

OMB No.:  
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# Head Start Family and Child Experiences Survey

*Program Director Interview*

*Fall 2009*



Label: Director ID:

Interviewer ID:

Interview Date: //  
Month Day Year

Interview Start Time: : AM.....1  
PM.....2

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Thank you for agreeing to participate in FACES 2009. I have a few questions for you to help us understand your program better. This interview will only take about 15 more minutes of your time.

Of course, your participation in this part of the interview is voluntary, and you may refuse to answer any questions. You may stop me at any time, and you may go back to earlier questions to change your answers. Your responses are confidential and will not be reported to the Head Start Bureau or in any of our reports except as aggregate numbers.

My questions will be about teacher education and staff training, curriculum and assessment, and then a few questions about you.

Do you have any questions before we start?

NOTE: YOU MAY COLLECT ALL SECTIONS **EXCEPT SECTION I** FROM SOMEONE THE DIRECTOR DESIGNATES. THE DIRECTOR **MUST** ANSWER SECTION I HIMSELF OR HERSELF.

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**A. STAFFING AND RECRUITMENT**

A12h. Does your program serve any children or families who speak a language other than English at home?

- YES.....1
  - NO.....0
  - DON'T KNOW.....d
  - REFUSED.....r
- } → **GO TO B1**

A12i. Other than English, what languages are spoken by the children and families who are part of your program?

CIRCLE ALL THAT APPLY

- FRENCH.....11
  - SPANISH.....12
  - CAMBODIAN (KHMER).....13
  - CHINESE.....14
  - HAITIAN CREOLE.....15
  - HMONG.....16
  - JAPANESE.....17
  - KOREAN.....18
  - VIETNAMESE.....19
  - ARABIC.....20
  - OTHER (SPECIFY).....21
- 
- DON'T KNOW.....d
  - REFUSED.....r

A12j. Do you have any teachers or assistant teachers who are bilingual?

- YES.....1
  - NO.....0
  - DON'T KNOW.....d
  - REFUSED.....r
- } → **GO TO A12I**

[ASK IF A12j=1]

A12k. Other than English, which of the languages that are spoken by the children and families in your program are also spoken by any teachers or assistant teachers in your program?

CIRCLE ALL THAT APPLY

- FRENCH.....11
  - SPANISH.....12
  - CAMBODIAN (KHMER).....13
  - CHINESE.....14
  - HAITIAN CREOLE.....15
  - HMONG.....16
  - JAPANESE.....17
  - KOREAN.....18
  - VIETNAMESE.....19
  - ARABIC.....20
  - OTHER (SPECIFY).....21
- 
- DON'T KNOW.....d
  - REFUSED.....r

A12l. How do you determine the language proficiency of bilingual teachers and assistant teachers in the language(s) other than English that they speak?

Do you . . .

	YES	NO	DON'T KNOW	REFUSED
1. give language proficiency tests?	1	0	d	r
2. have other staff interview them in their language?	1	0	d	r
3. request documentation for language courses they may have taken?	1	0	d	r
4. do anything else? (SPECIFY) _____	1	0	d	r

A12m. Do you try to determine the proficiency of bilingual teachers and assistant teachers in language(s) other than English before or after they are hired?

- BEFORE.....1
- AFTER.....2
- DOES NOT DETERMINE PROFICIENCY.....3
- DON'T KNOW.....d
- REFUSED.....r

A12n. Are you currently trying to recruit additional teachers or assistant teachers that are bilingual?

- YES.....1
  - NO.....0
  - DON'T KNOW.....d
  - REFUSED.....r
- } → **GO TO B1**

[ASK IF A12n=1]

A12o. Is the job of finding replacement teachers or assistant teachers who are bilingual relatively easy, fairly easy, fairly difficult, or very difficult?

- RELATIVELY EASY.....1
- FAIRLY EASY.....2
- FAIRLY DIFFICULT.....3
- VERY DIFFICULT.....4
- DON'T KNOW.....d
- REFUSED.....r

## B. TEACHER EDUCATION INITIATIVES AND STAFF TRAINING

My first questions are about efforts to promote teacher education and training.

- B1. Does your program have any efforts in place to help teachers and assistant teachers get their CDA's?

YES.....1  
NO.....0  
DON'T KNOW.....d  
REFUSED.....r

- B1a. Does your program have any efforts in place to help family service workers get their CDA's? For this question, "family service workers" refers to those staff who provide parent education, family assessment, resource and referral, community partnership coordination, policy council coordination, outreach and enrollment, or family support services.

YES.....1  
NO.....0  
DON'T KNOW.....d  
REFUSED.....r

- B2. Does your program have any efforts in place to help teachers and assistant teachers get their Associate's (AA) or Bachelor's (BA) degrees?

YES.....1  
NO.....0  
DON'T KNOW.....d  
REFUSED.....r

→ GO TO B3f

- B3. What are you doing to help teachers and assistant teachers get their AA or BA degrees? Are you . . .

	YES	NO	DON'T KNOW	REFUSED
a. providing tuition assistance?.....	1	0	d	r
b. giving teachers release time?.....	1	0	d	r
c. providing assistance for course books?.....	1	0	d	r
d. providing AA or BA courses onsite?.....	1	0	d	r
e. Anything else? (SPECIFY)..... _____	1	0	d	r

B3f. Does your program have any efforts in place to help family service workers get their Associate's (AA) or Bachelor's (BA) degrees?

YES.....1  
NO.....0  
DON'T KNOW.....d  
REFUSED.....r



B4. How often do your (READ TYPE OF STAFF) participate in training and technical assistance activities? Is it every week, 2 or 3 times a month, monthly, once every few months, or once a year or less?

HELP/PROBE: Your health staff might include, but not be limited to, nurses, health aides or assistants, disabilities staff, mental health staff, or any other member of your staff that participates in meeting the health needs of participants in your program.

	WEEKLY	2 OR 3 TIMES A MONTH	MONTHLY	ONCE EVERY FEW MONTHS	ONCE A YEAR OR LESS	DON'T KNOW	REFUSED
a. teachers and assistant teachers.....	1	2	3	4	5	d	r
b. family service workers.....	1	2	3	4	5	d	r
c. health staff.....	1	2	3	4	5	d	r

[ASK IF B4a≠d, r]

B4d. Last year, how many trainings or workshops were offered to teachers or assistant teachers that were...

	NUMBER	DON'T KNOW	REFUSED
1. less than one day?	_ _	d	r
2. one day?	_ _	d	r
3. more than one day?	_ _	d	r

[ASK IF B4b≠d, r]

B4e. Last year, how many trainings or workshops were offered to family service workers that were...

	NUMBER	DON'T KNOW	REFUSED
1. less than one day?	_ _	d	r
2. one day?	_ _	d	r
3. more than one day?	_ _	d	r

[ASK IF B4c≠d, r]

B4f. Last year, how many trainings or workshops were offered to health staff such that were...

	NUMBER	DON'T KNOW	REFUSED
1. less than one day?	_ _	d	r
2. one day?	_ _	d	r
3. more than one day?	_ _	d	r

B5. Who conducts the training?

CIRCLE ALL MENTIONED

- CENTER OR GRANTEE STAFF.....1
- OTHER COMMUNITY RESOURCES.....2
- LOCAL CONSULTANTS.....3
- REGIONAL T/TA CONTRACTOR.....4
- NATIONAL HEAD START ASSOCIATION.....5
- STATE OR NATIONAL CONFERENCES  
(FOR EXAMPLE, NAEYC).....6
- PRIVATE COMPANIES OR ORGANIZATIONS  
(FOR EXAMPLE, HIGH SCOPE, TEACHING  
STRATEGIES).....7
- OTHER (SPECIFY).....8

---

- DO NOT HAVE TRAININGS.....0
- DON'T KNOW.....d
- REFUSED.....r

B6. Has your program consulted with regional T/TA specialists, TA content specialists, or other TA contractor staff?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

B7. Has your program developed a T/TA plan?

- YES.....1
  - NO.....0
  - DON'T KNOW.....d
  - REFUSED.....r
- } → **GO TO B9**

B8. Did the T/TA contractor assist in developing the T/TA plan?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

B9. Has your program participated in training or TA sessions provided by the TA contractor?

- YES.....1
  - NO.....0
  - DON'T KNOW.....d
  - REFUSED.....r
- } → **GO TO D1**

B10. Did other programs besides your own program participate in any of these training or TA sessions?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

## D. WAITING LISTS AND PROGRAM EXPANSION

D1. At the beginning of this program year, did you have a waiting list of children whose parents wanted to enroll them in classes in this program, but for whom slots were not available?

YES.....1  
 NO.....0  
 DON'T KNOW.....d  
 REFUSED.....r

} → GO TO D5

D2. How many children were on this waiting list?

|\_|\_| CHILDREN  
 DON'T KNOW.....d  
 REFUSED.....r

D3. Based on last year's experience, how many of the children on the waiting list do you think you will eventually enroll during the course of the year?

|\_|\_| CHILDREN  
 DON'T KNOW.....d  
 REFUSED.....r

D4. Programs can use different procedures or mix of procedures to select children off the waiting list. For each procedure I read please tell me if your program uses this? Do you use . . .

	YES	NO	DON'T KNOW	REFUSED
a. a first come, first served procedure?.....	1	0	d	r
b. a priority system based on assessment of child or family needs?.....	1	0	d	r
c. a priority system based on goals for (racial/ethnic/language) diversity?.....	1	0	d	r
d. something else? (SPECIFY).....	1	0	d	r

D5. Have you expanded the Head Start program in the last two years to serve more children?

**NOTE:** This refers to number of children served.

YES.....	1	} → GO TO D10
NO.....	0	
DON'T KNOW.....	d	
REFUSED.....	r	

D6. How many children have you added?

PROBE: Please give me your best estimate.

|\_|\_| CHILDREN

DON'T KNOW.....	d
REFUSED.....	r

D7. How many classrooms have you added?

PROBE: Please give me your best estimate.

|\_|\_| CLASSROOMS

DON'T KNOW.....	d
REFUSED.....	r

D8. How many teachers have you added?

PROBE: Please give me your best estimate.

|\_|\_| TEACHERS

DON'T KNOW.....	d
REFUSED.....	r

D9. Have you added new program components, such as . . .

	YES	NO	DON'T KNO W	REFUSED
a. extended-day child care or "wrap around" care for Head Start children?.....	1	0	d	r
b. home-based Head Start?.....	1	0	d	r
c. family day care based Head Start?.....	1	0	d	r
d. Early Head Start?.....	1	0	d	r
e. Other? (SPECIFY)..... _____	1	0	d	r

## E. CURRICULUM, CLASSROOM ACTIVITIES, AND ASSESSMENT

Now I'd like to ask a few questions about the curriculum used in your program.

E1. Is a specific curriculum or combination of curricula used in your program?

- YES, SPECIFIC CURRICULUM.....1  
 YES, COMBINATION.....2  
 NO.....0  
 DON'T KNOW.....d  
 REFUSED.....r
- } → GO TO E8

E2. What (curriculum does/curricula do) your program use?

**PROBE:** Any others?

**CODE ALL CURRICULA NAMED IN COLUMN E2. IF MORE THAN ONE CURRICULA IS NAMED, ASK E3, ELSE GO TO E4.**

E3. What is your main curriculum?

	E2. CIRCLE ALL THAT APPLY	E3. CIRCLE ONLY ONE		
	CURRICULA	MAIN CURRICULU M	DON'T KNOW	REFUSED
CREATIVE CURRICULUM.....	11	11	d	r
HIGH/SCOPE.....	12	12	d	r
HIGH REACH.....	13	13	d	r
LET'S BEGIN WITH THE LETTER PEOPLE....	14	14	d	r
MONTESSORI.....	15	15	d	r
BANK STREET.....	16	16	d	r
CREATING CHILD CENTERED CLASSROOMS – STEP BY STEP.....	17	17	d	r
SCHOLASTIC CURRICULUM.....	18	18	d	r
LOCALLY DESIGNED CURRICULUM.....	19	19	d	r
CURIOSITY CORNER.....	20	20	d	r
OTHER (SPECIFY).....	21	21	d	r

E4.-

E7. NO E4, E5, E6, E7 THIS VERSION.

E9. What is the main child assessment tool that you use?

CIRCLE ONE ONLY

- THE CREATIVE CURRICULUM DEVELOPMENTAL CONTINUUM ASSESSMENT TOOLKIT FOR AGES 3-5....1
  - HIGH/SCOPE CHILD OBSERVATION RECORD (COR)...2
  - GALILEO.....3
  - AGES AND STAGES QUESTIONNAIRES: A PARENT-COMPLETED, CHILD-MONITORING SYSTEM.....4
  - DESIRED RESULTS DEVELOPMENTAL PROFILE (DRDP).....5
  - WORK SAMPLING SYSTEM FOR HEAD START.....6
  - LEARNING ACCOMPLISHMENT PROFILE SCREENING (LAP INCLUDING E-LAP, LAP-R AND LAP-D).....7
  - HAWAII EARLY LEARNING PROFILE (HELP).....8
  - BRIGANCE PRESCHOOL SCREEN FOR THREE AND FOUR YEAR OLD CHILDREN.....9
  - LOCALLY DESIGNED.....10
  - THE HEAD START NATIONAL REPORTING SYSTEM (NRS).....11
  - OTHER (SPECIFY).....12
- 
- DO NOT USE A CHILD ASSESSMENT TOOL.....13 → **GO TO M1**
  - DON'T KNOW.....d
  - REFUSED.....r



E10. What methods does your program use for these assessments? Would you say . . .

ratings based on observation or work sampling,.....1

testing with standardized tests or assessment  
or screening instruments,.....2

both observation-based ratings and  
direct assessments, or.....3

something else? (SPECIFY).....4

DO NOT ASSESS.....0

DON'T KNOW.....d

REFUSED.....r



E11. NO E11 THIS VERSION.

**M. PROGRAM SERVICES AND PARTNERSHIPS**

The next questions are about your program's services.

M1. Please tell me if you offer any of the following services to families. Do you offer . . .

	<b>M1. IF "YES," ASK M2.</b>				<b>M2. Is that service . . .</b>				
	<b>YES</b>	<b>NO</b>	<b>DON'T KNOW</b>	<b>REFUSE</b>	<b>Provided directly by Head Start staff,</b>	<b>Provided by a community partner on- site, or</b>	<b>Provided by a community partner off- site?</b>	<b>DON'T KNOW</b>	<b>REFUSE</b>
a. Child care?.....	1	0	d	r	1	2	3	d	r
b. Medical care?.....	1	0	d	r	1	2	3	d	r
c. Mental health care?	1	0	d	r	1	2	3	d	r
d. Dental care?	1	0	d	r	1	2	3	d	r
e. Transportation assistance?.....	1	0	d	r	1	2	3	d	r
f. Disability services?.....	1	0	d	r	1	2	3	d	r
g. Emergency assistance?.....	1	0	d	r	1	2	3	d	r
h. Employment assistance?.....	1	0	d	r	1	2	3	d	r
i. Education or job training.....	1	0	d	r	1	2	3	d	r
j. Services for drug or alcohol abuse?.....	1	0	d	r	1	2	3	d	r
k. Legal assistance?	1	0	d	r	1	2	3	d	r
l. Housing assistance?.....	1	0	d	r	1	2	3	d	r
m. Financial counseling?.....	1	0	d	r	1	2	3	d	r
n. Family literacy services?.....	1	0	d	r	1	2	3	d	r

	M1. IF "YES," ASK M2.				M2. Is that service . . .				
	YES	NO	DON'T KNOW	REFUSE	Provided directly by Head Start staff,	Provided by a community partner on-site, or	Provided by a community partner off-site?	DON'T KNOW	REFUSE
o. [SEE HELP/ PROBE BELOW] Services for Dual Language Learners (DLL)?.....	1	0	d	r	1	2	3	d	r

HELP/PROBE: Dual language learners are children learning two (or more) languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language. These children are also often referred to as Limited English Proficient (LEP), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).

[IF A12h=1]

M3. Does your Head Start program offer or make available any of the following services for Dual Language Learners (DLL)? Do you offer . . .

	YES	NO	DON'T KNOW	REFUSE
a. assessment of English language skills?	1	0	d	r
b. assessment of basic reading and writing skills?	1	0	d	r
c. activities and workshops for parents of DLLs?	1	0	d	r
d. assistance in applying for medical insurance?	1	0	d	r
e. information about adult ESL or education and community resources?	1	0	d	r

M4. Does your Head Start program currently try to align its curriculum and goals with those of local, public prekindergarten programs?

YES.....1  
 NO.....0  
 DON'T KNOW.....d  
 REFUSED.....r

M5. Does your Head Start program currently provide extended care or other services to children through a formal partnership with a center or home-based child care program?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

The next questions are about services for special groups of children and families in your program. Let's begin by talking about children with disabilities.

M6. When children in your program are identified as at-risk in a developmental screening, do you have a written or official process in place for making referrals?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

M7. Please tell me if you offer any of the following services for children with disabilities. Do you offer . . . [INSERT ITEM]

	M7. IF "YES," ASK M8.				M8. For that service, does your program . . .				
	YES	NO	DON'T KNOW	REFUSE	directly provide it,	contract or arrange for it,	or both provide and contract for it?	DON'T KNOW	REFUSE
a. medical diagnosis/ evaluation?.....	1	0	d	r	1	2	3	d	r
b. nursing services?.....	1	0	d	r	1	2	3	d	r
c. nutrition services?.....	1	0	d	r	1	2	3	d	r
d. occupational therapy?.....	1	0	d	r	1	2	3	d	r
e. physical therapy?.....	1	0	d	r	1	2	3	d	r
f. psychological or psychiatric services?.....	1	0	d	r	1	2	3	d	r
g. respite care? .....	1	0	d	r	1	2	3	d	r
h. service coordination? .....	1	0	d	r	1	2	3	d	r
i. social work services? .....	1	0	d	r	1	2	3	d	r
j. special instruction for the child?.....	1	0	d	r	1	2	3	d	r
k. speech/ language therapy? .....	1	0	d	r	1	2	3	d	r
l. transition services (interpreter)? .....	1	0	d	r	1	2	3	d	r
m. transportation and/or related costs? .....	1	0	d	r	1	2	3	d	r
n. vision services?	1	0	d	r	1	2	3	d	r
o. do anything else? (SPECIFY).....	1	0	d	r	1	2	3	d	r

M9. Does your Head Start program work with your local school district to meet the needs of children with disabilities?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

The next few questions are about enrollment and services for children and families that experience homelessness. "Homeless" includes, for example, families living temporarily in shelters, hotels, or vehicles; or moving frequently between the homes of relatives and friends.

M10. What is the total number of homeless children and families served during the enrollment year?

|\_|\_| NUMBER

- DON'T KNOW.....d
- REFUSED.....r

[SKIP IF M10=0]

M11. Do you offer any special services to homeless children and families such as financial assistance, help finding temporary shelter, help finding longer-term shelter, or transportation to Head Start?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

M12. Do you take extra steps to make sure the homeless families in your program are getting the services they need? These steps might include scheduling additional meetings between parents and program staff, scheduling appointments with service providers, or accompanying and transporting families to receive their services?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

Now I'd like to ask you a question relating to family service workers.

M13. What determines how families are assigned to specific case managers/family service workers? Is it...[INSERT ITEMS a-g]

[ASK IF MORE THAN ONE "YES" IS SPECIFIED IN M13]

M14. Which of these is used most often? [SELECT ONLY ONE ITEM FROM a TO g]

	M13.				M14.		
	YES	NO	DON'T KNOW	REFUSE	USED MOST OFTEN	DON'T KNOW	REFUSE
a. according to the child's classroom?.....	1	0	d	r	1	d	r
b. according to the center?.....	1	0	d	r	1	d	r
c. Geographic location of family? .....	1	0	d	r	1	d	r
d. caseload size? .....	1	0	d	r	1	d	r
e. previous experience with specific families?.....	1	0	d	r	1	d	r
f. match between race, language, ethnic and/or cultural characteristics of family and staff?.....	1	0	d	r	1	d	r
g. something else? (SPECIFY)	1	0	d	r	1	d	r

\_\_\_\_\_

## I. DIRECTOR EMPLOYMENT AND EDUCATIONAL BACKGROUND

Now, I'd like to ask you some questions about your professional background and your job with Head Start.

11. When did you start working for this Head Start program?

|\_|\_| MONTH |\_|\_|\_|\_| YEAR

DON'T KNOW.....d

REFUSED.....r

12. In total, how many years have you worked with **any** Head Start Program? **ROUND RESPONSE TO NEAREST NUMBER OF YEARS. NOTE: HEAD START HAS BEEN IN EXISTENCE FOR ABOUT 40 YEARS.**

|\_|\_| YEARS

DON'T KNOW.....d

REFUSED.....r

13. How many hours per week are you paid to work for Head Start?

|\_|\_| HOURS

DON'T KNOW.....d

REFUSED.....r

14. How many hours per week do you actually work for Head Start?

|\_|\_| HOURS

DON'T KNOW.....d

REFUSED.....r

15. How many months per year are you paid to work for Head Start?

|\_|\_| MONTHS PER YEAR

DON'T KNOW.....d

REFUSED.....r



16. In your current Head Start position(s), how much do the following make it harder for you to do your job well?

(ITEM). Does this make it a great deal harder, somewhat harder, or not at all harder for you to do your job well?

	GREAT DEAL HARDER	SOMEWHAT HARDER	NOT AT ALL	DON'T KNOW
a. Time constraints (not enough hours in the day).....	3	2	1	d
b. Too many conflicting demands.....	3	2	1	d
c. Not a high enough salary for the job demands.....	3	2	1	d
d. Lack of support staff.....	3	2	1	d
e. Not enough training and technical assistance for professional development.....	3	2	1	d
f. Not enough support and communication from regional office.....	3	2	1	d
g. Not enough funds for supplies and activities....	3	2	1	d
h. Dealing with a challenging population.....	3	2	1	d
i. Staff turn over.....	3	2	1	d
j. Lack of parent support.....	3	2	1	d
k. Lack of qualified teaching staff.....	3	2	1	d
l. Anything else? (SPECIFY).....	3	2	1	d

17. Which of the following benefits are available to you through Head Start?

	YES	NO	DON'T KNOW	REFUSED
a. Paid vacation time.....	1..	0	d	r
b. Paid sick leave.....	1..	0	d	r
c. Paid (maternity/paternity) leave.....	1..	0	d	r
d. Unpaid (maternity/paternity) leave.....	1..	0	d	r
e. Paid family leave.....	1..	0	d	r
f. Fully or partially paid health insurance.....	1..	0	d	r
g. Fully or partially paid dental insurance.....	1..	0	d	r
h. Tuition reimbursement.....	1..	0	d	r
i. Retirement plan.....	1..	0	d	r

18. NO I8 THIS VERSION.

19. How likely are you to continue working for Head Start through the rest of this Head Start year (through 2007-2008)? Would you say you are . . .

- very likely,.....1
- somewhat likely,.....2
- somewhat unlikely, or.....3
- very unlikely?.....4
- DON'T KNOW.....d
- REFUSED.....r

I10.-

I11. NO I10 AND I11 THIS VERSION.

I12. What is the highest grade or year of school that you completed?

CIRCLE ONE RESPONSE

- UP TO 8TH GRADE.....1
  - 9TH TO 11TH GRADE.....2
  - 12TH GRADE BUT NO DIPLOMA.....3
  - HIGH SCHOOL DIPLOMA/EQUIVALENT.....4
  - VOC/TECH PROGRAM AFTER HIGH SCHOOL  
BUT NO VOC/TECH DIPLOMA.....5
  - VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....6
  - SOME COLLEGE BUT NO DEGREE.....7
  - ASSOCIATE'S DEGREE.....8
  - BACHELOR'S DEGREE.....9
  - GRADUATE OR PROFESSIONAL SCHOOL  
BUT NO DEGREE.....10
  - MASTER'S DEGREE (MA, MS).....11
  - DOCTORATE DEGREE (PH.D., ED.D).....12
  - PROFESSIONAL DEGREE AFTER BACHELOR'S  
DEGREE (MEDICINE/MD; DENTISTRY/DDS;  
LAW/JD/LLB; ETC.).....13
  - DON'T KNOW.....d
  - REFUSED.....r
- GO TO I22
- GO TO I14
- GO TO I13
- GO TO I22  
GO TO

**C11**

I13. In what field did you obtain your highest degree?

- CHILD DEVELOPMENT OR DEVELOPMENTAL PSYCHOLOGY.....1
- EARLY CHILDHOOD EDUCATION.....2
- ELEMENTARY EDUCATION.....3
- SPECIAL EDUCATION.....4
- OTHER FIELD (SPECIFY).....5

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- EDUCATION, BUSINESS ADMINISTRATION / MANAGEMENT & SUPERVISION.....6
- DON'T KNOW.....d
- REFUSED.....r

I14. Did your schooling include 6 or more college courses in early childhood education or child development?

- YES.....1 → **GO TO CHECK BOX BEFORE I16**
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

I15. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

**CHECK BOX: DID RESPONDENT ATTEND COLLEGE (I12 EQUALS 7, 8, 9, 10, 11, 12, 13)?**

YES.....1 → **ASK I16**

NO.....0 → **GO TO I22**

I16. What is the name of the college or university (you attended/where you completed your highest degree)?

\_\_\_\_\_  
NAME OF COLLEGE/UNIVERSITY

DON'T KNOW.....d

REFUSED.....r

I17. In what city and state is the (college/university) located?

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

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

DON'T KNOW.....d

REFUSED.....r

I18.-  
I21. NO I18 TO I21 THIS VERSION.

I22. Are you currently a member of a professional association for early childhood education (e.g., NAEYC, NHSA, NEA)?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

I23. What is your total annual salary (before taxes) as a program director for the current program year?

\$ |\_\_|\_\_|\_\_|,|\_\_|\_\_|\_\_| PER YEAR

DON'T KNOW.....d

REFUSED.....r

I24. **CODE WITHOUT ASKING:** What is your gender?

MALE.....1

FEMALE.....2

I25. In what year were you born?

|\_\_|\_\_|\_\_|\_\_| YEAR

DON'T KNOW.....d

REFUSED.....r

I26. Are you of Spanish, Hispanic, or Latino origin?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r



I27. Which one of these best describes you . . .

Mexican, Mexican American, Chicano,.....1

Puerto Rican,.....2

Cuban, or.....3

another Spanish/Hispanic/Latino group?.....4

DON'T KNOW.....d

REFUSED.....r

128. What is your race? You may name more than one if you like.

CIRCLE ALL THAT ARE MENTIONED

- WHITE.....11
- BLACK OR AFRICAN AMERICAN.....12
- AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY)...13
- \_\_\_\_\_
- ASIAN INDIAN.....14
- CHINESE.....15
- FILIPINO.....16
- JAPANESE.....17
- KOREAN.....18
- VIETNAMESE.....19
- ASIAN (NOT FURTHER SPECIFIED).....20
- NATIVE HAWAIIAN.....21
- GUAMANIAN OR CHAMORRO.....22
- SAMOAN.....23
- OTHER PACIFIC ISLANDER (SPECIFY).....24
- \_\_\_\_\_
- ANOTHER RACE (SPECIFY).....25
- \_\_\_\_\_
- DON'T KNOW.....d
- REFUSED.....r

129. Do you speak a language other than English?

- YES.....1
  - NO.....0
  - DON'T KNOW.....d
  - REFUSED.....r
- } → GO TO SECTION J

130. What languages?

CIRCLE ALL THAT APPLY

- FRENCH.....11
  - SPANISH.....12
  - CAMBODIAN (KHMER).....13
  - CHINESE.....14
  - HAITIAN CREOLE.....15
  - HMONG.....16
  - JAPANESE.....17
  - KOREAN.....18
  - VIETNAMESE.....19
  - ARABIC.....20
  - OTHER (SPECIFY).....21
- 
- DON'T KNOW.....d
  - REFUSED.....r

## J. CONCLUDING THOUGHTS

Finally, I would like you to think about your Head Start program overall, and all of the experiences and services the program is providing to children and their families.

- J1. If you could change one thing that you think would significantly improve the services your program is providing, what would it be? **ASK RESPONDENT TO CHOOSE ONLY ONE.**

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- J2. Finally, what two things do you think your program does really well for children and their families? **ASK RESPONDENT TO CHOOSE ONLY TWO.**

1. 

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2. 

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Thank you very much for all your help. We will be contacting you again in a few weeks after our statisticians select the centers for the study.

If you have any questions in the meantime, please do not hesitate to call me.