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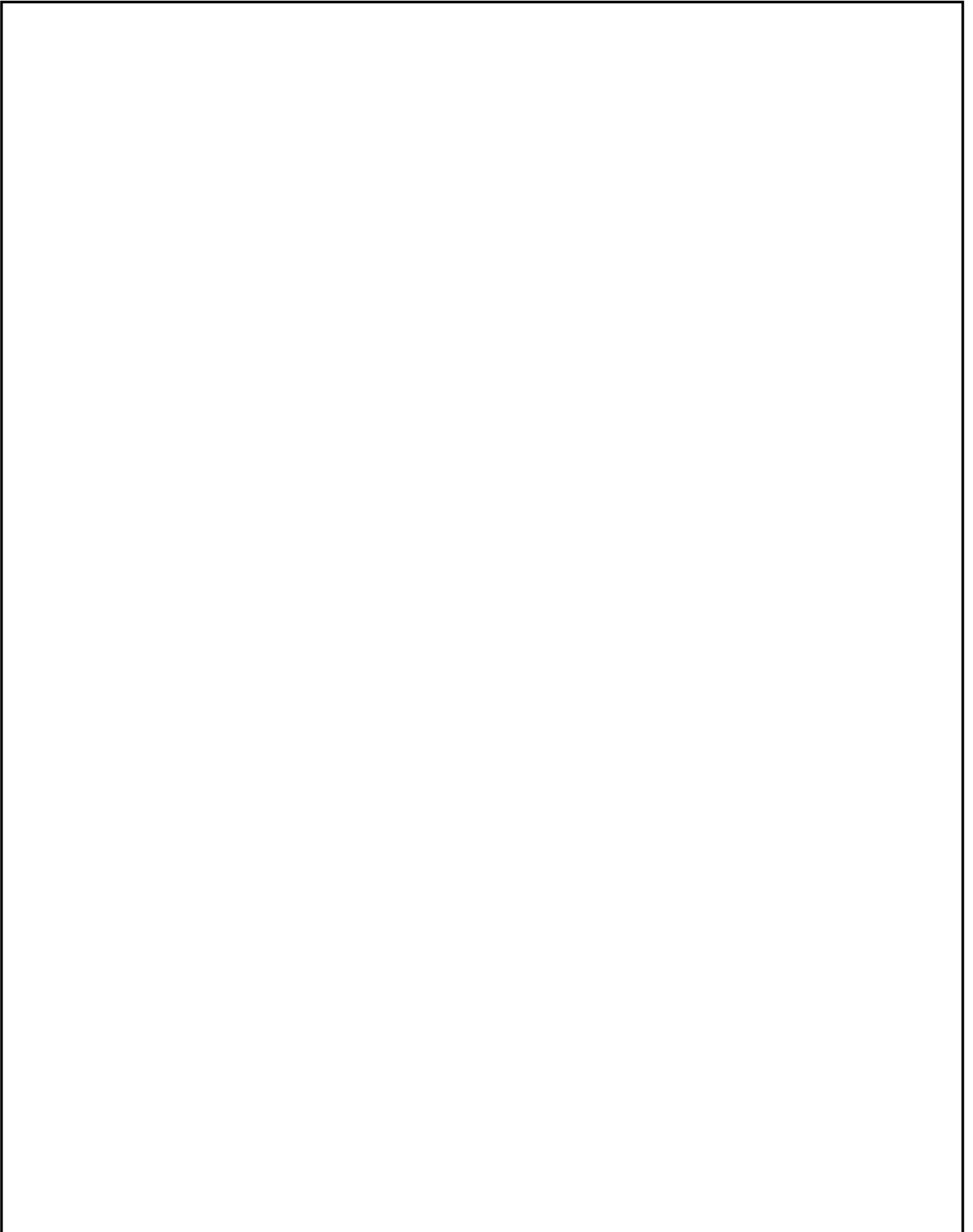
## Staff Child Report – Teachers

### *Draft for OMB (Redacted)*

This cross-walk version of the questionnaire includes items to be asked of teachers of children ages newborn to 36 months, flagged as appropriate for the relevant age forms:

- Version 1 (V1): Newborn to 7 month
- Version 2 (V2): 8 months to 16 months
- Version 3 (V3): 17 months to 30 months
- Version 4 (V4): 31 months to 37 months

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0354 and the expiration date is XX/XX/XXXX.



## ABOUT THIS SURVEY

- The questions in this survey are about the Baby FACES child listed on the cover page of this form. This collection of information will be used to describe the characteristics of children and families served by Early Head Start, and the characteristics and features of programs and staff that serve them.
- Throughout this survey, we will be asking you to respond to questions about your interactions with this child's parent. This can include the child's mother or a guardian who serves as the child's primary caregiver. When responding to these questions, please think about the parent who you interact with most often, unless otherwise noted.
- The survey will take about 15 minutes to complete. The questions in this survey can be answered by marking an "X" in the box. For a few questions, you will be asked to write in a brief response.

1

2

3

- If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.
- Your participation in the study is voluntary. All information you provide will be kept private to the extent permitted by law. Neither your name nor the child's name will be attached to any information you give us; and it will not be shared with others at your Early Head Start program.
- If you have any questions, please contact the Baby FACES team at Mathematica Policy Research at [TOLL-FREE NUMBER].

## SECTION A. BACKGROUND

**A1. Are you currently the Early Head Start teacher for the child listed on the cover page of this form?**

- 1  Yes  
0  No

**A1a. For how many months have you been this child's teacher?**

|\_|\_| MONTHS → [V1: GO TO D1 / V2: GO TO A5 / V3-V4: GO TO B1]

**A2. What is the main reason you are no longer this child's teacher?**

MARK ONE ONLY

- 1  Child moved to another class in the same center  
2  Child moved from center- to home-based care in this program  
3  Child moved to another center in this program  
4  Child left this Early Head Start program

GO TO A4

**A3. What is the name of this child's current Early Head Start teacher or home visitor?**

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

**A4. Please record the last date you had this child in your class.**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
MONTH DAY YEAR

You have reached the end of this questionnaire. Please return this form to the Mathematica staff person when he/she visits your center.

ONLY FOR VERSION OF INSTRUMENT FOR CAREGIVERS OF CHILDREN 8-16 MONTHS OLD. CAREGIVERS OF CHILDREN 8 TO 11 MONTHS WILL BE ROUTED OUT OF THE BITSEA.

Source: New item

**A5. Is this child 12 months of age or older?**

- 1  Yes  
0  No → GO TO C1 (PAGE XX)

## SECTION B. SOCIAL SKILLS

- B1.** The first set of questions contains statements about 1- to 3-year-old children. Many statements describe normal feelings and behaviors, but some describe things that can be problems. Some may seem too young or too old for this child. Please do your best to answer every question.

For each statement, please mark the answer that best describes this child in the past month.

Items B1a to B1hh are protected under copyright and have been redacted from this instrument.

Source: Briggs-Gowan, M.J., and A.S. Carter. The Brief Infant–Toddler Social and Emotional Assessment (BITSEA). San Antonio, TX: Harcourt Assessment, 2006.

**B2.** The following questions are about feelings and behaviors that can be problems for young children. Some of the questions may be a bit hard to understand, especially if you have not seen them in a child. Please do your best to answer them anyway.

For each statement, please mark the answer that best describes this child in the past month.

Items B2a to B2h are protected under copyright and have been redacted from this instrument.

Source: Briggs-Gowan, M.J., and A.S. Carter. *The Brief Infant–Toddler Social and Emotional Assessment (BITSEA)*. San Antonio, TX: Harcourt Assessment, 2006.

## SECTION C. LANGUAGE AND COMMUNICATION

LEVEL I (8-18 MONTHS); LEVEL II (16-30 MONTHS); OR LEVEL III (30-37 MONTHS). THESE AGE-BASED LISTS INCLUDE APPROXIMATELY 100 WORDS EACH.

- C1. The following is a list of typical words in young children's vocabularies. We are interested specifically in the words this child understands or says in English.

For words this child does not yet understand, mark the first column (does not understand). For words he/she understands but does not yet say, mark the second column (understands). For words he/she understands and also says, mark the third column (understands and says). If this child uses a different pronunciation of a word (for example, "raffe" for "giraffe" or "sketti" for "spaghetti") mark the word anyway. For each item, mark only one response.

Remember, this is a "catalogue" of words that are used by many different children. Don't worry if this child knows only a few right now.

These items are protected under copyright and have been redacted from this instrument.

Source: MacArthur-Bates Communicative Development Inventories.

Source: MacArthur-Bates Communicative Development Inventories, Infant Long Form, First Communicative Gestures (12 items) (PROPRIETARY)  
Included in versions: 2 [8-16 mos]

**C2.1.** When infants are first learning to communicate, they often use gestures to make their wishes known. For each item below, mark the response that describes this child's actions right now.

Items C2.1a to C2.1l are protected under copyright and have been redacted from this instrument.  
Source: MacArthur-Bates Communicative Development Inventories.

Source: MacArthur-Bates Communicative Development Inventories, Toddler Short Form and CDI-III, Combining words (PROPRIETARY)  
Included in versions: 3 [17-30 mos] and 4 [31-37 mos]

**C2.2.** This item is protected under copyright and has been redacted from this instrument.  
Source: MacArthur-Bates Communicative Development Inventories



Source: MacArthur-Bates Communicative Development Inventories,  
Sentences, CDI-III (PROPRIETARY)  
Included in versions: 4 [31-37 mos]

**C2.3.** For each pair of sentences below, mark the one that sounds most like the way this child talks at the moment. If this child is saying sentences even more complicated than the two provided, mark the second one.

Items C2.3a to C2.3l are protected under copyright and have been redacted from this instrument.  
Source: MacArthur-Bates Communicative Development Inventories.

Source: MacArthur-Bates Communicative Development Inventories, Using  
Language, CDI-III (PROPRIETARY)  
Included in versions: 4 [31-37 mos]

**C2.4.** These next questions are about how this child uses language to communicate in English. For each item, mark only one response.

Items C2.4a to C2.4l are protected under copyright and have been redacted from this instrument.  
Source: MacArthur-Bates Communicative Development Inventories.

## SECTION D. CHILD DEVELOPMENT

**D1. Since September, has this child been given a developmental screening?**

- 1  Yes  
0  No      **GO TO D6**

**D2. What screening tool or tools did you use to assess this child?**

**MARK ALL THAT APPLY**

- 1  Ages and Stages Questionnaire (ASQ)  
2  Brigance Screens  
3  Creative Curriculum Tools  
4  Denver Developmental Screening Test  
5  Devereux Early Childhood Assessment (DECA)  
6  Early Learning Accomplishment Profile (E-LAP)  
7  The Ounce Scale  
8  Agency-created screener  
9  Some other screening tool  
(Please specify)  
\_\_\_\_\_

**D3. Did the child's score on the developmental screening tool cause you to be concerned about the child's development?**

- 1  Yes  
0  No      **→ GO TO D6**

**D4. Since September, has this child ever been referred to Part C (or Part B) for a developmental concern?**

- 1  Yes  
0  No      **GO TO D6**

**D5. What was the reason for the referral?**

**MARK ALL THAT APPLY**

- 1  Behavior problem  
2  Emotional problem  
3  Attention problem  
4  Developmental or cognitive delay  
5  Problems with the use of arms or legs  
6  Speech problem  
7  Hearing problem  
8  Vision problem  
9  Something else (Please specify)  
\_\_\_\_\_

**D6. Thinking about this child and the child's entire family, have you referred anyone in the family to any of the following since September?**

**MARK ALL THAT APPLY**

- 1  Health care provider  
2  Prenatal care provider  
3  Mental health care provider  
4  Disabilities services provider  
5  Child care partner or other child care provider  
6  Other community service provider (such as job training, housing assistance provider)  
7  None of the above

## SECTION E. RELATIONSHIP WITH THIS CHILD

**E1.** Please think about the degree to which each of the following statements currently applies to your relationship with this child. For each statement, please mark only one response.

MARK ONE PER ROW

	How much does this currently apply to your relationship with this child?				
	DEFINITELY DOES NOT APPLY	NOT REALLY	NEUTRAL /NOT SURE	APPLIES SOMEWHAT	DEFINITELY APPLIES
a. I share an affectionate, warm relationship with this child.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. This child and I always seem to be struggling with each other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. If upset, this child will seek comfort from me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. This child is uncomfortable with physical affection or touch from me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. This child values his/her relationship with me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. When I praise this child, he/she beams with pride.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. This child spontaneously shares information about himself/herself.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. This child easily becomes angry with me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. It is easy to be in tune with what this child is feeling.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. This child remains angry or is resistant after being disciplined.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Dealing with this child drains my energy.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. When this child is in a bad mood, I know we're in for a long and difficult day.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. This child's feelings toward me can be unpredictable or can change suddenly.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. This child is sneaky or manipulative with me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. This child openly shares his/her feelings and experiences with me.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## SECTION F. PARENT-CAREGIVER RELATIONSHIP

**F1.** For each item, please mark the response that best describes the way you and this child's parent work together. Please only think about the parent you interact with most often.

MARK ONE PER ROW

	How well does this describe the way you and this child's parent work together?			
	N O T T R U E	A LITTLE BIT TRUE	SOMEWHAT TRUE	VERY TRUE
a. I believe this child's parent is a good parent.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. This parent asks for my opinion on issues related to caring for his/her child .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. This parent pays a great deal of attention to his/her child .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. This parent and I have the same goals for his/her child.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. This parent and I have different ideas about how to raise his/her child.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. This parent tells me I am doing a good job or otherwise lets me know I am being a good teacher	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. This parent and I have different ideas regarding his/her child's eating, sleeping, potty, and/or other routines.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. This parent does not trust my abilities as a teacher	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. This parent and I have different standards for his/her child's behavior.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. This parent tries to show that she or he is better than me at caring for his/her child.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. This parent has a lot of patience with his/her child	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. We often discuss the best way to meet his/her child's needs.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. When we are together, this parent sometimes competes with me for his/her child's attention.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. This parent is willing to make personal sacrifices to help take care of his/her child.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o. This parent appreciates how hard I work at being a good teacher.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
p. This parent makes me feel like I'm the best possible teacher for his/her child.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
q. This parent doesn't like to be bothered by his/her child.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**MARK ONE PER ROW**

How well does this describe the way you and this child's parent work together?			
N O T T R U E	A LITTLE BIT TRUE	SOMEWHAT TRUE	VERY TRUE
0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

r. When this parent picks up or drops off, I feel uncomfortable or tense in his/her presence.....

**F2. Please tell us which option best describes your relationship with this child's parent.**

**Again, please only think about the parent you interact with most often.**

**Items F2a to F2g are protected under copyright and have been redacted from this instrument.**

**Source: Home-School Relationship Measure, NCEDL Teacher-Student Report.**

## SECTION G. PARENT ENGAGEMENT

**G1. In which, if any, of the following ways has this child's parents participated in Early Head Start since September? If both parents are involved, please answer the questions concerning both parents.**

MARK ONE PER ROW

Has this parent/family participated?	
NO	YES
0 <input type="checkbox"/>	1 <input type="checkbox"/>
0 <input type="checkbox"/>	1 <input type="checkbox"/>
0 <input type="checkbox"/>	1 <input type="checkbox"/>
0 <input type="checkbox"/>	1 <input type="checkbox"/>
0 <input type="checkbox"/>	1 <input type="checkbox"/>
0 <input type="checkbox"/>	1 <input type="checkbox"/>

- a. **As members of a parent council or other governing bodies?**
- b. **As classroom volunteers?**
- c. **By doing maintenance, chores, or shopping for the program?**
- d. **By helping at special events or activities?**
- e. **By attending special events or activities, such as a children's performance, or a holiday party?**
- f. **By attending parent workshops?**

**G2. For each of the following, please mark the response that best describes how engaged this child's parents have been in the program since September.**

a. **Thinking first about appointments, would you say...**

- 1  Parent kept most appointments scheduled since September
- 2  Parent kept some appointments, but cancelled others
- 3  Parent missed or cancelled most appointments
- 4  Parent had no scheduled appointments since September

b. **Which best describes this child's attendance in class? Would you say...**

- 1  Child attended class most or all of the time since September
- 2  Child was not in class a fair amount of the time
- 3  Child was not in class a lot of the time

c. **Now thinking about this parent's participation in activities offered by the program, would you say...**

- 1  Parent participated in many activities offered by the program since September
- 2  Parent participated in some activities, but passed on many others
- 3  Parent participated in only a few activities offered by the program
- 4  Parent did not participate in any activities since September

d. **Which best describes this parent's attitude and receptivity to the program? Would you say...**

- 1  Parent seemed very engaged, asked questions, was willing to try new things
- 2  Parent was somewhat engaged, asked a few questions, was hesitant to try a few new things
- 3  Parent was not engaged, didn't ask many questions, little interest in new things



**G3. Please indicate today's date:**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
MONTH DAY YEAR

**Please return this questionnaire to the Mathematica staff person when he/she visits your center.**

Thank you for your participation in Baby FACES!