can be answered by placing an “X” or a “✓” in the box. For a few questions, you will be asked to provide a brief response.

or

| 0 | 2 | YEARS

- If you are unsure how to answer a question, please give the best answer you can.
- The information you provide will be used for research purposes only and will remain private to the extent allowed by law. No one from your program will see your individual responses, and your name will not be attached to any information you give us.

A1. What is your current job position or title?

- 1 Home Visitor, Home Educator, or Home-Based Teacher
- 2 Family Services Staff

Please specify your title:

A2. How many families are currently in your caseload?

|_|_| NUMBER OF FAMILIES

A3. Do you provide services to children and families enrolled in...

MARK ONLY ONE

- 1 Early Head Start only,
- 2 Head Start only, or
- 3 Both Early Head Start and Head Start

A4. How many years have you been working in Head Start or Early Head Start in any position?

|_|_| NUMBER OF YEARS

A5. How many years have you been working in Head Start or Early Head Start in your current position?

|_|_| NUMBER OF YEARS

A6. How many years have you been working for this Head Start or Early Head Start program?

|_|_| NUMBER OF YEARS

A7. Have any of the children living in your household attended Early Head Start or Head Start, either currently or in the past?

MARK ALL THAT APPLY

- 1 Yes, my child(ren) currently attend the program
- 2 Yes, my child(ren) attended in the past
- 3 No children in my household have ever attended the program

B1. Are you...

- 1 Male?
- 2 Female?

B2. In what year were you born?

|_1_|_9_|_|_| YEAR OF YOUR BIRTH

B3. Are you of Spanish, Latino, or Hispanic origin?

MARK ONLY ONE

- 1 Yes
- 0 No

B4. What is your racial background?

MARK ALL THAT APPLY

- 1 White
- 2 Black/African American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian/Alaska Native
- 6 Other (*Specify*): _____

B5. What is the highest grade or year of school that you have completed? If you are still in school, please tell us about the last year of schooling you completed.

MARK ONLY ONE

- 1 Less than high school diploma or GED certificate
- 2 High school diploma or GED certificate
- 3 Some technical/vocational school, but no diploma
- 4 Technical/vocational diploma
- 5 Some college courses, but no degree
- 6 Associate's degree (two-year college)
- 7 Bachelor's degree (four-year college)
- 8 Master's degree (M.A., M.S.)
- 9 Doctorate degree (Ph.D., Ed.D.)
- 10 Professional degree after Bachelor's degree

B6. In what field did you obtain your highest degree?

MARK ONLY ONE

- 1 Child development or developmental psychology
- 2 Psychology (other than developmental)
- 3 Social work
- 4 Sociology
- 5 Early childhood education
- 6 Elementary education
- 7 Special education
- 8 Bilingual education
- 9 Other field (*Specify*): _____

B7. Do you speak any language other than English?

MARK ONLY ONE

- 1 Yes
- 0 No

B7a. What other languages do you speak?

MARK ALL THAT APPLY

- 1 Spanish
- 2 Chinese (Cantonese, Mandarin)
- 3 Vietnamese
- 4 a Filipino language
- 5 Japanese
- 6 Korean
- 7 American sign language
- 8 Other (*Specify*): _____

B8. Which of the following categories best describes your annual household income? This includes the total combined income of all members of your household from all sources before taxes and other deductions.

MARK ONLY ONE

- 1 Less than \$10,000
- 2 \$10,000 to less than \$15,000
- 3 \$15,000 to less than \$20,000
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$35,000
- 6 \$35,000 to less than \$50,000
- 7 \$50,000 to less than \$75,000
- 8 \$75,000 to less than \$100,000
- 9 \$100,000 or more

Thank you very much for your help! If you have any questions about this questionnaire or the Head Start Family Voices Pilot Study, please contact Felicia Hurwitz at Mathematica Policy Research at 609-945-3379.

Please return this questionnaire to the Mathematica staff who conducted your interview, or mail it in the provided envelope to:

**Mathematica Policy Research
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