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**MATHEMATICA**  
Policy Research



**FACES 2014**  
Experiences in Head Start

# Head Start Family and Child Experiences Survey (FACES)

## Teacher Survey

*Spring 2017*

**AFFIX LABEL HERE**

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## **INTRODUCTION**

**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 you to complete this brief survey which asks about your classroom and your background as well as your thoughts about teaching and your program.**

**Thank you for taking the time to complete this survey. There are no right or wrong answers to the questions. Questions are not always numbered sequentially, so please answer questions in the order they appear, regardless of the question number. Additionally, you may be told to skip some questions because they do not apply to you.**

**Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will not be shared with parents or other staff in your center, or anybody else not working on this study. Please be assured that all information you provide will be kept private to the extent permitted by law. The information you provide to the study will be protected and will only be seen by selected members of the study team. The survey will take about 30 minutes to complete.**

## INTRODUCTION

**SC0.** Are you the teacher listed on the front of the survey?

- 1  Yes → **GO TO S1b**
- 2  Yes, but my name is misspelled
- 0  No, this is not my name

**SC0a.** Please enter the correct spelling of your name.

Name: \_\_\_\_\_

*If you have more than one classroom selected for this study, please answer these questions thinking only about the classroom session listed on the label on the front of this survey.*

**S1b.** When did you become the teacher of this classroom for this program year?

*If you have been the teacher of this class for longer than this program year, please enter the date the program year began.*

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
Month Day Year

**IF YOU WERE THE TEACHER ON OR BEFORE JULY 1, 2016, SKIP TO AA1INTRO. IF YOU BECAME THE TEACHER AFTER JULY 1, 2016, GO TO S3.**

**S3.** Before you became the teacher of this classroom, were you teaching in Head Start?

- 1  Yes
- 0  No → **GO TO AA1Intro**

**S4.** Where were you teaching before you came to this classroom?

**MARK ONE ONLY**

- 1  In the same classroom as an assistant teacher
- 2  In a different classroom at the same Head Start center
- 3  At a different Head Start center operated by the same program
- 4  At a Head Start center operated by a different program
- 5  Somewhere else (*specify*)
- \_\_\_\_\_

## AA. CLASSROOM SESSION TYPE

**AA1Intro:** 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.*

- 1  Yes
- 0  No → **GO TO AA3**

**AA2.** Do you also teach a class with Head Start children at this program?

- 1  Yes
- 0  No → **GO TO A0-1Intro, PAGE 2**

**AA3.** Do you teach . . .

**MARK ONE ONLY**

- 1  A full-day class
- 2  A morning class only
- 3  An afternoon class only
- 4  Both a morning and afternoon class

## A: CLASSROOM ACTIVITIES

**A0-1Intro.** The next questions are about your classroom activities and the children in your classroom.

*If you have more than one classroom selected for this study, please answer these questions thinking only about the classroom session listed on the label on the front of this survey. After you have completed this survey, you will be asked a few additional questions about your second class in the Second Classroom Survey.*

**A0-1.** How many children are enrolled in this class?

|\_\_|\_\_| NUMBER OF CHILDREN

**A0-1.** As of today's date, how many children in this class are at each of the following age levels?

*If there are no children of a particular age in this class, please enter 0.*

	NUMBER OF CHILDREN
a. 3 years old (or younger).....	__ __
b. 4 years old.....	__ __
c. 5 years old (or older).....	__ __

**A01d.** As of today's date, how many children in this class are...

*If there are no children of a particular group in this class, please enter 0.*

	NUMBER OF CHILDREN
1. American Indian or Alaska Native.....	__ __
2. Asian or Pacific Islander.....	__ __
3. Black, non-Hispanic.....	__ __
4. Hispanic.....	__ __
5. White, non-Hispanic.....	__ __

**A0.** How many of each of the following staff are usually with this class?

*If no staff currently work in the position, enter 0.*

	NUMBER OF STAFF
2. Lead teachers.....	__ __
3. Assistant teachers.....	__ __
4. Paid aides.....	__ __

**A0-5.** How many days a week does this class meet?

|\_\_| DAYS EACH WEEK

**A0-6.** How many hours a week does this class meet?

|\_\_|\_\_| HOURS EACH WEEK

**A1. Please describe how a typical day is spent in your classroom. Not including lunch or nap breaks, how much time do the children spend in the following kinds of activities?**

MARK ONE FOR EACH ROW

	NO TIME	HALF HOUR OR LESS	ABOUT ONE HOUR	ABOUT TWO HOURS	THREE HOURS OR MORE
a. Teacher-directed whole class activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Teacher-directed small group activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Teacher-directed individual activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Child-selected activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**A1e. How often do children in your classroom usually work on activities in the following areas, whether as a whole class, in small groups, or in individualized arrangements?**

MARK ONE FOR EACH ROW

	NEVER	LESS THAN ONCE A WEEK	1-2 TIMES A WEEK	3-4 TIMES A WEEK	DAILY
1. Language Arts and Literacy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Mathematics.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Social Studies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Science.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Arts.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**A2. How often do children in your class do each of the following reading and language activities?**

MARK ONE FOR EACH 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Practice writing the letters of the alphabet.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Discuss new words.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Dictate stories to a teacher, aide, or volunteer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Work on phonics.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Listen to a teacher, aide, or volunteer read stories where they see the print (e.g., Big Books).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Listen to a teacher, aide, or volunteer read stories but they don't see the print.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. Retell stories.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. Learn about conventions of print (such as left to right orientation, book holding).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
j. Write their own name.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
k. Learn about rhyming words or word families.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
l. Learn about common prepositions, such as over and under, up and down.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**A3. How often do children in your classroom do each of the following math activities?**

MARK ONE FOR EACH ROW

	NEVER	ONCE A MONTH OR LESS	TWO OR THREE TIMES A MONTH	ONCE OR TWICE A WEEK	THREE OR FOUR TIMES A WEEK	EVER Y DAY
a. Count out loud.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Work with geometric manipulatives (for example, parquetry blocks or shape puzzles).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Play math-related games.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Use music to understand math concepts.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Use creative movement or creative drama to understand math concepts.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Work with rulers, measuring cups, spoons, or other measuring instruments.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. Engage in calendar-related activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. Engage in activities related to telling time.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
j. Engage in activities that involve shapes and patterns.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**A3k. What proportion of children in your class are meeting developmental expectations for each of the following areas, compared to other preschoolers?**

MARK ONE FOR EACH ROW

	LESS THAN 1/4 OF CHILDREN	ABOUT 1/4 OF CHILDREN	ABOUT 1/2 OF CHILDREN	ABOUT 3/4 OF CHILDREN	MORE THAN 3/4 OF CHILDREN
1. Language and literacy skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Science and Social Studies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Mathematical skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Next, please answer some questions about the languages you and others may speak.

**A3a. Do you speak any language other than English, either in the classroom or outside of the classroom such as at home?**

- 1  Yes → GO TO A3b, PAGE 5
- 0  No → GO TO A3e, PAGE 6

**A3b. What languages do you speak, other than English, either in the classroom or outside of the classroom such as at home?**

**MARK ONE OR MORE BOXES**

- 2  Spanish
- 11  Arabic
- 12  Cambodian (Khmer)
- 4  Chinese
- 7  A Filipino language
- 13  French
- 14  Haitian Creole
- 15  Hmong
- 5  Japanese
- 6  Korean
- 3  Vietnamese
- 8  Other language (*specify*) \_\_\_\_\_
- 9  Other language (*specify*) \_\_\_\_\_

**A3c. Of the language(s) other than English that you speak, how well do you understand:**

**MARK ONE FOR EACH ROW FOR EACH LANGUAGE YOU SPEAK**

	NOT AT ALL	NOT WELL	WELL	VERY WELL
Spanish.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Arabic.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Cambodian (Khmer).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Chinese.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
A Filipino language.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
French.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Haitian Creole.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Hmong.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Japanese.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Korean.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Vietnamese.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Other language ( <i>specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Other language ( <i>specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**A3d. Of the language(s) other than English that you speak, how well do you speak:**

MARK ONE FOR EACH ROW FOR EACH LANGUAGE YOU SPEAK

	NOT AT ALL	NOT WELL	WELL	VERY WELL
Spanish.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Arabic.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Cambodian (Khmer).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Chinese.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
A Filipino language.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
French.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Haitian Creole.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Hmong.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Japanese.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Korean.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Vietnamese.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Other language ( <i>specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Other language ( <i>specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**A3e. How many children in your classroom speak a language other than English?**

*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

Don't know

**IF THERE ARE NO CHILDREN IN YOUR CLASSROOM WHO SPEAK A LANGUAGE OTHER THAN ENGLISH, GO TO A4, PAGE 8. OTHERWISE, CONTINUE TO A3F.**



**A3f. Thinking about all children in your classroom, what languages do children enrolled in the class currently speak, including English?**

*This would include any use of language(s) in or out of the classroom.*

**MARK ONE OR MORE BOXES**

- 1  English
- 2  Spanish
- 11  Arabic
- 12  Cambodian (Khmer)
- 4  Chinese
- 7  A Filipino language
- 13  French
- 14  Haitian Creole
- 15  Hmong
- 5  Japanese
- 6  Korean
- 3  Vietnamese
- 8  Other language (*specify*) \_\_\_\_\_
- 9  Other language (*specify*) \_\_\_\_\_

**A3g. Of the languages selected above, approximately what percent of children speak these languages?**

*If none, please enter 0.*

	PERCENTAGE
English.....	_ _ _ %
Spanish.....	_ _ _ %
Arabic.....	_ _ _ %
Cambodian (Khmer).....	_ _ _ %
Chinese.....	_ _ _ %
A Filipino language.....	_ _ _ %
French.....	_ _ _ %
Haitian Creole.....	_ _ _ %
Hmong.....	_ _ _ %
Japanese.....	_ _ _ %
Korean.....	_ _ _ %
Vietnamese.....	_ _ _ %
Other language ( <i>specify</i> ) _____	_ _ _ %
Other language ( <i>specify</i> ) _____	_ _ _ %

**A4. What languages are used for instruction in your class by you or another adult, NOT including language lessons?**

**MARK ONE OR MORE BOXES**

1  English

2  Spanish

11  Arabic

12  Cambodian (Khmer)

4  Chinese

7  A Filipino language

13  French

14  Haitian Creole

15  Hmong

5  Japanese

6  Korean

3  Vietnamese

8  Other language (*specify*) \_\_\_\_\_

9  Other language (*specify*) \_\_\_\_\_

**A4a. Who speaks each language you selected above? Is it you/the lead teacher, the assistant teacher, a classroom aide, or a volunteer?**

MARK ONE OR MORE BOXES FOR EACH ROW

	YOU/LEAD TEACHER	ASSISTANT TEACHER	CLASSROOM AIDE	VOLUNTEER / NON STAFF
English.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Spanish.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Arabic.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Cambodian (Khmer).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Chinese.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
A Filipino language.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
French.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Haitian Creole.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Hmong.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Japanese.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Korean.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Vietnamese.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Other language ( <i>specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Other language ( <i>specify</i> ) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**A5a. What language do you use most often when you read to children in your classroom?**

**MARK ONE ONLY**

- 1  English
- 2  Spanish
- 11  Arabic
- 12  Cambodian (Khmer)
- 4  Chinese
- 7  A Filipino language
- 13  French
- 14  Haitian Creole
- 15  Hmong
- 5  Japanese
- 6  Korean
- 3  Vietnamese
- 8  Other language (*specify*) \_\_\_\_\_
- 9  Other language (*specify*) \_\_\_\_\_

**A5b. Are there any other languages you use when you read to children in your class?**

- 1  Yes
- 0  No → **GO TO A5d, PAGE 11**

**A5c. What other languages are used when you read to children in this classroom?**

**MARK ONE OR MORE BOXES**

- 1  English
- 2  Spanish
- 11  Arabic
- 12  Cambodian (Khmer)
- 4  Chinese
- 7  A Filipino language
- 13  French
- 14  Haitian Creole
- 15  Hmong
- 5  Japanese
- 6  Korean
- 3  Vietnamese
- 8  Other language (*specify*) \_\_\_\_\_
- 9  Other language (*specify*) \_\_\_\_\_

**A5d. What language do you use most often when you speak to a group of children to present information or give directions in your class?**

**MARK ONE ONLY**

- 1  English
- 2  Spanish
- 11  Arabic
- 12  Cambodian (Khmer)
- 4  Chinese
- 7  A Filipino language
- 13  French
- 14  Haitian Creole
- 15  Hmong
- 5  Japanese
- 6  Korean
- 3  Vietnamese
- 8  Other language (*specify*) \_\_\_\_\_
- 9  Other language (*specify*) \_\_\_\_\_

**A5e. Are there any other languages you use when you speak to a group of children in your class?**

- 1  Yes → **GO TO A5f, PAGE 12**
- 0  No → **GO TO A5g, PAGE 12**

**A5f. What other languages are used when you speak to a group of children in this classroom?**

**MARK ONE OR MORE BOXES**

- 1  English
- 2  Spanish
- 11  Arabic
- 12  Cambodian (Khmer)
- 4  Chinese
- 7  A Filipino language
- 13  French
- 14  Haitian Creole
- 15  Hmong
- 5  Japanese
- 6  Korean
- 3  Vietnamese
- 8  Other language (*specify*) \_\_\_\_\_
- 9  Other language (*specify*) \_\_\_\_\_

**A5g. In what languages are printed materials like children's books available in your classroom?**

**MARK ONE OR MORE BOXES**

- 1  English
- 2  Spanish
- 11  Arabic
- 12  Cambodian (Khmer)
- 4  Chinese
- 7  A Filipino language
- 13  French
- 14  Haitian Creole
- 15  Hmong
- 5  Japanese
- 6  Korean
- 3  Vietnamese
- 8  Other language (*specify*) \_\_\_\_\_
- 9  Other language (*specify*) \_\_\_\_\_

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?**

**MARK ONE ONLY**

- 1  Yes, specific curriculum ←
- 2  Yes, combination
- 3  No curriculum } →
- 4  Don't know

**GO TO A21, PAGE  
16**

**A7. What curriculum do you use? You may select more than one.**

**MARK ONE OR MORE BOXES**

- 11  Creative Curriculum
- 12  High/Scope
- 13  High Reach
- 14  Let's Begin with the Letter People
- 15  Montessori
- 16  Bank Street
- 17  Creating Child Centered Classrooms – Step By Step
- 18  Scholastic Curriculum
- 19  Locally Designed Curriculum
- 20  Curiosity Corner-Johns Hopkins
- 24  Frog Street
- 21  Other (*specify*) \_\_\_\_\_
- 22  Other (*specify*) \_\_\_\_\_

**A8. If you use more than one curriculum, what is your main curriculum?**

**MARK ONE ONLY**

- 11  Creative Curriculum
- 12  High/Scope
- 13  High Reach
- 14  Let's Begin with the Letter People
- 15  Montessori
- 16  Bank Street
- 17  Creating Child Centered Classrooms – Step By Step
- 18  Scholastic Curriculum
- 19  Locally Designed Curriculum
- 20  Curiosity Corner-Johns Hopkins
- 24  Frog Street
- 21  Other (*specify*) \_\_\_\_\_
- 22  Other (*specify*) \_\_\_\_\_
- 23  Use each equally
- d  Don't know

**A10. How many hours of training in your main curriculum 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

- d  Don't know

**A11. What type of staff provided you with the most training on this curriculum?**

**MARK ONE ONLY**

- 1  Staff from this Head Start Program
- 2  Staff from another Head Start Program
- 3  Staff or consultant(s) from curriculum developers (e.g., High Scope, Teaching Strategies, etc.)
- 4  Professors or instructors from a school of education at a college or university
- 7  Professors or instructors from a school other than the school of education at a college or university
- 5  Head Start state training and technical assistance provider
- 6  Other (*specify*) \_\_\_\_\_



**A13. Which types of support have you received to help you use your main curriculum? You may select more than one.**

**MARK ONE OR MORE BOXES**

- 1  Help und
- 2  Opportur
- 3  Refresher training on the curriculum
- 4  Help implementing the curriculum
- 5  Help planning curriculum-based activities
- 6  Help individualizing the curriculum for children
- 7  Help identifying and/or receiving additional resources to expand the scope of the curriculum and activities
- 11  Help implementing the curriculum for children with special needs
- 8  Feedback on implementing the curriculum
- 10  No support → **GO TO A20**
- 9  Other (*specify*) \_\_\_\_\_

**A14. From whom did you receive support?**

**MARK ONE OR MORE BOXES**

- 1  Mentor or master teacher
- 2  Other Head Start teachers in program
- 3  Supervisor/education coordinator
- 4  Staff from another Head Start Program
- 5  Staff or consultant(s) from curriculum developers (e.g., High Scope, Teaching Strategies, etc.)
- 6  Professors or instructors from a school of education at a college or university
- 13  Professors or instructors from a school other than the school of education at a college or university
- 7  Head Start state training and technical assistance provider
- 8  Other (*specify*) \_\_\_\_\_

**A20. How much do you use your main curriculum in developing a daily written plan for classroom experiences?**

**MARK ONE ONLY**

- 1  A great deal
- 2  Somewhat
- 3  A little bit
- 4  Hardly at all
- 5  Not at all

These next questions are about the primary assessment tool you use in your classroom.

**A21. What is the main child assessment tool that you use?**

**MARK ONE ONLY**

- 1  Teaching Strategies GOLD assessment (formerly known as The Creative Curriculum Developmental Continuum Assessment Toolkit for ages 3-5)
- 2  High/Scope Child Observation Record (COR)
- 3  Galileo
- 4  Ages and Stages Questionnaires: A Parent Completed, Child-Monitoring System
- 5  Desired Results Developmental Profile (DRDP)
- 6  Working sampling system for Head Start
- 7  Learning Accomplishment Profile Screening (LAP including E-LAP, LAP-R and LAP-D)
- 8  Hawaii Early Learning Profile (HELP)
- 9  Brigance Preschool Screen for three and four year old children
- 10  Assessment designed for this program
- 12  Other (*specify*) \_\_\_\_\_
- 13  Do not use a child assessment tool → **GO TO A25a, PAGE 18**

**A22. What methods do you use for these assessments?**

**MARK ONE ONLY**

- 1  Ratings based on classroom observation or work sampling
- 2  Testing with standardized tests or assessment instruments
- 3  Both observation-based ratings and direct assessment
- 4  Other (*specify*) \_\_\_\_\_

**A23. How do you use the information from those assessments in planning for each child?**

**MARK ONE OR MORE BOXES**

- 1  To identify child's developmental level
- 2  To individualize activities for child
- 3  To determine if child needs referral for special services
- 4  To determine child's strengths and weaknesses
- 5  To identify activities for parents to do with child at home
- 6  Other (*specify*) \_\_\_\_\_

**A23a. How many hours of training in using assessments in planning or in your main child assessment tool 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

- d  Don't know



**A23b. What type of staff provided you with the most training on your main child assessment tool?**

**MARK ONE ONLY**

- 1  Staff from this Head Start Program
- 2  Staff from another Head Start Program
- 3  Staff or consultant(s) from assessment developers (e.g., High Scope, Teaching Strategies, etc.)
- 4  Professors or instructors from a school of education at a college or university
- 7  Professors or instructors from a school other than the school of education at a college or university
- 5  Head Start state training and technical assistance provider
- 6  Other (*specify*) \_\_\_\_\_

**A23c. What types of support did you receive to help you use your main child assessment tool? You may choose more than one.**

**MARK ONE OR MORE BOXES**

- 1  Help understanding the assessment
- 2  Opportunity to observe someone implementing the assessment
- 3  Refresher training on the assessment
- 4  Help using the assessment to identify children's developmental level
- 5  Help using the assessment to determine children's strengths and weaknesses
- 6  Help using the assessment to inform instruction
- 7  Help conducting the assessment with children with special needs
- 8  Help using the assessment to determine if a child needs referral for special services
- 9  Help using the assessment to inform instruction for children with special needs
- 10  Feedback on implementing the assessment
- 11  No support → **GO TO A25a, PAGE 18**
- 12  Other (*specify*) \_\_\_\_\_

**A23d. From whom did you receive support?**

**MARK ONE OR MORE BOXES**

- 1  Mentor or master teacher
- 2  Other Head Start teachers in program
- 3  Supervisor/education coordinator
- 4  Staff from another Head Start Program
- 5  Staff or consultant(s) from curriculum developers (e.g., High Scope, Teaching Strategies, etc.)
- 6  Professors or instructors from a school of education at a college or university
- 10  Professors or instructors from a school other than the school of education at a college or university
- 7  Head Start state training and technical assistance provider
- 8  Other (*specify*) \_\_\_\_\_

**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?**

MARK ONE FOR EACH ROW

	YES	NO	DON'T KNOW
1. Regular meetings with supervisors to talk with them about their work and progress.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
2. Attendance at regional conferences.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
11. Attendance at state conferences.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
12. Attendance at national conferences.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
3. Paid substitutes to allow you time to prepare, train, and/or plan.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
4. Mentoring or coaching.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
5. Workshops/trainings sponsored by the program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
6. Workshops/trainings provided by other organizations.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
7. Visits to other classrooms or centers.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
8. A community of learners, also called a professional learning community, facilitated by an expert.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
13. Time to participate in Office of Head Start T/TA webinars.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
14. Tuition assistance.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
15. Onsite A.A. or B.A. courses.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
10. Other ( <i>specify</i> )_____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

**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?**

- 1  Yes
- 0  No → **GO TO A31, PAGE 20**

**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.*

- 1  Formal
- 2  Informal

**A27. Who is the mentor or coach who usually comes to your classroom?**

**MARK ONE ONLY**

- 1  Another teacher
- 2  Education coordinator, specialist
- 3  The center director/manager
- 6  The program director
- 4  Someone from outside the program
- 7  Program or center staff person who is a full-time mentor or coach
- 8  Another specialist on the program or center staff
- 5  Other (*specify*) \_\_\_\_\_

**A27a. Is your mentor or coach also your supervisor?**

- 1  Yes
- 0  No

**A28. In the past year, did you have a concentrated visit with your mentor or coach?**

**MARK ONE ONLY**

- 2  Yes, visit lasted an entire month
- 1  Yes, visit lasted an entire week
- 3  Yes, visit lasted a day or two at a time
- 4  Mentor or coach works on-site and provides regular contact
- 0  There was no concentrated visit or the visit was less than a day

**A29. How often does your mentor or coach come to your classroom?**

**MARK ONE ONLY**

- 1  Once a week or more
- 2  Once every two weeks
- 3  Once a month
- 4  Less than once a month

**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?**

- 1  Yes
- 0  No

**A31. Have you acted as a mentor or coach for other Head Start teachers or teacher trainees?**

- 1  Yes
- 0  No

**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.*

- 1  Yes
- 0  No
- d  Don't know

**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.*

- 1  Yes
- 0  No
- d  Don't know

**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?**

**MARK ONE OR MORE BOXES**

- 1  Had a discussion with me about what they have observed
- 2  Provided written feedback to me on what they have observed
- 3  Had me watch a videotape of myself teaching
- 4  Had me observe another teacher's classroom or watch a video of another teacher
- 5  Modeled teaching practices for me
- 6  Suggested trainings for me to attend
- 7  Provided trainings for me
- 8  Other (*specify*) \_\_\_\_\_

**A31d. Do supervisors, mentors, or coaches review any of the following in one-on-one meetings with you?**

**MARK ONE OR MORE BOXES**

- 1  Information from an observation of my classroom
- 2  Information from observations of other classrooms in my center or program
- 3  Data about individual children from my classroom (for example, child assessment or screening information)
- 4  Data about groups of children in my classroom or the whole classroom (for example, average assessment scores for the classroom)

**A32. Have you participated in professional development activities with regional T/TA specialists (either early childhood education [ECE] specialists or grantee specialists)? Training and technical assistance (T/TA) is provided by regional T/TA specialists.**

- 1  Yes
- 0  No
- d  Don't know

**A32. During this Head Start year, how many trainings or workshops have you attended that were...**

*If you did not attend a type of training listed below, enter 0.*

	NUMBER
a. Less than one day?.....	_ _
b. One day?.....	_ _
c. More than one day?.....	_ _

**The next question is about the children in your classroom listed on the label on the front of this survey.**

**A35. At this point in the Head Start year, how would you rate the behavior of children in your class?**

**MARK ONE ONLY**

- 1  The group misbehaves very frequently and is almost always difficult to handle
- 2  The group misbehaves frequently and is often difficult to handle
- 3  The group misbehaves occasionally
- 4  The group behaves well
- 5  The group behaves exceptionally well

**The next questions are about children with special needs in your class(es).**

**A42. What do you do when you first think a child might have a special need? You may choose more than one response.**

**MARK ONE OR MORE BOXES**

- 1  Document concern on a special report form
- 2  Notify your program director/disabilities coordinator/education coordinator
- 3  Arrange for a local specialist to observe and evaluate
- 4  Arrange a conference with parents to share the information and concerns
- 5  Participate in developing an Individual Education Plan (IEP) or similar plan
- 6  Monitor and record the child's progress and activities
- 8  No children with special needs in class
- 7  Other (*specify*) \_\_\_\_\_

**A43. When a special education specialist sees a child, what kind of feedback does the specialist provide you with?**

**MARK ONE ONLY**

- 1  Written report describing child's specific needs
- 2  Oral advice only
- 3  Both written reports and oral advice
- 5  Never received feedback
- 6  No children with special needs in class
- 4  Other (*specify*) \_\_\_\_\_



**A44. How often do you meet with the parents to discuss the progress or status of a child with special needs?**

**MARK ONE ONLY**

- 1  No children with special needs in class
- 0  Never
- 2  Once every 6 months or less often
- 3  Once every 2 to 6 months
- 4  Once a month
- 5  More than once a month

**A44a. How often do you meet with the parents to discuss the progress or status of a child without special needs?**

**MARK ONE ONLY**

- 0  Never
- 1  Once every 6 months or less often
- 2  Once every 2 to 6 months
- 3  Once a month
- 4  More than once a month

**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...**

MARK ONE FOR EACH ROW

	YES	NO
a. Communicate only in English?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Use an informal interpreter or a formal translator, like a staff member or parent?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Use physical cues or hand gestures?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Use translated materials?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Use any other ways? ( <i>specify</i> ) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

## B. TEACHER EXPERIENCES

These next questions are about your experiences as a teacher.

**B3. How much do you agree with each of the following statements about teaching?**

MARK ONE FOR EACH ROW

	STRONGLY DISAGREE	DISAGRE E	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. I really enjoy my present teaching job.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I am certain I am making a difference in the lives of the children I teach.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. If I could start over, I would choose teaching again as my career.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**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?**

**Your Head Start Program...**

MARK ONE FOR EACH ROW

	STRONGLY DISAGREE	DISAGRE E	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
n. promotes cooperation between Head Start staff and parents.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. ensures that parents do not feel isolated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. encourages parents to supplement classroom learning at home.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. supports staff in their efforts to engage parents....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**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.**

**MARK ONE OR MORE BOXES**

- 1  Provide workshops on ways parents can supplement classroom learning at home
- 2  Send home letters/fliers with suggestions for supporting classroom learning at home
- 3  Make suggestions for how to supplement classroom learning at home during pick-up or drop-off
- 4  Set up meetings with parent(s) to discuss supplementing classroom learning at home
- 5  Set up meetings with parent(s) and other staff
- 6  Discuss ways to supplement classroom learning at home during home visits
- 7  Other (*specify*) \_\_\_\_\_

**B5. How likely are you to continue working for Head Start through the next Head Start year (through 2017-2018)?**

**MARK ONE ONLY**

- 1  Very likely
- 2  Somewhat likely
- 3  Somewhat unlikely
- 4  Very unlikely

**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.**

MARK ONE FOR EACH ROW

	STRONGLY DISAGREE	DISAGRE E	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Head Start classroom activities should be responsive to individual differences in development.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Each curriculum area should be taught as a separate subject at separate times.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Children should work silently and alone on seatwork.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Children in Head Start classrooms should learn through active explorations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Head Start teachers should use treats, stickers, or stars to encourage appropriate behavior.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Head Start teachers should use punishments or reprimands to encourage appropriate behavior.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Children should be involved in establishing rules for the classroom.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Children should learn to color within predefined lines.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Children in Head Start classrooms should learn to form letters correctly on a printed page.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Children should dictate stories to the teacher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Children should know their letter sounds before they learn to read.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## C: YOUR FEELINGS

**C1.** 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. Please indicate if you felt this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week.

MARK ONE FOR EACH ROW

	RARELY OR NEVER	SOME OR A LITTLE	OCCASIONALLY OR MODERATELY	MOST OR ALL THE TIME
a. Bothered by things that usually don't bother you.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. You did not feel like eating, your appetite was poor.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. That you could not <u>shake off the blues*</u> , even with help from your family and friends.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. You had trouble keeping your mind on what you were doing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Depressed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. That everything you did was an effort.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Fearful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Your sleep was restless.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. You talked less than usual.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Lonely.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Sad.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. You could not get "going".....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

*\*Not being able to "shake off the blues" refers to feeling sad, unhappy, miserable, or down in the dumps for short periods.*

## D. BACKGROUND INFORMATION

The last set of questions is about you.

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

|\_|\_| NUMBER OF YEARS

**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

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

|\_|\_| MONTH                      |\_|\_|\_|\_| YEAR

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

**MARK ONE ONLY**

- 1  Up to 8th grade
- 2  9th to 11th grade
- 3  12th grade, but no diploma
- 4  High school diploma/equivalent
- 5  Vocational/technical program after high school but no diploma
- 6  Vocational/technical program after high school
- 7  Some college, but no degree → **GO TO D7, PAGE 28**
- 8  Associate's degree
- 9  Bachelor's degree
- 10  Graduate or professional school, but no degree
- 11  Master's degree (MA, MS)
- 12  Doctorate degree (Ph.D., Ed.D.)
- 13  Professional degree after Bachelor's degree (Medicine/ MD, Dentistry/ DDS, Law/ JD, etc.)

**GO TO  
D11,  
PAGE 28**

**D6. In what field did you obtain your highest degree?**

**MARK ONE ONLY**

- 1  Child development or developmental psychology
- 2  Early childhood education
- 3  Elementary education
- 4  Special education
- 6  Curriculum development
- 7  Administration
- 8  Bilingual education
- 9  Reading or literacy
- 10  Psychology, counseling, social work
- 5  Other field (*specify*) \_\_\_\_\_

**D7. Did your schooling include 6 or more college courses in early childhood education or child development?**

- 1  Yes → **GO TO D8a**
- 0  No



**D8. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?**

- 1  Yes
- 0  No

**D8a. Have you completed an entire course on children who speak a language other than English?**

*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).*

- 1  Yes
- 0  No

**D11. Do you have a Child Development Associate (CDA) credential?**

- 1  Yes
- 0  No

**D12. Do you have a state-awarded preschool certificate?**

- 1  Yes
- 0  No

**D13. Do you have a teaching certificate or license?**

- 1  Yes
- 0  No

**D17. What is your total annual salary (before taxes) as a teacher for the current school year?**

\$ |\_\_|\_|\_|\_| , |\_\_|\_|\_|\_| PER YEAR

Don't know

**D18. How many hours per week does this salary cover (not including overtime)?**

|\_\_|\_| HOURS PER WEEK    |\_\_|\_| MINUTES PER WEEK

**D19. What is your gender?**

Male

Female

**D20. In what year were you born?**

|\_\_|\_|\_|\_| YEAR

**D21. Are you of Spanish, Hispanic, or Latino origin?**

Yes

No → GO TO D23

**D22. Which one of these best describes you...**

**MARK ONE OR MORE BOXES**

Mexican, Mexican-American, Chicano

Puerto Rican

Cuban

Another Hispanic, Latino, or Spanish group (*specify*) \_\_\_\_\_

**D23. What is your race? You may choose more than one if you like.**

**MARK ONE OR MORE BOXES**

White

Black or African American

American Indian or Alaska Native

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander (*specify*) \_\_\_\_\_

Another race (*specify*) \_\_\_\_\_

**Thank you for taking the time to complete this survey.**