

ATTACHMENT 2
ECE SETTING ELIGIBILITY SCREENER

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OMB No.: XXXXXXXX
Expiration Date: XX/XX/XXXX

SCOPE SCREENING TOOL FOR ECE SETTINGS (CENTERS AND FCCS)

Instructions for screener:

Please use the following script and the screening tool below to screen ECE settings (centers and family child care homes).

- Within the tool, please answer each question using the appropriate options and follow the skip logic based on the respondent's answers. Routing through the screener differs depending on whether:
 - the setting is a center or FCC, and whether the setting is independent or part of a larger organization
 - coaching is provided by a staff member of the setting (or larger organization the setting is part of) or by an external provider (a consultant, contractor, or staff from an external organization).
- In advance of the screening call, review information already gathered from public sources about the setting. Use this information to determine if any questions below should be framed as confirmation questions rather than as requests for new information.

I. Introduction

Hi, my name is _____. I am calling from Mathematica Policy Research/Child Trends about a research project for the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services. May I please speak with [CENTER DIRECTOR/FCC OWNER]?

[A coach/coaching organization who works with your program recommended that I contact you/I am contacting you] to request your help. We are seeking early care and education (ECE) centers and family child care homes for an important project, the Study of Coaching Practices in Early Care and Education Settings (SCOPE). As you know, coaching is a rapidly growing effort across early childhood settings, and early childhood leaders are developing a great variety of coaching approaches. SCOPE will help the early childhood field understand the different ways that coaches and teachers of preschool-age children work together to improve classroom practices. You should have received a packet of information about the study. Did you receive these materials?

[HAVE LETTER AVAILABLE TO PROVIDE INFORMATION IF PERSON IS NOT FAMILIAR WITH THE STUDY]

If possible, I would like to review the purpose of the study and discuss your [center's/family child care program's] potential participation. The conversation should take no more than 15 minutes.

[IF NOT A GOOD TIME, SCHEDULE A TIME TO CALL BACK. IF A GOOD TIME TO TALK, CONTINUE WITH STUDY PURPOSE.]

II. Study Purpose

This study is called SCOPE, which is short for the Study of Coaching Practices in Early Care and Education Settings. The study is being conducted by Mathematica Policy Research in partnership with Child Trends and it is being conducted on behalf of the Administration for Children and Families in the U.S. Department of Health and Human Services. Both Mathematica and Child Trends have experience with research in early care and education and coaching in particular.

As I mentioned, the goal of the study is to help the early childhood field understand the different ways that coaching is being used to improve teachers' and caregivers' practices. **When we refer to coaching or coaches in this survey, we mean individuals who regularly meet one-on-one with teachers or providers or with their teaching team to provide feedback and guidance to help them improve their teaching.** Coaching may also be called other names like mentoring or consultation. [IF A CENTER OR AN FCC THAT IS PART OF A LARGER PROGRAM: Coaching can be provided by someone on the staff of your program (like a director, education coordinator or manager, or head teacher) or by consultants, contractors, or outside organizations (like a professional organization or child care resource and referral agency).] To meet the goals of our study, we need to learn about the unique way coaching is carried out in your setting.

Coaching can also happen for a lot of different reasons. For SCOPE, we are focusing on coaching to improve the knowledge and practice of teachers and caregivers of preschool age children.

[IF THE RESPONDENT PREVIOUSLY SAID HE/SHE IS NOT FAMILIAR WITH THE STUDY: In the letter and fact sheet we sent you, we described the different activities of the study and how we will thank you for participating. Would it be helpful to review that information together?]

Today, I have questions about your [center/family child care home] and about the coaching that takes place there. I will start by asking a few questions about your [center/family child care home], and then I will ask about the coaching. For the coaching, I would like to talk about:

- Where the coaching comes from
- How the coaching is provided
- Who participates in the coaching

These questions will help us ensure that your [center/family child care home] is eligible for our study. We also want to answer any questions you have about this study.

There are no wrong answers to these questions. All information from this study and the contact information you provide will be private to the extent permitted by law. We will not present information about center directors, coaches, family child care providers, teachers or classrooms that anyone could connect to specific individuals, classes, family child care

programs, or centers. In this way, the privacy of staff will be carefully guarded. The interview will take approximately 15 minutes to complete and participation is voluntary. 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-XXXX and the expiration date is XX/XX/XXXX.

Do you have any questions for me before we get started?

III. Screening Tool

Great, now we'll get started with questions about your [center/FCC].

Setting requirements
<p>1. First, I'd just like to confirm your program is best described as a [family child care program/early childhood education center]:</p> <p><input type="checkbox"/> Family child care (FCC) program <input type="checkbox"/> Early childhood education (ECE) center</p> <p>NOTE: IF THE RESPONDENT IS NOT CERTAIN, ASK WHETHER THEY PROVIDE CARE OUT OF THEIR OWN HOME, IF THEY PROVIDE CARE IN ANOTHER LOCATION. IF THEY SAY "ANOTHER LOCATION" SELECT ECE CENTER AS THE RESPONSE.</p> <p>1b. Is your [family child care/center] independent, or part of a larger organization or program that provides oversight or support?</p> <p><input type="checkbox"/> Independent <input type="checkbox"/> Part of a larger organization (for example, a larger multi-site program or a network that provides ongoing oversight or support); please specify type of organization: _____</p>
<p>2. Are you a currently operating and licensed provider?*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NOTE: IF "NO" THE SETTING IS NOT ELIGIBLE. GO TO THE "IF NOT ELIGIBLE" STATEMENT BELOW. OTHERWISE, GO TO QUESTION 3.</p>
<p>3. Does your [center/family child care program] serve preschoolers? By preschoolers, I mean children who are 3, 4, or 5 years old but not yet in kindergarten.*</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NOTE: IF "NO" THE SETTING IS NOT ELIGIBLE. GO TO THE "IF NOT ELIGIBLE" STATEMENT BELOW. OTHERWISE GO TO QUESTION 4.</p>

4. Approximately how many children do you currently serve between the ages of birth to five years? Please include children in AM, PM, and full-day programs. Count both full-time and part-time children, but count each child only once. If the respondent isn't certain about the exact number, an approximation will suffice.

|_|_|_| children

4a. About how many of these children are preschoolers? If the respondent isn't certain about the exact number, an approximation or percentage will suffice.

|_|_|_| children OR percentage

[NOTE: IF FCC, GO TO QUESTION 5. IF CENTER, GO TO QUESTION 4B.]

4b. How many classrooms in this center serve preschool age children?

|_|_| classrooms

Funding eligibility

5. Does your center/family child care program receive Head Start funding?

Yes No

5b. If yes, how many of the preschool classrooms are supported by Head Start funds?

|_|_| classrooms

6. Does your center/family child care program serve children who receive child care and development fund (CCDF) subsidies?

Yes No

6a. If yes, approximately how many children receive CCDF subsidies?

|_|_|_| children

NOTE: IF "NO" TO **BOTH** ITEMS 5 AND 6, THE SETTING IS NOT ELIGIBLE. GO TO THE "IF NOT ELIGIBLE" STATEMENT BELOW. IF YES TO ITEMS 2 AND 3 AND ITEMS 5 AND/OR 6, GO TO "IF ELIGIBLE" STATEMENT.

IF ELIGIBLE:

Great, thank you! You've met the eligibility requirements to participate in this important study. Now we are going to ask a few more questions about the coaching at your [center/family child care program]. [IF WE HAVE INFORMATION ON THE EXTERNAL COACHING TAKING PLACE IN THE SETTING, GO TO QUESTION 7. IF WE HAVE NO OR LIMITED INFORMATION ON COACHING IN THE SETTING, GO TO QUESTION 8.]

IF NOT ELIGIBLE:

I'm sorry but based on that information, your setting isn't eligible to participate in this study; but thank you very much for talking with us. Hopefully we will get the opportunity to work with you again in the future.

Confirmation of Coaching

[FOR SETTINGS IN WHICH WE ALREADY HAVE SOME INFORMATION ABOUT
EXTERNAL COACHING]

7a. [IF WE HAVE INFORMATION ABOUT A SPECIFIC COACH(ES)]: I want to confirm that [COACH(ES) NAME] provides coaching in your [center/family child care program]?

Yes No

NOTE: IF "YES" GO TO 7C. IF "NO" GO TO 7e.

7b. [IF WE HAVE INFORMATION ABOUT A SPECIFIC COACHING APPROACH]: I want to confirm that [APPROACH TO COACHING] is provided in your [center/family child care program]. Is that correct? Yes No

NOTE: IF "YES" GO TO 7C. IF "NO" GO TO 7e.

7c. Is the coaching at your [center/family child care program] focused on classroom changes? In other words, is the coaching focused on improving the knowledge or practices of teachers/caregivers who work directly with children? Yes No

7d. Is the coaching at your [center/family child care program] given to [teachers/caregivers] of preschool-age children? By "preschool-age" I mean children who are 3, 4, or 5 and not yet in kindergarten. Yes No

7e. Is there any *other* coaching that is carried out at your center/family child care program that is classroom focused and for teachers/caregivers of preschool-age children? In other words, is there someone else other than [COACH(ES) NAME] providing coaching to improve the knowledge or practice of [teachers/caregivers] who work directly with preschool-age children?

Yes, please specify: _____

No

7f. In all, how many coaches are doing classroom-focused coaching with teachers/caregivers of preschool-age children in your center/family child care program?

[IF THE ONLY COACH/COACHING APPROACH IN THIS SETTING IS THE ONE WE
CONFIRMED AND WE ALREADY KNOW WHO PROVIDES THAT COACHING, GO TO
QUESTION 12 ABOUT FEATURES OF THE COACHING APPROACH. OTHERWISE, GO TO
QUESTION 9.]

Characteristics of Coaching

[FOR SETTINGS FOR WHICH WE HAVE NO OR LIMITED INFORMATION ABOUT THE COACHING TAKING PLACE]

- 8. Is the coaching at your [center/family child care program] focused on the teachers in their classrooms? In other words, is the coaching focused on improving the knowledge or practice of [teachers/caregivers] who work directly with children?**

Yes No

- 8a. [FOR CENTERS]: Do the coaches work one-on-one with teachers or with [IF MORE THAN ONE PRESCHOOL CLASSROOM: teams from a single classroom / IF ONLY ONE PRESCHOOL CLASSROOM: the classroom team]?**

One-on-one Teaching team(s) No

- 8b. [FOR FCCs]: Do you receive coaching focused on your classroom practices?**

Yes No

- 8c. Is there another caregiver or assistant in your setting that also receives coaching, either with you or one-on-one?** Yes, with me Yes, one-on-one No

[IF AN FCC PROVIDER INDICATES HE OR SHE DOES NOT RECEIVE COACHING BUT ANOTHER CAREGIVER DOES, PROBE TO DETERMINE IF THE OTHER CAREGIVER RECEIVING THE COACHING IS THE LEAD OR HEAD CAREGIVER IN THE SETTING. THE TEACHER/PROVIDER SURVEY WILL BE DONE WITH LEAD OR HEAD TEACHERS/PROVIDERS FOR CLASSROOMS AND FCCS]

[A “NO” RESPONSE TO 8a (FOR CENTERS) OR 8b (FOR FCCS) MEANS THEY ARE INELIGIBLE. TO BE ELIGIBLE, THE SETTING MUST HAVE COACHING THAT IS CLASSROOM-FOCUSED AND CARRIED OUT ONE-ON-ONE OR IN TEACHING TEAMS FOR SINGLE CLASSROOMS.]

IF NOT ELIGIBLE:

I’m sorry but based on the information you’ve shared, your setting isn’t eligible to participate in this study; but thank you very much for talking with us. Hopefully Mathematica will get the opportunity to work with you again in the future.

- 8c. In all, how many coaches do classroom-focused coaching in your [center/family child care program] for [teachers/caregivers] of preschool-age children?**

Characteristics of Coaching, Continued

9. You told me that there are [NUMBER REPORTED IN 7F OR 8C] coaches who provide coaching in your setting. For this/each of these coaches, can you please tell me whether the coach is someone on your program's staff, an independent consultant or contractor, or someone from another organization? If the coach is on your program's staff, can you please tell me if they spend less than half their time on coaching or more than half their time?

COACH 1 On program staff (less than half time on coaching) On program staff (half time or more on coaching) Independent consultant/contractor External organization

IF ON PROGRAM STAFF: What is the coach's official title or position?

IF AN EXTERNAL ORGANIZATION: What is the name of the organization and/or type of organization that provides the coaching? _____

COACH 2 On program staff (less than half time on coaching) On program staff (half time or more on coaching) Independent consultant/contractor External organization

IF ON PROGRAM STAFF: What is the coach's official title or position?

IF AN EXTERNAL ORGANIZATION: What is the name of the organization and/or type of organization that provides the coaching? _____

COACH 3 On program staff (less than half time on coaching) On program staff (half time or more on coaching) Independent consultant/contractor External organization

IF ON PROGRAM STAFF: What is the coach's official title or position?

IF AN EXTERNAL ORGANIZATION: What is the name of the organization and/or type of organization that provides the coaching? _____

COACH 4 On program staff (less than half time on coaching) On program staff (half time or more on coaching) Independent consultant/contractor External organization

IF ON PROGRAM STAFF: What is the coach's official title or position?

IF AN EXTERNAL ORGANIZATION: What is the name of the organization and/or type of organization that provides the coaching? _____

[IF THERE IS MORE THAN ONE COACH ON THE PROGRAM STAFF, PROBE TO DETERMINE IF THEY USE THE SAME COACHING APPROACH. TO ASSESS WHETHER THE SAME COACHING APPROACH IS USED, ASK: Do all these coaches on your staff work in generally a similar way with teachers, within established structure and processes, or are coaches allowed to develop their own methods and processes?

IF THERE IS MORE THAN ONE COACH FROM AN EXTERNAL ORGANIZATION, PROBE TO DETERMINE IF THEY ARE FROM THE SAME ORGANIZATION.]

Next, I'd like to ask you a few questions about the coaching provided by [this coach/these coaches].

[QUESTION 10 TO 14 SHOULD BE ASKED ABOUT DIFFERENT COACHING APPROACHES/EXTERNAL ORGANIZATIONS. ADDRESS ALL OF THE QUESTIONS FOR A COACHING APPROACH/EXTERNAL ORGANIZATION BEFORE MOVING TO THE NEXT COACHING APPROACH/EXTERNAL ORGANIZATION. IF MULTIPLE COACHES USE THE SAME APPROACH, ONLY ASK EACH QUESTION ONCE ABOUT THE OVERALL APPROACH.]

10. [FOR INTERNAL COACHES ON PROGRAM STAFF]: Are there any written materials that guide coaching practices?

Yes No Unsure

[IF YES] **Would you be able to send those materials to me?**

[IF RESPONDENT IS FROM A CENTER OR FCC THAT IS PART OF LARGER PROGRAM AND INDICATES THAT COACHING IS DELIVERED BY PROGRAM STAFF (THAT IS, AN INTERNAL COACH), ASK QUESTION 11. OTHERWISE SKIP TO QUESTION 12.]

11. [FOR INTERNAL COACHES AND IF CENTER/FCC IS PART OF A LARGER ORGANIZATION]: Do those staff members who provide coaching work just for this [center/family child care program] or for the larger organization?

Work just for this setting
 Work for the larger organization
 Both, please provide clarifying details: _____

Next, we'd like to ask a few questions about what happens as part of the coaching in your setting. Coaching can happen in so many different ways, and for our study it is very important to understand those differences.

12. IF CENTER DIRECTOR SAY: To your knowledge, does the coach/do the coaches do any of

the following with staff in your setting?

IF FCC PROVIDER SAY: I have a few questions about the activities you and your coach do together.

12a. Is the coaching guided by specific goals or does it include a goal-setting activity?

Yes No Unsure

12b. [IF 12a = YES] Are there specific goals that are determined by the [coach], or do teachers/you and coach(es) work together to decide on goals? Or do the goals come from another source, like a QRIS?

Goals are based on coach Teacher/coach work together on goals
 Goals are based on another source Unsure

12c. Does the coach observe or assess [IF CENTER: the teachers/IF FCC: you]?

Yes No Unsure

12d. Does the coach provide feedback to [IF CENTER: the teachers/IF FCC: you]?

Yes No Unsure

13. About how often is this coach supposed to meet with [IF CENTER: the teachers/IF FCC: you]?

14. [IF A CENTER DIRECTOR] Does the coaching that teachers receive follow a specific type of coaching model or approach? In other words, do they use a coaching model or approach that has a specific name or title?

Yes _____
 No
 Unsure

Characteristics of Teachers who Receiving Coaching [FOR CENTERS ONLY]

Next, I'd like to ask you a few questions about which teachers in your center are currently receiving coaching and who provides the coaching to them. As I mentioned earlier, we will be asking center directors, coaches, and teachers to complete a web survey. These questions will help us make sure we are including individuals who have had different kinds of experiences with coaching in our study. Coaching can happen in a lot of different ways, and we want to make sure we learn about that. Let's start by talking about the teachers. Some directors will provide names and contact information for teachers and others may choose not to. If they prefer not to give names/contact information at this stage, try to collect information on the number of teachers active in the setting.

15. At your center, which teachers receive coaching?

- All teachers
 Only specific teachers.

Can you please tell me the names of teachers of preschool-age children who are receiving coaching and about how long they have worked in this center?

Teacher 1: _____ |__|__| years |__|__| months Unsure

Teacher 2: _____ |__|__| years |__|__| months Unsure

Teacher 3: _____ |__|__| years |__|__| months Unsure

Teacher 4: _____ |__|__| years |__|__| months Unsure

When it is time to do the teacher survey, we will invite a couple of the teachers who receive coaching in your center to participate. We'd like to reach out to teachers individually to ask them if they would like to participate in the study. Would you please provide contact information for these teachers? It would only be used for purposes of contacting them for participation, for no other purposes.

Teacher 1: _____ Contact information: _____

Teacher 2: _____ Contact information: _____

Teacher 3: _____ Contact information: _____

Teacher 4: _____ Contact information: _____

IF THE DIRECTOR DECLINES TO PROVIDE CONTACT INFORMATION, SAY: "That's okay. We can talk about that at a later date once you have more information about the study that you can share with your teachers. I have a flyer with information about the study you can share with your teachers to find out if they are interested."

FOLLOWING THE CALL, SEND THE DIRECTOR THE STUDY FLYER AND FAQ SHEET BY EMAIL.

Characteristics of FCC Providers who Receiving Coaching [FOR FCCS ONLY]

16. How long have you been caring for children in your program?

____|____| years ____|____| months

Coach Characteristics [FOR CENTERS ONLY]

Next, I'd like to ask you a few questions about who provides the coaching in your setting. *Some directors will provide names and contact information for coaches and others may choose not to. If they prefer not to give names/contact information at this stage, still collect information on the number of coaches and how long they have each worked in the setting.*

17. You told me that there are [NUMBER REPORTED IN 7F OR 8C] coaches who provide coaching in your setting. To confirm, do these individuals consistently coach the teacher(s) in your setting? In other words, does the same coach/do the same coaches provide the coaching in your setting?

- No, the coach/coaches who come to my setting change on a regular basis.
 Yes, the same coach/coaches come back consistently.

17b. [IF YES] Please specify [which coaches/how many coaches] consistently work with teacher(s):

18. [IF YES TO 17] Does this coach/do these coaches work with the same teachers on a semi-regular basis?

- No
 Yes

18a. [IF YES] how long has the coach/have the coaches provided coaching to [teachers/you] in your program? [IF THERE IS MORE THAN ONE COACH AND SOURCE OF COACHING IN THE CENTER BASED ON QUESTION 9, CONFIRM THE SOURCE FOR THE COACH AS WELL.]

Coach 1: _____ |____|____| years ____|____| months Unsure

IF MORE THAN ONE SOURCE: Source of coaching _____

Coach 2: _____ |____|____| years ____|____| months Unsure

IF MORE THAN ONE SOURCE: Source of coaching _____

Coach 3: _____ |____|____| years ____|____| months Unsure

IF MORE THAN ONE SOURCE: Source of coaching _____

Coach 4: _____ |____|____| years ____|____| months Unsure

IF MORE THAN ONE SOURCE: Source of coaching _____

18b. How long have they been working as a coach?

Coach 1: _____ |__|__| years |__|__| months Unsure

Coach 2: _____ |__|__| years |__|__| months Unsure

Coach 3: _____ |__|__| years |__|__| months Unsure

Coach 4: _____ |__|__| years |__|__| months Unsure

18c. [IF WE DO NOT ALREADY HAVE THE CONTACT INFORMATION FOR THE COACH(ES) AND THE RESPONDENT IS WILLING TO SHARE]: As I mentioned earlier, for SCOPE we would like to ask you and some of the coach(es) in your center to do a survey about their coaching experience, but we'd like to reach out to coach(es) individually to ask them if they would like to participate in the study. Would you be able to provide the contact information for the coach(es)?

Coach 1: _____ Contact information: _____

Coach 2: _____ Contact information: _____

Coach 3: _____ Contact information: _____

Coach 4: _____ Contact information: _____

IF THE DIRECTOR DECLINES TO PROVIDE CONTACT INFORMATION, SAY: "That's okay. We can talk about that at a later date. I also have a flyer with information about the study you can share with your coaches to find out if they are interested."

Coach Characteristics [FOR FCCs ONLY]

Next, I'd like to ask you a few questions about who provides the coaching in your setting. As I mentioned earlier, we will be asking center directors, coaches, and teachers to complete a web survey. These questions will help us make sure we are including individuals who have had different kinds of experiences with coaching in our study. Coaching can happen in a lot of different ways, and we want to make sure we learn about that. For most FCC providers, we may already have the contact information for the coach in the setting. If we do not, some FCC providers will provide names and contact information for coaches and others may choose not to. If they prefer not to give names/contact information at this stage, still collect information on the number of coaches and how long they have each worked in the setting. Typically, we would expect there is only one coach working with the FCC provider.

19a. How long has the coach provided coaching to you?

[IF THERE IS MORE THAN ONE COACH AND SOURCE OF COACHING IN THE FCC BASED ON QUESTION 9, CONFIRM THE SOURCE FOR THE COACH AS WELL.]

Coach 1: _____ |__|__| years |__|__| months Unsure

IF MORE THAN ONE SOURCE: Source of coaching _____

Coach 2: _____ |__|__| years |__|__| months Unsure

IF MORE THAN ONE SOURCE: Source of coaching _____

Coach 3: _____ |__|__| years |__|__| months Unsure

IF MORE THAN ONE SOURCE: Source of coaching _____

Coach 4: _____ |__|__| years |__|__| months Unsure

IF MORE THAN ONE SOURCE: Source of coaching _____

19b. Do you know how long have they been working as a coach?

Coach 1: _____ |__|__| years |__|__| months Unsure

Coach 2: _____ |__|__| years |__|__| months Unsure

Coach 3: _____ |__|__| years |__|__| months Unsure

Coach 4: _____ |__|__| years |__|__| months Unsure

19c. [IF WE DO NOT ALREADY HAVE THE CONTACT INFORMATION FOR THE COACH(ES) AND THE RESPONDENT IS WILLING TO SHARE]: As I mentioned earlier, for SCOPE we would like to ask you and some of the coach(es) who work with you to do a survey about their coaching experience, but we'd like to reach out to coach(es) individually to ask them if they would like to participate in the study. Would you be able to provide the contact information for the coach(es)?

Coach 1: _____ Contact information: _____
 Coach 2: _____ Contact information: _____
 Coach 3: _____ Contact information: _____
 Coach 4: _____ Contact information: _____

Coach/Teacher Pairings

[IF RESPONDENT IS WILLING TO SHARE NAMES OF COACHES/TEACHERS.]

[SKIP THIS SECTION IF RESPONDENT IS THE FCC PROVIDER AND THE ONLY ONE WHO RECEIVES COACHING.]

Thank you for that information. If your program is eligible for the study, we will focus on specific coach/teacher pairs that may exist within your center. That is, teachers and coaches who work with each other regularly.

20. Are there any coaches and teachers in your setting who work together consistently and have worked together for at least four months or at least four visits?

- No
 Yes

16a. If yes, which coaches and teachers are paired together and how long have they been paired? *If the respondent is not willing to share the names of coaches and/or teachers, try to collect the number of pairings.*

Coach: _____ Teacher: _____ |__|__| years |__|__| months Unsure
 Coach: _____ Teacher: _____ |__|__| years |__|__| months Unsure
 Coach: _____ Teacher: _____ |__|__| years |__|__| months Unsure
 Coach: _____ Teacher: _____ |__|__| years |__|__| months Unsure
 Coach: _____ Teacher: _____ |__|__| years |__|__| months Unsure

Contact Information

Before the end of our conversation, I would like to confirm your preferred contact information in case we need to contact you at a later date about the study. Is the number I called you on today the best number to reach you? Or is there a better telephone number where we can reach you?

- Preferred phone number (specify type): _____ (cell/ home/ work)
- [If anything other than a cell phone]: Do you have a cell phone number that you'd be willing to share with us? Cell phone number: _____

And can you please provide your email address?

- Email address: _____

Conclusion

That was all the questions that I had for you. Do you have any questions for me or anything else you'd like to share with me?

Thank you so much for your time! We will be in touch in the coming weeks regarding our study. In the meantime, please feel free to reach out to me with any questions at [PHONE NUMBER] or [EMAIL ADDRESS].

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