



**Kindergarten Followup to the
Head Start Family and Child
Experiences Survey**

Teacher Child Report - Kindergarten



This booklet contains questions about the child on the label. You have one pre-labeled booklet for each child who, according to our records, is in your class. Some of these children may not currently be in your class.

Please check one box for the child listed on the label and follow the instructions.

- E1.** THIS CHILD IS IN MY CLASS..... 1 → **PLEASE COMPLETE THIS BOOKLET**
- THIS CHILD IS NOT IN MY CLASS..... 0 → **NOTHING MORE IS REQUIRED IN THIS BOOKLET, GO TO BOOKLETS FOR OTHER CHILDREN**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0151. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Section F. School Programs and Activities

F1. Overall, how would you rate this child's academic skills in each of the following areas, compared to other children of the same grade level?

MARK ONE ANSWER IN EACH ROW					
Far Below Average	Below Average	Average	Above Average	Far Above Average	
a. Language and literacy skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Science and Social Studies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Mathematical skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

F2. Does this child receive instruction in any of the following types of programs in your school?

	MARK "YES" OR "NO" ON EACH LINE	
	Yes	No
a. Individual tutoring program in reading.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Pull-out small group program in reading.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Individual tutoring program in mathematics.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Pull-out small group program in mathematics.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Pull-out English as a Second Language (ESL) program (instructional program designed to teach listening, speaking, reading, and writing English language skills to children with limited English proficiency).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. In-class English as a Second Language (ESL) program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Gifted and talented program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Program for children with behavioral or emotional problems.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

F3. During structured play time, how does this child compare with other children in the class in terms of physical activity?.....

F4. During unstructured play time, how does this child compare with other children in the class in terms of physical activity?.....

MARK ONE ANSWER IN EACH ROW					
A lot less active than most	A little less active than most	About the same as most	A little more active than most	A lot more active than most	
F3. During <u>structured</u> play time, how does this child compare with other children in the class in terms of physical activity?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
F4. During <u>unstructured</u> play time, how does this child compare with other children in the class in terms of physical activity?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

F5. Will this child be promoted to first grade? If a promotion decision has not yet been made, please indicate your best estimate of what will happen, based on what you know at this time.)

- 1 Yes, will be promoted to regular first grade class
- 2 Will attend transitional first grade or prefirst grade class
- 3 Will repeat kindergarten
- 4 Other (*please specify:*)

Section G. Social Skills

MPR's agreement with the publisher/developer of this set of items does not allow us to share the items publicly without prior written approval.

Section H. Classroom Conduct

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Section J. Health and Development Conditions or Concerns

J1. Has any professional such as a doctor or other health or education professional mentioned this child having a developmental problem or delay, for example, any special need or disability, such as physical, emotional, language, hearing difficulty or other special need?

- 1 Yes
 - 0 No
 - d Don't know
- GO TO J3

J2. How did the doctor or other health or education professional describe this child's needs or disability?

MARK ALL THAT APPLY

- 1 Vision Impairment
- 2 Blindness
- 3 Hearing Impairment/Hard of Hearing
- 4 Deafness
- 5 Motor Impairment
- 6 Speech Impairment/Difficulty Communicating
- 7 Mental Retardation
- 8 Development Delay
- 9 Autism or Pervasive Developmental Disorder (PDD)
- 10 Behavior Problems/Hyperactivity/Attention Deficit (ADD or ADHD)
- 11 Oppositional Defiant Disorder
- 12 Other (Please Specify)

- d Don't Know

GO TO J5

J3. Since this child has enrolled in Kindergarten, has anyone reported concerns about his or her health or development?

Note: This item does not refer to normal health concerns (e.g., "she has a lot of colds"); it refers to the conditions listed in F4 below. The concerns may be identified by yourself, another staff member, a parent or anyone else.

- 1 Yes
 - 0 No
 - d Don't know
- GO TO J6 ON NEXT PAGE

J4. To your knowledge, what areas of this child's health and development appear to be of concern?

MARK ALL THAT APPLY

- 1 Vision Impairment
- 2 Blindness
- 3 Hearing Impairment/Hard of Hearing
- 4 Deafness
- 5 Motor Impairment
- 6 Speech Impairment/Difficulty Communicating
- 7 Mental Retardation
- 8 Development Delay
- 9 Autism or Pervasive Developmental Disorder (PDD)
- 10 Behavior Problems/Hyperactivity/Attention Deficit (ADD or ADHD)
- 11 Oppositional Defiant Disorder
- 12 Other (Please Specify)

- d Don't Know

J5. What has been done so far to address this child's condition or the concerns about this child's health and development?

MARK ALL THAT APPLY

- 1 Discussions/plans are in progress
- 2 A specialist has been contacted
- 3 The child has been observed or evaluated
- 4 A meeting with the parents and the special needs team has been made
- 5 An individualized education plan (IEP) or an Individual Family Service Plan (IFSP) has been developed

*The definition of IFSP/IEP is as follows:
"a written plan that describes goals for this child and the services [he/she] should receive."*

- 6 Modifications or accommodations to the classroom or class activities have been made
- 7 Don't Know

IF J5 = 5 (An IEP or IFSP has been developed), GO TO J5A. OTHERWISE, GO TO J6.

J5a. Did you participate in the child's IEP or IFSP meeting?

- 1 Yes
- 0 No
- d Don't know

J5b. Which of the following services has the child received?

MARK ALL THAT APPLY

- 1 Speech or language therapy
- 2 Social work services
- 3 Psychological services
- 4 Special education teacher services
- 5 Other services
- d Don't Know

IF J5B = 1, 2, 3, 4, OR 5, GO TO J5C. OTHERWISE, GO TO J6.

J5c. How were these services delivered?

MARK ALL THAT APPLY

- 1 Consultation in the classroom

Note: Consultation includes recommending modifications, accommodations, or other methods to support the child's learning and development

- 2 Direct teaching or services by a specialist in the classroom
- 3 Direct teaching or services by a specialist in another classroom or setting
- d Don't Know

J6. About how often has this child missed school during the past year?

- 1 Never
- 2 1-5 days
- 3 6-10 days
- 4 11-20 days
- 5 More than 20 days

Section K. Wrap Up

K1. Why did you choose to complete the paper questionnaire rather than complete the questionnaire on the Web?

MARK ALL THAT APPLY

- 1 Did not have access to a computer
- 2 Computers were in use by others at the times I wanted to do the questionnaire
- 3 Started survey, but experienced technical problems such as...
 - 3a Screen frozen
 - 3b Took too long to load the first page
 - 3c Took too long to load subsequent pages
- 4 Tried to log into Web address, but an **error message** appeared...
 - 4a "Invalid password"
 - 4b "This page has expired"

- 4c "This website is busy, please try again later"
- 5 Computer screen too small to read questions, such as required too much scrolling—up or down, side to side
- 6 Unable to read the questions on the screen because of the color scheme on the computer
- 7 Chose to complete the paper questionnaire because it was readily available

K2. What kind of help could we have given you to make it easier for you to complete this form on the Web?

You have completed the rating for this child. If you have another FACES child in your class, please complete the Teacher Child Report for that child. If you do not have any more FACES children in your class, please put the Teacher Interview and all the Teacher Child Reports in the self-addressed envelope and send them to MPR. You will receive your thank you payment in approximately 2 weeks.

Thank your very much for participating in FACES!