

**APPENDIX I**  
**SCREEN SHOTS**

**MATHEMATICA**  
Policy Research

## Head Start Family and Child Experiences Survey



**FACES 2014-2018**

Experiences in Head Start

### Parent Survey

Welcome to the Head Start Family and Child Experiences Survey 2014-2018 (FACES) parent survey. Please refer to the instructions you received to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then click NEXT. If you do not have your login ID and password, please call First Last at 1-888-xxx-xxxx. You can also email us at xxxxxx@mathematica-mpr.com.

Login ID:

Password:

**Next**

Paperwork Reduction Act Statement: The referenced collection of information 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. The OMB control number for this collection is 0970-0151 and it expires XX/XX/XXXX. The time required to complete this collection of information is estimated to average 20 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. 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: Jerry West.

## SURVEY INFORMATION

Mathematica Policy Research is conducting the Head Start Family and Child Experiences Survey 2014-2018 (FACES) for the Administration for Children and Families (ACF). ACF is part of the U.S. Department of Health and Human Services.

We are inviting you to complete a survey about you and your child, because he or she is in a Head Start program that is taking part in FACES. This study aims to learn more about families in Head Start and the services Head Start provides. By completing this survey, you will help Head Start serve all children and their families.

Your answers to this survey will be kept private to the extent permitted by law. No one from your child's Head Start program will see your answers. Using the login ID and password ensures that your answers will only be seen by the study team. The next page will tell you how to complete the survey.

**Please click on one of the buttons below to begin or exit the survey.**

[Complete in English](#)[Complete en Español](#)[Exit Survey](#)[Salir](#)

## How to Complete the Survey

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.
- If you are not sure how to answer a question, give the best answer you can. You can skip questions that make you feel uncomfortable, but please answer as many as you can.
- To answer a question, click the box to choose your response.
- To go to the next page, click on the "Next" button.
- To go back to the previous page, click on the "Back" button. Please note that this command is only available in certain sections.
- If you need to stop before you have finished, click the "Suspend" button at the bottom of the page. The answers you give before clicking "Suspend" will be securely stored and available when you return to complete the survey. You will need your login ID and password to re-enter the survey.
- For security reasons, you will be logged out of the survey if there is no activity for more than 30 minutes. When you go back to the survey, you will need to log in again using your login ID and password.
- If you suspend the survey or if you are logged out, you will be returned to the last question that you answered when you log back in.

**Please click on one of the buttons below to begin or exit the survey.**

[Begin Your Survey](#)

[Exit](#)

## SECTION A. About Your Child

A1. Is [CHILD] a boy or a girl?

- Boy
- Girl

[Contact the help desk](#)[Instructions](#)

A2. What is [CHILD]'s birth date?

Month/Day/Year

[Contact the help desk](#)

[Instructions](#)

A3. Is [CHILD] of Spanish, Hispanic, or Latino origin?

- Yes
- No

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[Instructions](#)

A4. Which one of these best describes [CHILD]'s Spanish, Hispanic, or Latino origin? Would you say...

Note - If more than one, select "Some other Spanish/Hispanic/Latino group."

- Mexican, Mexican American, Chicano
- Puerto Rican,
- Cuban, or
- Some other Spanish/Hispanic/Latino group? (SPECIFY)

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[Instructions](#)



A5. What is [CHILD]'s race? You may select more than one if you like.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (SPECIFY - for example, Fijian, Tongan, and so on)
- Another race (SPECIFY)

[Contact the help desk](#)

[Instructions](#)

**MATHEMATICA**  
Policy Research

## Head Start Family and Child Experiences Survey



**FACES 2014-2018**

Experiences in Head Start

### Teacher Website

Welcome to the Head Start Family and Child Experiences Survey 2014-2018 (FACES) Teacher Website. Please refer to the instructions you received to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then click NEXT. If you do not have your login ID and password, please call First Last at 1-888-xxx-xxxx. You can also email us at xxxxxx@mathematica-mpr.com.

Login ID:

Password:

**Next**

Paperwork Reduction Act Statement: The referenced collection of information 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. The OMB control number for this collection is 0970-0151 and it expires XX/XX/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. 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: Jerry West.

## SURVEY INFORMATION

Mathematica Policy Research is conducting the Head Start Family and Child Experiences Survey 2014-2018 (FACES) under contract with the Administration for Children and Families (ACF) of the U. S. Department of Health and Human Services (DHHS).

To enhance the information we obtain by assessing the children and surveying their parents, we need for you to complete this brief questionnaire, The Teacher Child Report, about each of the children in the study who are from your class. The Teacher Child Report (TCR) asks you to report on the social skills, problem behaviors, and approaches to learning that you have observed in these children from your class.

Please be assured that all information you provide will be kept private to the extent permitted by law. Using the Login Identification Number and Password ensures that the information you provide to the study will be protected and will only be seen by selected members of the study team. The next page provides you with general instructions on how to complete the survey.

**Please click on one of the buttons below to begin or exit the survey.**

**Begin Your Survey**

**Exit Survey**

## How to Complete the Survey

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.
- To answer a question, click on the box to choose your response.
- To continue to the next webpage, press the "Next" or "Continue" button.
- To go back to the previous webpage, press the "Back" or "Previous" button. Please note that this command is only available in certain sections.
- If you need to stop before you have finished, the "Suspend" button at the bottom of each page allows you to exit the survey. The data you provide prior to clicking "Suspend" will be securely stored and available when you return to complete the survey.
- Please answer questions in the order they appear regardless of the question number. Questions will not always be numbered sequentially, and some may be skipped because they do not apply to you.
- For security purposes, you will be timed out if you are idle for longer than 30 minutes. When you decide to continue the survey, you will need to log in again using your login ID and password.
- If you suspend the survey or if you are logged out, you will be returned to the last question that you answered when you log back in.

**Please click on one of the buttons below to begin or exit the survey.**

[Begin Your Survey](#)

[Exit](#)

## FACES 2014 - 2018 Teacher Website

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- By clicking this box, I agree that I understand the purpose of this study including privacy assurances, and that my participation is completely voluntary. I may withdraw this consent at any time without penalty.

Welcome to the FACES teacher website.

Center: [CENTER] Classroom: [CLASSROOM]

Teacher: [Teacher]

Information:

1. On the next screen, you'll see a list of children.
2. Choose a child you wish to rate and press the "Next" button.
3. If a child moved to another class, moved to another center, left Head Start, or was never in your class, choose the child's name and you will be able to note why the child left your class.

Press the "Next" button to proceed.

Please choose a child to rate.

Center: [CENTER] Classroom: [CLASSROOM]

Select a child then press the "Next" button. You may have to scroll down to see the buttons.

- [Child Name]
- [Child Name]
- [Child Name]
- [Child Name]
- [Child Name]

## SECTION B. Child's Accomplishments

These questions are about things that different children do at different ages. These things may or may not be true for this child.

## B1. Can this child recognize...

- All of the letters of the alphabet,
- Most of them
- Some of them, or
- None of them?

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B2. How high can this child count? Would you say...

- Not at all,
- Up to five,
- Up to ten,
- Up to twenty,
- Up to fifty, or
- Up to 100 or more?

Next

Back

Suspend

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[Instructions](#)

B3. How often does this child like to write or pretend to write? Would you say...

- Never,
- Has done it once or twice,
- Sometimes, or
- Often?

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B4. Can this child identify the colors red, yellow, blue, and green by name? Would you say...

- All of them,
- Some of them, or
- None of them?

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B4a. Can this child demonstrate a beginning understanding of the relationship between sounds and letters (e.g., the letter B makes a "buh" sound)? Would you say...

- Not at all,
- For one or two letters,
- For a few (up to 5) letters, or
- For several (6 or more) letters

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B5. Please answer "Yes" or "No" to each question about this child's abilities.

MARK "YES" OR "NO" ON EACH LINE	YES	NO
a. Does this child mostly write and draw rather than scribble?	<input type="radio"/>	<input type="radio"/>
b. Can this child write (his/her) first name even if some of the letters are backward?	<input type="radio"/>	<input type="radio"/>
c. Does this child trip, stumble or fall easily?	<input type="radio"/>	<input type="radio"/>
d. When this child speaks, is (he/she) understandable to a stranger?	<input type="radio"/>	<input type="radio"/>
e. Does this child stutter or stammer?	<input type="radio"/>	<input type="radio"/>
f. Does this child ever look at a book with pictures and pretend to read?	<input type="radio"/>	<input type="radio"/>
g. Does this child recognize (his/her) own first name in writing or in print?	<input type="radio"/>	<input type="radio"/>
h. Does this child read any other words in writing or in print?	<input type="radio"/>	<input type="radio"/>
i. Can this child identify rhyming words?	<input type="radio"/>	<input type="radio"/>

[Contact the help desk](#)[Instructions](#)