

**ATTACHMENT 2**

**CHILD ROSTER FORM FROM HEAD START STAFF**

**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		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)	Home Language E - English S - Spanish O - Other	Parent(s)/Guardian(s)	
First Name	Last Name							First Name(s)	Last Name(s)
1.	_____	1. _____	1. _____	1. _____	1. <input type="checkbox"/>	1. M F	1. _____	1. _____	
2.	_____	2. _____	2. _____	2. _____	2. <input type="checkbox"/>	2. M F	2. _____	2. _____	
3.	_____	3. _____	3. _____	3. _____	3. <input type="checkbox"/>	3. M F	3. _____	3. _____	
4.	_____	4. _____	4. _____	4. _____	4. <input type="checkbox"/>	4. M F	4. _____	4. _____	
5.	_____	5. _____	5. _____	5. _____	5. <input type="checkbox"/>	5. M F	5. _____	5. _____	
6.	_____	6. _____	6. _____	6. _____	6. <input type="checkbox"/>	6. M F	6. _____	6. _____	

					SELECTED CHILDREN ONLY				
A		B	C	D	E	F	G	H	
Child			Date Child First Enrolled in Preschool Head Start Month/Year		Check Box if Selected	Gender (M=Male F=Female)	Home Language E - English S- Spanish O - Other	Parent(s)/Guardian(s)	
First Name	Last Name	Date of Birth Month/Day/Year		Siblings				First Name(s)	Last Name(s)
7. _____	_____	7. _____	7. _____	7. _____	7. <input type="checkbox"/>	7. M F	7. _____	7. _____	_____
8. _____	_____	8. _____	8. _____	8. _____	8. <input type="checkbox"/>	8. M F	8. _____	8. _____	_____
9. _____	_____	9. _____	9. _____	9. _____	9. <input type="checkbox"/>	9. M F	9. _____	9. _____	_____
10. _____	_____	10. _____	10. _____	10. _____	10. <input type="checkbox"/>	10. M F	10. _____	10. _____	_____
11. _____	_____	11. _____	11. _____	11. _____	11. <input type="checkbox"/>	11. M F	11. _____	11. _____	_____
12. _____	_____	12. _____	12. _____	12. _____	12. <input type="checkbox"/>	12. M F	12. _____	12. _____	_____
13. _____	_____	13. _____	13. _____	13. _____	13. <input type="checkbox"/>	13. M F	13. _____	13. _____	_____
14. _____	_____	14. _____	14. _____	14. _____	14. <input type="checkbox"/>	14. M F	14. _____	14. _____	_____
15. _____	_____	15. _____	15. _____	15. _____	15. <input type="checkbox"/>	15. M F	15. _____	15. _____	_____
16. _____	_____	16. _____	16. _____	16. _____	16. <input type="checkbox"/>	16. M F	16. _____	16. _____	_____
17. _____	_____	17. _____	17. _____	17. _____	17. <input type="checkbox"/>	17. M F	17. _____	17. _____	_____

					SELECTED CHILDREN ONLY				
A Child		B	C	D	E	F	G	H 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)	Home Language E - English S - Spanish O - Other	First Name(s)	Last Name(s)
18. _____ _____		18. _____ _____	18. _____ _____	18. _____ _____	18. <input type="checkbox"/>	18. M F	18. _____ _____	18. _____ _____	
19. _____ _____		19. _____ _____	19. _____ _____	19. _____ _____	19. <input type="checkbox"/>	19. M F	19. _____ _____	19. _____ _____	
20. _____ _____		20. _____ _____	20. _____ _____	20. _____ _____	20. <input type="checkbox"/>	20. M F	20. _____ _____	20. _____ _____	
21. _____ _____		21. _____ _____	21. _____ _____	21. _____ _____	21. <input type="checkbox"/>	21. M F	21. _____ _____	21. _____ _____	
22. _____ _____		22. _____ _____	22. _____ _____	22. _____ _____	22. <input type="checkbox"/>	22. M F	22. _____ _____	22. _____ _____	
23. _____ _____		23. _____ _____	23. _____ _____	23. _____ _____	23. <input type="checkbox"/>	23. M F	23. _____ _____	23. _____ _____	
24. _____ _____		24. _____ _____	24. _____ _____	24. _____ _____	24. <input type="checkbox"/>	24. M F	24. _____ _____	24. _____ _____	
25. _____ _____		25. _____ _____	25. _____ _____	25. _____ _____	25. <input type="checkbox"/>	25. M F	25. _____ _____	25. _____ _____	
26. _____ _____		26. _____ _____	26. _____ _____	26. _____ _____	26. <input type="checkbox"/>	26. M F	26. _____ _____	26. _____ _____	

Paperwork Reduction Act Statement: The referenced collection of information is voluntary. An agency may not conduct or sponsor, and a person is not

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Child			Date Child First Enrolled in Preschool Head Start Month/Year	Siblings	Check Box if Selected	Gender (M=Male F=Female)	Home Language E - English S- Spanish O - Other	Parent(s)/Guardian(s)	
First Name	Last Name	Date of Birth Month/Day/Year						First Name(s)	Last Name(s)
<p>required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0151 and it expires XX/XX/XXXX. The time required to complete this collection of information is estimated to average 20 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Jerry West.</p>									