OMB # : 0970-0151

Expiration Date: X/XX/2017

**FACES 2014-2018**

**Experiences in Head Start**

**Head Start Spring Parent Supplement Survey**

***Spring 2015***

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| 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 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. |

Please see the Head Start Parent Core Survey for the main survey and placement of these items within the survey.

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| **S. COMMUNITY SERVICES** |

|  |
| --- |
| VERSION BOX SIF PLUS 8=YES, ADMINISTER ITEMS IN SECTION S.ONLY ASK SECTION S ITEMS IN SPRING 2015.IF FALL 2014 DO NOT ADMINISTER SECTION S. |

**Now I’m going to ask you about specific types of services anyone in your household may have received.**

S2. **In the last 12 months have you or anyone in your household received …** [INSERT ITEM a-n]

|  |  |
| --- | --- |
|  | S2. ANYONE IN HOUSEHOLD RECEIVED SERVICE? |
|  | YES | NO | DON’T KNOW | REFUSED |
| a. Help with housing?  | 1 □ | 0 □ | d □ | r □ |
| b. Training for a job?  | 1 □ | 0 □ | d □ | r □ |
| c. Help finding a job?  | 1 □ | 0 □ | d □ | r □ |
| d. Help to go to school or college?  | 1 □ | 0 □ | d □ | r □ |
| e. Classes in English as a Second Language?  | 1 □ | 0 □ | d □ | r □ |
| f. Transportation to or from work or training?  | 1 □ | 0 □ | d □ | r □ |
| g. Child care?  | 1 □ | 0 □ | d □ | r □ |
| h. Alcohol or drug treatment or counseling?  | 1 □ | 0 □ | d □ | r □ |
| i. Advice from a lawyer?  | 1 □ | 0 □ | d □ | r □ |
| j. Mental health services or counseling?  | 1 □ | 0 □ | d □ | r □ |
| k. Help dealing with family violence?  | 1 □ | 0 □ | d □ | r □ |
| l. Help or counseling for other family problems?  | 1 □ | 0 □ | d □ | r □ |
| m. Dental or Orthodontic care?  | 1 □ | 0 □ | d □ | r □ |
| n. Medical care?  | 1 □ | 0 □ | d □ | r □ |

NO S3 THIS VERSION

Please see the Head Start Parent Core Survey for the main survey and placement of these items within the survey.

|  |
| --- |
| **T. SOCIAL SUPPORT** |

|  |
| --- |
| VERSION BOX TIF PLUS 8=YES, ADMINISTER ITEMS IN SECTION T.ONLY ASK SECTION T ITEMS IN SPRING 2015.IF FALL 2014 DO NOT ADMINISTER SECTION T. |

T1. **Now I’m going to read some statements about other kinds of help you may get. Please tell me whether each statement is never true for you, sometimes true for you, or always true for you.**

PROBE: **Would you say it is never true for you, sometimes true for you, or always true for you?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NEVER TRUE | SOMETIMES TRUE | ALWAYS TRUE | DON’T KNOW | REFUSED |
| a. If I need to do an errand, I can easily find someone to watch [CHILD]  | 1 □ | 2 □ | 3 □ | d □ | r □ |
| b. If I need a ride to get [CHILD] to the doctor, friends or family will help me  | 1 □ | 2 □ | 3 □ | d □ | r □ |
| c. If [CHILD] is sick, friends or family will call or come by to check on how things are going  | 1 □ | 2 □ | 3 □ | d □ | r □ |
| d. If [CHILD] is having problems at Head Start, there is a friend, relative, or neighbor I can talk it over with  | 1 □ | 2 □ | 3 □ | d □ | r □ |
| e. If I have an emergency and need cash, family or friends will loan it to me  | 1 □ | 2 □ | 3 □ | d □ | r □ |
| f. If I have troubles or need advice, I have someone I can talk to  | 1 □ | 2 □ | 3 □ | d □ | r □ |

T2. **Many people and groups can be helpful to families raising a young child. We want to know how helpful different people and groups are to your family.**

 **Please tell me how helpful each of the following have been to you in terms of raising (CHILD) over the past month. How helpful (have/has)** [INSERT ITEM a – m] **been? Would you say . . .**

|  |
| --- |
| BOX T2aIF RESPONDENT IS [CHILD]’S FATHER {IF SC9 OR RESPONDENT FLAG = 12, 14}, CODE T2a AS 4. IF RESPONDENT IS CHILD’S MOTHER {IF SC9 OR RESPONDENT FLAG = 11, 13}, CODE T2b AS 4. IF CURRENT SPOUSE OR PARTNER IS [CHILD]’S FATHER/MOTHER {IF B9 = 1 OR J15 = 1}, CODE T2c AS 4. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | NOT VERY HELPFUL | SOMEWHAT HELPFUL | VERY HELPFUL | NOT APPLICABLE | DON’T KNOW | REFUSED |
| a. [CHILD]’s father  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| b. [CHILD]’s mother  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| c. Your current spouse or partner  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| d. [CHILD]’s grandparents  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| e. Other relatives  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| f. Your friends  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| g. Co-workers  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| h. Professional help givers like counselors or social workers  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| i. Head Start staff  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| j. Other parents you have met through Head Start  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| k. Other child care providers  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| l. Religious or social group member  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| m. Were there other people who have been helpful, and how helpful were they? (SPECIFY)  | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
|   |  |  |  |  |  |  |

{IF T2m = 2 OR 3}

T2n. **Who was that?**

 (SPECIFY)

Please see the Head Start Parent Core Survey for the main survey and placement of these items within the survey.

|  |
| --- |
| **W4. FAMILY PROVIDER/TEACHER RELATIONSHIP**  |

|  |
| --- |
| VERSION BOX W4IF PLUS 9=YES, ADMINISTER ITEMS IN SECTION W4.ONLY ASK SECTION W4 ITEMS IN SPRING 2015.IF FALL 2014 DO NOT ADMINISTER SECTION W4. |

**Now we would like to ask about your relationship with the Head Start teacher who cares for [CHILD]. Please only think about this person when answering the following questions.**

W4\_1. **Since September, how often have you met with or talked to your Head Start teacher about the following? For each statement, please tell me whether it was never, rarely, sometimes, or very often. How often have you met with or talked to your Head Start teacher about. . .**

2

 PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: Would you say never, rarely, sometimes, or very often?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Very often | DON’T KNOW | REFUSED |
| a. Goals you have for your child. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| b. What to expect at each stage of your child’s development. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| c. Your vision for your child’s future. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| d. How you feel about the care and education your child receives. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |

W4\_2. How comfortable would or do you feel sharing the following information with your Head Start teacher? For each statement, please tell me if you feel very uncomfortable, uncomfortable, comfortable, or very comfortable. How comfortable do you feel sharing information with your Head Start teacher about…

 PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: Would you say you feel very uncomfortable, uncomfortable, comfortable, or very comfortable?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Very uncomfortable | Uncomfortable | Comfortable | Very comfortable | DON’T KNOW | REFUSED |
| a. Your family life. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| b. The role that faith and religion play in your household. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| c. Changes happening at home. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |

W4\_3. **How often does your Head Start teacher do the following things? For each one, please tell me whether it is never, rarely, sometimes, or very often. How often does your Head Start teacher. . .**

 PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: Would you say never, rarely, sometimes, or very often?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Very often | DON’T KNOW | REFUSED |
| a. Offer you books or materials on parenting? | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| b. Ask you about the cultural values and beliefs you want him/her to communicate to your child? | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| c. Ask about your family? | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| d. Provide you with opportunities to give feedback on his or her performance? | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| e. Remember personal details about your family when speaking with you? | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |

W4\_4. How much are the following statements like your Head Start teacher? For each one, please tell me if the statement is not at all like, a little like, a lot like, or exactly like your Head Start teacher. My teacher…

 PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: Would you say not at all like, a little like, a lot like, or exactly like your Head Start teacher?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all like my TEACHER | A little like my TEACHER | A lot like my TEACHER | Exactly like my TEACHER | DON’T KNOW | REFUSED |
| a. Uses my feedback to adjust the education and care provided to my child. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| b. Reflects the cultural diversity of students in activities. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| c. Communicates the cultural values and beliefs I want my child to have. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| d. Asks me questions to show he/she cares about my family. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |

W4\_5. **Please indicate how much the following words are like your Head Start teacher. For each one, please tell me if the words are not at all like, a little like, a lot like, or exactly like your Head Start teacher.**

 **My Head Start teacher is...**

 PROBE: [IF NECESSARY, READ AFTER EACH WORD]: Would you say not at all like, a little like, a lot like, or exactly like your Head Start teacher?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Not at all like my TEACHER | A little like my TEACHER | A lot like my TEACHER | Exactly like my TEACHER | DON’T KNOW | REFUSED |
| a. Understanding | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| b. Rude | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| c. Dependable | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| d. Impatient | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| e. Judgmental | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| f. Available | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |

W4\_6. How strongly do you agree or disagree with the following statements? For each one, please tell me whether you strongly disagree, disagree, agree, or strongly agree.

 PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: Would you say you strongly disagree, disagree, agree, or strongly agree?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly disagree | Disagree | Agree | Strongly agree | DON’T KNOW | REFUSED |
| a. My Head Start teacher judges my family because of our faith and religion. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| b. My Head Start teacher judges my family because of our culture and values. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |
| c. My Head Start teacher judges my family because of our financial situation. | 1 □ | 2 □ | 3 □ | 4 □ | d □ | r □ |

W4\_7. **For how long has your current Head Start teacher been teaching or caring for this child?**

CODE ONLY ONE

1 □ Less than six months

2 □ 6 months to less than 1 year

3 □ 1 year to less than 2 years

4 □ 2 years or more

d □ DON’T KNOW

r □ REFUSED

W4\_8. **Thinking about all of your children, how many Head Start teachers have you ever worked with?**

 CODE ONLY ONE

1 □ 1

2 □ 2 to 3

3 □ 4 to 5

4 □ More than 5

d □ DON’T KNOW

r □ REFUSED