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**ATTACHMENT 2**

**CHILD ROSTER FORM FROM HEAD START STAFF**

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| **NOTE:** For each selected classroom, a FACES study team Field Enrollment Specialist (FES) will request the names and dates of birth of each child enrolled in the selected classroom from Head Start staff (typically the On-Site Coordinator). The attached child roster form is an example of the information required for sampling children. Head Start staff may provide this information in various formats such as print outs from an administrative record system or photocopies of hard copy lists or records. Therefore, Head Start staff will not physically fill out the attached child roster form. The FES will use a tablet computer to enter this information into a web-based sampling program. The program will select up to 14 children per classroom for participation in the study.  For these selected children only, the FES will then enter each child’s gender, home language, and parents’ names into the sampling program. Finally, the FES will ask Head Start staff (typically the On-Site Coordinator) to identify any siblings among the 28 selected children. The FES will identify the sibling groups in the sampling program and the sampling program will then drop all but one member of each sibling group, leaving one child per family.  |





American Indian and Alaska Native FACES

CHILD ROSTER FORM

[PROGRAM]

[CENTER]

[CLASSROOM]

INSTRUCTIONS: 1. For each selected classroom, record in the sampling website each child’s name and date of birth in columns A and B. Please be sure to include all children in the selected classrooms.

 2. Ask the On-Site Coordinator (OSC) for the date (month and year) each child first enrolled in preschool Head Start. Record this date in column C.

 3. Ask the OSC if any students in the selected classrooms are siblings. If so, in Column D, record the number that corresponds to that child’s sibling. The FACES definition of siblings is any set of children who live in the same household and are cared for by the same primary caregiver(s).

 4. Once children are selected for each classroom, record the corresponding information in columns F-H for selected children only. In Column H, please record the name of at least one parent.

|  |  |  |  |  | **SELECTED CHILDREN ONLY** |
| --- | --- | --- | --- | --- | --- |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** |
| **Child** |  |  |  |  |  | **Home Language****E – English****S- Spanish****O - Other** | **Parent(s)/Guardian(s)** |
|  **First Name Last Name** | **Date of Birth****Month/Day/Year** | **Date Child First Enrolled in Preschool Head Start****Month/Year** | **Siblings** | **Check Box if Selected** | **Gender****(M=Male****F=Female)** |  **First Name(s) Last Name(s)** |
|  1.  |  1.  |  1.  |  1.  |  1. 🞎 |  1. M F |  1.  |  1.  |
|  2.  |  2.  |  2.  |  2.  |  2. 🞎 |  2. M F |  2.  |  2.  |
|  3.  | 3.  |  3.  |  3.  |  3. 🞎 |  3. M F |  3.  |  3.  |
|  4.  | 4.  |  4.  |  4.  |  4. 🞎 |  4. M F |  4.  |  4.  |
|  5.  |  5.  |  5.  |  5.  |  5. 🞎 |  5. M F |  5.  |  5.  |
|  6.  |  6.  |  6.  |  6.  |  6. 🞎 |  6. M F |  6.  |  6.  |
|  7.  |  7.  |  7.  |  7.  |  7. 🞎 |  7. M F |  7.  |  7.  |
|  8.  |  8.  |  8.  |  8.  |  8. 🞎 |  8. M F |  8.  |  8.  |
|  9.  |  9.  |  9.  |  9.  |  9. 🞎 |  9. M F |  9.  |  9.  |
| 10.  | 10.  | 10.  | 10.  | 10. 🞎 | 10. M F | 10.  | 10.  |
| 11.  | 11.  | 11.  | 11.  | 11. 🞎 | 11. M F | 11.  | 11.  |
| 12.  | 12.  | 12.  | 12.  | 12. 🞎 | 12. M F | 12.  | 12.  |
| 13.  | 13.  | 13.  | 13.  | 13. 🞎 | 13. M F | 13.  | 13.  |
| 14.  | 14.  | 14.  | 14.  | 14. 🞎 | 14. M F | 14.  | 14.  |
| 15.  | 15.  | 15.  | 15.  | 15. 🞎 | 15. M F | 15.  | 15.  |
| 16.  | 16.  | 16.  | 16.  | 16. 🞎 | 16. M F | 16.  | 16.  |
| 17.  | 17.  | 17.  | 17.  | 17. 🞎 | 17. M F | 17.  | 17.  |
| 18.  | 18.  | 18.  | 18.  | 18. 🞎 | 18. M F | 18.  | 18.  |
| 19.  | 19.  | 19.  | 19.  | 19. 🞎 | 19. M F | 19.  | 19.  |
| 20.  | 20.  | 20.  | 20.  | 20. 🞎 | 20. M F | 20.  | 20.  |
| 21.  | 21.  | 21.  | 21.  | 21. 🞎 | 21. M F | 21.  | 21.  |
| 22.  | 22.  | 22.  | 22.  | 22. 🞎 | 22. M F | 22.  | 22.  |
| 23.  | 23.  | 23.  | 23.  | 23. 🞎 | 23. M F | 23.  | 23.  |
| 24.  | 24.  | 24.  | 24.  | 24. 🞎 | 24. M F | 24.  | 24.  |
| 25.  | 25.  | 25.  | 25.  | 25. 🞎 | 25. M F | 25.  | 25.  |
| 26.  | 26.  | 26.  | 26.  | 26. 🞎 | 26. M F | 26.  | 26.  |
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