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**MATHEMATICA**  
Policy Research



**FACES 2014-  
2018**  
Experiences in Head Start

## Head Start Core Teacher Survey

Spring 2015

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**Welcome to the Head Start Family and Child Experiences Survey (FACES) Teacher Website. Please refer to the instructions you received to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then click NEXT. If you do not have your login ID and password, please call Felicia Parks at 1-855-714-8193, or e-mail us at [FACES2014@mathematica-mpr.com](mailto:FACES2014@mathematica-mpr.com).**

**Login ID:  
Password:**

**Mathematica Policy Research is conducting the Head Start Family and Child Experiences Survey 2014-2018 (FACES) under contract with the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (DHHS).**

**We need for you to complete this brief two-part survey. The first part, the Teacher Survey, asks you about your classroom and your background as well as your thoughts about teaching and your program. [IF 60 CHILD-LEVEL PROGRAM: The second part, the Teacher Child Report (TCR), asks about each of the children in the study who are from your class. You will be asked to report on the social skills, problem behaviors, and approaches to learning that you have observed in these children./IF 120 CLASS-LEVEL PROGRAM: The second part includes a new set of questions being tested as part of FACES. It asks about your center's workplace climate, professional development, teaching, family engagement, and program leadership. For helping us to test this new set of questions, you will receive \$20 once the second part is completed.]**

**Please be assured that all information you provide will be kept private to the extent permitted by law. Using the Login Identification Number and Password ensures that the information you provide to the study will be protected and will only be seen by selected members of the study team. The next page provides you with general instructions on how to complete the survey.**

**Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will be completely private and will not be shared with parents or other staff in your center, or anybody else not working on this study. The first part will take about 30 minutes of your time to complete. The second part will take about [IF 60 CHILD-LEVEL PROGRAM:10 minutes for each child. As a thank you, we will send you a \$10 gift card for each TCR you complete/IF 120 CLASS-LEVEL PROGRAM: 20 minutes].**

**Please click on one of the buttons below to begin or exit the survey.**

**Begin your Survey (Button)**

**Exit Survey (Button)**

## How to complete the survey

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.
- To answer a question, click the box to choose your response.
- To continue to the next webpage, press the "**Next**" or "**Continue**" button.
- To go back to the previous webpage, click the "**Back**" or "**Previous**" button. Please note that this command is only available in certain sections.
- If you need to stop before you have finished, the "Suspend" button at the bottom of each page allows you to exit the survey. The data you provide prior to clicking "Suspend" will be securely stored and available when you return to complete the survey.
- Please answer questions in the order they appear regardless of the question number. **Questions will not always be numbered sequentially**, and some may be skipped because they do not apply to you.
- For security purposes, you will be timed out if you are idle for longer than **30 minutes**.
- When you decide to continue the survey, you will need to log in again using your login ID and password.

**Please click one of the buttons below to begin or exit the survey.**

Begin your survey (Button)

Exit (Button)

ALL

PROGRAMMER  
CHECK BOX TO PRECEDE TEXT

**Consent Screen.** By clicking this box, I agree that I understand the purpose of this study including privacy assurances, and that my participation is completely voluntary. I may withdraw this consent at any time without penalty.

HARD CHECK IF CONSENT SCREEN = MISSING; **If you wish to complete the survey, please click the box. Otherwise, please hit Continue to exit the survey.**

SECOND HARD CHECK IF CONSENT SCREEN = MISSING; **Your response to this question is very important. Please select a response.**

PROGRAMMER  
FOR [FILL TEACHER NAME] USE TEACHER FNAME TEACHER LNAME

ALL

**SC0. Are you [Fill TeacherName]?**

*Select one only*

- Yes

.....  
1  
.....  
AA1Intro

- Yes, but my name is misspelled

.....  
2  
.....  
SC0a

- No, this is not my name

.....  
3  
.....  
SC0a

NO RESPONSE..... M

**HARD CHECK: IF SC0=NO RESPONSE; Your response to this question is very important. Please select a response.**

IF SC0 = 2 OR 3

**SC0a. Please enter the correct spelling of your name.**

(STRING 150)

First, Middle and Last Name

NO RESPONSE..... M

**SOFT CHECK: IF SC0a=NO RESPONSE; Your response to this question is very important. To continue to the next question without making changes, click the continue button.**

IF SC0 = 3

**SC0b. Please call 1-855-714-8193 after noon on the next business day to receive a new user id and password.**

Click here and then press the **Next** button to continue

NO RESPONSE.....M

**HARD CHECK: IF SC0b=NO RESPONSE; Your response to this question is very important. Please select a response.**

PROGRAMMER NOTE FOR TEACHERS WITH SECOND CLASS: ASK QUESTIONS ABOUT FIRST CLASS FIRST AND THEN ASK QUESTIONS ABOUT SECOND CLASS AT THE END OF THE INTERVIEW.

PROGRAMMER NOTE FOR TEACHERS WITH SECOND CLASS: ASK QUESTIONS ABOUT FIRST CLASS FIRST AND THEN ASK QUESTIONS ABOUT SECOND CLASS AT THE END OF THE INTERVIEW.

PROGRAMMER NOTE FOR CLASS FILL:

(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class)

REVISE FILL USING FullPart (1=AM, 2=PM, 3=FD, 4=HV) SUCH THAT

(FullPart = 3, 4) your classroom/(FullPart=1) your morning class/(FullPart=2) your afternoon class)

If OneOrTwo=2 AND ONE OF THE SESSIONS IS 4 (HOME VISITOR), FullPart=4 SHOULD BE ABOUT FIRST CLASS AND THEN SECOND CLASS IS XFullPart=1 or 2.

If OneOrTwo=2 AND NO SESSION IS 4 (HOME VISITOR), FULLPART =1 SHOULD BE ABOUT THE FIRST CLASS AND THEN SECOND CLASS IS XFULLPART=2.

PROGRAMMER: REPEAT QUESTIONS WITH UNIVERSE STATEMENT SECOND IF TEACHER HAS A SECOND CLASS.

ALL

**S1b. When did you become the teacher of this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class]?**

MONTH DAY YEAR  
(1-12) (1-31) (1965-2015)

NO RESPONSE..... M

Don't know..... D

**SOFT CHECK: IF S1b=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**HARD CHECK: IF S1b < 1965 or > 2015; You entered [S1b] as the year you became a teacher of this class. Is that correct?**

NO S2 IN THIS VERSION.

IF S1B AFTER SEPTEMBER 1, 2014

ALL

**S3. Before you became the teacher of [(ONE CLASS) this classroom/(MORNING CLASS) this morning class/(AFTERNOON CLASS) this afternoon class], were you teaching in Head Start?**

Yes

.....  
1

.....  
GO TO S4

No

.....  
0

.....  
GO TO S6

NO RESPONSE..... M

**SOFT CHECK: IF S3=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF S3 = 1

**S4. Where were you teaching before you came to this [(ONE CLASS) classroom/(MORNING CLASS) this morning class/(AFTERNOON CLASS) this afternoon class]? Were you teaching...**

*Select one only*

In the same classroom as an assistant teacher

.....  
1

.....

In a different classroom at the same Head Start center



.....  
2  
.....

- At a different Head Start center operated by the same program

.....  
3  
.....

- At a Head Start center operated by a different program

.....  
4  
.....

- Somewhere else? (specify).....5

Specify

NO RESPONSE.....M

**SOFT CHECK: IF S4=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

S4=5

**S4Specify. Where did you teach before coming to this classroom?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A4Specify = NO RESPONSE; Please provide an answer to this question and continue.**

**To continue to the next question without providing a response, click the continue button.**

GO TO AA1INTRO

ALL

**AA1Intro.**

[(FULLPART=4 or XFULLPART = 4) For this interview, the term “classroom” refers to all of the children in your caseload.]

First, please answer some questions about all of the classes you teach at this program. Only include information about classes with Head Start children enrolled.

**AA1. Do you currently work with Head Start children as a home visitor?**

Although Head Start teachers may perform home visits from time to time, this does not qualify them as a home visitor. A home visitor interacts with children on a weekly basis at the family’s home, not in a classroom setting.

- Yes..... 1 GO TO AA2
- No..... 0 GO TO AA3
- NO RESPONSE..... M

**SOFT CHECK: IF AA1=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF AA1 = 1

**AA2. Do you also teach a class with Head Start children at this program?**

- Yes..... 1 GO TO AA3
- No..... 0 GO TO A0-1 Intro
- NO RESPONSE..... M

**SOFT CHECK: IF AA2=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF AA1 = 0; IF AA2 = 1

**AA3. Do you teach . . .**

Select one only

- A full-day class,..... 1
- A morning class only,..... 2
- An afternoon class only, or..... 3
- Both a morning and afternoon class?..... 4
- NO RESPONSE..... M

**SOFT CHECK: IF AA3=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND) ALL

**A0-1Intro.** The next questions are about your classroom activities and the children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class].

IF FIRST OF TWO CLASSES

The first class is the {FILL Class name FROM SMS} classroom.

IF SECOND OF TWO CLASSES

The second class is the {FILL Class name FROM SMS} classroom.

IF TEACHER OF TWO CLASSES (OneOrTwo=2): After you have completed the survey for [(FULLPART=1)your morning class/(FULLPART=2) your afternoon class/(FULLPART=4) your home visiting cases] you will be asked a few further questions about [(XFULLPART=1)your morning class/(XFULLPART=2) your afternoon class/(XFULLPART=4) your home visiting cases].

(SECOND) ALL

**A0-1.** How many children are enrolled in this class?

NUMBER OF CHILDREN

(RANGE 1-50)

NO RESPONSE.....M

**SOFT CHECK: IF =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**SOFT CHECK: IF A0-1=>20; You have entered [A0-1] as the number of children in your class. Is that correct?**

(SECOND) ALL

**A0-1x. As of today's date, how many children in this class are at each of the following age levels?**

	NUMBER OF CHILDREN
a. 3 years old (or younger)	<input type="text"/>
b. 4 years old	<input type="text"/>
c. 5 years old (or older)	<input type="text"/>

(RANGE 0-50)

NO RESPONSE.....M A0-1d

**SOFT CHECK: IF A0-1A >20; You have entered [A0-1A] as the number of children who are 3 years old (or younger) in your class. Is that correct?**

**SOFT CHECK: IF A0-1B >20; You have entered [A0-1B] as the number of children who are 4 years old in your class. Is that correct?**

**SOFT CHECK: IF A0-1C >20; You have entered [A0-1C] as the number of children who are 5 years old (or older) in your class. Is that correct?**

**HARD CHECK: IF A0-1 DOES NOT EQUAL A0-1A + A0-1B + A0-1C You have entered [A0-1] as the number of children enrolled in your class, but with [A0-1A] 3-year-old(s), [A0-1B] 4-year-old(s), and [A0-1C] 5-year-old(s) which is [A0-1A+A0-1B+A0-1C] children total. Is [A0-1] correct?**

(SECOND) ALL

**A01d. As of today's date, how many children in this class are ...**

	NUMBER OF CHILDREN
1. American Indian or Alaskan Native	<input type="text"/>
2. Asian or Pacific Islander	<input type="text"/>
3. Black, non-Hispanic	<input type="text"/>
4. Hispanic	<input type="text"/>
5. White, non-Hispanic	<input type="text"/>

(RANGE 0-50)

NO RESPONSE.....M A0-2

**SOFT CHECK: IF A01d1,2,3,4, OR 5=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND) ALL

**A0-x. How many of each of the following staff are usually with this class?**

	NUMBER OF TEACHERS
2. Lead Teachers	<input type="text"/>
3. Assistant Teachers	<input type="text"/>
4. Paid Aides	<input type="text"/>

(RANGE 0-5)

NO RESPONSE.....M

**SOFT CHECK: IF A0-2 or A0-3 or A0-4 =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**SOFT CHECK: IF A0-2 = 0 or >5, You have entered [A0-2] as the number of lead teachers in your class. Is that correct?**

**SOFT CHECK: IF A0-3 = 0 or >5, You have entered [A0-2] as the number of assistant teachers in your class. Is that correct?**

**SOFT CHECK: IF A0-4 = 0 or >5, You have entered [A0-2] as the number of paid aides in your class. Is that correct?**

(SECOND) ALL

**A0-5. How many days a week does this class meet?**

DAYS EACH WEEK  
(RANGE 1-7)

NO RESPONSE.....M

**SOFT CHECK: IF A0-5=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**SOFT CHECK: IF IFA0-5 > 5; [SOFT A0-5] NUMBER OF DAYS MAY BE TOO HIGH You have entered [A0-5] as the number of days a week this class meets. Is that correct?**

(SECOND) ALL

**A0-6. How many hours a week does this class meet?**

HOURS EACH WEEK

(RANGE 1-168)

NO RESPONSE.....M

SOFT CHECK: IF A0-6 =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

SOFT CHECK: IF A0-6<5 OR > 40; SOFT A0-5] NUMBER OF HOURS CLASS MEETS MAY BE TOO LOW OR HIGH **You have entered [A0-6] as the number of hours a week this class meets. Is that correct?**

(SECOND) ALL

**A1. Please describe how a typical day is spent in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class]. Not including lunch or nap breaks, how much time do the children spend in the following kinds of activities?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	NO TIME	HALF HOUR OR LESS	ABOUT ONE HOUR	ABOUT TWO HOURS	THREE HOURS OR MORE
a. Teacher-directed whole class activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Teacher-directed small group activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Teacher-directed individual activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Child-selected activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

NO RESPONSE.....M

SOFT CHECK: IF A1a,b,c,d=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND) ALL

**A1e. How often do children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] usually work on activities in the following areas, whether as a whole class, in small groups, or in individualized arrangements?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	NEVER	LESS THAN ONCE A WEEK	1-2 TIMES A WEEK	3-4 TIMES A WEEK	DAILY
1. Language Arts and Literacy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
2. Mathematics	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
3. Social Studies	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
4. Science	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
5. Arts	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

NO RESPONSE.....M

**SOFT CHECK: IF A1g1,2,3,4, OR 5=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND) ALL

A2. How often do children in [(ONE CLASS) your class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] do each of the following reading and language activities? Would you say children (READ ITEM) never, about once a month or less, two or three times a month, once or twice a week, three or four times a week, or every day?

PROGRAMMER: CODE ONE PER ROW

Select one per row

	NEVER	ONCE A MONT H OR LESS	TWO OR THREE TIMES A MONT H	ONCE OR TWICE A WEEK	THREE OR FOUR TIMES A WEEK	EVER Y DAY
a. Work on learning the names of letters	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Practice writing the letters of the alphabet	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Discuss new words	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Dictate stories to a teacher, aide, or volunteer	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Work on phonics	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Listen to you read stories where they see the print (e.g., Big Books)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Listen to you read stories but they don't see the print	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
h. Retell stories	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. Learn about conventions of print (such as left to right orientation, book holding)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
j. Write their own name	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
k. Learn about rhyming words and word families	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
l. Learn about common prepositions, such as over and under, up and down	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

NO RESPONSE.....M

**SOFT CHECK: IF A2a,b,c,d,e,f,g,h,i,j,k,l = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**



(SECOND) ALL

**A3. How often do children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] do each of the following math activities? Would you say children (READ ITEM) never, about once a month or less, two or three times a month, once or twice a week, three or four times a week, or every day?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	NEVER	ONCE A MONTH OR LESS	TWO OR THREE TIMES A MONTH	ONCE OR TWICE A WEEK	THREE OR FOUR TIMES A WEEK	EVERY DAY
a. Count out loud	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Work with geometric manipulatives (for example, parquetry blocks, or shape puzzles)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Play math-related games	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
e. Use music to understand math concepts	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Use creative movement or creative drama to understand math concepts	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Work with rulers, measuring cups, spoons, or other measuring instruments	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
h. Engage in calendar-related activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. Engage in activities related to telling time	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
j. Engage in activities that involve shapes and patterns	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

NO RESPONSE.....M

**SOFT CHECK: IF A3a,b,c,d,e,f,g,h,i, OR j = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND)

**A3k. What proportion of children in your [(ONE CLASS) your class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] are meeting developmental expectations for each of the following areas, compared to other preschoolers?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	LESS THAN ¼ OF CHILDREN	ABOUT ¼ OF CHILDREN	ABOUT ½ OF CHILDREN	ABOUT ¾ OF CHILDREN	MORE THAN ¾ OF CHILDREN
1. Language and literacy skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
2. Science and Social Studies	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
3. Mathematical skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

NO RESPONSE.....M

SOFT CHECK: IF A3K1,2,3=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

Next, please answer some questions about the languages you and others may speak.

ALL

**A3a. Do you speak any language other than English, either in the classroom or outside of the classroom such as at home?**

- Yes..... 1
- No..... 0 GO TO A3E
- NO RESPONSE.....M GO TO A3E

SOFT CHECK: IF A3a = NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF A3A = 1

**A3b. What languages do you speak, other than English, either in the classroom or outside of the classroom such as at home?**

*Select all that apply*

Spanish

.....  
1  
.....

Vietnamese

.....  
2  
.....

Chinese

.....  
3  
.....

Japanese

.....  
4  
.....

Korean

.....  
5  
.....

A Filipino Language

.....  
6  
.....

Other (SPECIFY)

.....  
7  
.....

Specify  (STRING 150)

Other (SPECIFY)

.....  
8  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A3b = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A3B = 7,8

**A3bSpecify. What other languages do you speak, other than English, either in the classroom or outside of the classroom such as at home?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A3BSpecify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF A3A=1 & A3B>1

ASK A3C and A3D FOR EACH LANGUAGE REPORTED IN A3B

**A3c., A3d. How well do you . . .**

PROGRAMMER: CODE ONE PER ROW

	SELECT ONE PER ROW	SELECT ONE PER ROW
	<b>A3c.</b> <b>understand [fill language A3B]? Would you say . . .</b>	<b>A3d.</b> <b>speak [fill language]? Would you say . . .</b>
a. Spanish	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well
b. Vietnamese	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well
c. Chinese	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well
d. Japanese	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well
e. Korean	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well
f. A Filipino language	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well
g. FILL A3B=7 TEXT Specify: <input type="text"/> (STRING (50))	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well
h. FILL A3B=8 TEXT Specify: <input type="text"/> (STRING (50))	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well	1 <input type="radio"/> Not at all 2 <input type="radio"/> Not well 3 <input type="radio"/> Well, or 4 <input type="radio"/> Very well

NO RESPONSE.....M

**SOFT CHECK: IF A3Ca,b,c,d,e,f,g,h OR A3Da, b, c, d, e, f, g, =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND) {ALL}

**A3e. How many children who are dual language learners are there in [(ONE CLASS) your classroom/(MORNING CLASS) your morning classroom/(AFTERNOON CLASS) your afternoon classroom]? Children who are dual language learners are those from homes where a language other than English is the primary language spoken.**

PROGRAMMER BOX A3E

SET UP HYPERLINK FOR TEXT "DUAL LANGUAGE LEARNERS" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

**These children may be 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 are also often referred to as Limited English Proficient (LEP), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).**

NUMBER OF CHILDREN

( RANGE 0-50)

- Don't know.....d  
 NO RESPONSE.....M

**SOFT CHECK: IF A3E>20; [SOFT A0-5] ;You have entered [A03E] as the number of dual language learner children in this class. Is that correct?**

**SOFT CHECK: IF A3E =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

VERSION BOX A3E  
 IF A3E > 0, CONTINUE TO A3F.  
 IF A3E = 0, GO TO A4.

(SECOND) A3E>0

**A3f. Thinking about all [FILL A0-1] children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning classroom/(AFTERNOON CLASS) your afternoon classroom] what languages do children enrolled in the class currently speak, including English?**

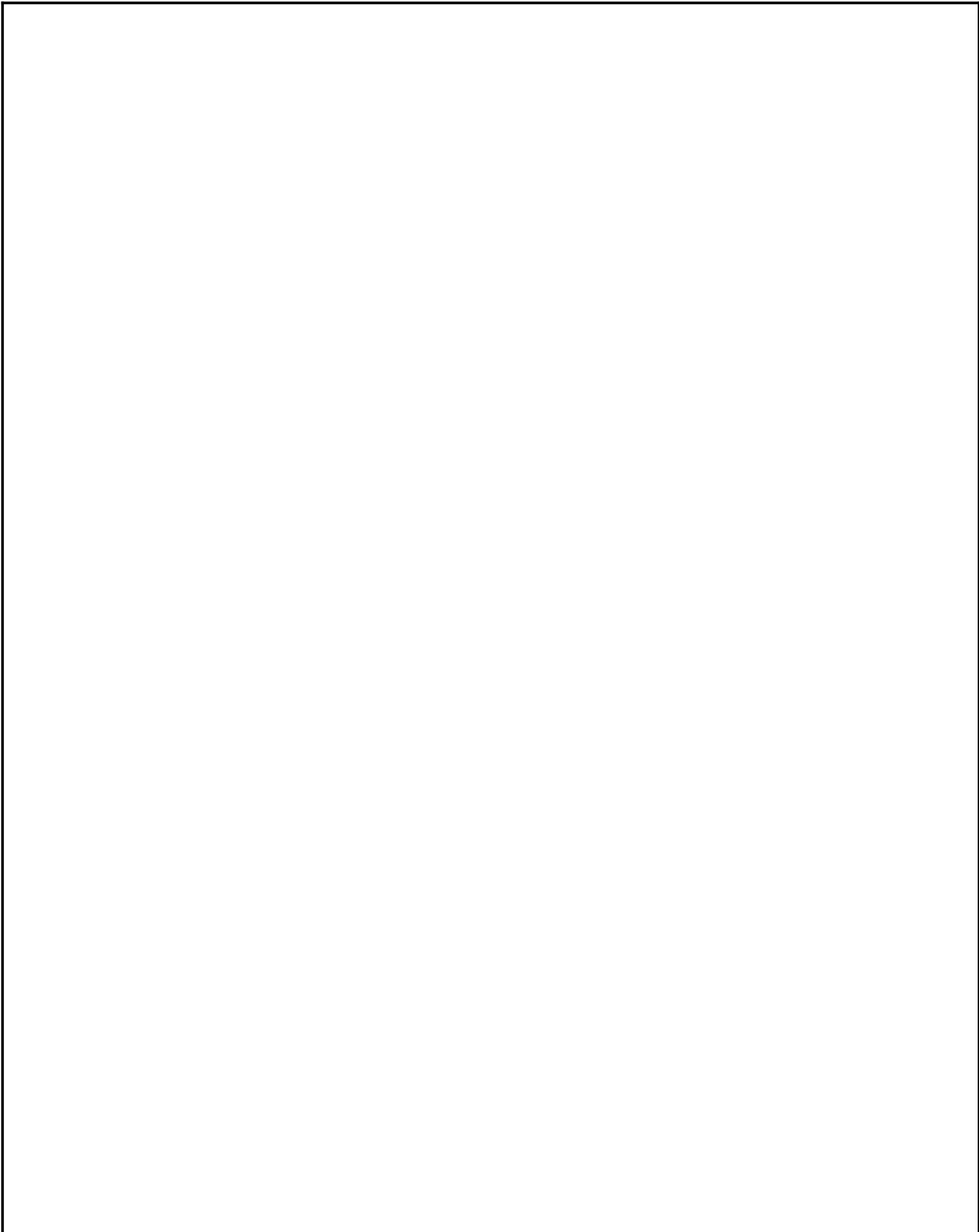
(SECOND) A3E>0  
 ASK FOR EACH LANGUAGE IN A3F

**A3g. Approximately what percent of children speak [fill language(s) CODED IN A3F]?**

	<b>A3F.</b> CODE ALL THAT APPLY	<b>A3G.</b> ASK FOR EACH LANGUAGE IN A3F:
	LANGUAGE CHILDREN SPEAK	PERCENT
English	1 <input type="checkbox"/>	<input type="text"/> PERCENT
Spanish	2 <input type="checkbox"/>	<input type="text"/> PERCENT
Vietnamese	3 <input type="checkbox"/>	<input type="text"/> PERCENT
Chinese	4 <input type="checkbox"/>	<input type="text"/> PERCENT
Japanese	5 <input type="checkbox"/>	<input type="text"/> PERCENT
Korean	6 <input type="checkbox"/>	<input type="text"/> PERCENT
A Filipino Language	7 <input type="checkbox"/>	<input type="text"/> PERCENT
Other language (SPECIFY)	8 <input type="checkbox"/>	<input type="text"/> PERCENT
Specify: <input type="text"/> (STRING 150)		
Other language (SPECIFY)	9 <input type="checkbox"/>	<input type="text"/> PERCENT
Specify: <input type="text"/> (STRING 150)		

(RANGE 0-100)

NO RESPONSE.....M





A3F = 8, 9

SECOND

**A3fSpecify.** What other languages do the children enrolled in this class currently speak?

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A3fSpecify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND)

**A4. What languages are used for instruction in [(ONE CLASS) your class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] by you or another adult, NOT including language lessons? That is, are the children taught using a language in addition to or other than English?**

PROGRAMMER: CODE ALL LANGUAGES SELECTED.

(SECOND)

FOR EACH LANGUAGE NAMED IN A4

**A4a. Who speaks [fill language FROM A4]? Is it you/the lead teacher, the assistant teacher, a classroom aide, or a volunteer?**

	A4. CODE ALL THAT APPLY	A4a. CODE FOR EACH LANGUAGE IN A4 CODE ALL THAT APPLY			
	LANGUAGE USED	YOU/LEAD TEACHER	ASSISTANT TEACHER	CLASSROOM AIDE	VOLUNTEER/ NON STAFF
English	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Spanish	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Vietnamese	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Chinese	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Japanese	5 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Korean	6 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
A Filipino language	7 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Sign language	10 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Other language (SPECIFY)	9 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Specify: <input type="text"/> (STRING 150)					
Other language (SPECIFY)	8 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Specify: <input type="text"/> (STRING 150)					

NO RESPONSE.....M

A4 = 8,9

SECOND

**A4Specify. What other languages are used for instruction in this classroom?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A4Specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND)

**A5a. What language do you use most often when you read to children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning classroom/(AFTERNOON CLASS) your afternoon classroom]?**

Select one only

- English  
.....  
1  
.....
- Spanish  
.....  
2  
.....
- Vietnamese  
.....  
3  
.....
- Chinese  
.....  
4  
.....
- Japanese  
.....  
5  
.....
- Korean  
.....  
6  
.....
- A Filipino language  
.....  
7  
.....
- Sign language  
.....  
10  
.....

Other (SPECIFY)

.....  
8

Specify  (STRING 150)

Other (SPECIFY)

.....  
9

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A5a=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A5A= 8, 9

SECOND

**A5aSpecify. What other language is used most often when you read to children in this classroom?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A5ASpecify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND)

**A5b. Are there any other languages you use when you read to children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning classroom/(AFTERNOON CLASS) your afternoon classroom]?**

Yes  
.....  
1  
.....

No  
.....  
0  
.....

GO TO A5D

NO RESPONSE.....M

**SOFT CHECK: IF A5b=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND) IF A5B = 1

**A5c. What other languages are used when you read to children in this classroom?**

*Select all that apply*

English

.....  
1  
.....

Spanish

.....  
2  
.....

Vietnamese

.....  
3  
.....

Chinese

.....  
4  
.....

Japanese

.....  
5  
.....

Korean

.....  
6  
.....

A Filipino language

.....  
7  
.....

Sign language

.....  
10  
.....

Other (SPECIFY)

.....  
9  
.....

Specify  (STRING 150)

Other (SPECIFY)

.....  
8  
.....

Specify  (STRING 150)

NO RESPONSE..... M

**SOFT CHECK: IF A5c=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF A5C = 8,9

SECOND

**A5cSpecify. What other languages are used when you read to children in this classroom?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A5cSpecify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND)

**A5d. What language do you use most often when you speak to a group of children to present information or give directions in [(ONE CLASS) your classroom/(MORNING CLASS) your morning classroom/(AFTERNOON CLASS) your afternoon classroom]?**

*Select one only*

English

1

Spanish

2

Vietnamese

3

Chinese

4

Japanese

5

Korean

6

A Filipino language

7

Sign language

10

Other (SPECIFY)

9

Specify  (STRING 150)

Other (SPECIFY)

8

Specify  (STRING 150)

NO RESPONSE.....M



**SOFT CHECK: IF A5d=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF A5D = 8,9

SECOND

**A5dSpecify. What other language is used most often when you speak to a group of children to present information or give directions in this classroom?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A5DSpecify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND)

**A5e. Are there any other languages you use when you speak to a group children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning classroom/(AFTERNOON CLASS) your afternoon classroom]?**

Yes

.....  
1  
.....

No

.....  
0  
.....

GO TO A5G

NO RESPONSE.....M

**SOFT CHECK: IF A5e = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND) IF A5E = 1

**A5f. What other languages are used when you speak to a group of children in this classroom?**

*Select all that apply*

English

.....  
1  
.....

Spanish

.....  
2  
.....

Vietnamese

.....  
3  
.....

Chinese

.....  
4  
.....

Japanese

.....  
5  
.....

Korean

.....  
6  
.....

A Filipino language

.....  
7  
.....

Sign language

.....  
10  
.....

Other (SPECIFY)

.....  
9  
.....

Specify  (STRING 150)

Other (SPECIFY)

.....  
8  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A5f=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND) IF A5F = 8,9

**A5fSpecify. What other languages are used when you speak to a group of children in this classroom?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A5FSpecify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND)

**A5g. In what languages are printed materials like children's books available in your classroom?**

*Select all that apply*

English

.....  
1  
.....

Spanish

.....  
2  
.....

Vietnamese

.....  
3  
.....

Chinese

.....  
4  
.....

Japanese

.....  
5  
.....

Korean

.....  
6  
.....

A Filipino language

.....  
7  
.....

Sign language

.....  
10  
.....

Other (SPECIFY)

.....  
9  
.....

Specify  (STRING 150)

Other (SPECIFY)

.....  
8  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A5g=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

(SECOND) IF A5G = 8, 9

**A5gSpecify. What other languages are printed materials available in?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A5GSpecify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

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

**A6. Is a specific curriculum or combination of curricula used in your program?**

*Select one only*

Yes, specific curriculum

.....  
1  
.....

Yes, combination

.....  
2  
.....

No curriculum

.....  
3  
.....

GO TO A18

Don't know.....d GO TO A18

NO RESPONSE.....M GO TO A18

**SOFT CHECK: IF A6 = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**A7. What curriculum do you use? You may select more than one.**

*Select all that apply*

- Creative Curriculum  
.....  
11  
.....
- High/Scope  
.....  
12  
.....
- High Reach  
.....  
13  
.....
- Let's Begin with the Letter People  
.....  
14  
.....
- Montessori  
.....  
15  
.....
- Bank Street  
.....  
16  
.....
- Creating Child Centered Classrooms – Step By Step  
.....  
17  
.....
- Scholastic Curriculum  
.....  
18  
.....
- Locally Designed Curriculum  
.....  
19  
.....
- Curiosity Corner-John Hopkins  
.....  
20  
.....
- Other (SPECIFY)  
.....  
21  
.....

Specify  (STRING 150)

- Other (SPECIFY)

.....  
22  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A7 = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF A7 = 21 or 22

**A7Specify. What is the name of the other curriculum?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A7Specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**



IF A6 = 1, 2 AND A7 HAS MORE THAN ONE RESPONSE CODED

**A8. What is your main curriculum?**

*Select one only*

- Creative Curriculum  
.....  
11  
.....
- High/Scope  
.....  
12  
.....
- High Reach  
.....  
13  
.....
- Let's Begin with the Letter People  
.....  
14  
.....
- Montessori  
.....  
15  
.....
- Bank Street  
.....  
16  
.....
- Creating Child Centered Classrooms – Step By Step  
.....  
17  
.....
- Scholastic Curriculum  
.....  
18  
.....
- Locally Designed Curriculum  
.....  
19  
.....
- Curiosity Corner-John Hopkins  
.....  
20  
.....
- (FILL WITH A7SPECIFY)  
.....  
21
- (FILL WITH A7SPECIFY)

.....  
22  
.....

NO RESPONSE.....M

**SOFT CHECK: IF A8 = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

NO A9 IN THIS VERSION.

IF A6 = 1, 2

**A10. How many hours of training in [IF A8 IS SKIPPED, USE RESPONSE FROM A7, ELSE FILL WITH A8] have you had in the past 12 months?**

**If you have received less than one hour of training, enter 0. If you have not received training in the past 12 months, enter 0.**

HOURS

(RANGE 0-299)

Don't know.....d

NO RESPONSE.....M A13

**SOFT CHECK: IF A10 = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**HARD CHECK: IF A10 > 299 You have entered [A10] as the number of hours of training you had in [MAIN CURRICULUM] in the past 12 months. Is that correct?**

PROGRAMMER SKIP BOX A10

IF A10= 0 OR R, SKIP TO A13

IF A6 = 1, 2 & A10 = D OR A10 > 0

**A11. What type of staff provided you with the most training on [(IF A7 OR A8 = M, THEN DISPLAY [this curriculum])/ (IF A8 IS SKIPPED, USE RESPONSE FROM A7, ELSE FILL WITH A8)]?**

Select one only

- Staff from this Head Start Program  
.....  
1  
.....
  - Staff from another Head Start Program  
.....  
2  
.....
  - Staff or consultant(s) from curriculum developers (e.g., High Scope, Teaching Strategies, etc.)  
.....  
3  
.....
  - Faculty from school of education  
.....  
4  
.....
  - Head Start state training and technical assistance provider.....5  
.....
  - Other (SPECIFY)  
.....  
6  
.....
- Specify  (STRING 150)  
NO RESPONSE.....M

**SOFT CHECK: IF A11 = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A11 = 6

**A11Specify. Who provided the most training?**

- Specify  (STRING 150)  
NO RESPONSE.....M

**SOFT CHECK: IF A11Specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**NO A12 IN THIS VERSION.**

IF A6 = 1, 2

**A13. Which types of support have you have received to help you use [(IF A7 OR A8=d, r, THEN DISPLAY [this curriculum])/(IF A8 IS SKIPPED, USE RESPONSE FROM A7, ELSE FILL WITH A8)]? You may select more than one.**

*Select all that apply*

- Help understanding the curriculum  
.....  
1  
.....
- Provide opportunities to observe someone implementing the curriculum  
.....  
2  
.....
- Refresher training on the curriculum  
.....  
3  
.....
- Help implementing the curriculum  
.....  
4  
.....
- Help planning curriculum-based activities  
.....  
5  
.....
- Help individualizing the curriculum for children  
.....  
6  
.....
- Help identifying and/or receiving additional resources to expand the scope of the curriculum and activities  
.....  
7  
.....
- Help implementing the curriculum for children with special needs  
.....  
11  
.....
- Feedback on implementing the curriculum  
.....  
8  
.....
- No support  
.....  
10  
.....
- Other (*specify*)

.....  
9  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A13=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**HARD CHECK: IF A13=10 AND ANY OTHER RESPONSE; You selected both "no support" and [FILL OTHER A13 RESPONSE(S)]. Please choose either "no support" or the types of support.**

A13 = 9

**A13Specify. What kind of support did you receive?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A13Specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF A6 = 1,2 & A13 NE 10

**A14. From whom did you receive support?**

Select all that apply

- Mentor or master teacher  
.....  
1  
.....
  - Other HS teachers in program.....2
  - Supervisor/education coordinator  
.....  
3  
.....
  - Staff from another Head Start Program  
.....  
4  
.....
  - Staff or consultant(s) from curriculum developers (e.g., High Scope,  
Teaching Strategies, etc.)  
.....  
5  
.....
  - Faculty from school of education  
.....  
6  
.....
  - Head Start state training and technical assistance provider.....7
  - Other (specify)  
.....  
8  
.....
- Specify  (STRING 150)  
NO RESPONSE.....M

**SOFT CHECK: IF A14=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF A14 = 8

**A14Specify. From whom did you receive support?**

Specify  (STRING 150)  
NO RESPONSE.....M

**SOFT CHECK: IF A14Specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

NO A15 THROUGH A19 IN THIS VERSION.

IF A6 = 1, 2

**A20. How much do you use your [(DISPLAY IF A7 OR A8 = M [main curriculum])/ ELSE[main curriculum, that is (IF A8 IS SKIPPED, USE RESPONSE FROM A7, ELSE FILL WITH A8),] in developing a daily written plan for classroom experiences? Would you say . . .**

*Select one only*

A great deal

.....  
1

.....

Somewhat

.....  
2

.....

A little bit

.....  
3

.....

Hardly at all, or

.....  
4

.....

Not at all

.....  
5

.....

NO RESPONSE.....M

**SOFT CHECK: IF A20=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**



These next questions are about the primary assessment tool you use in your classroom.

ALL

**A21. What is the main child assessment tool that you use?**

*Select one only*

- Teaching Strategies GOLD assessment (formerly known as The Creative Curriculum Developmental Continuum Assessment Toolkit for ages 3-5)  
.....  
1  
.....
- High/scope Child Observation Record (COR)  
.....  
2  
.....
- Galileo  
.....  
3  
.....
- Ages and Stages Questionnaires: A Parent Completed, Child-Monitoring System  
.....  
4  
.....
- Desired Results Developmental Profile (DRDP)  
.....  
5  
.....
- Work sampling system for Head Start  
.....  
6  
.....
- Learning Accomplishment Profile Screening (LAP including E-LAP, LAP-R and LAP-D)..... 7
- Hawaii Early Learning Profile (help)  
.....  
8  
.....
- Brigance Preschool Screen for three and four year old children  
.....  
9  
.....
- Assessment designed for this program  
.....  
10  
.....
- Other (SPECIFY)  
.....  
12  
.....

Specify  (STRING 50)

Do not use a child assessment tool

.....  
13  
.....

GO TO A25A

NO RESPONSE.....M

**SOFT CHECK: IF A21=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A21 = 12

**A21Specify. What is the main assessment tool you use?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A21Specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

If A21 = 1, 2, 3, 4, 5, 6, 7, 8, 9 10, 12

**A22. What methods do you use for these assessments? Would you say . . .**

*Select one only*

- Ratings based on classroom observation or work sampling  
.....  
1  
.....
- Testing with standardized tests or assessment instruments, or  
.....  
2  
.....
- Both observation-based ratings and direct assessment  
.....  
3  
.....
- Other (SPECIFY)  
.....  
4  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A22=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A22 = 4

**A22Specify. What methods do you use for these assessments?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A22Specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

If A21 = 1, 2, 3, 4, 5, 6, 7, 8, 9 10, 12

**A23. How do you use the information from those assessments in planning for each child?**

Select all that apply

- To identify child's developmental level  
.....  
1  
.....
- To individualize activities for child  
.....  
2  
.....
- To determine if child needs referral for special services  
.....  
3  
.....
- To determine child's strengths and weaknesses  
.....  
4  
.....
- To identify activities for parents to do with child at home  
.....  
5  
.....
- Other (SPECIFY)  
.....  
6  
.....

Specify  (STRING 150)  
NO RESPONSE.....M

A23 = 6

**A23Specify. How do you use the information from those assessments in planning for each child?**

Specify  (STRING 150)  
NO RESPONSE.....M

**SOFT CHECK: IF A23Specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

If A21 = 1, 2, 3, 4, 5, 6, 7, 8, 9 10, 12

**A23a. How many hours of training in using assessment in planning or in [FILL WITH A21] have you had in the past 12 months?**

If you have received less than one hour of training, enter 0. If you have not received training in the past 12 months, enter 0.

HOURS

Don't know

.....

D

NO RESPONSE.....M

**SOFT CHECK: if A23a = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**HARD CHECK: if A23a >299; You have entered [A23a] as the number of hours of training you had in assessment in the past 12 months. Is that correct?**

If A21 = 1, 2, 3, 4, 5, 6, 7, 8, 9 10, 12 & A23a = D or A23a > 0

**A23b. What type of staff provided you with the most training on [FILL WITH A21]?**

Select one only

- Staff from this Head Start Program  
.....  
1  
.....
  - Staff from another Head Start Program  
.....  
2  
.....
  - Staff or consultant(s) from assessment developers (e.g., High Scope, Teaching Strategies, etc.)  
.....  
3  
.....
  - Faculty from school of education  
.....  
4  
.....
  - Head Start state training and technical assistance provider.....5  
.....
  - Other (SPECIFY)  
.....  
6  
.....
- Specify  (STRING 150)  
NO RESPONSE.....M

**SOFT CHECK: IF A23b=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A23B = 6

**A23bSpecify. Please tell me who provided the most training?**

- Specify  (STRING 150)  
NO RESPONSE.....M

**SOFT CHECK: IF A23bSpecify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

If A21 = 1, 2, 3, 4, 5, 6, 7, 8, 9 10, 12

**A23c. What types of support did you receive to help you use [FILL WITH A21]? You may choose more than one.**

*Select all that apply*

- Help understanding the assessment  
.....  
1  
.....
- Opportunity to observe someone implementing the assessment  
.....  
2  
.....
- Refresher training on the assessment  
.....  
3  
.....
- Help using the assessment to identify children's developmental level  
.....  
4  
.....
- Help using the assessment to determine child's strengths and weaknesses  
.....  
5  
.....
- Help using the assessment to inform instruction  
.....  
6  
.....
- Help conducting the assessment with children with special needs  
.....  
7  
.....
- Help using the assessment to determine if a child needs referral for special services  
.....  
8  
.....
- Help using the assessment to inform instruction for children with special needs  
.....  
9  
.....
- Feedback on implementing the assessment  
.....  
10  
.....
- No support

.....  
11  
.....

Other (*specify*)

.....  
12  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A23c=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**HARD CHECK: IF A23c=11 AND ANY OTHER RESPONSE; You selected both “no support” and [FILL OTHER A23c RESPONSE(S)]. Please choose either “no support” or the types of support.**

A23C = 12

**A23cSpecify What kind of support did you receive?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A23cSpecify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**



If A21 = 1, 2, 3, 4, 5, 6, 7, 8, 9 10, 99 & A23c NE 11

**A23d. From whom did you receive support?**

Select all that apply

- Mentor or master teacher  
.....  
1  
.....
  - Other HS teachers in program.....2
  - Supervisor/education coordinator  
.....  
3  
.....
  - Staff from another Head Start Program  
.....  
4  
.....
  - Staff or consultant(s) from assessment developers (e.g., High Scope,  
Teaching Strategies, etc.).....5
  - Faculty from school of education  
.....  
6  
.....
  - Head Start state training and technical assistance provider.....7
  - Other (specify)  
.....  
9  
.....
- Specify  (STRING 150)  
NO RESPONSE.....M

**SOFT CHECK: IF A23d=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF A23D = 9

**A23dSpecify From whom did you receive support?**

- Specify  (STRING 150)  
NO RESPONSE.....M

**SOFT CHECK: IF A23dSpecify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

NO A24 IN THIS VERSION.

**MENTORING AND PROFESSIONAL DEVELOPMENT**

ALL

**A25a. The next questions are about professional development. Programs can support teachers' professional development in a lot of different ways. Does your program offer the following to teachers?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO	DON'T KNOW
1. Regular meetings with supervisors to talk with them about their work and progress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Support/funding to attend regional, state, or national early childhood conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Paid preparation/planning time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Mentoring or coaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Workshops/trainings sponsored by the program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Support/funding to attend workshops/trainings provided by other organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Visits to other classrooms or centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. A community of learners, also called a professional learning community, facilitated by an expert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Incentives such as gift cards to encourage teachers to participate in professional development activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other (SPECIFY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A25A=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A25A10=1

**A25aSpecify. What other professional development does your program offer teachers?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A25ASpecify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A25b. How have you shared your input about your own professional development/training needs and interests?**

Select all that apply

- In a structured way (my director, supervisor, mentor, or coach has asked for my input)

.....  
1

- In a naturalistic way (I am able to share my needs and interests when and how I prefer to do so)

.....  
2

- I don't know of opportunities to share input

.....  
0

.....

NO RESPONSE

.....  
M

.....

**SOFT CHECK: IF A25B=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A26. The next questions are about mentoring. 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?**

- Yes

.....  
1

.....

- No

.....  
0

.....

GO TO A31

NO RESPONSE.....M

**SOFT CHECK: IF A26=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF A26 = 1

**A26a. Is this mentoring or coaching relationship a formal or informal one?**

**Formal means that a person was assigned to you or is part of your program.**

*Select one only*

Formal

.....  
1  
.....

Informal

.....  
2  
.....

NO RESPONSE.....M

**SOFT CHECK: IF A26a=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A26 = 1

**A27. Who is the mentor or coach who usually comes to your classroom?**

Select one only

- Another teacher

.....  
1

- Education coordinator, specialist

.....  
2

- Center/program director

.....  
3

- Someone from outside the program

.....  
4

- Other (SPECIFY)

.....  
5

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A27=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A27 = 5

**A27Specify. Who is the mentor or coach who usually comes to your classroom?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A27Specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF A26 = 1

**A27a. Is your mentor or coach also your supervisor?**

- Yes

.....  
1  
.....

No

.....  
0  
.....

NO RESPONSE.....M

**SOFT CHECK: IF A26a=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

IF A26 = 1

**A28. In the past year, did your mentor or coach come for a concentrated visit that . . .**

*Select one only*

- Lasted an entire month,  
.....  
2  
.....
  - Lasted an entire week,  
.....  
1  
.....
  - a day or two at a time, or  
.....  
3  
.....
  - was there no concentrated visit or the visit was less than a day?  
.....  
0  
.....
- NO RESPONSE.....M

**SOFT CHECK: IF A28=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A26 = 1

**A29. How often does your mentor or coach come to your classroom?**

*Select one only*

- Once a week or more,  
.....  
1  
.....
  - Once every two weeks,  
.....  
2  
.....
  - Once a month, or  
.....  
3  
.....
  - Less than once a month?  
.....  
4  
.....
- NO RESPONSE.....M

**SOFT CHECK: IF A29=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**



A26 = 1

**A30. Have you been to observe your mentor or coach in her or his classroom or gone with your mentor or coach to another classroom?**

Yes

.....  
1  
.....

No

.....  
0  
.....

NO RESPONSE.....M

**SOFT CHECK: IF A30=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A31. Have you acted as a mentor or coach for other Head Start teachers or teacher trainees?**

Yes

.....  
1  
.....

No

.....  
0  
.....

NO RESPONSE.....M

**SOFT CHECK: IF A31=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A31a. Has a supervisor, mentor, or coach observed your classroom using the CLASS this program year?**

*Please do not consider any observations done for the purpose of program monitoring by the Office of Head Start.*

Yes

.....  
1  
.....

No

.....  
0  
.....

Don't know

.....  
d

NO RESPONSE.....M

**SOFT CHECK: IF A31A=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A31b. Has a supervisor, mentor, or coach, observed your classroom using other assessment tools this program year, for example, something designed by your center or program, or another formal tool like the ECERS?**

*Please do not consider any observations done for the purpose of program monitoring by the Office of Head Start.*

Yes  
.....  
1  
.....

No  
.....  
0  
.....

Don't know  
.....  
d  
.....

NO RESPONSE.....M

**SOFT CHECK: IF A31B=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A31c. Supervisors, mentors, or coaches at your program may have different approaches or ways of supporting you in improving your practice. What methods have been used by these staff to support you?**

*Select all that apply*

Had a discussion with me about what they have observed  
.....  
1  
.....

Provided written feedback to me on what they have observed  
.....  
2  
.....

Had me watch a videotape of myself teaching  
.....  
3  
.....

Had me observe another teacher's classroom or watch a video of another teacher  
.....  
4  
.....

Modeled teaching practices for me  
.....  
5  
.....

Suggested trainings for me to attend

.....  
6

.....

Provided trainings for me

.....  
7

.....

NO RESPONSE.....M

**SOFT CHECK: IF A31C=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A31d. Do supervisors, mentors, or coaches review any of the following in one-on-one meetings with you?**

*Select all that apply*

- Information from an observation of my classroom  
.....  
1  
.....
- Information from observations of other classrooms in my center  
or program  
.....  
2  
.....  
.....
- Data about individual children from my classroom (for example, child  
assessment or screening information)  
.....  
3  
.....
- Data about groups of children in my classroom or the whole classroom  
(for example, average assessment scores for the classroom)  
.....  
4  
.....
- NO RESPONSE.....M

**SOFT CHECK: IF A31D=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A31e. How often are teachers given a formal performance evaluation?**

*Select one only*

- Two or more times per year  
.....  
1
- Once a year  
.....  
2
- Once every two years  
.....  
3
- Once every 3 years  
.....  
4
- Once every 4 years or more  
.....  
5

No formal evaluations are conducted

.....  
0

NO RESPONSE.....M

**SOFT CHECK: IF A31E=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A32. Have you participated in training or technical assistance activities with state T/TA specialists (either early childhood education [ECE] specialists or grantee specialists)? Training and technical assistance (T/TA) is provided by state TA specialists.**

Yes

.....  
1

No

.....  
0

Don't know

.....  
d

NO RESPONSE.....M

**SOFT CHECK: IF A32=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A32a-c. During this Head Start year, how many trainings or workshops have you attended that were...**

PROGRAMMER: RANGE FOR GRID IS 0-40

	NUMBER
a. less than one day?	<input type="text"/>
b. one day?	<input type="text"/>
c. more than one day?	<input type="text"/>

(0-40)

NO RESPONSE.....M

[SOFT CHECK: A32A>40] You entered [A32A] as the number of trainings or workshops you attended this year that were less than one day long. Is that correct?

[SOFT CHECK: A32B>40] HIGH You entered [A32B] as the number of trainings or workshops you attended this year that were one day long. Is that correct?

[SOFT CHECK: A32C>40] You entered [A32C] as the number of trainings or workshops you attended this year that were more than one day long.  
Is that correct?

SOFT CHECK: IF A32A, B, or C=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.

The next questions are about the children in your classroom.

ALL (SECOND)

**A35. At this point in the Head Start year, how would you rate the behavior of children in [(ONE CLASS) this class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] your class?**

*Select one only*

- The group misbehaves very frequently and is almost always difficult to handle,  
.....  
1  
.....
- The group misbehaves frequently and is often difficult to handle,  
.....  
2  
.....
- The group misbehaves occasionally,  
.....  
3  
.....
- The group behaves well, or  
.....  
4  
.....
- The group behaves exceptionally well?  
.....  
5  
.....
- NO RESPONSE..... M

**SOFT CHECK: IF A35=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

NO A36-A41 IN THIS VERSION.

ALL

**A42. The next questions are about children with special needs in your class(es). What do you do when you first suspect a child might have a special need? You may choose more than one response.**

*Select all that apply*

- Document concern on a special report form  
.....  
1  
.....
- Notify your program director/disabilities coordinator/education coordinator  
.....  
2  
.....
- Arrange for a local specialist to observe and evaluate



.....  
3  
.....

- Arrange a conference with parents to share the information and concerns

.....  
4  
.....

- Participate in developing an Individual Education Plan (IEP) or similar plan

.....  
5  
.....

- Monitor and record the child's progress and activities

.....  
6  
.....

- No children with special needs in class

.....  
8  
.....

- Other (specify)

.....  
7  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A42=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**HARD CHECK: IF A42 = 8 (NO CHILDREN WITH SPECIAL NEEDS IN CLASS) AND(1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7); You have selected "no children with special needs in class" as well as one or more other response options. Is this correct?**

A42=7

**A42Specify. What do you do when you suspect a child might have a special need?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A42SPECIFY=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A43. When a special education specialist sees a child, what kind of feedback does the specialist provide you with?**

Select one only

- Written report describing child's specific needs  
.....  
1  
.....
- Oral advice only  
.....  
2  
.....
- Both written reports and oral advice  
.....  
3  
.....
- Never received feedback  
.....  
5  
.....
- No children with special needs in class  
.....  
6  
.....
- Other (specify)  
.....  
4  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A43=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A43=4

**A43Specify. What kind of feedback do you receive from the education specialist when he/she sees a child?**

Specify  (STRING 150)

NO RESPONSE.....M

[HARD CHECK: A43 = 5 (NO CHILDREN WITH SPECIAL NEEDS IN CLASS) AND (1 OR 2 OR 3 OR 4);  
**You have selected “no children with special needs in class” as well as one or more other response options. Is this correct?**

SOFT CHECK: IF A43SPECIFY=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A44. How often do you meet with the parents to discuss the progress or status of a child with special needs?**

*Select one only*

- No children with special needs in class  
.....  
1  
.....
- Never  
.....  
0  
.....
- Once every 6 months or less often  
.....  
2  
.....
- Once every 2 to 6 months  
.....  
3  
.....
- Once a month  
.....  
4  
.....
- More than once a month  
.....  
5  
.....
- NO RESPONSE.....M

**SOFT CHECK: IF A44=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**A44a. How often do you meet with the parents to discuss the progress or status of a child without special needs?**

*Select one only*

- Never  
.....  
0  
.....
- Once every 6 months or less often  
.....  
1  
.....
- Once every 2 to 6 months

.....  
2  
.....

- Once a month

.....  
3  
.....

- More than once a month

.....  
4  
.....

NO RESPONSE.....M

**SOFT CHECK: IF A44A=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

NO A45 IN THIS VERSION.

ALL

**A46. The next questions are about communicating with families. How do you communicate with families who speak a language other than you speak? Do you . . .**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	YES	NO
a. Communicate only in English?	1 <input type="radio"/>	0 <input type="radio"/>
b. Use an informal interpreter or a formal translator, like a staff member or parent?	1 <input type="radio"/>	0 <input type="radio"/>
c. Use physical cues or hand gestures?	1 <input type="radio"/>	0 <input type="radio"/>
d. Use translated materials?	1 <input type="radio"/>	0 <input type="radio"/>
e. Use any other ways? (specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/>		

(STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A46=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

A46E =1

**A46eSpecify. "What other ways do you communicate with families who speak a language other than you speak?"**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF A46eSpecify = NO RESPONSE; Please provide an answer to this question and continue.**

**To continue to the next question without providing a response, click the continue button.**

Now, let's talk about your experiences as a teacher.

NO B1-B2 IN THIS VERSION.

ALL

**B3. How much do you agree with each of the following statements about teaching. Please indicate if you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. I really enjoy my present teaching job.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I am certain I am making a difference in the lives of the children I teach.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. If I could start over, I would choose teaching again as my career.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

NO RESPONSE.....M

**SOFT CHECK: IF B3a,b,c=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

NO B4a-m IN THIS VERSION.

ALL

**B4. The next questions are about the level of support for interactions between Head Start staff and parents. To what extent do you agree with each of the following statements? Indicate whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.**

**Your Head Start Program...**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
n. promotes cooperation between Head Start staff and parents?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
o. ensures that parents do not feel isolated?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
p. encourages parents to supplement classroom learning at home?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
q. supports staff in their efforts to engage parents?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

NO RESPONSE.....M

**SOFT CHECK: IF B4n,o,p,q=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**



ALL

**B4p1. Which of the following activities have you done to encourage parents to supplement classroom learning at home this year? You may select more than one.**

*Select all that apply*

- Provide workshops on ways parents can supplement classroom learning at home

.....  
1  
.....

- Send home letters/fliers with suggestions for supporting classroom learning at home

.....  
2  
.....

- Make suggestions for how to supplement classroom learning at home during pick-up or drop-off

.....  
3  
.....

- Set up meetings with parent(s) to discuss supplementing classroom learning at home

.....  
4  
.....

- Set up meetings with parent(s) and other staff

.....  
5  
.....

- Discuss ways to supplement classroom learning at home during home visits

.....  
6  
.....

- Other

.....  
7  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF B4p1= NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

B4P1=7

**B4p1Specify. What other activities have you done to encourage parents to supplement classroom learning at home?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF B4p1Specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

NO B4R IN THIS VERSION

FOR THE 240 TEACHERS IN THE 60 PROGRAMS PARTICIPATING IN CHILD-LEVEL DATA COLLECTION, ITEMS B4S – B4AC WILL GO HERE. SEE THE EARLY CARE AND EDUCATION PROVIDER PLUS SURVEY (FPTRQ) INSTRUMENT.

ALL

**B5. How likely are you to continue working for Head Start through the next Head Start year (through 2015-2016)? Would you say you are . . .**

*Select one only*

- Very likely,  
.....  
1  
.....
- Somewhat likely,  
.....  
2  
.....
- Somewhat unlikely, or  
.....  
3  
.....
- Very unlikely?  
.....  
4  
.....
- NO RESPONSE.....M

**SOFT CHECK: IF B5=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**B6. The following are statements that some teachers have made about how children in Head Start should be taught and managed. Remember all your responses are private. Please indicate whether each statement agrees or disagrees with your personal beliefs about good teaching practice in Head Start.**

**Do you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Head Start classroom activities should be responsive to individual differences in development.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Each curriculum area should be taught as a separate subject at separate times.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
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="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
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="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Children should work silently and alone on seatwork.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Children in Head Start classrooms should learn through active explorations.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Head Start teachers should use treats, stickers, or stars to encourage appropriate behavior.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Head Start teachers should use punishments or reprimands to encourage appropriate behavior.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Children should be involved in establishing rules for the classroom.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. Children should learn to color within predefined lines.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
l. Children in Head Start classrooms should learn to form letters correctly on a printed page.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
m. Children should dictate stories to the teacher.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
n. Children should know their letter sounds before they learn to read.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
o. Children should form letters correctly before they are allowed to create a story.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

NO RESPONSE.....M

**SOFT CHECK: IF B6a,b,c,d,e,f,g,h,i,j,k,l,m,n,o=NO RESPONSE; Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.***

The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers.

ALL

**C1.** Below is a list of ways you may have felt or behaved. Please choose how often you have felt this way during the past week.

During the past week you have felt:

PROGRAMMER BOX C1C

SET UP HYPERLINK FOR TEXT "SHAKE OFF THE BLUES" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

**Not being able to "shake off the blues" refers to feeling sad, unhappy, miserable, or down in the dumps for short periods. True clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time.**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	RARELY OR NEVER	SOME OR A LITTLE	OCCASIONALLY OR MODERATELY	MOST OR ALL OF THE TIME
a. bothered by things that usually don't bother you?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. you did not feel like eating, your appetite was poor?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. that you could not <u>shake off the blues</u> , even with help from your family and friends?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. you had trouble keeping your mind on what you were doing?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. depressed?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. that everything you did was an effort?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. fearful?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. your sleep was restless?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. you talked less than usual?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. lonely?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. sad?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. you could not get "going"?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

NO RESPONSE.....M

**SOFT CHECK: IF C1a,b,c,d,e,f,g,h,i,j,k,l=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

The last set of questions is about you.

ALL

**D1. In total, how many years have you been teaching (including all grades and preschool)?**

NUMBER OF YEARS

(RANGE 0-70)

NO RESPONSE..... M

**SOFT CHECK: IF D1=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**SOFT CHECK: IF D1 > 50; NUMBER OF YEARS TEACHING MAY BE TOO HIGH You have entered [D1] as the number of years you have been teaching all grades. Is that correct?**

ALL

**D2. How many of those years have you been teaching Head Start or Early Head Start (as either lead or assistant teacher)?**

NUMBER OF YEARS

(RANGE 0-50)

NO RESPONSE..... M

**SOFT CHECK: IF D2=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**SOFT CHECK: IF D2 > 30 OR IF D2 > D1 [SOFT D2] NUMBER OF YEARS TEACHING HEAD START MAY BE TOO HIGH You have entered [D2] as the number of years you have been teaching Head Start. Is that correct?**

ALL

**D2a. In what month and year did you start working for this Head Start program?**

YEAR STARTED

MONTH YEAR

(RANGE 01-12) (RANGE 1965-2015)

NO RESPONSE..... M

**SOFT CHECK: IF D2a=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**HARD CHECK: IF D2a = < 1965 OR > 2015; You may have mistyped something. You entered [S1b] as the year you became a teacher of this class. Is that correct?**

NO D3 AND D4 IN THIS VERSION.

ALL

**D5. What is the highest grade or year of school that you completed?**

*Select one only*

- Up to 8th grade  
.....  
1  
.....  
GO TO D11
- 9th to 11th grade  
.....  
2  
.....  
GO TO D11
- 12th grade but no diploma  
.....  
3  
.....  
GO TO D11
- High school diploma/equivalent  
.....  
4  
.....  
GO TO D11
- Vocational/technical program after high school but no diploma  
.....  
5  
.....  
GO TO D11
- Vocational/technical diploma after high school  
.....  
6  
.....  
GO TO D11
- Some college but no degree  
.....  
7  
.....  
GO TO D7
- Associate's degree  
.....  
8  
.....
- Bachelor's degree  
.....  
9  
.....
- Graduate or professional school but no degree



.....  
10  
.....

- Master's degree (MA, MS)

.....  
11  
.....

- Doctorate degree (Ph.D, Ed.D)

.....  
12  
.....

- Professional degree after Bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; Etc.)

.....  
13  
.....

NO RESPONSE.....M GO TO D11

**SOFT CHECK: IF D5=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

D5 = 8, 9, 10, 11, 12, 13

**D6. In what field did you obtain your highest degree?**

*Select one only*

- Child development or developmental psychology  
.....  
1  
.....
- Early childhood education  
.....  
2  
.....
- Elementary education  
.....  
3  
.....
- Special education  
.....  
4  
.....
- Curriculum development  
.....  
6  
.....
- Administration  
.....  
7  
.....
- Bilingual education  
.....  
8  
.....
- Reading or literacy  
.....  
9  
.....
- Psychology, counseling, social work  
.....  
10  
.....
- Other field (specify)  
.....  
5  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF D6=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

D6=5

**D6Specify. In what field did you obtain your highest degree?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF D6Specify = NO RESPONSE; Please provide an answer to this question and continue.**

***To continue to the next question without providing a response, click the continue button.***

D5 = 7, 8, 9, 10, 11, 12, 13

**D7. Did your schooling include 6 or more college courses in early childhood education or child development?**

Yes

.....  
1

.....  
GO TO D8a

No

.....  
0

.....  
NO RESPONSE.....M

GO TO D8a

**SOFT CHECK: IF D7 = NO RESPONSE; Please provide an answer to this question and continue.**

***To continue to the next question without providing a response, click the continue button.***

D7 = 0, M

**D8. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?**

Yes

.....  
1  
.....

No

.....  
0  
.....

NO RESPONSE.....M

**SOFT CHECK: IF D8 = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

D5 = 7, 8, 9, 10, 11, 12, 13

**D8a. Have you completed an entire course on dual language learner children?**

**PROGRAMMER BOX D8A**

SET UP HYPERLINK FOR TEXT "DUAL LANGUAGE LEARNERS" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

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

Yes

.....  
1  
.....

No

.....  
0  
.....

NO RESPONSE.....M

**SOFT CHECK: IF D8a = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

NO D9 AND D10 IN THIS VERSION.

ALL



**D11. Do you have a Child Development Associate (CDA) credential?**

Yes

.....  
1

.....

No

.....  
0

.....

NO RESPONSE.....M

**SOFT CHECK: IF D11 = NO RESPONSE; Please provide an answer to this question and continue.  
To continue to the next question without providing a response, click the continue button.**

ALL

**D12. Do you have a state-awarded preschool certificate?**

Yes

.....  
1  
.....

No

.....  
0  
.....

NO RESPONSE.....M

**SOFT CHECK: IF D12= NO RESPONSE; Please provide an answer to this question and continue.  
To continue to the next question without providing a response, click the continue button.**

ALL

**D13. Do you have a teaching certificate or license?**

Yes

.....  
1  
.....

No

.....  
0  
.....

NO RESPONSE.....M

**SOFT CHECK: IF D13 = NO RESPONSE; Please provide an answer to this question and continue.  
To continue to the next question without providing a response, click the continue button.**

NO D14-D16 IN THIS VERSION.

ALL

**D17. What is your total annual salary (before taxes) as a teacher for the current school year?**

PER YEAR

(RANGE (0-999,999))

NO RESPONSE..... M

**SOFT CHECK: IF D17 = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**D18. How many hours per week does this salary cover (not including overtime)?**

HOURS PER WEEK

(RANGE 0 to 80)

MINUTES PER WEEK

(RANGE 0 to 59)

NO RESPONSE..... M

**SOFT CHECK: IF D18=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**SOFT CHECK: IF D18 > 40 HOURS; You have entered [D18] as the number of hour per week your salary covers. Is that correct?**

ALL

**D19. What is your gender?**

Male..... 1

Female..... 2

NO RESPONSE..... M

**SOFT CHECK: IF D19=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**D20. In what year were you born?**

YEAR

(RANGE (1914-2000))

NO RESPONSE.....M

SOFT CHECK: IF D20=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

SOFT CHECK: IF D20 < 1927 OR > 1996; **You have entered [D20] as the year you were born. Is that correct?**

ALL

**D21. Are you of Spanish, Hispanic, or Latino origin?**

Yes

.....  
1  
.....

No

.....  
0  
.....

GO TO D23

NO RESPONSE.....M

SOFT CHECK: IF D21=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

D21 = 1

**D22. Which one of these best describes you?**

*Select one or more*

Mexican, Mexican American, Chicano,

.....  
1  
.....

Puerto Rican,

.....  
2  
.....

Cuban, or

.....  
3  
.....



Another Spanish/Hispanic/Latino group? (Specify)

.....

4

.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF D22=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

D22=4

**D22Specify. With what other Spanish/Hispanic/Latino group do you identify?**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF D22Specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

ALL

**D23. What is your race? You may select more than one if you like.**

*Select one or more*

White

.....  
11  
.....

Black or African American

.....  
12  
.....

American Indian or Alaska Native

.....  
13  
.....

Asian Indian..... 14

Chinese

.....  
15  
.....

Filipino

.....  
16  
.....

Japanese

.....  
17  
.....

Korean

.....  
18  
.....

Vietnamese

.....  
19  
.....

Other Asian  
.....  
20  
.....

Native Hawaiian  
.....  
21  
.....

Guamanian or Chamorro  
.....  
22  
.....

Samoan  
.....  
23  
.....

Other Pacific Islander (specify)  
.....  
24  
.....

Specify  (STRING 150)

Another race (specify)  
.....  
25  
.....

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF D23=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

D23 = 24, 25

**D23Specify. "What is your race?"**

Specify  (STRING 150)

NO RESPONSE.....M

**SOFT CHECK: IF D23specify = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

**TRANSITION: Now, please answer some questions about your second class, that is the [FILL SECOND CLASSROOM] classroom.**

**There are fewer questions about the second class.**

PROGRAMMER: REPEAT QUESTIONS WITH UNIVERSE STATEMENT SECOND IF TEACHER HAS A SECOND CLASS.

**Thank you for your participation!**