

Thank you for agreeing to talk with us. The purpose of FACES 2009 is to learn how the Head Start program helps families around the country get services for their children. Information from this study will be used to help Head Start improve its understanding of the families that are served by the program and to improve services provided to families.

I will ask questions so we can understand how Head Start interacts with families from your point of view.

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. No one else from the Head Start program will see or hear your answers. Your responses are confidential and will not be reported except as aggregate numbers. This interview will take about 30 minutes.

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K. COORDINATOR FUNCTIONS AND RESPONSIBILITIES

I'd like to begin by asking about your specific functions and responsibilities.

K1. Which of the following functions do you perform for this Head Start program? Please look at this card and tell me which functions you perform.

CIRCLE "1" FOR ALL NAMED. CIRCLE "0" IF NOT NAMED.

PROBE: Any others?

K2. Of these you just named, I would like to know which is your primary responsibility. **CIRCLE 1 IN FIRST COLUMN FOR PRIMARY RESPONSIBILITY.**

And which of the ones you named is your secondary responsibility? **CIRCLE 2 IN SECOND COLUMN FOR SECONDARY RESPONSIBILITY.**

And what about your third responsibility? **CIRCLE 3 IN THIRD COLUMN FOR THIRD RESPONSIBILITY.**



	K1.		K2.		
	YES	NO	THREE MAJOR RESPONSIBILITIES		
a. Develop curriculum, schedules, and classroom plans.....	1	0	1	2	3
b. Assist director in program management activities.....	1	0	1	2	3
c. Provide or arrange for staff training/education.....	1	0	1	2	3
d. Arrange for IEPs and special services for children with disabilities.....	1	0	1	2	3
e. Conduct child assessments.....	1	0	1	2	3
f. Arrange or support for administration of local child assessments.....	1	0	1	2	3
g. Arrange for administration of National Reporting System assessments.....	1	0	1	2	3
h. Arrange for the administration of the Mentor-Coach Initiative.....	1	0	1	2	3
i. Provide supervision and mentoring for classroom staff.....	1	0	1	2	3
j. Manage transition to school activities.....	1	0	1	2	3
k. Provide parent education.....	1	0	1	2	3
l. Provide outreach, recruitment, and enrollment services.....	1	0	1	2	3
m. Supervise home visitors.....	1	0	1	2	3
n. Arrange for services for children with other community services.....	1	0	1	2	3
o. Arrange activities that involve parents.....	1	0	1	2	3
s. Encourage parents to supplement classroom learning at home.....	1	0	1	2	3
p. Another responsibility (SPECIFY).....	1	0	1	2	3
q. (OTHER) (SPECIFY).....	1	0	1	2	3

r. (OTHER) (SPECIFY).....	1	0	1	2	3
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K2t. What sources of support are available to parents to address their concerns about their child's behavior? Please tell me about who provides support or specific activities.

HELP/PROBE: Sources of support might include individuals who are available to address their concerns or specific workshops or materials that address relevant topics.

CIRCLE ALL THAT APPLY

- TEACHERS.....1
 - EDUCATION COORDINATOR, SPECIALIST.....2
 - CENTER/PROGRAM DIRECTOR.....3
 - MENTAL HEALTH PROFESSIONAL.....4
 - PARENT WORKSHOPS.....5
 - WRITTEN MATERIALS PRODUCED
BY THE PROGRAM.....6
 - WRITTEN MATERIALS PRODUCED OUTSIDE
OF THE PROGRAM.....7
 - PARENTS HAVE NOT EXPRESSED CONCERNS.....8
 - OTHER (SPECIFY).....9
-
- DON'T KNOW.....d
 - REFUSED.....r

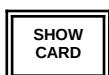
K3. For which of the following topics have you scheduled in-service trainings for your teachers, either for this year or last year? Please look at this card and tell me which types of in-service trainings you scheduled. **CIRCLE “1” FOR ALL NAMED. CIRCLE “0” IF NOT NAMED.**

PROBE: Any others?

K4. Of these you just named, I would like to know which is the most important in your opinion. **CIRCLE 1 IN FIRST COLUMN FOR MOST IMPORTANT.**

And which of the ones you named do you think is the next most important? **CIRCLE 2 IN SECOND COLUMN FOR SECOND MOST IMPORTANT.**

And what about the third most important? **CIRCLE 3 IN THIRD COLUMN FOR THIRD MOST IMPORTANT.**



HELP/PROBE FOR ITEMS K3o and K3p: 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).

	K3.		K4.		
	YES	NO	THREE MOST IMPORTANT		
a. General child development and ECE.....	1	0	1	2	3
b. Curriculum materials and teaching strategies for all children	1	0	1	2	3
o. Curriculum materials and teaching strategies focused on children who are dual language learners (DLLs).....	1	0	1	2	3
c. Involving parents in the classroom.....	1	0	1	2	3
p. Working with parents of DLLs.....	1	0	1	2	3
d. Classroom management strategies.....	1	0	1	2	3
e. Classroom safety, hygiene, and health.....	1	0	1	2	3
f. Assessment of child progress.....	1	0	1	2	3
g. Observation of child behavior.....	1	0	1	2	3
h. Effective communication with parents about their child's progress or problems.....	1	0	1	2	3
i. Identifying and reporting child abuse or neglect.....	1	0	1	2	3
j. Supervision of classroom workers (e.g., volunteers).....	1	0	1	2	3
k. Team teaching.....	1	0	1	2	3

q. Encouraging parents to supplement classroom learning at home.....	1	0	1	2	3
l. Something else (SPECIFY)..... _____	1	0	1	2	3
m. (OTHER) (SPECIFY).....	1	0	1	2	3
n. (OTHER) (SPECIFY)..... _____	1	0	1	2	3

B. EDUCATION AND STAFF TRAINING

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

B1. Do you 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

B2. Do you have any efforts in place to help teachers and assistant teachers get their Associate's (A) or Bachelor's (BA) degrees?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO B4

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

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.

	EVER Y WEEK	2 OR 3 TIMES PER MONTH	MONTHL Y	ONCE EVERY FEW MONTH S	ONCE A YEAR OR LESS	DON'T KNOW	REFUSE D
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 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
(SUCH AS NAEYC).....6
 - PRIVATE COMPANIES OR ORGANIZATIONS
(SUCH AS, HIGH SCOPE, TEACHING
STRATEGIES).....7
 - OTHER (SPECIFY).....8
-
- DO NOT HAVE TRAININGS.....0
 - DON'T KNOW.....d
 - REFUSED.....r

B5a. Does your program use any of the following to help teachers with children's behavior?

	YES	NO	DON'T KNOW	REFUSED
1. A social skills curriculum?.....	1	0	d	r
2. Consultation for teachers from a mental health professional?.....	1	0	d	r
3. Training materials from the Center for the Social and Emotional Foundations for Early Learning (CSEFEL)? . .	1	0	d	r
4. Meetings with supervisor or mentor for direction and guidance?.....	1	0	d	r

B5b. What is the average total hours per month that a mental health professional(s) spends on-site in consultation with the Head Start staff?

|_|_| HOURS

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 B12

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

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

B11. Overall, how helpful is the training and technical assistance your staff receive? Would you say . . .

- very helpful,.....1
- fairly helpful,.....2
- could be more helpful, or.....3
- could be much more helpful?.....4
- DON'T KNOW.....d
- REFUSED.....r

B12. Would you like to have more training and technical assistance?

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

B12a. Either this year or last year, has your program as a whole or members of your staff participated in training and technical assistance activities the address teaching strategies focused on children who are dual language learners (DLLs)?

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).

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

B12b. Either this year or last year, has your program as a whole or members of your staff participated in training and technical assistance activities the address working with parents of dual language learners?

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

B13. Do you have mentor teachers or coaches to work with teachers in classrooms?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO E1

B14. Are your mentor teachers and coaches . . .

	YES	NO	DON'T KNOW	REFUSED
a. more experienced teachers in your program?.....	1	0	d	r
b. education coordinators?.....	1	0	d	r
c. consultants hired by your program?.....	1	0	d	r

B15. How often do they come to the classroom? Would you say . . .

- once a week,.....1
- once every two weeks,.....2
- once a month, or.....3
- less than once a month?.....4
- DON'T KNOW.....d
- REFUSED.....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 E4

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

PROBE: Any others?

CODE ALL CURRICULA NAMED. 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		
		MAIN CURRICULA	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 CLASS- ROOMS – 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. Who makes *most* of the decisions about the day-to-day plans for children, such as the calendar or sequence of activities? Is it . . .

- Head Start program administrators,.....1
 - individual center directors and staff,.....2
 - managers, specialists and coordinators,.....3
 - individual teachers,.....4
 - parents, or.....5
 - someone else? (SPECIFY).....6
-
- DON'T KNOW.....d
 - REFUSED.....r

E5. Do you have any program or center activities to improve children's early literacy skills, that is, to teach them more about letters, word sounds, words, writing, understanding and appreciating books and reading?

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

E5a. Do you have any program or center activities to improve children's early mathematics skills, that is, to teach them more about things like counting, matching and sorting, identifying and building shapes, recognizing and building patterns, or measuring?

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

E5b. Do you have any program or center activities to improve children's social-emotional development, that is, to teach them more about how to express their feelings, healthy ways to interact with others, waiting patiently, and following rules?

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

E7. Do you encourage teachers in your program to do more of any of the following kinds of activities? I will first ask you about language and literacy activities and then about math activities and activities related to children's social-emotional development.

How about [READ ITEM]



Would you say teachers are very much encouraged, somewhat encouraged, not very much encouraged, or not at all encouraged to do this?

	VERY MUCH ENCOURAGED D	SOMEWHAT ENCOURAGED D	NOT VERY MUCH ENCOURAGED D	NOT AT ALL ENCOURAGED D	DON'T KNOW	REFUSED
a. reading stories to the children?.....	1	2	3	4	d	r
b. retelling stories?.....	1	2	3	4	d	r
c. discussing new words?.....	1	2	3	4	d	r
d. learning about rhyming words and word families?....	1	2	3	4	d	r
e. learning about common prepositions, such as over and under, up and down?...	1	2	3	4	d	r
f. learning about conventions of print (left to right orientation, book holding)?..	1	2	3	4	d	r
g. learning the names of letters?.....	1	2	3	4	d	r
h. writing letters of the alphabet?.....	1	2	3	4	d	r
i. writing own name?.....	1	2	3	4	d	r
j. working on phonics?.....	1	2	3	4	d	r
k. counting out loud?.....	1	2	3	4	d	r
l. working with geometric manipulatives (for example, parquetry blocks, or shape puzzles)?.....	1	2	3	4	d	r
m. working with counting manipulatives (things for children to count) to learn basic operations (for example, adding and subtracting)?.....	1	2	3	4	d	r
n. playing math-related games?.....	1	2	3	4	d	r
o. using music to understand math concepts?.....	1	2	3	4	d	r
p. working with rulers, measuring cups, spoons, or other measuring instruments?.....	1	2	3	4	d	r
q. engaging in calendar-related activities?.....	1	2	3	4	d	r
r. engaging in activities related to telling time?.....	1	2	3	4	d	r

s. engaging in activities that involve shapes and patterns?.....	1	2	3	4	d	r
t. engaging in activities that involve taking turns?	1	2	3	4	d	r
u. talking about their own and other children's feelings?	1	2	3	4	d	r
v. engaging in activities that involve sharing?	1	2	3	4	d	r

E7w. Do you have any efforts to improve children's participation in structured (adult-facilitated or led) and unstructured physical activity?

YES.....	1	
NO.....	0	} → GO TO E7y
DON'T KNOW.....	d	
REFUSED.....	r	

E7x. As part of this effort, do you encourage teachers in your program to use a specific set of guidelines or a specific program?

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

E7y. Do you have any efforts to improve children's knowledge and understanding of healthy nutritional choices?

YES.....	1	
NO.....	0	} → GO TO E9
DON'T KNOW.....	d	
REFUSED.....	r	

E7z. As part of this effort, do you encourage teachers in your program to use a specific set of guidelines or a specific program?

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

E9a. What child assessment tools do you use?

IF DIFFICULTY NAMING: Would you like to see a list of some commonly used assessment tools? You may be using one of those or something else.

PROBE: Any others?

CODE ALL ASSESSMENTS NAMED IN COLUMN E2. IF MORE THAN ONE ASSESSMENT IS NAMED, ASK E9A, ELSE GO TO E10.



E9. What is your main child assessment tool?

	E9. CIRCLE ALL THAT APPLY	E9a. CIRCLE ONLY ONE		
	CHILD ASSESSMENT S	MAIN ASSESSMENT	DON' T KNO W	REFUSED
THE CREATIVE CURRICULUM DEVELOPMENTAL CONTINUUM ASSESSMENT TOOLKIT FOR AGES 3-5	11	11	d	r
HIGH/SCOPE CHILD OBSERVATION RECORD (COR)	12	12	d	r
GALILEO.....	13	13	d	r
AGES AND STAGES QUESTIONNAIRES: A PARENT-COMPLETED, CHILD-MONITORING SYSTEM	14	14	d	r
DESIRED RESULTS DEVELOPMENTAL PROFILE (DRDP)	15	15	d	r
WORK SAMPLING SYSTEM FOR HEAD START.....	16	16	d	r
LEARNING ACCOMPLISHMENT PROFILE SCREENING (LAP INCLUDING E-LAP, LAP-R AND LAP-D)	17	17	d	r
HAWAII EARLY LEARNING PROFILE (HELP).....	18	18	d	r
BRIGANCE PRESCHOOL SCREEN FOR THREE AND FOUR YEAR OLD CHILDREN	19	19	d	r
ASSESSMENT DESIGNED FOR THIS PROGRAM.....	20	20	d	r
OTHER (SPECIFY).....	21	21	d	r

E10. What methods do you 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

} → GO TO E12

E11. How often is each child's development and assessment results (READ ITEM) . . .

Is it once at the beginning of the program year, once at the end of the program year, both at the beginning and at the end of the program year, or more often?

	ONCE AT BEGINNING OF YEAR	ONCE AT END OF YEAR	BEGINNING AND END OF YEAR	MORE OFTEN	DON'T KNOW	REFUSED
a. reported to parents?.....	1	2	3	4	d	r
b. reported to program administrators?.....	1	2	3	4	d	r
c. recorded in child's record?.....	1	2	3	4	d	r

E11d. Now I would like to ask you about strategies you might use to assess the English language abilities of children who are dual language learners. How often do you use any of the following strategies to assess their language skills?

	NEVER	ONCE AT BEGINNING OF YEAR	ONCE AT END OF YEAR	BEGINNING AND END OF YEAR	MORE OFTEN	DON'T KNOW	REFUSED
1. Teacher ratings based on observation.....	1	2	3	4	5	d	r
2. Testing with standardized tests or assessments.....	1	2	3	4	5	d	r
3. Parent reports.....	1	2	3	4	5	d	r
4. Something else? (SPECIFY).....	1	2	3	4	5	d	r

E11e. Do you assess children's abilities in their home language?

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

F. HOME VISITS

F5. During program staff's home visits, which three of these activities do teachers and assistant teachers spend the most time doing? **RECORD IN COLUMN F5.**



CIRCLE NUMBERS FOR THREE ACTIVITIES MENTIONED. DO NOT RECORD MORE THAN 3 IN EACH COLUMN.

F6. Which of the three activities do family service workers spend the most time doing? **RECORD IN COLUMN F6.**

	CIRCLE THREE FOR EACH	
	F5. TEACHERS/ ASSISTANT TEACHERS	F6. FSWs, FSAs OR FAs
A. PROVIDING EDUCATIONAL EXPERIENCES TO THE HEAD START CHILD.....	1	1
B. INFORMING PARENTS ABOUT THE PROGRESS OF THEIR CHILD..	2	2
C. TEACHING PARENTS ABOUT (PARENTING/EDUCATION/CHILD DEVELOPMENT) ISSUES INCLUDING ACTIVITIES TO DO WITH THEIR CHILDREN.....	3	3
D. CONDUCTING FAMILY ASSESSMENTS.....	4	4
E. PROVIDING GUIDANCE TO FAMILIES TO HELP THEM MEET THEIR GOALS.....	5	5
F. PROVIDING REFERRAL TO COMMUNITY SERVICES.....	6	6
G. PROVIDING INFORMAL COUNSELING OR ADDRESSING PERSONAL ISSUES (E.G., MARITAL STRESS/FAMILY RELATIONS).....	7	7
H. PROVIDING INFORMATION OR REFERRAL TO PARENTS ABOUT EDUCATIONAL SERVICES.....	8	8
I. PROVIDING ASSISTANCE WITH BASIC NEEDS (E.G., FOOD/HOUSING/CLOTHING/MEDICAL CARE).....	9	9
J. OBTAINING INFORMATION FROM PARENTS ABOUT THEIR EXPERIENCES WITH HEAD START INCLUDING SUGGESTIONS FOR IMPROVEMENT.....	10	10
L. OFFER SUPPORT OR CRISIS MANAGEMENT FOR FAMILIES IN CRISIS.....	12	12
K. OTHER (SPECIFY).....	11	11

H. OVERVIEW OF PROGRAM MANAGEMENT

H1. Now, please tell me the extent to which you agree with each of the following statements about your experiences with the policies and procedures in your program. Tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree. For this question, “teachers” refers to both teachers and teacher assistants.



Your Head Start Program . . .

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED
a. helps teachers feel good about their jobs?.....	1	2	3	4	5	d	r
b. promotes teamwork among teachers?.....	1	2	3	4	5	d	r
c. helps teachers feel that they are part of a team?.....	1	2	3	4	5	d	r
d. ensures that teachers do not feel isolated?.....	1	2	3	4	5	d	r
e. provides enough assistance to teachers in the classroom?.	1	2	3	4	5	d	r
f. provides orientation to new teachers?.....	1	2	3	4	5	d	r
g. helps new teachers adjust to the classroom?.....	1	2	3	4	5	d	r
h. knows what teachers deal with in the classroom?.....	1	2	3	4	5	d	r
i. has timely delivery of materials for use in classrooms?.....	1	2	3	4	5	d	r
j. provides opportunities for teachers to identify their strengths and weaknesses?...	1	2	3	4	5	d	r
k. provides an atmosphere that is free from destructive gossip?.....	1	2	3	4	5	d	r
l. provides freedom for teachers to create their own unique classrooms?.....	1	2	3	4	5	d	r

L. OVERVIEW OF HEAD START CLASSROOMS

- L1. I'm going to read some statements that some staff have made about how children in Head Start should be taught and managed. Please tell me whether each statement agrees or disagrees with your personal beliefs about good teaching practice in Head Start.

SHOW
CARD

(READ ITEM.) Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with that statement?

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED
a. Head Start classroom activities should be responsive to individual differences in development.....	1	2	3	4	5	d	r
b. Each curriculum area should be taught as a separate subject at separate times.....	1	2	3	4	5	d	r
c. Children should be allowed to select many of their own activities from a variety of learning areas that the teacher has prepared (writing, science center, etc.).....	1	2	3	4	5	d	r
d. Children should be allowed to cut their own shapes, perform their own steps in an experiment, and plan their own creative drama, art, and writing activities.....	1	2	3	4	5	d	r
e. Students should work silently and alone on seatwork.....	1	2	3	4	5	d	r
f. Children in Head Start classrooms should learn through active explorations.....	1	2	3	4	5	d	r
g. Head Start teachers should use treats, stickers, or stars to encourage appropriate behavior.....	1	2	3	4	5	d	r
h. Head Start teachers should use punishments or reprimands to encourage appropriate behavior.....	1	2	3	4	5	d	r
i. Children should be involved in establishing rules for the classroom.....	1	2	3	4	5	d	r
j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words.....	1	2	3	4	5	d	r
k. Children should learn to color within predefined lines.....	1	2	3	4	5	d	r
l. Children in Head Start classrooms should learn to form letters correctly on a printed page.....	1	2	3	4	5	d	r
m. Children should dictate stories to the teacher. .	1	2	3	4	5	d	r
n. Children should know their letter sounds before they learn to read.....	1	2	3	4	5	d	r
o. Children should form letters correctly before they are allowed to create a story.....	1	2	3	4	5	d	r

I. EMPLOYMENT AND EDUCATIONAL BACKGROUND

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

11. In what month and year 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 or Early 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?

(READ 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. Please tell me the extent to which you agree with each of the following statements. Tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED
a. I really enjoy my present job.....	1	2	3	4	5	d	r
b. I am certain I am making a difference in the lives of children.....	1	2	3	4	5	d	r
c. If I could start over, I would choose education again as my career.....	1	2	3	4	5	d	r

110. Do you have any children living in your household who attend Head Start now?

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

111. Did you ever have a child in your household who attended Head Start?

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

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

CIRCLE ONE RESPONSE

- | | | | |
|---|----|-----|----------------------------------|
| UP TO 8TH GRADE..... | 1 | } → | GO TO I16 |
| 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 | → | GO TO I14 |
| ASSOCIATE'S DEGREE..... | 8 | } → | GO TO I13 |
| 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 | } → | GO TO I16
GO TO |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |

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

C11

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

I15a. Have you completed an entire course on dual language learner children?

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 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

118. Do you have a Child Development Associate (CDA) credential?
- YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r
119. Do you have a state-awarded preschool certificate?
- YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r
120. Do you have a teaching certificate or license?
- YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r
121. Are you currently enrolled in any additional teacher-related training or education, including post-secondary school degrees, graduate degrees, etc.?
- NOT CURRENTLY ENROLLED.....1
 CHILD DEVELOPMENT ASSOCIATE (CDA)
 DEGREE PROGRAM.....2
 TEACHING CERTIFICATE.....3
 SPECIAL EDUCATION TEACHING DEGREE.....4
 GRADUATE DEGREE (MASTER'S
 OR PH.D. OR ED.D.).....5
 OTHER (SPECIFY).....6
-
- DON'T KNOW.....d
 REFUSED.....r

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 coordinator 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

I26a. Are you of Spanish, Hispanic, or Latino origin?

- YES.....1
- NO.....0 → GO TO I28
- DON'T KNOW.....d
- REFUSED.....r

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

- Mexican, Mexican American, Chicano,.....1
- Puerto Rican,.....2
- Cuban, or.....3
- another Spanish/Hispanic/Latino group?(SPECIFY).....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

I29. Do you speak a language other than English?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r



I30. 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.**

- 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. _____

2. _____

Thank you very much for your cooperation. You've been very helpful!

THANK YOU FOR YOUR PARTICIPATION IN FACES!