

# **ECE-ICHQ Project**

Worksheets

*Spring 2016*

1. What informed the education requirements, level of experience, or other qualifications you look for in each type of staff listed below?

MARK ALL THAT APPLY FOR EACH ROW

	LICENSING STANDARDS	STANDARDS SET BY FUNDING SOURCE (FOR EXAMPLE, HEAD START PROGRAM PERFORMANCE STANDARDS, STATE PRE-K STANDARDS, OR PRIVATE FUNDER)	STANDARDS SET BY PARTICIPATION IN A QUALITY RATING AND IMPROVEMENT SYSTEM	STANDARDS SET TO ACHIEVE CHILD CARE ACCREDITATION BY A LOCAL, STATE, OR NATIONAL ACCREDITING ENTITY	STANDARDS SET BY SPONSORING ORGANIZATION (FOR EXAMPLE, PUBLIC SCHOOL OR OVERSIGHT ENTITY SUCH AS AN UMBRELLA ORGANIZATION)	INTERNAL BACKGROUND, TRAINING, OR PERFORMANCE ASSESSMENT INFORMATION ON SUCCESSFUL STAFF	Other, specify
a. Lead teachers who work with children ages 0-5	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/> _____
b. Assistant teachers who work with children ages 0-5	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/> _____
c. Aides who work with children ages 0-5	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/> _____
d. Education specialist	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/> _____
e. Center (site) director	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/> _____

**2. What, if any, curriculum is currently used for infants and toddlers (less than 36 months) in this center?**

FOR EACH CURRICULUM, COMPLETE A COLUMN IN THE TABLE BELOW

na  CHECK HERE IF THERE IS NO CURRICULUM AND GO TO 3

	CURRICULUM 1	CURRICULUM 2	CURRICULUM 3
a. Name of curriculum	_____	_____	_____
b. Please describe the curriculum source	<i>Select one</i> 1 <input type="checkbox"/> We developed ourselves 2 <input type="checkbox"/> Commercially developed 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____	<i>Select one</i> 1 <input type="checkbox"/> We developed ourselves 2 <input type="checkbox"/> Commercially developed 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____	<i>Select one</i> 1 <input type="checkbox"/> We developed ourselves 2 <input type="checkbox"/> Commercially developed 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____
c. Is this curriculum used within all rooms serving infants and toddlers (children less than 36 months old)?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
d. How long has this curriculum been used?	__ __  1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years	__ __  1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years	__ __  1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years

**3. Centers screen and assess children for a range of purposes, for example, screening for developmental delays or assessing children’s progress to help teachers individualize instruction and children’s experiences. We are interested in learning about the full range of tools or processes used by staff to inform the care and instruction of infants and toddlers (less than 36 months) in your center.**

FOR EACH TOOL/PROCESS, COMPLETE A COLUMN IN THE TABLE BELOW.

na  CHECK HERE IF THERE ARE NO TOOLS/PROCESSES AND GO TO 4

	TOOL/PROCESS 1	TOOL/PROCESS 2	TOOL/PROCESS 3
a. Name of tool/process			
b. Primary purpose of the tool/process	<p><i>Select one</i></p> <p>1 <input type="checkbox"/> Screening children for developmental delays</p> <p>2 <input type="checkbox"/> Assessing children to determine qualification for special services</p> <p>3 <input type="checkbox"/> Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment)</p> <p>4 <input type="checkbox"/> Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs])</p> <p>5 <input type="checkbox"/> Other (<i>specify</i>) _____</p>	<p><i>Select one</i></p> <p>1 <input type="checkbox"/> Screening children for developmental delays</p> <p>2 <input type="checkbox"/> Assessing children to determine qualification for special services</p> <p>3 <input type="checkbox"/> Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment)</p> <p>4 <input type="checkbox"/> Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs])</p> <p>5 <input type="checkbox"/> Other (<i>specify</i>) _____</p>	<p><i>Select one</i></p> <p>1 <input type="checkbox"/> Screening children for developmental delays</p> <p>2 <input type="checkbox"/> Assessing children to determine qualification for special services</p> <p>3 <input type="checkbox"/> Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment)</p> <p>4 <input type="checkbox"/> Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs])</p> <p>5 <input type="checkbox"/> Other (<i>specify</i>) _____</p>
c. Is this tool/process used within all rooms serving infants and toddlers (children less than 36 months old)?	<p>1 <input type="checkbox"/> Yes</p> <p>0 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>0 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>0 <input type="checkbox"/> No</p>
d. Please describe the source	<p><i>Select one</i></p> <p>1 <input type="checkbox"/> We developed ourselves</p> <p>2 <input type="checkbox"/> Commercially developed</p> <p>3 <input type="checkbox"/> Other (<i>specify</i>) _____</p>	<p><i>Select one</i></p> <p>1 <input type="checkbox"/> We developed ourselves</p> <p>2 <input type="checkbox"/> Commercially developed</p> <p>3 <input type="checkbox"/> Other (<i>specify</i>) _____</p>	<p><i>Select one</i></p> <p>1 <input type="checkbox"/> We developed ourselves</p> <p>2 <input type="checkbox"/> Commercially developed</p> <p>3 <input type="checkbox"/> Other (<i>specify</i>) _____</p>
e. How is it administered	<p><i>Select all that apply</i></p> <p>1 <input type="checkbox"/></p> <p>Observation/anecdotes</p>	<p><i>Select all that apply</i></p> <p>1 <input type="checkbox"/></p> <p>Observation/anecdotes</p>	<p><i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Observation/anecdotes</p> <p>2 <input type="checkbox"/> Assessment tasks</p> <p>3 <input type="checkbox"/> Work samples/portfolios</p>

	TOOL/PROCESS 1	TOOL/PROCESS 2	TOOL/PROCESS 3
	2 <input type="checkbox"/> Assessment tasks 3 <input type="checkbox"/> Work samples/portfolios 4 <input type="checkbox"/> Checklists 5 <input type="checkbox"/> Other ( <i>specify</i> ) _____	2 <input type="checkbox"/> Assessment tasks 3 <input type="checkbox"/> Work samples/portfolios 4 <input type="checkbox"/> Checklists 5 <input type="checkbox"/> Other ( <i>specify</i> ) _____	4 <input type="checkbox"/> Checklists 5 <input type="checkbox"/> Other ( <i>specify</i> ) _____
f. Frequency for a single child	<i>Select one</i> 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Other ( <i>specify</i> ) _____	<i>Select one</i> 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Other ( <i>specify</i> ) _____	<i>Select one</i> 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Other ( <i>specify</i> ) _____
g. Method of scoring or tracking information	<i>Select one</i> 1 <input type="checkbox"/> An electronic system is used 2 <input type="checkbox"/> A non-electronic standard form is used 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____ _____ _____ _____	<i>Select one</i> 1 <input type="checkbox"/> An electronic system is used 2 <input type="checkbox"/> A non-electronic standard form is used 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____ _____ _____ _____	<i>Select one</i> 1 <input type="checkbox"/> An electronic system is used 2 <input type="checkbox"/> A non-electronic standard form is used 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____ _____ _____ _____

**4. What, if any, curriculum is currently used for preschool children (ages 3-5) in this center?**

FOR EACH CURRICULUM, COMPLETE A COLUMN IN THE TABLE BELOW

na  CHECK HERE IF THERE IS NO CURRICULUM AND GO TO 5

	CURRICULUM 1	CURRICULUM 2	CURRICULUM 3
a. Name of curriculum	_____	_____	_____
b. Please describe the curriculum source	<i>Select one</i> 1 <input type="checkbox"/> We developed ourselves 2 <input type="checkbox"/> Commercially developed 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____	<i>Select one</i> 1 <input type="checkbox"/> We developed ourselves 2 <input type="checkbox"/> Commercially developed 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____	<i>Select one</i> 1 <input type="checkbox"/> We developed ourselves 2 <input type="checkbox"/> Commercially developed 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____
c. Is this curriculum used within all rooms serving preschoolers (children ages 3-5)?	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No
d. How long has this curriculum been used?	__ __  1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years	__ __  1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years	__ __  1 <input type="checkbox"/> Months 2 <input type="checkbox"/> Years

**5. Centers screen and assess children for a range of purposes, for example, screening for developmental delays or assessing children's progress to help teachers individualize instruction and children's experiences. We are interested in learning about the full range of tools or processes used by staff to inform the care and instruction of preschool children (ages 3-5) in your center.**

FOR EACH TOOL/PROCESS, COMPLETE A COLUMN IN THE TABLE BELOW.

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	TOOL/PROCESS 1	TOOL/PROCESS 2	TOOL/PROCESS 3
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b. Primary purpose of the tool/process	<p><i>Select one</i></p> <p>1 <input type="checkbox"/> Screening children for developmental delays</p> <p>2 <input type="checkbox"/> Assessing children to determine qualification for special services</p> <p>3 <input type="checkbox"/> Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment)</p> <p>4 <input type="checkbox"/> Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs])</p> <p>5 <input type="checkbox"/> Other (<i>specify</i>) _____</p>	<p><i>Select one</i></p> <p>1 <input type="checkbox"/> Screening children for developmental delays</p> <p>2 <input type="checkbox"/> Assessing children to determine qualification for special services</p> <p>3 <input type="checkbox"/> Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment)</p> <p>4 <input type="checkbox"/> Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs])</p> <p>5 <input type="checkbox"/> Other (<i>specify</i>) _____</p>	<p><i>Select one</i></p> <p>1 <input type="checkbox"/> Screening children for developmental delays</p> <p>2 <input type="checkbox"/> Assessing children to determine qualification for special services</p> <p>3 <input type="checkbox"/> Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment)</p> <p>4 <input type="checkbox"/> Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs])</p> <p>5 <input type="checkbox"/> Other (<i>specify</i>) _____</p>
c. Is this tool/process used within all rooms serving preschool children (ages 3-5)?	<p>1 <input type="checkbox"/> Yes</p> <p>0 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>0 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> Yes</p> <p>0 <input type="checkbox"/> No</p>
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e. How is it administered?	<p><i>Select all that apply</i></p> <p>1 <input type="checkbox"/></p> <p>Observation/anecdotes</p>	<p><i>Select all that apply</i></p> <p>1 <input type="checkbox"/></p> <p>Observation/anecdotes</p>	<p><i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Observation/anecdotes</p> <p>2 <input type="checkbox"/> Assessment tasks</p> <p>3 <input type="checkbox"/> Work samples/portfolios</p>

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f. Frequency for a single child	<i>Select one</i> 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Other ( <i>specify</i> ) _____	<i>Select one</i> 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Other ( <i>specify</i> ) _____	<i>Select one</i> 1 <input type="checkbox"/> Daily 2 <input type="checkbox"/> Weekly 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Other ( <i>specify</i> ) _____
g. Method of scoring or tracking information	<i>Select one</i> 1 <input type="checkbox"/> An electronic system is used 2 <input type="checkbox"/> A non-electronic standard form is used 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____ _____ _____ _____	<i>Select one</i> 1 <input type="checkbox"/> An electronic system is used 2 <input type="checkbox"/> A non-electronic standard form is used 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____ _____ _____ _____	<i>Select one</i> 1 <input type="checkbox"/> An electronic system is used 2 <input type="checkbox"/> A non-electronic standard form is used 3 <input type="checkbox"/> Other ( <i>specify</i> ) _____ _____ _____ _____

***Thank you for your participation in the ECE-ICHQ Study***