# OMB # 0970-0151

# Expiration: XX/XX/20XX

# Mathematica Policy Research logo



**FACES 2014-2018**

**Experiences in Head Start**

Early Care and Education Provider Plus Survey

Family and Provider/Teacher Relationship Questionnaire

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| Spring 2015 |

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| Paperwork Reduction Act Statement: The referenced collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 0970-0151 which expires XXXX. The time required to complete this collection of information is estimated to average 5 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Jerry West. |

**These items will be completed as part of the Head Start Teacher Core Survey by a subset of teachers--the 240 teachers in the 60 programs participating in child-level data collection.**

SEE HEAD START CORE TEACHER SURVEY FOR ITEMS PRECEDING.

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| IF 60 CHILD-LEVEL PROGRAMS |

B4s. Since September, how often have you met with or talked to parents about the following regarding *their child*?

*Select one per row*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NEVER | RARELY | SOMETIMES | VERY OFTEN |
| 1. Goals you have for their child | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 2. Your expectations for children in your care | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 3. How their child is progressing towards parents’ goals | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

NO RESPONSE M

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| SOFT CHECK: IF B4s=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.*** |

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| IF 60 CHILD-LEVEL PROGRAMS |

**B4t. Listed below are some things families may or may not share with you. Thinking about the children and families you serve, for how many children and their families do you know the following? I know…**

*Select one per row*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NONE | SOME | MOST | ALL |
| 1. The parenting styles of children’s parents | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 2. The role that faith and religion play in children’s households | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 3. Their cultures and values | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 4. What their families do outside of the education and care setting to encourage their children’s learning | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 5. How parents discipline their child | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

NO RESPONSE M

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| SOFT CHECK: IF B4t=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.*** |

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| IF 60 CHILD-LEVEL PROGRAMS |

B4u. We would like to learn about how you and the families of children in your program work together. How often are you able to do the following?

*Select one per row*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NEVER | RARELY | SOMETIMES | VERY OFTEN |
| 1. Set goals with parents for their child | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 2. Offer parents ideas or suggestions about parenting | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 3. Provide parents the opportunity to give feedback about your performance | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

NO RESPONSE M

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| SOFT CHECK: IF B4u=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.*** |

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| IF 60 CHILD-LEVEL PROGRAMS |

B4v. Please indicate how much you agree or disagree with each of these statements.

*Select one per row*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | STRONGLY DISAGREE | DISAGREE | AGREE | STRONGLY AGREE |
| 1. I encourage parents to provide feedback on my care and teaching practices | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 2. I encourage parents to make decisions about their children’s education and care | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

NO RESPONSE M

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| SOFT CHECK: IF B4v=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.*** |

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| IF 60 CHILD-LEVEL PROGRAMS |

B4w. When planning activities for children in your program, how often are you able to take into account information parents share about their children?

Select one only

🔾 Never, 1

🔾 Rarely, 2

🔾 Sometimes 3

🔾 Very often 4

NO RESPONSE M

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| SOFT CHECK: IF B4w=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.*** |

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| IF 60 CHILD-LEVEL PROGRAMS |

B4x. Please indicate how much you agree or disagree with each of these statements.

*Select one per row*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | STRONGLY DISAGREE | DISAGREE | AGREE | STRONGLY AGREE |
| 1. Sometimes it is hard for me to support the way parents raise their children. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 2. Sometimes it is hard for me to support the way parents discipline their children. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 3. Sometimes it is hard for me to work with parents who do not share my beliefs. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

NO RESPONSE M

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| SOFT CHECK: IF B4x=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.*** |

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| IF 60 CHILD-LEVEL PROGRAMS |

B4y. People work in care and education settings for many reasons. Please indicate how much you agree or disagree with the following statements:

*Select one per row*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | STRONGLY DISAGREE | DISAGREE | AGREE | STRONGLY AGREE |
| 1. I teach and care for children because I enjoy it. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 2. I see this job as just a paycheck. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 3. I teach and care for children because I like being around children. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

NO RESPONSE M

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| SOFT CHECK: IF B4y=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.*** |

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| IF 60 CHILD-LEVEL PROGRAMS |

**B4z. People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements.**

**Part of my job is to…**

*Select one per row*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | STRONGLY DISAGREE | DISAGREE | AGREE | STRONGLY AGREE |
| 1. Help families get services available in the community. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 2. Offer parents information about community events. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| 3. Respond to issues or questions outside of normal care hours. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

NO RESPONSE M

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| SOFT CHECK: IF B4z=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.*** |

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| IF 60 CHILD-LEVEL PROGRAMS |

**B4aa. In the last ten years, have you received training or coursework on how to recognize signs of:**

*Select one per row*

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. Developmental delays in children | 1 🔾 | 0 🔾 |
| 2. Child abuse and neglect | 1 🔾 | 0 🔾 |
| 3. Domestic violence | 1 🔾 | 0 🔾 |
| 4. Substance abuse | 1 🔾 | 0 🔾 |
| 5. Depression or mental health issues in parents | 1 🔾 | 0 🔾 |
| 6. Hunger | 1 🔾 | 0 🔾 |

NO RESPONSE M

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| SOFT CHECK: IF B4aa=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.*** |

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| IF 60 CHILD-LEVEL PROGRAMS |

B4ab. If families have a question or a problem comes up during the day, how easy or difficult is it for them to reach you?

Select one only

🔾 Very difficult, 1

🔾 Difficult, 2

🔾 Easy, or 3

🔾 Very easy? 4

NO RESPONSE M

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| SOFT CHECK: IF B4ab=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.*** |

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| IF 60 CHILD-LEVEL PROGRAMS |

B4ac. Since September, have you personally helped families in any of the following ways:

*Select one per row*

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| 1. Encouraged families to seek or receive services? | 1 🔾 | 0 🔾 |
| 2. Made appointments or arrangements for families to receive services they need? | 1 🔾 | 0 🔾 |
| 3. Helped families find services they need? | 1 🔾 | 0 🔾 |

NO RESPONSE M

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| SOFT CHECK: IF B4ac=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.*** |

FOR ITEMS FOLLOWING THIS SERIES PLEASE SEE HEAD START CORE TEACHER SURVEY.