



**Head Start Parent Qualitative Interview
(Family Engagement Plus Study Parent Interview)
*Spring 2015***

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A. INTRODUCTION

Hello, my name is _____. Today, I will be asking you some questions for the FACES Family Engagement Study. Information from this study will be used to help Head Start better serve all children and their families. I will ask some questions about your experiences in your Head Start program. I will also ask you several questions about the ways the program helps to support your child's learning and development. When thinking about your child's development, I'd like for you to consider their learning, behavior, and physical health and well-being.

All of the information that you share with me will be kept private. Neither your name nor your child's name will be attached to any of the information you give us. No one from your child's program will see or hear your responses.

During the interview, I will be taking some notes about our discussion. You may stop me at any time and you may ask me to go back to earlier questions to change your answers. There are no right or wrong answers to these questions. To help me keep track of your responses to the questions, I will audio record our conversation. Again, this information will not be shared with anyone from the program; it is just meant to serve as a record of what you and I discussed. Is that okay?

Do you have any questions before we begin the interview?

BEGIN AUDIO RECORDING. STATE THE FOLLOWING BEFORE YOU BEGIN THE INTERVIEW:

- INTERVIEWER NAME
- TODAY'S DATE
- PARTICIPANT MPRID: |_|_|_|_|_|_|_|_|
- LANGUAGE OF INTERVIEW: ENGLISH SPANISH

B. CHOOSING HEAD START

I would like to begin by asking you about your experiences related to enrolling in Head Start.

- B1. How did you learn about Head Start? Did someone suggest enrolling in Head Start to you, or did you decide to enroll on your own?
- B2. When you first decided to enroll in Head Start, what did you hope to get from the program?
- PROBE AS NEEDED: Did you hope to gain something for your child? Did you hope to gain something for yourself or for your family? If so, what?
- B3. Please think back to the time before you were enrolled in Head Start. At that time, did you think it was important for families to do activities with their child to support their learning and development?
- IF YES, ASK:
B3A. Why?
 - IF NO, ASK:
B3B. Why not?
- B3C. Now that you are enrolled in the program, do you feel the same way?
- IF NO, ASK:
B3D. Why not?
- B4. Are you satisfied with your experiences in the program so far?
- IF YES, ASK:
B4A. Please tell me some of the ways that the program has helped your child. Have you seen changes in your child's learning and development since you first enrolled in Head Start?
B4B. What are some of the ways that the program has helped you and your family?
 - IF NO, ASK:
B4C. What could the program do differently to better help your child and family?

C. RELATIONSHIPS WITH PROGRAM AND STAFF

Now, I would like to talk about your experiences with staff at your Head Start program, including the staff that you usually talk to and the types of things you talk about.

INTERVIEWER NOTE: WHEN ASKED ABOUT THE FREQUENCY OF INTERACTION WITH PROGRAM STAFF, RESPONSES MIGHT RANGE FROM SPECIFIC (“WE TALK AT LEAST TWICE PER WEEK”) TO BROAD (“OFTEN” OR “ALL THE TIME”). WHEN GENERAL RESPONSES ARE PROVIDED, ASK THE RESPONDENT TO ELABORATE BY SAYING, FOR EXAMPLE: “WHAT DO YOU MEAN BY [FREQUENCY]? ABOUT HOW MANY DAYS PER WEEK OR MONTH WOULD YOU SAY THAT IS?”

- C1. **How often do you meet with or talk to your child’s teacher?**
- C2. **What kinds of things do you talk about with your child’s teacher?**
- C3. **Do you ever work with the teacher to make plans about ways to support your child’s learning and development?**
 - IF YES, ASK:
 - C3A. **Please tell me about some of the ways that you have worked together.**
- C4. **When you meet with or talk to your child’s teacher, do you feel comfortable talking about topics related to your child and family?**
 - IF YES, ASK:
 - C4A. **What are some examples of ways s/he has made you feel comfortable?**
 - IF NO, ASK:
 - C4B. **What are some examples of ways s/he has made you feel uncomfortable?**
- C5. **Thinking of all the staff at your Head Start program, what are some examples of ways they have made you feel welcome?**

C6. **Families with young children sometimes need help of various kinds. Have you ever asked someone in Head Start for help getting specific services for your child or family? Some examples may include getting services for your child's special needs, help finding a job, or help with housing.**

- IF NO, ASK:

C6B. **Who from the program do you think you would you ask for help and why?**

- IF YES, ASK:

C6A. **Who from the program did you talk to?**

INTERVIEWER NOTE: ASK ABOUT EACH TYPE OF SERVICE THE RESPONDENT MENTIONS.

- IF RESPONDENT SPOKE TO STAFF, ASK:

o C6A1. **What kinds of things did you talk about with them?**

o C6A2. **How did this staff person help you?**

- IF RESPONDENT DID NOT SPEAK TO STAFF, ASK:

o C6A3. **Who from the program do you think you would you ask for help and why?**

C7. **Many parents have goals and hopes for their child. What are the goals that you would like for your child to reach while they are in Head Start?**

C7A. **How are staff from your Head Start program helping your child reach those goals?**

C7B. **Do you feel that staff from your Head Start program understand what's important to you when it comes to the goals that you have for your child?**

C8. **What are your goals and hopes for yourself while your child is in Head Start?**

C8A. **How are staff from your Head Start program helping you reach your goals for yourself?**

D. FAMILY ENGAGEMENT IN THE PROGRAM AND IN CHILDREN'S LEARNING AND DEVELOPMENT

Next, I would like talk about the types of activities that you do to help support your child's learning and development. This includes activities you do at your Head Start program, at home, or in your neighborhood or community.

D1. What kinds of things does your Head Start program encourage you to do *at the program* to support your child's learning and development? Some examples may include attending parent meetings, socializations, or volunteering at the program. There may be other activities that your program encourages.

- IF POLICY COUNCIL OR COMMITTEES NOT MENTIONED, ASK:

D1A. Has the program encouraged you to get involved in program leadership activities like the Policy Council or become a member of a Committee?

INTERVIEWER NOTE: PARTICIPATION IN THE POLICY COUNCIL AND IN PARENT COMMITTEES IS OPEN TO ALL PARENTS OF CHILDREN WHO ARE ENROLLED IN THE PROGRAM. THESE ACTIVITIES PROVIDE PARENTS WITH AN OPPORTUNITY TO BE INVOLVED IN PROGRAM PLANNING AND DECISION-MAKING.

D1B. Of the activities you just mentioned, which have you or your family gotten involved in?

D2. Are there any activities at the program that you wanted to get involved in but could not?

- IF YES, ASK:

D2A. What made it hard for you to get involved?

D3. Does the program encourage parents to suggest activities they'd like to be involved in at the program?

- IF YES, ASK:

D3A. What are some of the ways parents are encouraged to share their ideas?

D4. Beyond what you have already mentioned, does the program encourage parents to share their opinions about program policies and procedures in other ways?

- IF YES, ASK:

D4A. What are some examples?

D5. What kinds of activities does the program encourage you to do *outside of the program* to support your child's learning and development? This can include activities you do at home or in your neighborhood or community.

D5A. Have you or anyone in your family done any of these activities?

- IF YES, ASK:

D5A1. Which ones?

E. COMPONENTS OF COMMUNITY ENGAGEMENT

These next questions are about activities that your Head Start program provides to parents for getting to know one another, and ways that the program encourages parents to get involved in their neighborhood or community.

E1. **What kind of activities or events does the program offer for getting to know other parents and families?**

E1A. **Have you or anyone in your family done any of these activities?**

- IF YES, ASK:

E1B. **Which ones?**

E1C. **Were you able to meet with and talk to other parents while at these activities or events?**

E2. **Does your Head Start program provide families with opportunities to get to know other families who are also transitioning from the program to some other early learning center or setting?**

INTERVIEWER NOTE: TRANSITIONS INCLUDE THOSE FROM HEAD START TO SOME OTHER PRESCHOOL SETTING AND HEAD START TO KINDERGARTEN.

E3. **Do you feel that families in the program can turn to each other for friendship or if they need support?**

E4. **Does the program encourage parents to support one another?**

- IF YES, ASK:

E4A. **How so?**

E5. **Does the program encourage you to get involved in activities *outside of the program*, such as local events or volunteer work in your neighborhood or community?**

- IF YES, ASK:

E5A. **Can you give me some examples?**

- IF EXAMPLES PROVIDED AT E5A, ASK:

E5B. **Have you or anyone in your family done any of these activities?**

- IF YES, ASK:

E5C. **Which ones?**

E6. **Does the program encourage you to get involved in job training opportunities in your neighborhood or community?**

- IF YES, ASK:

E6A. **Can you give me some examples?**

E6B. **Have you or anyone in your family done any of these activities?**

- IF YES, ASK:

E6C. **Which ones?**

E7. **Does the program encourage you to get involved in learning opportunities in your neighborhood or community, such as going to school or college or taking English as a second language classes?**

- IF YES, ASK:

E7A. **Have you or anyone in your family done any of these activities?**

- IF YES, ASK:

E7B. **Which ones?**

E8. **Sometimes things happen in our neighborhood or community that we want to change or improve. Does the program encourage you to speak out in your neighborhood or community to change or influence decisions that are made?**

- IF YES, ASK:

E8A. **How so?**

E8B. **Have you or anyone in your family done any of these activities?**

- IF YES, ASK:

E8C. **Which ones?**

STOP AUDIO RECORDING.

ADMINISTER THE REMAINDER OF THE PARENT INTERVIEW.

I. PARENT INVOLVEMENT WITH HEAD START

11. Please indicate how often you have participated in the following activities at your child's Head Start center since the beginning of this Head Start year.

For each one, tell me if that is not yet, once or twice, several times, about once a month, or at least once a week. How often have you . . .

	NOT YET	ONCE OR TWICE	SEVERAL TIMES	ABOUT ONCE A MONTH	AT LEAST ONCE A WEEK	DON'T KNOW	REFUSED
a. volunteered or helped out in your child's classroom?.....	1	2	3	4	5	d	r
b. observed in your child's classroom for at least 30 minutes?.....	1	2	3	4	5	d	r
c. prepared food or materials for special events such as a holiday celebration or special cultural event?.....	1	2	3	4	5	d	r
d. helped with field trips or other special events?.....	1	2	3	4	5	d	r
e. attended Head Start social events such as bazaars or fairs for children and families?...	1	2	3	4	5	d	r
f. attended parent education meetings or workshops focusing on topics such as job skills or child-rearing?.....	1	2	3	4	5	d	r
g. attended parent-teacher conferences?.....	1	2	3	4	5	d	r
h. visited with a Head Start staff member in your home?.....	1	2	3	4	5	d	r
k. participated in Policy Council?...	1	2	3	4	5	d	r
q. participated in Parent Committee or other Head Start planning groups?.....	1	2	3	4	5	d	r
m. prepared or distributed newsletters, fliers, or Head Start materials?.....	1	2	3	4	5	d	r
n. participated in fundraising activities?.....	1	2	3	4	5	d	r
o. participated in any other Head Start activities?.....	1	2	3	4	5	d	r

{IF 11o = 2,3,4 OR 5}

11p. What other activities?
(SPECIFY) _____

W. PROGRAM SATISFACTION AND PRACTICES

Now I would like to ask you some questions about your child's Head Start program.

W3. For each statement that I read you, please tell me how well your child's Head Start program has been doing the following things (during this school year):

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: Would you say [CHILD]'s program does this very well, just O.K., or doesn't do it at all?

	DOES IT VERY WELL	JUST OKAY	DOESN'T DO IT AT ALL	DON'T KNOW	REFUSED
a. Letting you know (on a regular basis) how your child is doing in the program.....	1	2	3	d	r
b. Helping you understand what children at your child's age are like.....	1	2	3	d	r
c. Making you aware of chances to volunteer at the program.....	1	2	3	d	r
d. Providing workshops, materials, or advice about how to help your child learn at home.....	1	2	3	d	r
e. Providing information on community services to help your child or your family.....	1	2	3	d	r
f. Understanding the needs of families who don't speak English.....	1	2	3	d	r

W5. The following questions ask you about your experiences with your child’s Head Start program and its staff. For each statement that I read you, please tell me whether you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: Would you say you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree?

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	DON'T KNOW	REFUSE D
a. The program staff help me to see strengths in myself I didn't know I had.....	1	2	3	4	5	d	r
b. The program staff encourage me to get involved to help improve my community.....	1	2	3	4	5	d	r
c. The program staff work together with me to meet my needs.....	1	2	3	4	5	d	r
d. The program staff know about other programs I can use if I need them.....	1	2	3	4	5	d	r
e. The program staff encourage me to think about my own personal goals or dreams.....	1	2	3	4	5	d	r
f. The program staff understand when something is difficult for me.....	1	2	3	4	5	d	r
g. The program staff respect my family's cultural and/or religious beliefs.....	1	2	3	4	5	d	r
h. The program staff encourage me to go to friends and family when I need help or support.....	1	2	3	4	5	d	r
i. The program staff help me to see that I am a good parent.....	1	2	3	4	5	d	r
j. The program staff give me good information about where to go for other services I need.....	1	2	3	4	5	d	r

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED
k. The program staff encourage me to learn about my culture and history.....	1	2	3	4	5	d	r
l. The program staff encourage me to share my knowledge with other parents.....	1	2	3	4	5	d	r
m. The program staff have materials for my child that positively reflect our cultural background.....	1	2	3	4	5	d	r
n. The program staff help me to use my own skills and resources to solve problems.....	1	2	3	4	5	d	r
o. The program staff provide opportunities for me to get to know other parents in the community.....	1	2	3	4	5	d	r
p. The program staff support me in the decisions I make about myself and my family.....	1	2	3	4	5	d	r

WW. PARENT-STAFF RELATIONSHIP AND COMMUNICATION

Now we would like to ask about your relationship with the Head Start Family Service Worker who works with your family. Please only think about this person when answering the following questions. By Family Service Worker we mean someone who helps families identify their goals for themselves and their child; connect families to resources and services that support the family and the child; and help with enrollment, screening, and referrals. Family Service Workers are also known by many different names and titles; some examples include Family Services Staff, Family Advocates, Home Visitors, and Family Services Coordinator. They are often, but not, always someone different than your child's teacher.

WW1. Since September, how often have you met with or talked to your Family Service Worker 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 Family Service Worker about. . .

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. How your child is doing in the Head Start program.....	1	2	3	4	d	r
b. Your child's learning or development.....	1	2	3	4	d	r
c. Goals you have for your child....	1	2	3	4	d	r
d. Goals you have for yourself.....	1	2	3	4	d	r
e. How your child is progressing towards goals you have set for him/her.....	1	2	3	4	d	r
f. How you are progressing towards goals you have set for yourself.....	1	2	3	4	d	r
g. Problems your child is having in the Head Start program.....	1	2	3	4	d	r
h. Problems you may be having with work or school.....	1	2	3	4	d	r
i. Your vision for your family's future.....	1	2	3	4	d	r
J. How you feel about the services that your Family Service Worker provides you and your family.....	1	2	3	4	d	r

WW2. Since September, how often has your Family Service Worker done the following things? For each one, please tell me whether it was never, rarely, sometimes, or very often. How often has your Family Service Worker. . .

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. Suggested activities for you and your child to do together?.....	1	2	3	4	d	r
b. Answered your questions when they came up?.....	1	2	3	4	d	r
c. Taken your values and culture into account when serving you?.....	1	2	3	4	d	r
d. Offered you books or materials on parenting?.....	1	2	3	4	d	r

WW3. How comfortable would or do you feel sharing the following information with your Family Service Worker? 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 Family Service Worker 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. How many children you have.....	1	2	3	4	d	r
b. How many adult relatives live in your household.....	1	2	3	4	d	r
c. Your work and school schedule.....	1	2	3	4	d	r
d. Your marital status.....	1	2	3	4	d	r
e. Your personal relationship with a spouse or partner.....	1	2	3	4	d	r
f. Your employment status.....	1	2	3	4	d	r
g. Your financial situation.....	1	2	3	4	d	r
h. Your parenting style.....	1	2	3	4	d	r
i. Your family life.....	1	2	3	4	d	r

	VERY UNCOMFORTABLE	UNCOMFORTABLE	COMFORTABLE	VERY COMFORTABLE	DON'T KNOW	REFUSED
j. The role that faith and religion play in your household.....	1	2	3	4	d	r
k. Your family's culture and values.....	1	2	3	4	d	r
l. What you do outside of the Head Start setting to encourage your child's learning.....	1	2	3	4	d	r
m. How you discipline your child.....	1	2	3	4	d	r
n. Problems your child is having at home.....	1	2	3	4	d	r
o. Changes happening at home.....	1	2	3	4	d	r
p. Health issues your child may have.....	1	2	3	4	d	r
q. Health issues you or other family members may have.....	1	2	3	4	d	r

WW4. How much are the following statements like your Family Service Worker? For each one, please tell me if the statement is not at all like, a little like, a lot like, or exactly like your Family Service Worker.

My Family Service Worker...

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

	NOT AT ALL LIKE MY FAMILY SERVICE WORKER	A LITTLE LIKE MY FAMILY SERVICE WORKER	A LOT LIKE MY FAMILY SERVICE WORKER	EXACTLY LIKE MY FAMILY SERVICE WORKER	DON'T KNOW	REFUSED
a. Encourages me to be involved in all aspects of my child's care and education in our Head Start program.....	1	2	3	4	d	r
b. Respects me as a parent.....	1	2	3	4	d	r
c. Is flexible in response to my work or school schedule.....	1	2	3	4	d	r
d. Treats me like an expert on my child.....	1	2	3	4	d	r
e. Asks me questions to show he/she cares about my family.....	1	2	3	4	d	r
f. Shows respect for different ethnic heritages.....	1	2	3	4	d	r

g. Is respectful of religious beliefs.....	1	2	3	4	d	r
h. Encourages parents to provide feedback on the services and support he/she provides them.....	1	2	3	4	d	r

WW5. 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 Family Service Worker judges my family because of our faith and religion.....	1	2	3	4	d	r
b. My Family Service Worker judges my family because of our culture and values.....	1	2	3	4	d	r
c. My Family Service Worker judges my family because of our race/ethnicity.....	1	2	3	4	d	r
d. My Family Service Worker judges my family because of our financial situation.....	1	2	3	4	d	r

WW6. If you had a problem with your Family Service Worker, how comfortable would you feel talking to him or her about it?

CODE ONLY ONE

- 1 Very uncomfortable
- 2 Uncomfortable
- 3 Comfortable
- 4 Very comfortable
- d Don't know
- r Refused

WW7. How often does your Family Service Worker do the following things? For each one, please tell me whether it is never, rarely, sometimes, or very often. How often has your Family Service Worker. . .

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. Ask about your family?.....	1	2	3	4	d	r
b. Work with you to develop strategies you can use at home to support your child's learning and development?.....	1	2	3	4	d	r
c. Listen to your ideas about ways to change or improve the care and education your child receives?.....	1	2	3	4	d	r
d. Offer you ideas or suggestions about parenting?.....	1	2	3	4	d	r
e. Remember personal details about your family when speaking with you?.....	1	2	3	4	d	r

WW8. Please indicate how much the following words are like your Family Service Worker. For each one, please tell me if the words are not at all like, a little like, a lot like, or exactly like your Family Service Worker.

My Family Service Worker 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 Family Service Worker?

	NOT AT ALL LIKE MY FAMILY SERVICE WORKER	A LITTLE LIKE MY FAMILY SERVICE WORKER	A LOT LIKE MY FAMILY SERVICE WORKER	EXACTLY LIKE MY FAMILY SERVICE WORKER	DON'T KNOW	REFUSED
a. Caring	1	2	3	4	d	r
b. Understanding	1	2	3	4	d	r
c. Rude	1	2	3	4	d	r
d. Flexible	1	2	3	4	d	r
e. Dependable	1	2	3	4	d	r
f. Trustworthy	1	2	3	4	d	r
g. Impatient	1	2	3	4	d	r
h. Unfriendly	1	2	3	4	d	r
i. Respectful	1	2	3	4	d	r
j. Judgmental	1	2	3	4	d	r
k. Available	1	2	3	4	d	r

WW9. Please indicate how much 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 Family Service Worker is open to learning different ways to help parents and children.....	1	2	3	4	d	r
b. My Family Service Worker and I work together to make sure my child has the best care and support.....	1	2	3	4	d	r
c. My Family Service Worker has increased my confidence to accomplish goals for myself.....	1	2	3	4	d	r
d. My Family Service Worker has my best interests at heart.....	1	2	3	4	d	r
e. My Family Service Worker sees this job as just a paycheck.....	1	2	3	4	d	r

WW10. How easy or difficult is it for you to reach your Family Service Worker during the day if you have a question or if a problem comes up?

CODE ONLY ONE

- 1 Very difficult
- 2 Difficult
- 3 Easy
- 4 Very easy
- d Don't know
- r Refused

WW11. On a scale of 1–5, where 1 is the worst you can imagine and 5 is the best you can imagine, how would you describe your relationship with your Family Service Worker?

CODE ONLY ONE NUMBER THAT BEST DESCRIBES RELATIONSHIP

Worst					Best
1	2	3	4	5	

WW13. **For how long has your current Family Service Worker been working with your family?**

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

WW14. **Thinking about all of your children, how many Family Service Workers 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