**APPENDIX 18**

**TEACHER SURVEY**

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| OMB #  Expiration: | abt_assoc_logo_pms_cmyk |



MSHS Teacher Survey

Spring 2017

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SURVEY INSTRUCTIONS

The Administration for Children and Families is conducting the Migrant and Seasonal Head Start (MSHS) Study under contract with Abt Associates Inc., in partnership with Westat and The Catholic University of America.

We ask that you complete this brief two-part survey:

1. The first part, the Teacher Survey, asks about your classroom and your background as well as your thoughts about teaching. We suggest having information about your classroom available while completing this part, such as your classroom roster.
2. The second part, the Teacher Child Report, asks about a selected set of children in your classroom. You will be asked to report on the language, social skills, and/or approaches to learning that you have observed in these children.

When completing the survey, please keep in mind:

* There are no right or wrong answers.
* Your responses will not be used for monitoring purposes.
* To answer a question, check the box next to your response with an “X”, or write in your response on the line.
* Some questions may not apply to you, so you may be instructed to skip some questions
* Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering.

The first part will take about 40 minutes of your time to complete. The second part, the Teacher Child Reports, will take about 10 minutes for each child. You will be asked to complete up to 12 Teacher Child Reports (about 8 reports, on average). As a thank you, we will give you $30 for your time completing the survey and $5 for each Teacher Child Report.

Your participation will make an important contribution to this nationally representative study of Migrant and Seasonal Head Start programs, although there is no direct benefit to you from participating in the study. There is minimal risk for participation in the study. There is a minimal risk of breach of privacy and we have many procedures in place to minimize this risk. For example, survey responses will be kept in secure and protected data files; encryption technology will be used whenever files are transferred electronically; data security scans will be conducted regularly; and only a very limited number of project staff will have access to these data.

**Please be assured that all information you provide will be kept private to the extent permitted by law.** To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. We can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. We will use the Certificate to resist any demands for information that would identify you.

We will not personally identify you in any report or materials developed from this study. We will use the information that we collect in this study only for research purposes. We will make sure that study researchers respect the privacy of the data and adhere to safeguards for security and privacy.

If you decide to be in this study, the study researchers will have information that links you to your survey responses, but this information will be kept secure and available only to selected members of the research team. The study researchers may also link MSHS survey responses to administrative data from the Head Start Enterprise System and Program Information Report datasets.

At the end of this study, we will give the information we collect to The Administration for Children and Families. We will also give this information to authorized researchers who will store the data, and who may use the data to answer other research questions. Any personal information that could identify you will be removed or changed before files are shared with The Administration for Children and Families and other researchers. The Administration for Children and Families and other researchers will receive MSHS center-level zip codes. These zip codes may be used to link MSHS survey responses and information about the MSHS center to other information about the community, such as resources in the community. This means that there is a possibility that centers could be identified in these datasets. To minimize this risk, other researchers will be required to sign a data use agreement before accessing the data. This means they must respect the privacy of the data, agree to use the data for research purposes only, and follow the rules for keeping your information secure and private.

If you have questions about the MSHS Study, please call us toll-free at 1-888-xxx-xxxx. A study staff member will be happy to talk with you. If you have questions or concerns about your rights as a study participant, please call the Abt Institutional Review Board toll-free at 1-877-520-6835.

When finished, please return survey to study team by giving the survey to your on-site liaison, or mailing the survey to the following address:

Address here



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1. STAFF BACKGROUND, EXPERIENCE, EDUCATION, KNOWLEDGE, AND BELIEFS
2. In total, how many years (including this year) have you been teaching (as either lead or assistant teacher)? *Please round to the nearest year.*

\_\_\_\_\_\_\_\_\_\_\_\_ years

1. In total, how many years (including this year) have you taught children birth to two years (as either lead or assistant teacher)? *Please round to the nearest year.*

\_\_\_\_\_\_\_\_\_\_\_\_ years

1. In total, how many years (including this year) have you taught children three to five years (as either lead or assistant teacher)? *Please round to the nearest year.*

\_\_\_\_\_\_\_\_\_\_\_\_ years

1. In total, how many years (including this year) have you been teaching in a Migrant and Seasonal Head Start (MSHS) program (as either lead or assistant teacher)? *Please round to the nearest year.*

\_\_\_\_\_\_\_\_\_\_\_\_\_ years

1. What experience do you have with migrant and seasonal families? Check all that apply.

|  |  |
| --- | --- |
| * Family members are/were migrant and seasonal farmworkers * You are/were a migrant or seasonal farmworker * Teacher * Assistant Teacher * Assistant Center Director * Assistant Program Director * Center Director * Area Coordinator * Regional Director * Program Director * Educational Specialist * Education Manager * Component Coordinator * Outreach Staff/Recruiter | * Kitchen Staff * Custodial Staff * Bus Driver * Bus Monitor * Transportation Supervisor * Family Service Worker * Counselor/ Mental Health Profession * Social Worker * Health Care Worker * Community Organizer * Secretary * Financial Officer * Information Technology Director * Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * None of the above |

1. At times staff work in various positions at a center. Which of the following positions do you regularly work in MSHS in addition to being a teacher? Check all that apply.

|  |  |
| --- | --- |
| * Family members are/were migrant and seasonal farmworkers * You are/were a migrant or seasonal farmworker * Teacher * Assistant Teacher * Assistant Center Director * Assistant Program Director * Center Director * Area Coordinator * Regional Director * Program Director * Educational Specialist * Education Manager * Component Coordinator * Outreach Staff/Recruiter | * Kitchen Staff * Custodial Staff * Bus Driver * Bus Monitor * Transportation Supervisor * Family Service Worker * Counselor/ Mental Health Profession * Social Worker * Health Care Worker * Community Organizer * Secretary * Financial Officer * Information Technology Director * Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * None of the above |

**7. How often was your teaching assignment changed in the last week?**

* + **Not changed**
  + **Changed once**
  + **Changed more than once**

1. What do you do when the center is closed for the season? Check all that apply.

* Work at another Migrant and Seasonal Head Start center
* Work at a Head Start center
* Work at another early childhood program
* Work at another job part-time
* Work at another job full-time
* Look for another job
* Receive unemployment benefits
* Go to school
* Receive public assistance (such as Medicaid, food stamps, TANF)
* Self-employed
* None of the above
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the highest grade or year of school that you completed? Check one only.
   * No school 🡪 GO TO QUESTION 12
   * Preschool 🡪 GO TO QUESTION 12
   * Kindergarten 🡪 GO TO QUESTION 12
   * 1st grade 🡪 GO TO QUESTION 12
   * 2nd grade 🡪 GO TO QUESTION 12
   * 3rd grade 🡪 GO TO QUESTION 12
   * 4th grade 🡪 GO TO QUESTION 12
   * 5th grade 🡪 GO TO QUESTION 12
   * 6th grade 🡪 GO TO QUESTION 12
   * 7th grade 🡪 GO TO QUESTION 12
   * 8th grade 🡪 GO TO QUESTION 12
   * 9th grade 🡪 GO TO QUESTION 12
   * 10th grade 🡪 GO TO QUESTION 12
   * 11th grade 🡪 GO TO QUESTION 12
   * 12th grade without a diploma 🡪 GO TO QUESTION 12
   * High school diploma/equivalent 🡪 GO TO QUESTION 12
   * Vocational/technical program after high school without a diploma 🡪 GO TO QUESTION 12
   * Vocational/technical diploma after high school 🡪 GO TO QUESTION 12
   * Some college without a degree 🡪 GO TO QUESTION 10
   * Associate’s degree 🡪 GO TO QUESTION 9
   * Bachelor’s degree 🡪 GO TO QUESTION 9
   * Some graduate or professional school without a degree 🡪 GO TO QUESTION 9
   * Master’s degree (MA, MS) 🡪 GO TO QUESTION 9
   * Doctoral degree (Ph.D., Ed.D.) 🡪 GO TO QUESTION 9
   * Professional degree after Bachelor’s degree (Medicine/MD, Dentistry/DDS, Law/JD/LLB) 🡪 GO TO QUESTION 9
   * Don’t Know/Refused 🡪 GO TO QUESTION 12
2. In what field did you obtain your highest degree? Check one only.
   * Child development, human development, or developmental psychology
   * Early childhood education
   * Elementary education
   * Special education
   * Curriculum development
   * Administration
   * Bilingual education or literacy
   * Psychology, counseling, or social work
   * Public health
   * Other field (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you completed any college/university courses on bilingual/Dual Language Learner (DLL) children? Check one only.

* Yes, a whole course was dedicated to bilingual/DLL children
* Yes, a large part of a course was dedicated to bilingual/DLL children
* Yes, one or two classes of a course was dedicated to bilingual/DLL children
* No

1. Do you have, or are you in the process of, acquiring any of the following certifications? Check all that apply.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Already have | In the Process of Obtaining | Do not have/  Not in the process of obtaining |
| 1. A Child Development Associate (CDA) credential | 🞏 | 🞏 | 🞏 |
| 1. Another certification in early childhood development (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏 | 🞏 | 🞏 |
| 1. A license or certificate in social work or nursing | 🞏 | 🞏 | 🞏 |
| 1. A bilingual certification | 🞏 | 🞏 | 🞏 |
| 1. Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏 | 🞏 | 🞏 |

1. Please only answer this question if you have ever taught preschoolers. If you have never taught preschoolers, please check the box “N/A”.

* N/A – I HAVE NEVER TAUGHT PRESCHOOLERS. 🡪 GO TO QUESTION 13.

The following are statements that some teachers have made about how young children should be taught. Please indicate the extent to which you agree or disagree with each of these statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| 1. MSHS classroom activities should be responsive to the needs and abilities of individual children. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Each curriculum area should be taught as a separate subject at separate times. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. 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. Children should sit silently and do work on their own. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Children in MSHS classrooms should learn through active explorations. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. MSHS teachers should use treats, stickers, or stars to encourage appropriate behavior. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. MSHS teachers should use punishments or reprimands to encourage appropriate behavior. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Children should be instructed in recognizing the single letters of the alphabet, isolated from words. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Children should learn to color within predefined lines. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Children in MSHS classrooms should learn to form letters correctly on a printed page. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. Please only answer this question if you have ever taught infants or toddlers. If you have never taught infants or toddlers, please check the box “N/A”.

* N/A – I HAVE NEVER TAUGHT INFANTS OR TODDLERS. 🡪 GO TO QUESTION 14.

The following are statements that some teachers have made about how young children should be taught. Please indicate the extent to which you agree or disagree with each of these statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| 1. It is likely that caregivers will spoil a baby if they respond every time the baby cries. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. One of the best ways to prepare a young child to be a good student is to teach him/her to be obedient. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I believe that it is important to spend a lot of time talking to infants and toddlers even before they can understand whatever it is I am saying. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Toddlers can be expected to sit still during group activities like singing and story time. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I believe that the way I treat my teaching partners in the classroom will influence how the toddlers behave towards others. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. In order to be fair, child care teachers must treat all children alike. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I believe that teachers have to carefully supervise children’s development to make sure that it is progressing normally. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Parents have valuable information to share about how teachers can work effectively with their children. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Even though infants or toddlers enjoy their time in child care, parents are still the most important people in their children’s lives. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. It is good for infants and toddlers to experience many different child care providers so they can learn to modify their behavior to meet the demands of others. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. What is your sex?
   * Male
   * Female
   * Other
2. In what year were you born?

1 9 \_\_\_ \_\_\_

1. What is your race/ ethnicity? (Select one or more.)

* American Indian or Alaska Native
* Asian
* Black or African American
* Hispanic or Latino
* Native Hawaiian or Other Pacific Islander \_
* White

IF YOU SELECTED “HISPANIC OR LATINO” 🡪 GO TO QUESTION 17.

IF YOU DID NOT SELECT “HISPANIC OR LATINO” 🡪 GO TO SECTION B.

1. Which Hispanic or Latino origin best describes you? (Select one or more.)
   * + Mexican, Mexican-American, Chicano/a
     + Puerto Rican
     + Cuban
     + Another Hispanic, and/or Latino origin (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. STAFF LINGUISTIC ABILITIES
3. Please indicate how well you understand, speak, read, and write in the following languages. Please also indicate how you acquired that language.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *How well do you \_\_\_\_\_\_\_\_\_\_ the language?* | | | | *Did you speak this language at home with your family when you were a child?* |
| **Understand** | **Speak** | **Read** | **Write** |
| English | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Yes  🞏 No |
| Spanish | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Yes  🞏 No |
| Haitian Creole | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Yes  🞏 No |
| Mixtec | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Yes  🞏 No |
| Kanjobal | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Yes  🞏 No |
| Zapotec | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Yes  🞏 No |
| Other  Specify: \_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Not at all  🞏 Not well  🞏 Well  🞏 Very Well | 🞏 Yes  🞏 No |

1. STAFF WELL-BEING
2. How much do you agree or disagree with each of the following statements about teaching?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| 1. I really enjoy my present teaching job. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I am certain I am making a difference in the lives of the children I teach. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. If I could start over, I would choose teaching again as my career. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. In five years I think I will still be teaching young children. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. I feel that I am treated with respect in my present teaching job. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. The next questions are about the level of support for interactions between MSHS staff and parents at your MSHS center. To what extent do you agree or disagree with each of the following statements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The staff at this center… | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| 1. Promote cooperation between MSHS staff and parents. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Support each other. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Help teachers to work effectively with families from different cultural groups. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. 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…* | Rarely or Never | Some or a Little | Occasionally or Moderately | Most or All of the Time |
| 1. Were bothered by things that usually don’t bother you? | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Did not feel like eating, your appetite was poor? | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Could not shake off the blues, even with help from your family and friends? | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Had trouble keeping your mind on what you were doing? | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Felt depressed? | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Felt like everything you did was an effort? | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Felt fearful. | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Had restless sleep. | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Talked less than usual. | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Felt lonely. | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Felt sad. | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Could not get “going.” | 🞏 | 🞏 | 🞏 | 🞏 |

1. STAFF TRAINING AND SUPPORT
2. Which types of training and support have you received to help you use curriculum? Check all that apply.
   * + Coaching in support of curriculum
     + Peer support
     + Refresher trainings
     + Learning communities in support of curriculum
     + Workshops
     + No support
     + Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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? Check one only.
   * + Yes
     + No **🡪 GO TO SECTION E (CLASS COMPOSITION)**
4. How often does your mentor or coach come to your classroom? Check one only.
   * + Once a week or more
     + Once every two weeks
     + Once a month
     + Less than once a month
5. CLASS COMPOSITION

This section includes questions about the children in your classroom. When answering these questions, please only consider ACF-funded MSHS slots.

1. How many children are currently enrolled in your classroom? (Please count only the children who are funded by ACF’s Migrant and Seasonal Head Start.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ children

1. How many children (currently enrolled) in your classroom are: (Please count only the children who are funded by ACF’s Migrant and Seasonal Head Start.)
2. Infants (birth to 11 months)? \_\_\_\_\_\_\_\_\_ infants
3. Toddlers (12 to 35 months to)? \_\_\_\_\_\_\_\_\_ toddlers
4. Preschoolers (36 months and older)? \_\_\_\_\_\_\_\_\_ preschoolers
5. How many children in your classroom are Dual Language Learners (DLLs)?   
   *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.* (Please count only the children who are funded by ACF’s Migrant and Seasonal Head Start.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ children

1. How many children understand or speak the following languages? You can count one child as speaking multiple languages. (Please count only ACF-funded MSHS slots.)

\_\_\_\_\_\_ English

\_\_\_\_\_\_ Spanish

\_\_\_\_\_\_ Haitian Creole

\_\_\_\_\_\_ Mixtec

\_\_\_\_\_\_ Kanjobal

\_\_\_\_\_\_ Zapotec

\_\_\_\_\_\_ Other language (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_ Other language (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_ Other language (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_\_\_ Don’t know

1. What proportion of children in your class is meeting developmental expectations for each of the following areas?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Less than 25% of children | About 25% of children | About 50% (half) of children | About 75% of children | More than 75% of children |
| 1. Language skills in English | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Language skills in child’s home language | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Motor skills | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Socioemotional skills | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| *The following items are for teachers of preschoolers only:* | | | | | |
| 1. Early literacy skills | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Science and social studies | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Mathematical skills | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. How many of each of the following staff are usually with this class each day?

\_\_\_\_\_\_\_\_ Lead Teachers

\_\_\_\_\_\_\_\_ Assistant Teachers

\_\_\_\_\_\_\_\_ Paid Aides

\_\_\_\_\_\_\_\_ Volunteers

1. STAFFING AND COMPENSATION
   * + 1. How many hours per week are you paid to work for MSHS?

\_\_\_\_\_\_\_\_ hours per week

* + - 1. How many months per year are you paid to work for MSHS?

\_\_\_\_\_\_\_\_ months per year

* + - 1. Does this work schedule present any problems for you? Check one only.
    - Yes, very much so
    - Yes, somewhat
    - No, not a problem **🡪 GO TO QUESTION 5.**
      1. Why does the work schedule present problems for you? Check all that apply.
    - Hours are too long
    - Start time each day too early
    - End time each day too late
    - Daily schedule not consistent over the year
    - Start and end date to the center not consistent each year
    - Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      1. What is your total yearly salary (before taxes) as a teacher?

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year

* + - 1. Which of the following benefits are available to you through MSHS? Check all that apply.
    - Paid vacation time
    - Paid sick leave
    - Paid maternity or paternity leave
    - Unpaid maternity or paternity leave
    - Paid family leave
    - Fully or partially paid health insurance
    - Fully or partially paid dental insurance
    - Tuition reimbursement or educational stipends to cover workshops
    - Retirement plan
    - Life insurance
    - Vision care
    - Personal or bonus days
    - Mileage
    - Anything else? (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. INSTRUCTIONAL AND ASSESSMENT PRACTICES
2. Please only answer this question if you currently teach toddlers or preschoolers. If you do not teach toddlers or preschoolers, please check the box “N/A”.

* N/A – I CURRENTLY DO NOT TEACH TODDLERS OR PRESCHOOLERS. 🡪 GO TO QUESTION 4.

How often do children in your class usually work on activities in the following areas, either as a whole class, in small groups, or one-on-one?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Less than once a week | 1-2 times a week | 3-4 times a week | Daily |
| 1. Language Arts and Literacy | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Mathematics | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Social Studies | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Science | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Arts | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Motor Development (e.g., running, jumping, climbing, balance, strength) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Social-emotional skills | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. Please only answer this question if you currently teach toddlers or preschoolers. If you do not teach toddlers or preschoolers, please check the box “N/A”.

* N/A – I CURRENTLY DO NOT TEACH TODDLERS OR PRESCHOOLERS. 🡪 GO TO QUESTION 4.

How often do children in your class do each of the following literacy and language activities?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | About once a month or less | 2 or 3 times a month | Once or twice a week | 3-4 times a week | Every day |
| 1. Work on learning the names of letters | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Practice writing the letters of the alphabet | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Discuss new words | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Work on phonics (such as rhyming, sounds of letters, focus on syllables, etc.) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Listen to you read stories | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Retell stories | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Learn about conventions of print (such as left to right orientation, book holding) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Write their own name | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. Please only answer this question if you currently teach toddlers or preschoolers. If you do not teach toddlers or preschoolers, please check the box “N/A”.

* N/A – I CURRENTLY DO NOT TEACH TODDLERS OR PRESCHOOLERS. 🡪 GO TO QUESTION 4.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Never | About once a month or less | 2 or 3 times a month | Once or twice a week | 3-4 times a week | Every day |
| 1. Count out loud | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Work with rulers, measuring cups, spoons, or other measuring instruments | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Engage in calendar-related activities | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Engage in activities related to understanding time | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Engage in activities that involve shapes or patterns | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. To what extent do you agree or disagree with the following statements about nap time?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
| 1. The children in my classroom would nap longer or more frequently if the schedule allowed for it. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. The children my classroom are put down to nap even if they are not tired. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. The children in my classroom often get tired at times other than routine nap times. | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. Do you have access to a computer at work? Check one only.
   * Yes
   * No
2. What types of support have you received to help you use child assessment tools? Check all that apply.
   * + Help understanding the assessment
     + Opportunity to observe someone implementing the assessment
     + Help using the assessment to identify children’s developmental level
     + Help using the assessment to determine child’s strengths and weaknesses
     + Help using the assessment to inform instruction
     + Help conducting the assessment with children with special needs
     + Help using the assessment to determine if a child needs referral for special services
     + Help using the assessment to inform instruction for children with special needs
     + Refresher training on the assessment
     + Feedback on administering the assessment
     + No support
     + Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What can help you in your teaching? Please check all that apply.
   * + Additional training in ….curriculum
     + Additional training in ….assessment
     + Additional training in…..behavioral class management
     + Additional training in ….infant development
     + Additional training in….. toddler development
     + Additional training in….. preschooler development
     + Additional training in…..Dual Language Learners and bilingual development
     + Additional training in…..special needs/disabilities
     + Additional training in…..the culture of MSHS families
     + Additional training in…..the agricultural work of MSHS families
     + Learning more English
     + Learning more Spanish
     + Learning other languages (Specify: \_\_\_\_\_\_\_\_\_\_\_)
     + Additional coaching/mentoring
     + Additional planning time
     + More time/support to pursue degree
5. LANGUAGE(S) OF INSTRUCTION AND LANGUAGE POLICIES

Please only answer this question if you currently teach toddlers or preschoolers. If you do not teach toddlers or preschoolers, please check the box “N/A”.

🞏 N/A – I CURRENTLY DO NOT TEACH TODDLERS OR PRESCHOOLERS. 🡪 GO TO QUESTION 2.

What languages do you use in your classroom for each of the following…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Teaching children | Reading to children | Presenting information to children | Providing directions to children | Playing with children | Soothing children |
| a. English completely | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| * 1. Primary English, some Spanish | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| * 1. English and Spanish equally | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| d. Primarily Spanish, some English | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| e. Spanish completely | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| f. Primarily English, some of another language (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| g. English and another language equally (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| h. Primarily another language, some English (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| i. English and multiple other languages (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| j. Other combination of language  (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

2. Please only answer this question if you currently teach­ infants. If you do not teach infants, please check the box “N/A”.

🞏 N/A – I CURRENTLY DO NOT TEACH INFANTS. 🡪 GO TO QUESTION 3.

What languages do you use in your classroom for each of the following…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Talking to children | Reading to children | Singing to children | Playing with children | Soothing  children |
| a. English completely | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| b. Primarily English, some Spanish | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| c. English and Spanish equally | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| d. Primarily Spanish, some English | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| e. Spanish completely | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| f. Primarily English, some of another language (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| g. English and another language equally (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| h. Primarily another language, some English (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| i. English and multiple other languages (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| j. Other combination of languages (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. In what languages are printed materials like children’s books and other learning resources available in your classroom? Check one or more.
   * + English completely
     + Primarily English, some Spanish
     + English and Spanish equally
     + Primarily Spanish, some English
     + Spanish completely
     + Primarily English, some of another language (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
     + English and another language equally (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
     + Primarily another language, some English (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
     + English and multiple other languages (specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
     + Other combination of languages (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

4. How do you communicate with families who speak a language that you do not speak? Do you…? Check one or more.

* + - Communicate only in English
    - Use a formal interpreter
    - Use an informal interpreter, like a staff member or parent
    - Use the child or sibling as an informal interpreter
    - Use physical cues or hand gestures
    - Use translated materials
    - Use any other ways? (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - Not applicable, since you speak all the languages of the families

1. DISABILITY SERVICES
2. What do you do when you first think a child might have a special need? Check one or more.
   * + N/A - I have not had children with special needs in class **🡪 GO TO SECTION J (FAMILY ENGAGEMENT)**
     + Document concern on a special report form
     + Notify your program director/disabilities coordinator/education coordinator
     + Arrange for a local specialist to observe and evaluate
     + Arrange for a conference with parents to share the information and concerns
     + Help to arrange an appointment for services in the community
     + Monitor and record the child’s progress and activities
     + Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. When a special education or other specialist sees a child, what kind of feedback does the specialist provide you? Check one only.
   * + Written report describing child’s specific needs
     + Oral advice only
     + Both written reports and oral advice
     + Never received feedback
     + Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How often do you or other MSHS staff meet with the parents to discuss the progress or status of a child with special needs? Check one only.
   * + Never
     + Once every 6 months or less often
     + Once every 2 to 6 months
     + Once a month
     + More than once a month
5. FAMILY ENGAGEMENT
6. About how often do you do the following with the parents of most or all of the children in your classroom? Check one per row.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Everyday | 2-3 times a week | Once a Week | Once or twice a month | Less than once a month |
| 1. Send written information home about child through backpack or bus monitor (or other center staff) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Send verbal information home about child via bus monitor or other center staff | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Speak with family via phone | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Speak with family face-to-face | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Have a parent-teacher conference | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Conduct home visits |  |  |  |  |  |

1. What are some activities you encourage parents to do in order to be involved in their child’s learning, health, and development? Check all that apply.
   * + Count with child
     + Direct parent to child health services
     + Discuss discipline practices across home and school
     + Discuss strategies for fostering self-regulation and social skills
     + Establish routines
     + Follow recommended health and safety guidelines
     + Play card or number games with child
     + Read to child
     + Spend time playing with child
     + Spend time with child doing chores
     + Spend time with child working on projects
     + Talk to child about his/her experiences in MSHS
     + Talk to child about his/her heritage or family background
     + Talk to child about more and less, or longer and shorter (quantity/measurement comparison)
     + Talk to child in general
     + Talk to child in the home language(s)
     + Tell child stories
     + None of the above
2. What are some activities you encourage parents to do in order to be involved in MSHS? Check all that apply.
   * + Attend a general parent meeting at the center
     + Attend regularly scheduled parent-teacher conferences
     + Attend center event
     + Act as a center volunteer or serve on a center or parent committee
     + Attend parent workshops
     + Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_