

**APPENDIX I**  
**SCREEN SHOTS**

**MATHEMATICA**  
Policy Research

## Head Start Family and Child Experiences Survey



**FACES 2014-2018**

Experiences in Head Start

### Parent Survey

Welcome to the Head Start Family and Child Experiences Survey 2014-2018 (FACES) parent survey. 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 First Last at 1-888-xxx-xxxx. You can also email us at xxxxxx@mathematica-mpr.com.

Login ID:

Password:

**Next**

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 OMB control number for this collection is 0970-0151 and it expires XX/XX/XXXX. The time required to complete this collection of information is estimated to average 20 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.

## SURVEY INFORMATION

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

We are inviting you to complete a survey about you and your child, because he or she is in a Head Start program that is taking part in FACES. This study aims to learn more about families in Head Start and the services Head Start provides. By completing this survey, you will help Head Start serve all children and their families.

Your answers to this survey will be kept private to the extent permitted by law. No one from your child's Head Start program will see your answers. Using the login ID and password ensures that your answers will only be seen by the study team. The next page will tell you how to complete the survey.

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

[Complete in English](#)[Complete en Español](#)[Exit Survey](#)[Salir](#)

## How to Complete the Survey

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.
- If you are not sure how to answer a question, give the best answer you can. You can skip questions that make you feel uncomfortable, but please answer as many as you can.
- To answer a question, click the box to choose your response.
- To go to the next page, click on the "Next" button.
- To go back to the previous page, click on the "Back" button. Please note that this command is only available in certain sections.
- If you need to stop before you have finished, click the "Suspend" button at the bottom of the page. The answers you give before clicking "Suspend" will be securely stored and available when you return to complete the survey. You will need your login ID and password to re-enter the survey.
- For security reasons, you will be logged out of the survey if there is no activity for more than 30 minutes. When you go back to the survey, you will need to log in again using your login ID and password.
- If you suspend the survey or if you are logged out, you will be returned to the last question that you answered when you log back in.

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

[Begin Your Survey](#)

[Exit](#)

## SECTION A. About Your Child

A1. Is [CHILD] a boy or a girl?

- Boy
- Girl

[Contact the help desk](#)[Instructions](#)

A2. What is [CHILD]'s birth date?

Month/Day/Year

[Contact the help desk](#)

[Instructions](#)

A3. Is [CHILD] of Spanish, Hispanic, or Latino origin?

- Yes
- No

[Contact the help desk](#)

[Instructions](#)

A4. Which one of these best describes [CHILD]'s Spanish, Hispanic, or Latino origin? Would you say...

Note - If more than one, select "Some other Spanish/Hispanic/Latino group."

- Mexican, Mexican American, Chicano
- Puerto Rican,
- Cuban, or
- Some other Spanish/Hispanic/Latino group? (SPECIFY)

[Contact the help desk](#)

[Instructions](#)



A5. What is [CHILD]'s race? You may select more than one if you like.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on)
- Native Hawaiiin
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (SPECIFY - for example, Fijian, Tongan, and so on)
- Another race (SPECIFY)

[Contact the help desk](#)

[Instructions](#)

OMB # 0970-0151  
Expiration: XX/XX/20XX

**MATHEMATICA**  
Policy Research



**FACES 2014-2018**

Experiences in Head Start

## Head Start Teacher Website

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:

## SURVEY INFORMATION

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).

To enhance the information we obtain by assessing the children and surveying their parents, 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. The second part, the Teacher Child Report, 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.

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 35 minutes of your time to complete. The second part will take about 10 minutes for each child. As a thank you, we will send you a \$10 gift card for each TCR you complete.

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

[Begin your survey](#)

[Exit Survey](#)

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 35 minutes, and 10 minutes for each child, 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.

## 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**.

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

Hello! Welcome to the FACES Teacher web site!

Center: [CENTER NAME], Classroom: [CLASSROOM NAME]

Teacher: [TEACHER FIRST NAME, TEACHER LAST NAME]

[Contact the help desk](#)

[Instructions](#)

- 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.

[Contact the help desk](#)[Instructions](#)

## SECTION D. BACKGROUND INFORMATION

The last set of questions is about you.

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

NUMBER OF YEARS

[Contact the help desk](#)

[Instructions](#)

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

NUMBER OF YEARS

[Contact the help desk](#)

[Instructions](#)



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

MONTH

YEAR

[Contact the help desk](#)[Instructions](#)

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

*Select one only*

- Up to 8th grade
- 9th to 11th grade
- 12th grade but no diploma
- High school diploma/equivalent
- Vocational/technical program after high school but no diploma
- Vocational/technical diploma after high school
- Some college but no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional school but no degree
- Master's degree (MA, MS)
- Doctorate degree (Ph.D, Ed.D)
- Professional degree after Bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; Etc.)

[Back](#)[Next](#)[Suspend](#)[Contact the help desk](#)[Instructions](#)

Welcome to the FACES Teacher Child Report web site!

The Teacher Child Report asks questions about the social skills, problem behaviors, and approaches to learning that you have observed in each of the children in the study who are in your class.

**Instructions:**

1. On the next screen, you'll see a list of children.
2. Choose a child you wish to rate and press the "Next" button.
3. If a child moved to another class, moved to another school, or was never in your class, choose the child's name and you will be able to note why the child left your class.

*Press the "Next" button to proceed.*

[Contact the help desk](#)

[Instructions](#)

Please choose a child to rate.

Center: [Fill Center Name], Classroom: [Fill Classroom Name].

Select a child then press the "Next" button.

- [Fill Child]
- [Fill Child]
- [Fill Child]

[Contact the help desk](#)

[Instructions](#)

## SECTION B. CHILD'S ACCOMPLISHMENTS

These questions are about things that different children do at different ages. These things may or may not be true for [CHILD].

**B1. Can [CHILD] recognize...**

*Select one only*

- All of the letters of the alphabet,
- Most of them,
- Some of them, or
- None of them?

Back

Next

Suspend

[Contact the help desk](#)

[Instructions](#)

**B2. How high can [CHILD] count? Would you say...***Select one only*

- Not at all,
- Up to five,
- Up to ten,
- Up to twenty,
- Up to fifty, or
- Up to 100 or more?

[Contact the help desk](#)[Instructions](#)

**B3. How often does [CHILD] like to write or pretend to write? Would you say...**

*Select one only*

- Never,
- Has done it once or twice,
- Sometimes, or
- Often?

Back

Next

Suspend

[Contact the help desk](#)

[Instructions](#)

**B4. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say...**

*Select one only*

- All of them,
- Some of them, or
- None of them?
- CHILD IS COLOR BLIND

[Contact the help desk](#)

[Instructions](#)



**B4a. Can [CHILD] demonstrate a beginning understanding of the relationship between sounds and letters (e.g., the letter B makes a “buh” sound)? Would you say...**

*Select one only*

- Not at all,
- For one or two letters,
- For a few (up to 5) letters, or
- For several (6 or more) letters?

[Contact the help desk](#)

[Instructions](#)

**B5. Please answer “Yes” or “No” to each question about [CHILD]’s abilities.***Select one per row*

Yes No

- |   |                       |                       |
|---|-----------------------|-----------------------|
| a. Does [CHILD] mostly write and draw rather than scribble?                         | <input type="radio"/> | <input type="radio"/> |
| b. Can [CHILD] write (his/her) first name even if some of the letters are backward? | <input type="radio"/> | <input type="radio"/> |
| c. Does [CHILD] trip, stumble, or fall easily?                                      | <input type="radio"/> | <input type="radio"/> |
| d. When [CHILD] speaks, is (he/she) understandable to a stranger?                   | <input type="radio"/> | <input type="radio"/> |
| e. Does [CHILD] stutter or stammer?   | <input type="radio"/> | <input type="radio"/> |
| f. Does [CHILD] ever look at a book with pictures and pretend to read?              | <input type="radio"/> | <input type="radio"/> |
| g. Does [CHILD] recognize (his/her) own first name in writing or in print?          | <input type="radio"/> | <input type="radio"/> |
| h. Does [CHILD] read any other words in writing or in print?                        | <input type="radio"/> | <input type="radio"/> |
| i. Can [CHILD] identify rhyming words?  | <input type="radio"/> | <input type="radio"/> |

[Back](#)[Next](#)[Suspend](#)[Contact the help desk](#)[Instructions](#)

OMB # 0970-0151  
Expiration: XX/XX/20XX

**MATHEMATICA**  
Policy Research



**FACES 2014-2018**

Experiences in Head Start

## Head Start Program Director Survey

Welcome to the Head Start Family and Child Experiences Survey 2014-2018 (FACES) program director survey. 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:

Next

## SURVEY INFORMATION

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).

To help us understand your program better, we need for you to complete this brief survey. It asks you about staffing and recruitment; staff education and training; curriculum and assessment; program management; use of program data and information; program resources; and a few questions about yourself.

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 survey will take about 30 minutes of your time to complete.

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

[Begin your survey](#)

[Exit Survey](#)

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 30 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.

## 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**.

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

- 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.

[Contact the help desk](#)[Instructions](#)

A12h. Does your program serve any children or families who speak a language other than English at home?

- Yes
- No

[Contact the help desk](#)[Instructions](#)

**A\_M5. Does your Head Start program offer or make available any of the following services for children who are dual language learners (DLL) and their families? Do you offer . . .**

*Select one per row*

	YES	NO
a. Assessment of English language skills for families of DLL children?	<input type="radio"/>	<input type="radio"/>
b. Assessment of basic reading and writing skills for families of DLL children?	<input type="radio"/>	<input type="radio"/>
c. Activities and workshops for parents of DLLs?	<input type="radio"/>	<input type="radio"/>
d. Assistance in applying for medical insurance?	<input type="radio"/>	<input type="radio"/>
e. Information about adult ESL or education and community resources?	<input type="radio"/>	<input type="radio"/>

[Back](#)

[Next](#)

[Suspend](#)

[Contact the help desk](#)

[Instructions](#)



OMB # 0970-0151  
Expiration: XX/XX/20XX

**MATHEMATICA**  
Policy Research



**FACES 2014-2018**

Experiences in Head Start

## Head Start Center Director Survey

Welcome to the Head Start Family and Child Experiences Survey 2014-2018 (FACES) center director survey. 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:

Next

## SURVEY INFORMATION

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).

To help us understand your center better, we need for you to complete this brief survey. It asks you about staffing and recruitment; staff education and training; curriculum and assessment; program management; use of program data and information; and a few questions about yourself.

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 survey will take about 25 minutes of your time to complete.

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

[Begin your survey](#)

[Exit Survey](#)

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 25 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.

## 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**.

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

[Begin your survey](#)

[Exit Survey](#)

- 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.

[Contact the help desk](#)[Instructions](#)

**A12k. Other than English, which of the languages that are spoken by the children and families in your center are also spoken by any teachers or assistant teachers in your center?**

*Select all that apply*

- French
- Spanish
- Cambodian (Khmer)
- Chinese
- Haitian Creole
- Hmong
- Japanese
- Korean
- Vietnamese
- Arabic
- Other (specify)

Specify

Back

Next

Suspend

[Contact the help desk](#)

[Instructions](#)

A12I. How do you determine the language proficiency of bilingual teachers and assistant teachers in the language(s) other than English that they speak?

Do you...

Select one per row

	YES	NO
a. Give language proficiency tests?	<input type="radio"/>	<input type="radio"/>
b. Have other staff interview them in their language?	<input type="radio"/>	<input type="radio"/>
c. Request documentation for language courses they may have taken?	<input type="radio"/>	<input type="radio"/>
d. Do anything else? (SPECIFY)	<input type="radio"/>	<input type="radio"/>

Back

Next

Suspend

[Contact the help desk](#)

[Instructions](#)