

APPENDIX 18
TEACHER SURVEY

OMB #
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THE
CATHOLIC UNIVERSITY
of AMERICA



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



Institutional Review Board
Study#: 0866
Study Year: 3/30/16 -3/29/17

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A. STAFF BACKGROUND, EXPERIENCE, EDUCATION, KNOWLEDGE, AND BELIEFS

1. 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

2. 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

3. 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

4. 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

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

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

6. **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.**

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

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

- Not changed
- Changed once
- Changed more than once

8. **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): _____

9. 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

10. 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): _____

11. 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

12. 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
a. A Child Development Associate (CDA) credential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Another certification in early childhood development (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A license or certificate in social work or nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A bilingual certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. 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
a. MSHS classroom activities should be responsive to the needs and abilities of individual children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Each curriculum area should be taught as a separate subject at separate times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children should sit silently and do work on their own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children in MSHS classrooms should learn through active explorations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. MSHS teachers should use treats, stickers, or stars to encourage appropriate behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. MSHS teachers should use punishments or reprimands to encourage appropriate behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Children should be instructed in recognizing the single letters of the alphabet, isolated from words.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Children should learn to color within predefined lines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Children in MSHS classrooms should learn to form letters correctly on a printed page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. 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
a. It is likely that caregivers will spoil a baby if they respond every time the baby cries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. One of the best ways to prepare a young child to be a good student is to teach him/her to be obedient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Toddlers can be expected to sit still during group activities like singing and story time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I believe that the way I treat my teaching partners in the classroom will influence how the toddlers behave towards others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. In order to be fair, child care teachers must treat all children alike.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I believe that teachers have to carefully supervise children’s development to make sure that it is progressing normally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Parents have valuable information to share about how teachers can work effectively with their children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Even though infants or toddlers enjoy their time in child care, parents are still the most important people in their children’s lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. What is your sex?

- Male
- Female
- Other

16. In what year were you born?

19 ____

17. 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.**

18. 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): _____

B. STAFF LINGUISTIC ABILITIES

1. Please indicate how well you understand, speak, read, and write in the following languages. Please also indicate how you acquired that language.

	<i>How well do you _____ the language?</i>				<i>Did you speak this language at home with your family when you were a child?</i>
	Understand	Speak	Read	Write	
English	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spanish	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haitian Creole	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mixtec	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kanjobal	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zapotec	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify: _____	<input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Well <input type="checkbox"/> Very Well	

C. STAFF WELL-BEING

1. 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
a. I really enjoy my present teaching job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am certain I am making a difference in the lives of the children I teach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I could start over, I would choose teaching again as my career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. In five years I think I will still be teaching young children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel that I am treated with respect in my present teaching job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. 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
a. Promote cooperation between MSHS staff and parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Support each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help teachers to work effectively with families from different cultural groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 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.

<i>During the past week, you...</i>	Rarely or Never	Some or a Little	Occasionally or Moderately	Most or All of the Time
a. Were bothered by things that usually don't bother you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did not feel like eating, your appetite was poor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Could not shake off the blues, even with help from your family and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Felt depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Felt like everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Had restless sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Could not get "going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. STAFF TRAINING AND SUPPORT

1. 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): _____

2. 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)

3. 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

E. 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

2. **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.)**

- a. Infants (birth to 11 months)? _____ infants
 b. Toddlers (12 to 35 months to)? _____ toddlers
 c. Preschoolers (36 months and older)? _____ preschoolers

3. **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

4. **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

5. **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
a. Language skills in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Language skills in child's home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Motor skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Socioemotional skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>The following items are for teachers of preschoolers only:</i>					
e. Early literacy skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Science and social studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Mathematical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- _____ Lead Teachers
- _____ Assistant Teachers
- _____ Paid Aides
- _____ Volunteers

F. STAFFING AND COMPENSATION

1. How many hours per week are you paid to work for MSHS?

_____ hours per week

2. How many months per year are you paid to work for MSHS?

_____ months per year

3. 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.

4. 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): _____

5. What is your total yearly salary (before taxes) as a teacher?

\$ _____ per year

6. 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): _____

G. INSTRUCTIONAL AND ASSESSMENT PRACTICES

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 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
a. Language Arts and Literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Motor Development (e.g., running, jumping, climbing, balance, strength)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Social-emotional skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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
a. Work on learning the names of letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Practice writing the letters of the alphabet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Discuss new words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work on phonics (such as rhyming, sounds of letters, focus on syllables, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Listen to you read stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Retell stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Learn about conventions of print (such as left to right orientation, book holding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. Write their own name

3. 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
a. Count out loud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work with rulers, measuring cups, spoons, or other measuring instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Engage in calendar-related activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Engage in activities related to understanding time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Engage in activities that involve shapes or patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. 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
a. The children in my classroom would nap longer or more frequently if the schedule allowed for it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The children my classroom are put down to nap even if they are not tired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The children in my classroom often get tired at times other than routine nap times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you have access to a computer at work? Check one only.

- Yes
- No

6. 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): _____

7. What can help you in your teaching? Please check all that apply.

- Additional training incurriculum
- Additional training inassessment
- Additional training in.....behavioral class management
- Additional training ininfant 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

H. LANGUAGE(S) OF INSTRUCTION AND LANGUAGE POLICIES

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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Primary English, some Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. English and Spanish equally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Primarily Spanish, some English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Spanish completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Primarily English, some of another language (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. English and another language equally (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Primarily another language, some English (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. English and multiple other languages (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other combination of language (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Primarily English, some Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. English and Spanish equally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Primarily Spanish, some English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Spanish completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Primarily English, some of another language (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. English and another language equally (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Primarily another language, some English (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. English and multiple other languages (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other combination of languages (specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. 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

I. DISABILITY SERVICES

1. 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): _____

d. 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): _____

e. 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

J. FAMILY ENGAGEMENT

1. 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
a. Send written information home about child through backpack or bus monitor (or other center staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Send verbal information home about child via bus monitor or other center staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Speak with family via phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Speak with family face-to-face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have a parent-teacher conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Conduct home visits					

- f. **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

- g. **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): _____