# OMB # 0970-0151

# Expiration: XX/XX/20XX

# Mathematica Policy Research logo

**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.**

**Login ID:**

**Password:**

**SURVEY INFORMATION**

**CLASSROOM SESSION TYPE**

**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)**

|  |
| --- |
| ALL |

**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 |

|  |
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| 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, 2014ALL |

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 |

**AA. CLASSROOM SESSION TYPE**

|  |
| --- |
| 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.*** |

**A. CLASSROOM ACTIVITIES**

|  |
| --- |
| (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) |  |
| b. 4 years old |  |
| c. 5 years old (or older) |  |

 (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 |  |
| 2. Asian or Pacific Islander |  |
| 3. Black, non-Hispanic |  |
| 4. Hispanic |  |
| 5. White, non-Hispanic |  |

 (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 |  |
| 3. Assistant Teachers |  |
| 4. Paid Aides |  |

 (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 dayis 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 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. Teacher-directed small group activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Teacher-directed individual activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. Child-selected activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 2. Mathematics | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 3. Social Studies | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4. Science | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5. Arts | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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 MONTH OR LESS | TWO OR THREE TIMES A MONTH | ONCE OR TWICE A WEEK | THREE OR FOUR TIMES A WEEK | EVERY DAY |
| --- | --- | --- | --- | --- | --- | --- |
| a. Work on learning the names of letters | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| b. Practice writing the letters of the alphabet | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| c. Discuss new words | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| d. Dictate stories to a teacher, aide, or volunteer | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| e. Work on phonics | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| f. Listen to you read stories where they see the print (e.g., Big Books) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| g. Listen to you read stories but they don’t see the print | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| h. Retell stories | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| i. Learn about conventions of print (such as left to right orientation, book holding) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| j. Write their own name | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| k. Learn about rhyming words and word families | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| l. Learn about common prepositions, such as over and under, up and down | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

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 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| b. Work with geometric manipulatives (for example, parquetry blocks, or shape puzzles) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| c. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| d. Play math-related games | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| e. Use music to understand math concepts | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| f. Use creative movement or creative drama to understand math concepts | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| g. Work with rulers, measuring cups, spoons, or other measuring instruments | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| h. Engage in calendar-related activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| i. Engage in activities related to telling time | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| j. Engage in activities that involve shapes and patterns | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

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 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 2. Science and Social Studies | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 3. Mathematical skills | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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 |
| --- | --- | --- |
|  | **A3c.** | **A3d.** |
|  | **understand [fill language A3B]? Would you say . . .** | **speak [fill language]? Would you say . . .** |
| a. Spanish | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well |
| b. Vietnamese | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well |
| c. Chinese | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well |
| d. Japanese | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well |
| e. Korean | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well |
| f. A Filipino language | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well |
| g. FILL A3B=7 TEXT(STRING (50))Specify: | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well |
| h. FILL A3B=8 TEXT(STRING (50))Specify: | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 Very well | 1 🔾 Not at all2 🔾 Not well3 🔾 Well, or4 🔾 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 A3eset 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 A3EIF 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>0ASK FOR EACH LANGUAGE IN A3F |

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

|  |  |  |
| --- | --- | --- |
|  | **A3F.** | **A3G.** |
|  | CODE ALLTHAT APPLY | ASK FOR EACH LANGUAGE IN A3F: |
|  | LANGUAGE CHILDREN SPEAK | PERCENT |
| English |  1 🞏 |  PERCENT |
| Spanish |  2 🞏 |  PERCENT |
| Vietnamese |  3 🞏 |  PERCENT |
| Chinese |  4 🞏 |  PERCENT |
| Japanese |  5 🞏 |  PERCENT |
| Korean |  6 🞏 |  PERCENT |
| A Filipino Language |  7 🞏 |  PERCENT |
| Other language (SPECIFY) |  8 🞏 |  PERCENT |
| Specify:(STRING 150) |  |  |
| Other language (SPECIFY) | 9 🞏 |  PERCENT |
| Specify:(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.** | **A4a.** |
|  | CODE ALLTHAT APPLY | CODE FOR EACH LANGUAGE IN A4CODE ALL THAT APPLY |
|  | LANGUAGE USED | YOU/LEAD TEACHER | ASSISTANT TEACHER | CLASSROOM AIDE | VOLUNTEER/ NON STAFF |
| English |  1 🞏 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| Spanish |  2 🞏 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| Vietnamese |  3 🞏 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| Chinese |  4 🞏 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| Japanese |  5 🞏 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| Korean |  6 🞏 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| A Filipino language |  7 🞏 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| Sign language | 10 🞏 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| Other language (SPECIFY) |  9 🞏 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| Specify:(STRING 150) |  |  |  |  |  |
| Other language (SPECIFY) | 8 🞏 | 1 🞏 | 2 🞏 | 3 🞏 | 4 🞏 |
| Specify:(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.***  |

|  |
| --- |
| IF A6 = 1,2 |

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 A10IF 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

(RANGE 0-299)

🔾 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 | 1 🔾 | 0 🔾 | d 🔾 |
| 2. Support/funding to attend regional, state, or national early childhood conferences | 1 🔾 | 0 🔾 | d 🔾 |
| 3. Paid preparation/planning time | 1 🔾 | 0 🔾 | d 🔾 |
| 4. Mentoring or coaching | 1 🔾 | 0 🔾 | d 🔾 |
| 5. Workshops/trainings sponsored by the program | 1 🔾 | 0 🔾 | d 🔾 |
| 6. Support/funding to attend workshops/trainings provided by other organizations | 1 🔾 | 0 🔾 | d 🔾 |
| 7. Visits to other classrooms or centers | 1 🔾 | 0 🔾 | d 🔾 |
| 8. A community of learners, also called a professional learning community, facilitated by an expert | 1 🔾 | 0 🔾 | d 🔾 |
| 9. Incentives such as gift cards to encourage teachers to participate in professional development activities. | 1 🔾 | 0 🔾 | d 🔾 |
| 10. Other (SPECIFY) | 1 🔾 | 0 🔾 | d 🔾 |
|  (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? |  |
| b. one day? |  |
| c. more than one day? |  |

 (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 🔾 | 0 🔾 |
| b. Use an informal interpreter or a formal translator, like a staff member or parent? | 1 🔾 | 0 🔾 |
| c. Use physical cues or hand gestures? | 1 🔾 | 0 🔾 |
| d. Use translated materials? | 1 🔾 | 0 🔾 |
| e. Use any other ways? (specify) | 1 🔾 | 0 🔾 |
| (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.***  |

**B. TEACHER EXPERIENCES**

**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 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. I am certain I am making a difference in the lives of the children I teach. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. If I could start over, I would choose teaching again as my career. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| o. ensures that parents do not feel isolated? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| p. encourages parents to supplement classroom learning at home? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| q. supports staff in their efforts to engage parents? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. Each curriculum area should be taught as a separate subject at separate times. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 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 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 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 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. Children should work silently and alone on seatwork. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. Children in Head Start classrooms should learn through active explorations. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| g. Head Start teachers should use treats, stickers, or stars to encourage appropriate behavior. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| h. Head Start teachers should use punishments or reprimands to encourage appropriate behavior. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| i. Children should be involved in establishing rules for the classroom. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| k. Children should learn to color within predefined lines. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| l. Children in Head Start classrooms should learn to form letters correctly on a printed page. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| m. Children should dictate stories to the teacher. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| n. Children should know their letter sounds before they learn to read. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| o. Children should form letters correctly before they are allowed to create a story. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

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.*** |

**C. YOUR FEELINGS**

**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 C1cset 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 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. you did not feel like eating, your appetite was poor? | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. that you could not shake off the blues, even with help from your family and friends?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. you had trouble keeping your mind on what you were doing?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. depressed?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. that everything you did was an effort?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| g. fearful?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| h. your sleep was restless?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| i. you talked less than usual?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| j. lonely?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| k. sad?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| l. you could not get “going”?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

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.*** |

**D. BACKGROUND INFORMATION**

**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 IFD2 > 30 OR IF D2 > D1 [SOFT D2] NUMBER OF YEARS TEACHING HEAD START MAY BE TO 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 D8aset 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 D23pecify = 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!