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**MATHEMATICA**  
Policy Research

# 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.

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.

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*)

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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
- 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

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 <input type="checkbox"/>
b. 4 years old.....	_ _	d <input type="checkbox"/>
c. 5 years old (or older).....	_ _	d <input type="checkbox"/>

**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 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Consultation for teachers from a mental health professional?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Training materials from the Center for the Social and Emotional Foundations for Early Learning (CSEFEL)?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Meetings with a supervisor, mentor, or coach for direction and guidance?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

**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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
b. Teacher-directed small group activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
c. Teacher-directed individual activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
d. Child-selected activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>



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
- 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*)

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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*)

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d  Don't know

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

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

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
- 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 your program
- 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 <input type="checkbox"/>
b. One day?.....	_ _	d <input type="checkbox"/>
c. More than one day?.....	_ _	d <input type="checkbox"/>

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
b. You did not feel like eating, your appetite was poor?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
c. That you could not shake off the blues, even with help from your family and friends?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
d. You had trouble keeping your mind on what you were doing?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
e. Depressed?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
f. That everything you did was an effort?....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
g. Fearful?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
h. Your sleep was restless?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
i. You talked less than usual?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
j. Lonely?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
k. Sad?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>
l. You could not "get going"?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>

**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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
b. Each curriculum area should be taught as a separate subject at separate times.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
e. Children should work silently and alone on seatwork.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
f. Children in preschool classrooms should learn through active explorations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
g. Preschool teachers should use treats, stickers, or stars to encourage appropriate behavior.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
h. Preschool teachers should use punishments or reprimands to encourage appropriate behavior.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
i. Children should be involved in establishing rules for the classroom.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
k. Children should learn to color within predefined lines.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
l. Children in preschool classrooms should learn to form letters correctly on a	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>



	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW
printed page.....						
m. Children should dictate stories to the teacher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
n. Children should know their letter sounds before they learn to read.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
o. Children should form letters correctly before they are allowed to create a story.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>

**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**