

OMB No.: 0970-0355

Expiration Date: 01/30/2015

Q-DOT Pilot Study

Teacher Self-Administered Questionnaire

Spring 2014

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 0970-0355. The time required to complete this information collection is estimated to average 15 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected.

**INTRODUCTION**

Thank you for participating in the Q-DOT Pilot Study. The purpose of this study is to learn more about the associations among Quality Rating and Improvement System (QRIS) ratings, specific aspects of quality, and measures of observed quality for early care and education settings.

Information from this study will be used to help guide the U.S. Department of Health and Human Services, Administration for Children and Families, as they support quality improvement initiatives and practices while informing policy decisions at the state and national levels.

Of course, your participation in the study is voluntary and you may skip any questions you do not want to answer. No one else from your child care center will see or have access to your answers. Your responses are private to the extent permitted by law and will be reported only as aggregate numbers. The answers you provide are very important, so please be as complete as possible and take your time to answer each question as best you can. If you don’t know the answer, please answer “don’t know.” This self-administered questionnaire will take about 15 minutes to complete.

**A. EMPLOYMENT AND EDUCATIONAL BACKGROUND**

First, the following are questions about your employment and educational background.

A1. What is your current position in this classroom?

MARK ONE ONLY

1 □ Lead teacher/teacher

2 □ Assistant teacher/teacher aide

3 □ Part-time substitute teacher

4 □ Coordinator/supervisor (e.g., educational coordinator)

5 □ Center director

6 □ Other position *(specify)*

d □ Don’t know

A2. In total, how many years have you been teaching in a center setting (including all grades and preschool)?

| | | YEARS

A3. In what month and year did you start working in your current role at this center, that is as a [lead teacher, assistant teacher, etc.]?

| | | MONTH | | | | | YEAR

A4. What is the highest grade or year of school that you completed?

MARK ONE ONLY

1 □ Up to 8th grade **GO TO A7**

2 □ 9th to 11th grade **GO TO A7**

3 □ 12th grade but no diploma **GO TO A7**

4 □ High school diploma/equivalent **GO TO A7**

5 □ Voc/tech program after high school but no voc/tech diploma **GO TO A6**

6 □ Voc/tech diploma after high school **GO TO A6**

7 □ Some college but no degree **GO TO A6**

8 □ Associate’s degree

9 □ Bachelor’s degree

10 □ Graduate or professional school but no degree

11 □ Master’s Degree (M.A., M.S.)

12 □ Doctorate Degree (Ph.D., ED.D.)

13 □ Professional degree after Bachelor’s Degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; etc.)

14 □ Master’s Degree (M.A., M.S.)

d □ Don’t know **GO TO A7**

A5. In what field did you obtain your highest college degree?

MARK ONE ONLY

1 □ Child development or developmental psychology

2 □ Early childhood education

3 □ Elementary education

4 □ Special education

5 □ Bilingual education

6 □ Family Studies

7 □ Social Work

8 □ Psychology (other than developmental psychology)

9 □ Other field *(specify)*

d □ Don’t know

A6. Have you completed six or more college courses in early childhood education, child development, or developmental psychology?

1 □ Yes

0 □ No

d □ Don’t know

A7. Do you have a Child Development Associate (CDA) credential?

1 □ Yes

0 □ No

d □ Don’t know

A8. Do you have a state-awarded preschool certificate?

1 □ Yes

0 □ No

d □ Don’t know

A9. Do you have a teaching certificate or license?

1 □ Yes

0 □ No

d □ Don’t know

A10. Including postsecondary school degrees, graduate degrees, etc., are you currently enrolled in any additional teacher certification or degree-seeking program?

1 □ Yes

**GO TO B1**

0 □ No

d □ Don’t know

A11. If yes, in what kind of training or education program are you enrolled?

MARK ONE ONLY

1 □ Child Development Associate (CDA) degree program

2 □ Teaching certificate program

3 □ Special education teaching degree program

4 □ Associate’s Degree program

5 □ Bachelor’s Degree program

6 □ Graduate degree program (Master’s or PH.D. OR ED.D.)

7 □ Other (*specify*)

d □ Don’t know

**B. CLASSROOM CHARACTERISTICS**

Next, the following questions are about the demographics and activities within your classroom.

B1. Do you teach…

MARK ONE ONLY

1 □ A full-day class,

2 □ A morning class only,

3 □ An afternoon class only, or

4 □ Both a morning and afternoon class? [IF BOTH, PLEASE FOCUS ON MORNING CLASS FOR THE REST OF THE QUESTIONS IN SECTION B]

d □ Don’t know

B2. How many lead teachers/teachers are usually with this class?

| | | LEAD TEACHERS/teachers

d □ Don’t know

B3. How many assistant teachers are usually with this class?

| | | ASSISTANT TEACHERS/teacher aides

d □ Don’t know

B4. What is the average ratio of paid adults to children in your classroom?

1 adult for every | | | CHILDREN

d □ Don’t know

B5. How many children are enrolled in this class?

| | | CHILDREN

d □ Don’t know

B6. As of today’s date, how many children in this class are at each of the following age levels?

|  |  |  |
| --- | --- | --- |
|  | MARK ONE RESPONSE PER ROW | |
|  | CHILDREN | DON’T KNOW |
| a. 3 years old (or younger) | | | | | d □ |
| b. 4 years old | | | | | d □ |
| c. 5 years old (or older) | | | | | d □ |

B7. How many days a week does this class meet?

| | | DAYS EACH WEEK

d □ Don’t know

B8. How many hours per day does this class meet?

| | | HOURS PER DAY

d □ Don’t know

B9. How many children who are dual language learners are there in your classroom?

Dual language learners (DLLs) 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 also often are referred to as Limited English Proficient (LEP), bilingual, English language learners (ELLs), English learners, and children who speak a language other than English (LOTE).

| | | CHILDREN

d □ Don’t know

B10. On an average day, how many children are absent from your class? Would you say…

MARK ONE ONLY

1 □ None,

2 □ One or two,

3 □ Three or four,

4 □ Five or six, or

5 □ Seven or more?

d □ Don’t know

B11. At this point in the school year, how would you rate the behavior of children in your class? Would you say…

MARK ONE ONLY

1 □ The group misbehaves very frequently and is almost always difficult to handle,

2 □ The group misbehaves frequently and is often difficult to handle,

3 □ The group misbehaves occasionally,

4 □ The group behaves well, or

5 □ The group behaves exceptionally well?

d □ Don’t know

B12. Does your program use any of the following to help teachers with children’s behavior?

|  |  |  |  |
| --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | |
|  | YES | NO | DON’T KNOW |
| a. A social skills curriculum? | 1 □ | 0 □ | d □ |
| b. Consultation for teachers from a mental health professional? | 1 □ | 0 □ | d □ |
| c. Training materials from the Center for the Social and Emotional Foundations for Early Learning (CSEFEL)? | 1 □ | 0 □ | d □ |
| d. Meetings with a supervisor, mentor, or coach for direction and guidance? | 1 □ | 0 □ | d □ |

B13. How is a typical day spent in your classroom? Not including lunch or nap breaks, how much time do the children spend in the following kinds of activities? Please check only one box for each line.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | | | |
|  | NO TIME | HALF- HOUR OR LESS | ABOUT ONE HOUR | ABOUT TWO HOURS | THREE HOURS OR MORE | DON’T KNOW |
| a. Teacher-directed whole class activities | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| b. Teacher-directed small group activities | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| c. Teacher-directed individual activities | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| d. Child-selected activities | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |

**C. USE OF CURRICULUM**

The next questions are about the curriculum and assessment tools you use in your classroom.

C1. Is a specific curriculum or combination of curricula used in your program?

MARK ONE ONLY

1 □ Yes, specific curriculum

**GO TO C7**

2 □ Yes, combination

0 □ No curriculum

d □ Don’t know

C2. If yes, what do you use?

MARK all that apply

1 □ Creative Curriculum

2 □ HighScope

3 □ HighReach Learning

4 □ Let’s Begin With The Letter People

5 □ Montessori

6 □ Bank Street

7 □ Creating Child-Centered Classrooms – Step By Step

8 □ Scholastic Curriculum

9 □ Locally designed curriculum

10 □ Curiosity Corner − Johns Hopkins

11 □ Other (*specify*)

12 □ Other (*specify*)

C3. Which is your primary curriculum?

MARK ONE ONLY

1 □ Creative Curriculum

2 □ HighScope

3 □ HighReach Learning

4 □ Let’s Begin With The Letter People

5 □ Montessori

6 □ Bank Street

7 □ Creating Child-Centered Classrooms – Step By Step

8 □ Scholastic Curriculum

9 □ Locally designed curriculum

10 □ Curiosity Corner − Johns Hopkins

11 □ Other (*specify*)

12 □ Other (*specify*)

C4. How many hours of training have you had in the past 12 months in your primary curriculum?

| | | HOURS

d □ Don’t know

C5. Please tell us which types of support you have received to help you use your primary curriculum.

MARK all that apply

1 □ Help in understanding the curriculum

2 □ Provided with opportunities to observe someone implementing the curriculum

3 □ Refresher training on the curriculum

4 □ Help in implementing the curriculum

5 □ Help in planning curriculum-based activities

6 □ Help in individualizing the curriculum for children

7 □ Help in identifying and/or receiving additional resources to expand the scope of the curriculum and activities

8 □ Feedback on implementing the curriculum

9 □ No support

10 □ Other (*specify*)

d □ Don’t know

C6. From whom did you receive support?

MARK all that apply

1 □ Mentor, master teacher, or coach

2 □ Other teachers in program

3 □ Supervisor/education coordinator

4 □ Staff from another program

5 □ Staff or consultant(s) from curriculum developers (e.g., High/Scope, Teaching Strategies, etc.)

6 □ Faculty from school of education

7 □ Regional office training and technical assistance staff

8 □ No support

9 □ Other (*specify*)

d □ Don’t know

C7. Do you have a daily written plan for your classroom activities?

1 □ Yes

0 □ No

d □ Don’t know

**D. TEACHER MENTORING**

The following are questions about coaching and mentoring in your classroom that you may receive.

D1. Is there someone who mentors or coaches you in your classroom; that is, someone who observes your teaching on a regular basis and provides feedback, guidance, and training?

1 □ Yes

**GO TO D9**

0 □ No

d □ Don’t know

D2. Is this mentoring or coaching relationship a formal or informal one? By formal, we mean that a person was specifically assigned to you.

MARK one only

1 □ Formal

2 □ Informal

d □ Don’t know

D3. Who is the mentor or coach that usually comes to your classroom?

MARK ALL THAT APPLY

1 □ Another teacher

2 □ Supervisor/education coordinator

3 □ Center/program director

4 □ TA provider

5 □ QRIS mentor

6 □ Consultant, mentor, or coach from outside of yourprogram

7 □ Other (*specify*)

d □ Don’t know

D4. Which one is the primary mentor, coach, or consultant?

MARK ONE ONLY

1 □ Another teacher

2 □ Supervisor/education coordinator

3 □ Center/program director

4 □ TA provider

5 □ QRIS mentor

6 □ Consultant from outside of the program

7 □ Other (*specify*)

d □ Don’t know

D5. How often does your primary mentor, coach, or consultant come to your classroom? Would you say…

MARK one only

1 □ Once a week or more,

2 □ Once every two weeks,

3 □ Once a month, or

4 □ Less than once a month?

d □ Don’t know

D6. In the past year, did your mentor or coach come for a concentrated visit that…

MARK one only

1 □ Lasted an entire week,

2 □ Lasted an entire month, or

3 □ Lasted a day or two at a time?

0 □ No concentrated visit – less than a day

d □ Don’t know

D7. What topics has your mentor or coach focused on in the last year?

mark all that apply

1 □ Overall classroom quality

2 □ A particular aspect of quality (specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

3 □ Using a particular curriculum (specify in what area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

4 □ Working with children who have special needs

5 □ Working with children who are dual language learners

6 □ How to assess children and/or use the information from assessments

7 □ Other (Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

D8. Have you been able to observe your mentor or coach in your classroom or go with your mentor or coach to another classroom?

1 □ Yes

0 □ No

d □ Don’t know

D9. Have you acted as a mentor or coach for other teachers or teacher trainees?

1 □ Yes

0 □ No

d □ Don’t know

D9. During this school year, how many trainings or workshops have you attended that were…

|  |  |  |
| --- | --- | --- |
|  | MARK ONE RESPONSE PER ROW | |
|  | NUMBER | DON’T KNOW |
| a. Less than one day? | | | | | d □ |
| b. One day? | | | | | d □ |
| c. More than one day? | | | | | d □ |

**E. TEACHER EXPERIENCES AND DEMOGRAPHICS**

The following are questions about your experiences as a teacher, and demographic questions.

E1. The following questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers. Below is a list of ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ONE RESPONSE PER ROW | | | | |
|  | RARELY OR NEVER | SOME OR A LITTLE | OCCASIONALLY OR MODERATELY | MOST OR ALL OF THE TIME | DON’T KNOW |
| a. Bothered by things that usually don’t bother you? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |
| b. You did not feel like eating, your appetite was poor? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |
| c. That you could not shake off the blues, even with help from your family and friends? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |
| d. You had trouble keeping your mind on what you were doing? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |
| e. Depressed? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |
| f. That everything you did was an effort? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |
| g. Fearful? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |
| h. Your sleep was restless? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |
| i. You talked less than usual? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |
| j. Lonely? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |
| k. Sad? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |
| l. You could not “get going”? | 1 □ | 2 □ | 3 □ | 4 □ | d □ |

E2. Here are some statements other teachers have made about rearing and educating children. For each one, please indicate the extent to which you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with that statement. There are no right or wrong answers, please indicate how strongly you feel in general, not about a specific child.

|  | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE | DON’T KNOW |
| --- | --- | --- | --- | --- | --- | --- |
| a. Preschool classroom activities should be responsive to individual differences in development. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| b. Each curriculum area should be taught as a separate subject at separate times. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| 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 □ |
| 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 □ |
| e. Children should work silently and alone on seatwork. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| f. Children in preschool classrooms should learn through active explorations. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| g. Preschool teachers should use treats, stickers, or stars to encourage appropriate  behavior. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| h. Preschool teachers should use punishments or reprimands to encourage appropriate  behavior. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| i. Children should be involved in establishing rules for the classroom. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| k. Children should learn to color within predefined lines. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| l. Children in preschool classrooms should learn to form letters correctly on a printed page. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| m. Children should dictate stories to the teacher. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| n. Children should know their letter sounds before they learn to  read. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |
| o. Children should form letters correctly before they are allowed to create a story. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ | d □ |

E2. What is your total annual salary (before taxes) as a teacher for the current school year?

$ | | | | **,** | | | | PER YEAR

d □ Don’t know

E3. How many hours per week does this salary cover (not including overtime)?

| | | HOURS AND | | | MINUTES PER WEEK

d □ Don’t know

E4. How many hours per week do you actually work (including overtime)?

| | | HOURS AND | | | MINUTES PER WEEK

d □ Don’t know

E5. What is your gender?

MARK one only

1 □ Male

2 □ Female

E6. In what year were you born?

| 1 | 9 | | | YEAR

d □ Don’t know

E7. Are you Hispanic, Latino/a, or Spanish origin?

MARK all that apply

1 □ No, not of Hispanic, Latino/a, or Spanish origin

2 □ Yes, Mexican, Mexican American, Chicano/a

3 □ Yes, Puerto Rican

4 □ Yes, Cuban

5 □ Yes, Another Hispanic, Latino/a or Spanish Origin

d □ Don’t know

E8. What is your race?

MARK ALL THAT APPLY

1 □ White

2 □ Black or African American

3 □ American Indian or Alaska Native

4 □ Asian Indian

5 □ Chinese

6 □ Filipino

7 □ Japanese

8 □ Korean

9 □ Vietnamese

10 □ Other Asian

11 □ Native Hawaiian

12 □ Guamanian or Chamorro

13 □ Samoan

14 □ Other Pacific Islander

d □ Don’t know

**Thank you for taking the time to complete this survey**