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MATHEMATICA
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Head Start Spring Parent Supplement Survey

Spring 2015

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.

S. COMMUNITY SERVICES

VERSION BOX S
 IF 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 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
b. Training for a job?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
c. Help finding a job?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
d. Help to go to school or college?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
e. Classes in English as a Second Language?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
f. Transportation to or from work or training?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
g. Child care?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
h. Alcohol or drug treatment or counseling?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
i. Advice from a lawyer?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
j. Mental health services or counseling?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
k. Help dealing with family violence?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
l. Help or counseling for other family problems?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
m. Dental or Orthodontic care?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
n. Medical care?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>

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 T
 IF 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. I'm **Now 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
b. If I need a ride to get [CHILD] to the doctor, friends or family will help me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
c. If [CHILD] is sick, friends or family will call or come by to check on how things are going	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
d. If [CHILD] is having problems at Head Start, there is a friend, relative, or neighbor I can talk it over with.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
e. If I have an emergency and need cash, family or friends will loan it to me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
f. If I have troubles or need advice, I have someone I can talk to.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>

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 T2a

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

{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 W4

IF 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. . .

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
b. What to expect at each stage of your child's development.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
c. Your vision for your child's future.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
d. How you feel about the care and education your child receives.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
b. The role that faith and religion play in your household.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
c. Changes happening at home.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
b. Ask you about the cultural values and beliefs you want him/her to communicate to your child?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
c. Ask about your family?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
d. Provide you with opportunities to give feedback on his or her performance?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
e. Remember personal details about your family when speaking with you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
b. Reflects the cultural diversity of students in activities.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
c. Communicates the cultural values and beliefs I want my child to have.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
d. Asks me questions to show he/she cares about my family.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
b. Rude	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
c. Dependable	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
d. Impatient	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
e. Judgmental	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
f. Available	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
b. My Head Start teacher judges my family because of our culture and values.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
c. My Head Start teacher judges my family because of our financial situation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>

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