ATTACHMENT 5

TEACHER/FCC PROVIDER SURVEY

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OMB No.: XXXX-XXXX Expiration Date: XX/XX/20XX



Study of Coaching Practices in Early Care and Education Settings

Teacher and FCC Provider Survey Fall 2018



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This survey is part of the Study of Coaching Practices in Early Care and Education Settings (SCOPE), a study being conducted for the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) by Mathematica Policy Research.

This survey asks about your experience working with a coach, and your thoughts and opinions about working in an early care and education (ECE) setting. When we refer to coaching or coaches in this survey, we mean individuals who meet regularly with you one-on-one or with your teaching team to provide feedback and guidance to help you improve your practices. You may use other terms for these types of staff, such as mentors, mentor-coaches, or consultants.

If you prefer to complete this survey by telephone, please call [STUDY TOLL FREE NUMBER]. If you have any questions about the study or your participation, please email us at [STUDY EMAIL]@mathematica-mpr.com.

We would like you to know that:

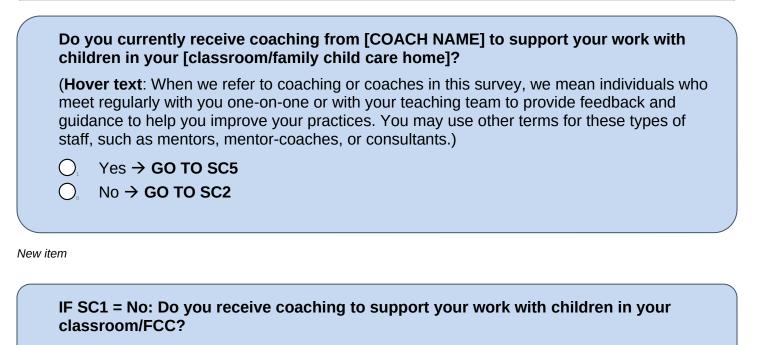
- The survey takes about 35 minutes to complete. Depending on your eligibility to participate in the study and completion of the survey, we will send you [TEACHER \$20, FCC PROVIDER \$40] as a thank you.
- Your answers will be completely private; no information that identifies you will be reported. Mathematica Policy Research will not associate responses with any of the individuals or centers who participate. We will not provide information that identifies you to anyone outside the study team, except as required by law. Your responses will be used only for statistical purposes.
- This survey is voluntary, but your response is critical for producing valid and reliable data. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can. Participation in this survey will not impose any risks to you as a respondent. If you have any questions about your rights as a research volunteer, contact Timothy Bruursema at (202) 484-3097.

I have read and I understand the above statements and agree to participate in the survey.

If you would like a copy of this disclosure statement, please email us at <u>tbruursema@mathematica-mpr.com</u> or by phone at (202) 484-3097.

Thank you very much for your participation in this survey!

SC. Screener



Yes → GO TO SC3a

 $No \rightarrow GO TO THANK YOU SCREEN (route out of survey)$

New item

()

 \bigcirc

How r	nany coaches have you worked with in the past 12 months?
New item	
How r	many coaches are you currently working with?

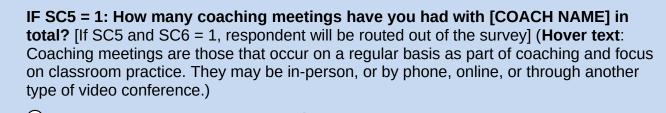
What is yo	ur current coach's name?
	t: If you currently work with more than one coach, please think about your primary works with you on [classroom/caregiving] practices.)
First Name:	
Last Name:	



SELECT ONE ONLY

- \bigcirc 4 months or less \rightarrow **GO TO SC6**
- \bigcirc_2 5 or 6 months \rightarrow GO TO SC7
- \bigcirc 7 months to 11 months \rightarrow **GO TO SC7**
- \bigcirc 1 to 2 years \rightarrow **GO TO SC7**
- \bigcirc More than 2 years? \rightarrow **GO TO SC7**

Adapted from LA Advance



- O Less than 4 coaching meetings → GO TO THANK YOU SCREEN (route out of survey)
- \bigcirc 4 coaching meetings or more \rightarrow **GO TO SC7**

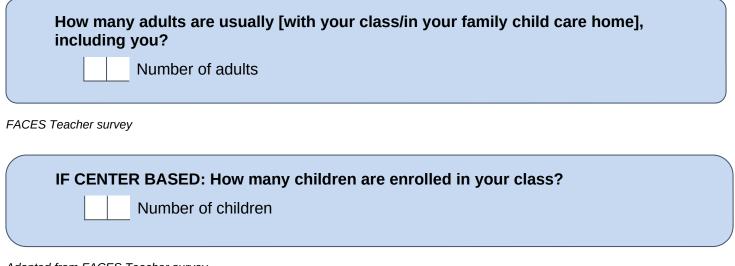
New item

IF SC5 = 0: Is [COACH NAME] your supervisor?

- \bigcirc Yes \rightarrow GO TO AA1
 - No \rightarrow GO TO AA1

AA. Your Classroom /Your Family Child Care Home

These next questions ask about your [classroom/family child care home].





	SELI	ECT ONE OR MORE	
	O_1	Under 1 year	
	O_2	1 year old	
	\bigcirc_{3}	2 years old	
	\bigcirc_4	3 years old	
	O₅	4 years old	
,	$\bigcirc_{\scriptscriptstyle 6}$	5 years and older	

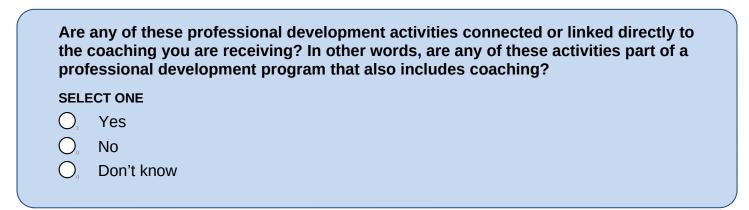
How many months a year [does your class meet/is your family child care home open]?				
Months per year				

Adapted from FACES Teacher survey

Do you receive coaching throughout the months that your program is open?
SELECT ONE ONLY
O ₁ Yes
O Don't know

A. Professional Development

	ddition to coaching, what types of professional development have you ticipated in during the last 12 months?
	ect one or more [respondents who select the last option will only be able to ect that option]
O_1	In-person classes, workshops or trainings \rightarrow GO TO A2
O_2	Online classes, workshops or trainings \rightarrow GO TO A2
\bigcirc_{3}	Local, regional, state, or national conferences \rightarrow GO TO A2
\bigcirc_4	Certificate, credential, and/or degree program coursework \rightarrow GO TO A2
0.5	Professional learning community/community of practice (Hover text: "These communities bring together groups of teachers/providers to improve practice through peer support and shared knowledge. An expert guides the discussion") \rightarrow GO TO A2
0,99	Other, specify → GO TO A2
0,	I have not participated in professional development activities other than coaching during the last 12 months \rightarrow GO TO B1a



B. Coaching Received

Next, we have some questions about the coaching you receive. When we refer to coaching or coaches in this survey, we mean individuals who meet regularly with you one-on-one or with your teaching team to provide feedback and guidance to help you improve your practices. You may use other terms for these types of staff, such as mentors, mentor-coaches, or consultants.

The rest of our questions are about [COACH NAME]. Please think only about your work with [COACH NAME] when responding.

Are your coaching meetings with [COACH NAME]...

(Hover text on coaching meetings: Coaching meetings are those that occur on a regular basis as part of coaching and focus on classroom practice. Please only count meetings when you and your coach are working on something related to your classroom practice. Please do not count occasions when your coach briefly drops in to, for example, drop off supplies.)

SELECT ONE ONLY

- O Always in person
- \bigcirc Always remote (by phone, online, or through another type of video conference)
- Sometimes in person and sometimes remote (by phone, online, or through another type of video conference)

New item

Are your coaching meetings with [COACH NAME]...

(Hover text on coaching meetings: Coaching meetings are those that occur on a regular basis as part of coaching and focus on classroom practice. Please only count meetings when you and your coach are working on something related to your classroom practice. Please do not count occasions when your coach briefly drops in to, for example, drop off supplies.)

SELECT ONE ONLY

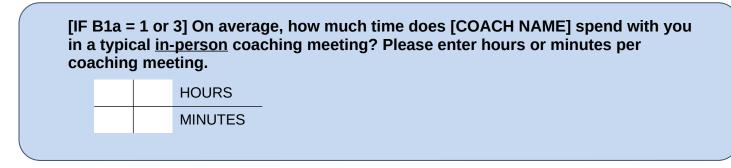
- O Always or almost always scheduled in advance
- O_2 Sometimes scheduled in advance
- Rarely scheduled in advance
- O Never scheduled in advance

[IF B1a = 1 or 3] On average, over the past 12 months, how often did you meet <u>in</u> <u>person</u> with [COACH NAME] about your coaching? (We will ask later about any coaching meetings that were not in person).

SELECT ONE ONLY

- O_1 Two or three times a week or more
- O₂ About once a week
- \bigcirc Two to three times a month
- About once a month
- Less than monthly

Adapted from FACES 2014 Teacher Survey



Adapted from LA Advance

[If B1a = 1 or 3] During <u>in-person</u> coaching meetings, do you meet with [COACH NAME] alone or with other teachers or staff too?

SELECT ONE OR MORE

- \bigcirc I meet with my coach alone (one-on-one)
- I meet with my coach with other teachers from [my classroom/my setting] (as a group)
- Center-based only: I meet with my coach with teachers from other classrooms in my center (as a group)
- \bigcirc Center-based only: I meet with my coach with my supervisor or director (as a group)
- Center-based only: I meet with my coach with other types of staff from my center (as a group)
- O I meet with my coach with [teachers from other centers/providers from other care settings] (as a group)

In the last 4 months, how many in-person coaching meetings have you, [or] [COACH NAME], [or your center director] had to cancel? Please record 0 if you, [or] [COACH NAME], [or your center director] have not cancelled any coaching meetings. Please count cancelled meetings whether or not they were later rescheduled. Do not count meetings that were cancelled due to bad weather.

(Hover text: Coaching meetings are those that occur on a regular basis as part of coaching.)

	TIMES I CANCELLED MEETING
	TIMES COACH CANCELLED MEETING
	[CENTER BASED: TIMES CENTER DIRECTOR CANCELLED MEETING]

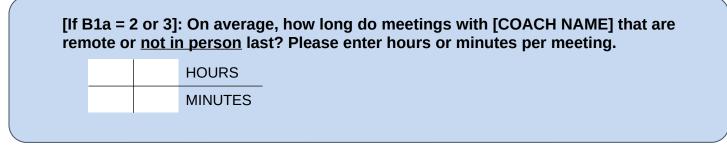
	5 "TIMES I CANCELLED" > 0: Thinking about the meetings you had to cancel, did you have to cancel meeting(s)?
SEL	ECT ONE OR MORE
	I was too busy
	There was no one available to care for the children so I could spend time with the coach
	I did not have time to work on the things my coach and I discussed
	[Center based: Other teachers on my team were out sick]
O₅	[Center based: My director or supervisor cancelled or asked me to cancel]
	Personal or family emergency
O ₉₉	Other, specify
New item	

[If B1a = 2 or 3]: On average, how often do you meet remotely or <u>not in person</u> with
[COACH NAME]? For example, this could be by phone, online, or through another
type of video conference.

SELECT ONE ONLY

- Two or three times a week or more
- \bigcirc_2 About once a week
- \bigcirc Two to three times a month
- \bigcirc About once a month
- O Less than monthly

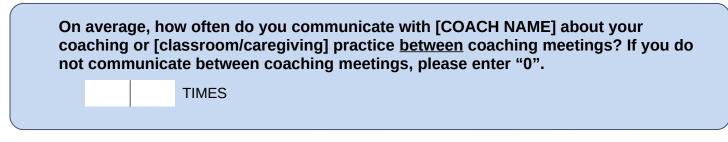
Adapted from FACES 2014 Teacher Survey



Adapted from LA Advance

The next questions ask about <u>all</u> coaching meetings, whether in person or remote. Coaching meetings are those that occur on a regular basis as part of coaching and focus on classroom practice.

Please only count meetings when you and your coach are working on something related to your [classroom/caregiving] practice. Please do not count occasions when your coach briefly drops in to, for example, drop off supplies.



	ween coaching meetings? ECT ONE OR MORE
	Email
2	Online messaging (e.g. instant messenger, Google Chat)
3	Virtual meeting (e.g., Skype, GoToMeeting, Facetime)
	Social media (e.g., Facebook, Twitter)
5	Phone call
6	Text message
7	Brief drop-in visits
99	Other – Specify

New Item

SELI	ECT ONE ONLY
O_1	Very difficult
O_2	Difficult
$O_{\mathfrak{s}}$	Easy
O_4	Very easy
Oď	Don't know
\bigcirc	I don't ever reach out to my coach between scheduled meetings

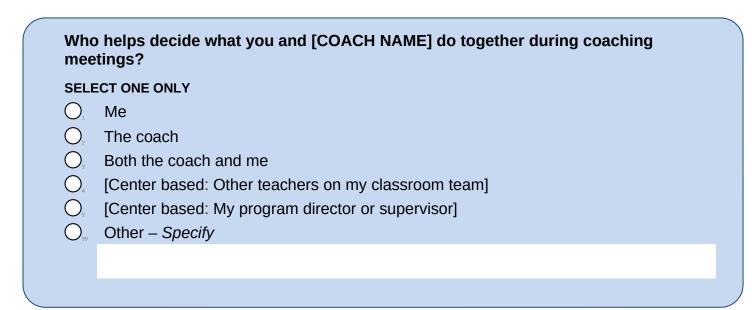
Adapted from FPTRQ

C. Coaching Activities

duri	31a = 1 or 3] What does [COACH NAME] spend most of [his/her] time doing ng a typical <u>in person</u> coaching meeting? Select the top three activities on ch your coach spends the most time.
SELE	ECT UP TO THREE (3) BOXES
1	Working directly with me in my [classroom/family child care home] when children are with us
2	Working directly with me when children are <u>not</u> with us
3	Working directly with children in my [classroom/family child care home]
4	Observing my [classroom/family child care home]
5	Taking notes or writing things down
6	[Center based: Talking with my supervisor or director]
99	Other – Specify

Now we have some questions about what you do when you meet with your coach.

Adapted from TSR End-of-Year Survey



Source: Adapted from TSR End-of-Year Survey

Thinking about the meetings you have with your coach, how often does [COACH NAME] use the following strategies:

		NEVER	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS	N/A
a.	[IF B1a = 1 or 3] Have "sit-down," kid- free meetings with you?	O_1	O_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	\bigcirc_{6}
b.	Maintain consistent meeting times?	O_1	O_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	\bigcirc_6
C.	Have a structured coaching meeting (for example, follow a routine or organized plan, or use a goal sheet/template)?		\bigcirc_2	\bigcirc_{3}	\bigcirc_4	O_{5}	0,6
d.	[Center based: Meet together with you and other members of your classroom teaching team?]	O_1	\bigcirc_2		\bigcirc_4	O_{5}	\bigcirc_6
e.	Provide positive feedback to you, tell you what to do more of and what you do well?	O_1	\bigcirc_2		\bigcirc_4	\bigcirc_{5}	\bigcirc_6
g.	Provide feedback that is clear, specific, and easy to understand?	O_1	O_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	\bigcirc_6
h.	Reflect on progress toward goals from a previous meeting?		O_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	\bigcirc_6
k.	Discuss the curriculum you use?		O_2	\bigcirc_{3}	\bigcirc_4	O_{5}	\bigcirc_6
I.	Discuss your personal background or life?	O_1	\bigcirc_2	\bigcirc_{3}	O_4	\bigcirc_{5}	06
m.	Assist as a teacher in the classroom?	O_1	\bigcirc_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	\bigcirc_6
n.	Work without a plan or clear goal?		O_2	O _s		0,	0,

Adapted from Head Start CARES End-of-Year Reflections

Thinking about the meetings you have with your coach, how often does [COACH NAME] use these strategies with you?

SELECT ONE PER ROW

		NEVER	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS
a.	Work on setting goals or reviewing progress toward goals	O_1	O_2	\bigcirc_{3}	$\bigcirc_{_4}$	$\bigcirc_{{}^{5}}$
b.	Discuss plans for next steps for meeting goals	O_1	O_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}
C.	Model teaching practices for you in your classroom	O_1			\bigcirc_4	\bigcirc_{5}
d.	Show video of teaching practices (outside of your [classroom/family child care home])	O_{1}	\bigcirc_2	O₃	\bigcirc_4	\bigcirc_{5}
e.	Ask you to think about your work with children, how well it is going, or how it might improve	O_1			\bigcirc_4	$\bigcirc_{{}_{5}}$
f.	Review progress toward your goals or in improving your practice	O_1		O ₃	\bigcirc_4	\bigcirc_{5}
g.	Observe you interacting with children in your care, in person or by video	O_{1}	\bigcirc_2	$\bigcirc_{\mathfrak{s}}$	$\bigcirc_{_4}$	\bigcirc_{5}
h.	Discuss ideas and recommendations based on observations of your practice	O_1	\bigcirc_2	O₃	\bigcirc_4	$\bigcirc_{{}_{5}}$
i.	Discuss ideas and recommendations based on your questions or concerns	O_1	O_2	\bigcirc_{3}	\bigcirc_4	$\bigcirc_{{}_{5}}$
j.	Coach based on what they observed that day	O_1	\bigcirc_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}
k.	Points out the positive things that you are doing	O_1	\bigcirc_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}
I.	Provides written information about your practice and what you might try next	O_1	O_2	O ₃	O_4	\bigcirc_{5}
m.	Has you watch another [teacher/provider] (in- person or by video)	O_{1}	\bigcirc_2	$\bigcirc_{\mathfrak{s}}$	$\bigcirc_{_4}$	\bigcirc_{5}
n.	Send text, phone or email encouragements or reminders in between visits	O_1	O_2	O ₃	\bigcirc_4	$\bigcirc_{{}_{5}}$
0.	Other (Specify)	O_1	O_2	\bigcirc_{3}	\bigcirc_4	$\bigcirc_{{}_{5}}$

How helpful or unhelpful is it when [COACH NAME] does the following things? [DISPLAY ONLY IF SELECTED AS RARELY OR MORE OFTEN IN C4]

			SELECT ONE	PER ROW	
		VERY UNHELPFUL	UNHELPFUL	HELPFUL	VERY HELPFUL
a.	Work on setting goals or reviewing progress toward goals	O_1	O_2	\bigcirc_{3}	
b.	Discuss plans for next steps for meeting goals	O_1	O_2	\bigcirc_{3}	
C.	Model teaching practices for you in your classroom	O_{1}	O_2	$\bigcirc_{\mathfrak{s}}$	\bigcirc_4
d.	Show video of the practices (outside of your [classroom/family child care home])	O_1	O_2	O ₃	
e.	Ask you to think about your work with children, how well it is working, or how it might improve	O_1	O_2	O ₃	O.
f.	Review progress toward your goals or in improving your practice	O_1	O_2	\bigcirc_{3}	
g.	Observe you interacting with children in your care, in person or by video	O_1	O_2	\bigcirc_{3}	
h.	Discuss ideas and recommendations based on observations of your practice	O_1	O_2	\bigcirc_{3}	
i.	Discuss ideas and recommendations based on your questions or concerns	O_1	O_2	\bigcirc_{3}	
j.	Coach you based on what they observed that day	O_1	O_2	\bigcirc_{3}	
k.	Points out the positive things that you are doing	O_1	O_2	\bigcirc_{3}	
I.	Provides written information about your practice and what you might try next	O_1	O_2	\bigcirc_{3}	
m.	Has you watch another [teacher/provider] (in-person or by video)	O_1	O_2	\bigcirc_{3}	\bigcirc_4
n.	Send text, phone or email encouragements or reminders in between visits	O_1	O_2	\bigcirc_{3}	
0.	[FILL FROM C4]	O_1	O_2	$\bigcirc_{\scriptscriptstyle 3}$	O_4

Adapted from ELMC Coach Survey and SCOPE coach survey

D. Supports for and Challenges to Coaching

or e prog	center-based teacher] Sometimes programs provide support or resources to help ncourage staff to participate in coaching. Which of the following does your gram do? If your program does not provide these supports or resources, please oct "My program does not offer any of these supports."
	ECT ONE OR MORE [RESPONDENTS WHO SELECT THE LAST OPTION WILL ONLY BE ABLE TO ECT THAT OPTION]
O_1	Paid release time to participate in coaching
O_2	Unpaid release time to participate in coaching
O_{3}	Substitute teachers to cover classrooms while I participate in coaching
\bigcirc_4	Purchasing materials required for coaching
$\bigcirc_{\mathfrak{s}}$	Opportunities to observe other teachers as part of my coaching
\bigcirc_{6}	Formal ("kid-free") time to meet with my coach during the program day
O_7	Private place to meet with my coach
$\bigcirc_{_{99}}$	Other (Specify)
\bigcirc_{\circ}	My program does not offer any of these supports

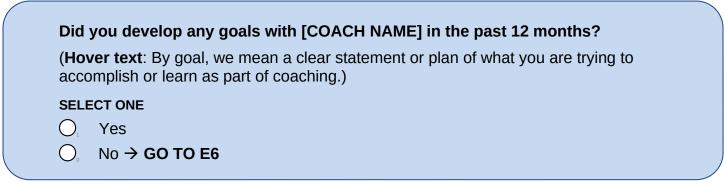
Adapted from ELMC Grantee Survey

Sometimes there are challenges to participating in coaching. How challenging or not challenging are each of the following for you when you receive coaching?

		NEVER CHALLENGING	RARELY CHALLENGING	OFTEN CHALLENGING	ALWAYS CHALLENGING
a.	[Center based: Lack of support from center or program director]		O_2	\bigcirc_{3}	\bigcirc_4
b.	Classroom management or child behavior issues make it difficult to take time away for coaching		O_2	$\bigcirc_{\mathfrak{s}}$	
C.	Coaching disrupts [my classroom/the care I provide]		O_2	O ₃	\bigcirc_4
d.	Prepping for coaching meetings		\bigcirc_2	\bigcirc_{3}	\bigcirc_4
e.	Lack of coach time for our coach- [teacher/provider] meetings		O_2	O ₃	\bigcirc_4
f.	Lack of my time for our coach-[teacher/provider] meetings		O_2	\bigcirc_{3}	\bigcirc_4
g.	Difficulty finding space for our coach- [teacher/provider] meetings	O_1	O_2	O ₃	\bigcirc_4
h.	Barriers with technology (such as internet access or not clear how to use the technology)				O .4
i.	Availability of substitutes to cover my classroom		O_2	O ₃	\bigcirc_4
j.	Communication challenges with my coach		O_2	\bigcirc_{3}	\bigcirc_4
k.	Level of trust I have with my coach		\bigcirc_2	\bigcirc_{3}	\bigcirc_4
I.	Coach's personal crises interfere		O_2	O₃	\bigcirc_4
m.	[Center based: Deciding with my teaching team/co-teachers what to focus on in coaching]		O_2		\bigcirc_4
n.	Lack of comfort with my coach	O_1		\bigcirc_{3}	
0.	Other – Specify	O_{1}	O_2	O ₃	\bigcirc_4

SELECT ONE PER ROW

E. Goals for Coaching



Adapted from LA Advance Teacher Survey

IF E	L = 1: Who is involved in setting or choosing your coaching goals?
SELE	CT ONE OR MORE
O_1	I am
O_2	Coach
\bigcirc_{3}	[Center based: Center/program management (for example, a director or supervisor)]
O_4	[Center based: Other teachers in my classroom]
\bigcirc 99	Other (Specify)

New item

IF E1 = 1: Who makes the final decision about what goal(s) to focus on? Please select everyone who is involved in making the final decision.

 Me

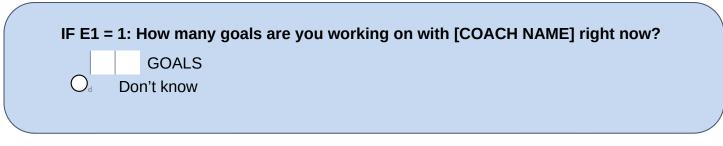
 My coach
 [Center based: Center/program management (for example, a director or supervisor)]

 [Center based: Other teachers in my classroom]

 Other (Specify)

	1 = 1: What are the types of goals you have set with [COACH NAME] in the past nonths?
SEL	ECT ONE OR MORE
	Improving teacher-child interactions
2	Supporting child development/learning in specific domains (for example, language, literacy, mathematics, social-emotional)
3	Using/implementing a curriculum as intended by the curriculum's developers
4	Behavior [or classroom] management (including [organization of classroom,] schedule, establishing routines, preventing social problems)
5	Meeting individual children's learning needs
	Taking college course, earning a certificate or degree, or qualifying or applying for a permit or credential
9	Earning a raise or a promotion
10	Improving my business practices such as outreach or marketing
	Learning more about child development
12	Learning about how to engage or communicate with children's parents and families
13	Improve my program's quality rating
99	Other goals (specify)

Adapted from SCOPE coach survey and LA Advance Teacher Survey



				SELE	CT ONE PER	ROW	
		STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
a.	[IF E1 = 1: I am satisfied with the goals I am currently working on with my coach/ELSE: I am satisfied with the focus of what I am currently working on with my coach]	O 1	O_2	O ₃	O ₄	Os	
b.	[IF E1 = 1: I am satisfied with the progress I have made toward meeting my goals/ELSE: I am satisfied with the progress I am making in coaching]	O 1	O_2	O ₃	0.	0,	Os
c.	[IF E1 = 1: My goals are the right goals for me/ELSE: The focus of this coaching is the right focus for me]		O_2	O ₃		$\bigcirc_{\scriptscriptstyle 5}$	
d.	The coaching process meets my needs		O_2	$\bigcirc_{\mathfrak{s}}$	\bigcirc_4	$\bigcirc_{\mathfrak{s}}$	\bigcirc_6
e.	My coach has improved my skills working with children		O_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	
f.	The coaching I receive is useful to me	01	O_2	O ₃	\bigcirc_4	O_{5}	

FCC providers will skip to Section G. Teachers will go to Section F.

F. Your Experiences and Beliefs

Now we'd like to ask some questions about your experiences and opinions.

These copyrighted items cannot be shared without prior written approval.

ECWES Short Form. Jorde Bloom, Paula. Measuring Work Attitudes in the Early Childhood Setting. Technical Manual for the Early Childhood Job Satisfaction Survey and Early Childhood Work Environment Survey, Third Edition. Lake Forest, IL: New Horizons Educational Consultants and Learning Resources, 2016.

When answering the next set of questions think about your relationship with your coach. For each item circle the choice that best describes your experiences and opinion of your coach. How strongly do you agree or disagree that [COACH NAME] ...

		SELECT ONE PER ROW					
		STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
a.	Respects my expertise in working with the children in my care	O_1	O_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	\bigcirc_6
b.	Has a pleasant, friendly personality		O_2	O ₃	\bigcirc_4	\bigcirc_{5}	\bigcirc_6
C.	Seems disinterested while observing me		O_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	$\bigcirc_{\scriptscriptstyle 6}$
d.	Talks down to me or uses a condescending tone		\bigcirc_2	\bigcirc_{3}	\bigcirc_4	O_{5}	\bigcirc_6
e.	Understands my challenges		\bigcirc_2	O ₃	\bigcirc_4	\bigcirc_{5}	
f.	Helps me understand how to support families better		\bigcirc_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	\bigcirc_{6}
g.	During a typical coaching meeting, my coach helps me problem solve about children [, other staff, or center issues].		O_2	O ₃	\bigcirc_4	\bigcirc_{5}	$\bigcirc_{\scriptscriptstyle 6}$
h.	During a typical coaching meeting, my coach arrives on time and is prepared.		O_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	\bigcirc_6
i.	During a typical coaching meeting, my coach's skills, knowledge, and support of me are excellent.		O_2	$\bigcirc_{\mathfrak{s}}$		\bigcirc_{5}	\bigcirc_6

Adapted from Early Childhood Teacher Survey (University of Texas) and Head Start CARES Trainer Log

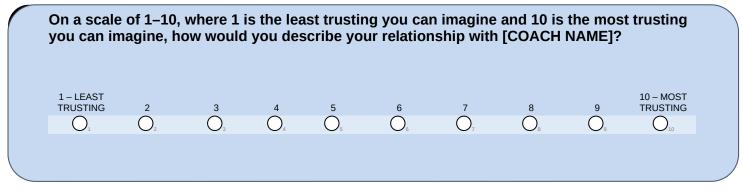
Thinking about [COACH NAME], please tell me whether how strongly you agree or disagree with the following statements.

			5	SELECT ON	E PER ROV	V	
		STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
a	I have a good relationship with my coach.	O_1		\bigcirc_{3}	\bigcirc_4	O_{5}	\bigcirc_6
b	I feel comfortable sharing my ideas/thoughts with my coach.		O_2	\bigcirc_{3}	\bigcirc_4	O_{5}	
C.	I feel that my coach and I are partners in the process.		O_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	\bigcirc_6
d	The feedback I receive from my coach is difficult to understand.		\bigcirc_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	\bigcirc_6
e	My coach provides resources that really support my professional development.		\bigcirc_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}	0,
f.	Coaching has improved the way I teach.		\bigcirc_2	O ₃	\bigcirc_4	\bigcirc_{5}	0,

Adapted from LA Advance

Thinking about the meetings you have with your coach, how often does [COACH NAME] do the following things with you?

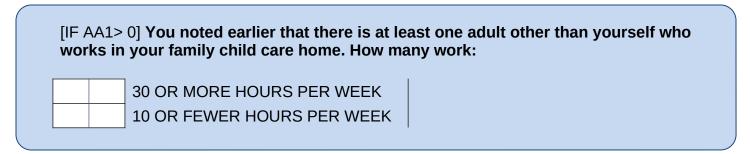
	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
Supports me while I try out new teaching practices.		\bigcirc_2	$\bigcirc_{\scriptscriptstyle 3}$	\bigcirc_4	\bigcirc_{5}
Points out some of the strengths in my teaching skills or ways of interacting with children.	O_1	O_2	0.	\bigcirc_4	0.
Teaches me strategies that make a difference in what children in my [class/care] know and can do	O_1	O_2	O ₃	\bigcirc_4	O _s
Encourages me to adapt strategies to my teaching.		O_2	O ₃	\bigcirc_4	\bigcirc_{5}
Reminds me that it takes time to learn new strategies.	O_1	O_2	\bigcirc_{3}	\bigcirc_4	\bigcirc_{5}
Encourages me to practice often.		\bigcirc_2	\bigcirc_{3}	\bigcirc_4	$\bigcirc_{\mathfrak{s}}$
Points out how positively children responded to my use of teaching strategies.	O_1	O_2		\bigcirc_4	05
Helps me learn new strategies step- by-step beginning with small steps that are easy to do.		\bigcirc_2	Os		0.
	teaching practices. Points out some of the strengths in my teaching skills or ways of interacting with children. Teaches me strategies that make a difference in what children in my [class/care] know and can do Encourages me to adapt strategies to my teaching. Reminds me that it takes time to learn new strategies. Encourages me to practice often. Points out how positively children responded to my use of teaching strategies. Helps me learn new strategies step- by-step beginning with small steps	teaching practices.OnPoints out some of the strengths in my teaching skills or ways of interacting with children.OnTeaches me strategies that make a difference in what children in my [class/care] know and can doOnEncourages me to adapt strategies to my teaching.OnReminds me that it takes time to learn new strategies.OnEncourages me to practice often.OnPoints out how positively children responded to my use of teaching strategies.OnHelps me learn new strategies step- by-step beginning with small stepsOn	teaching practices.O1O2Points out some of the strengths in my teaching skills or ways of interacting with children.O1O2Teaches me strategies that make a difference in what children in my [class/care] know and can doO1O2Encourages me to adapt strategies to my teaching.O1O2Reminds me that it takes time to learn new strategies.O1O2Encourages me to practice often.O1O2Points out how positively children responded to my use of teaching strategies.O1O2Helps me learn new strategies step- by-step beginning with small stepsO1O2	teaching practices.OneOneOnePoints out some of the strengths in my teaching skills or ways of interacting with children.OneOneOneTeaches me strategies that make a difference in what children in my [class/care] know and can doOneOneOneEncourages me to adapt strategies to my teaching.OneOneOneOneReminds me that it takes time to learn new strategies.OneOneOneOneEncourages me to practice often.OneOneOneOnePoints out how positively children 	teaching practices.OneOneOneOnePoints out some of the strengths in my teaching skills or ways of interacting with children.OneOneOneOneTeaches me strategies that make a difference in what children in my [class/care] know and can doOneOneOneOneOneEncourages me to adapt strategies to my teaching.OneOneOneOneOneOneReminds me that it takes time to learn new strategies.OneOneOneOneOneEncourages me to practice often.OneOneOneOneOneOnePoints out how positively children responded to my use of teaching strategies.OneOneOneOneOneHelps me learn new strategies step- by-step beginning with small stepsOneOneOneOneOneOne



How useful is it to you when [COACH NAME] does the following? Please mark "N/A" if your coach does not do this activity with you.							
	NOT AT ALL USEFUL	SOMEWHAT USEFUL	USEFUL	VERY USEFUL	N/A		
a. Problem solves on personal issues	O_1	\bigcirc_2	O ₃	\bigcirc_4	\bigcirc_6		
b. Provides emotional support	O_1	O_2	O ₃		\bigcirc_6		
c. Works on stress reduction	O_1	O_2	\bigcirc_{3}	\bigcirc_4			

H. Your Family Child Care Home

Next, we have some questions about your family child care home, including the children you care for, additional staff, and funding.



NSECE Home-based provider questionnaire, revised

The next question is about sources of revenue for your family child care home. Please indicate if you receive funding or payment from any of the following sources.

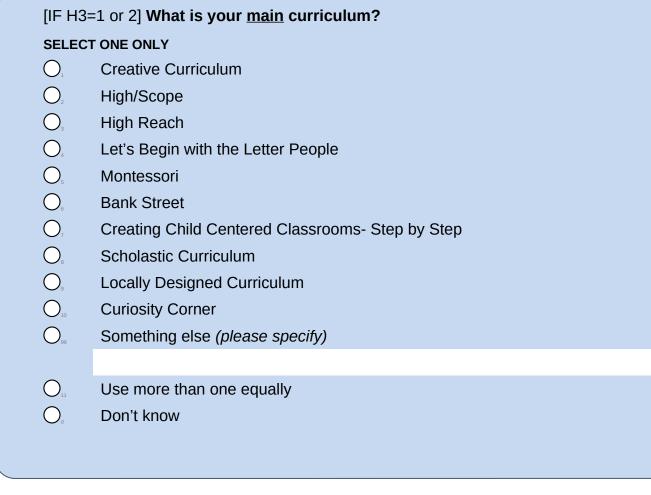
		SELECT ALL THAT APPLY
1.	Head Start or Early Head Start	
2.	CCDF child care subsidy program (including vouchers/certificates, state contracts)	
3.	State pre-kindergartens	3
4.	Other state government sources (e.g. transportation, grants from state agencies)	4
5.	Local government (e.g., Pre-K paid by local school board or other local agency, grants from city or county government)	5
6.	Other federal government sources (e.g., Title I, IDEA, Child and Adult Care Food Program)	6
7.	Tuition and fees paid by parents – including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees	 ,
8.	Revenues from community organizations or other grants (e.g. United Way, local charities, or other service organizations, not including anything you've mentioned earlier)	 ,
9.	Revenues from fund raising activities, cash contributions, gifts, bequests, special events	
10.	Other (please specify)	99

Source: Newly developed item with response options adapted from National Survey of Early Care and Education Center-Based Provider Questionnaire

Now we have a few questions about your use of curriculum and assessment tools, as well as accreditation, participation in a Quality Rating and Improvement System (QRIS), and the professional development resources available to you.

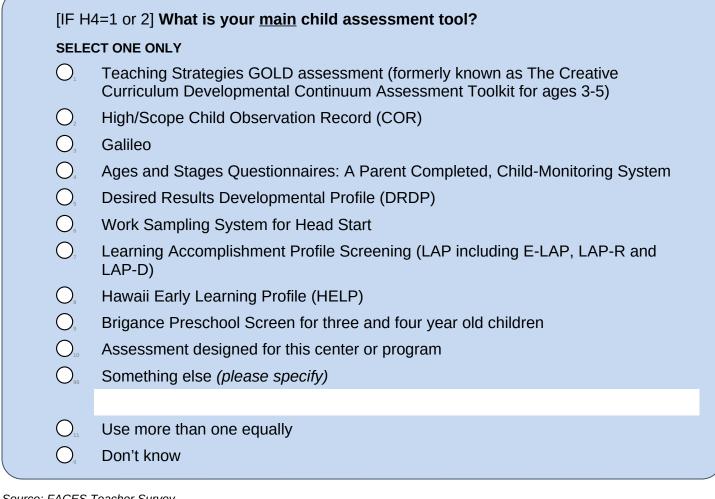
ls a : hom	specific curriculum or combination of curricula used in your family child care e?
SELE	ECT ONE ONLY
	Yes, specific curriculum
	Yes, combination
$\bigcirc_{\mathfrak{s}}$	No curriculum
	Don't know

Source: Adapted from FACES 2017 Teacher Core Web Survey



Source: Adapted from FACES Center Director Survey

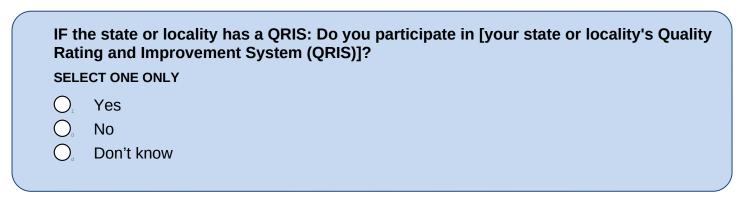
	specific assessment tool or combination of assessment tools used in your family d care home?
SEL	ECT ONE ONLY
O_1	Yes, specific assessment tool
O_2	Yes, combination
$\bigcirc_{\mathfrak{s}}$	No assessment tool
\bigcirc	Don't know



Source: FACES Teacher Survey

ls yo	ur family child care home accredited by any of the following:	
SELE(OPTIC	CT ONE OR MORE (RESPONDENTS SELECTING OPTIONS 2 OR 3 MAY NOT SELECT OTHER DNS)	
	National Association for Family Child Care	
99	Other (please specify)	
	I have started the accreditation process for my family child care home, but it is not yet done	
3	My family child care home is not accredited by any accrediting body	

Source: Newly developed item



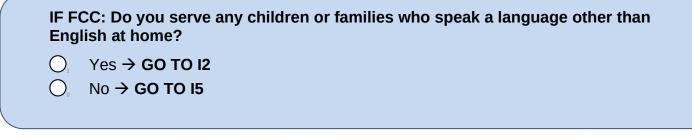
Source: National Survey of Early Care and Education Center-Based Provider Questionnaire

IF H	H6 = 1: W	hat is your QRIS rating?		

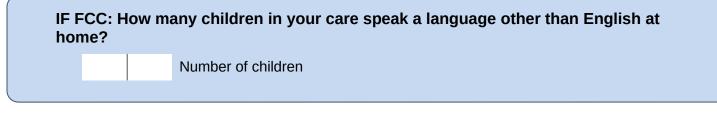
Source: Newly developed item

I. Background Information

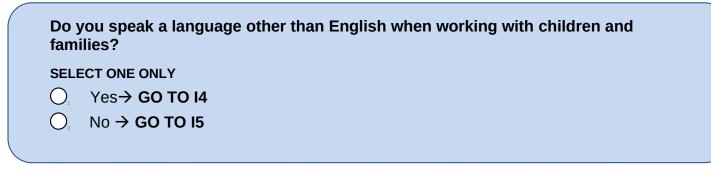
Finally, we have a few questions about your background.



Source: LA Advance Administrative Survey



Source: Adapted from LA Advance Administrative Survey



Does your coach understand this language/these languages?

SELECT ONE ONLY

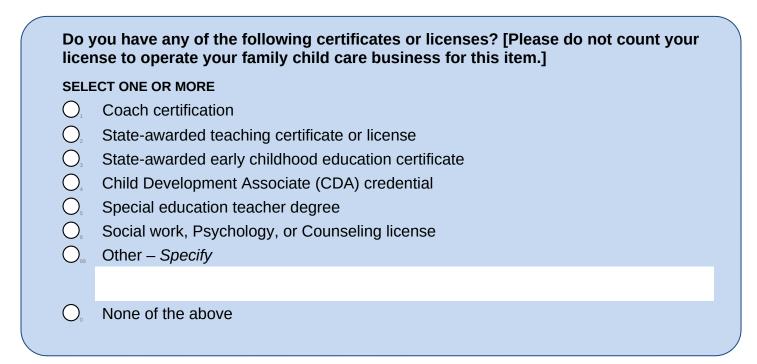
- O Yes, my coach understands all the non-English languages I use in the classroom
- O My coach understands some but not all of the non-English languages I use in the classroom
- O My coach does not understand any of the non-English languages I use in the classroom
- O Don't know

Adapted from ELMC Coach Survey

Wha	at is the highest level of education you have completed?
SELI	ECT ONE ONLY
	Up to 8th grade
O_2	9th to 11th grade
\bigcirc_{3}	12th grade but no diploma
\bigcirc_4	High school diploma/GED/or equivalent
\bigcirc_{5}	Voc/Tech diploma after high school
$\bigcirc_{\scriptscriptstyle 6}$	Some college, but no degree
\bigcirc_{τ}	Associate's Degree (AA)
$\bigcirc_{\scriptscriptstyle 8}$	Bachelor's Degree (BA or BS)
\bigcirc	Master's Degree (MA) or above

 Early Eleme Speci Curric 	development or developmental psychology childhood education entary education al education culum development
C Eleme C Speci C Curric	entary education al education culum development
Speci Speci	al education culum development
	culum development
~	·
~	ation administration or educational leadership
	ual education
O. Readi	ing or literacy
O _s Psych	nology, counseling, social work
O ₁₀ Other	– Specify

Adapted from FACES 2014 Teacher Survey



How many years of experience do you have in early childhood education (include any work with infants, toddlers, preschoolers, and families of young children)?
Years

Adapted from ELMC Coach Survey

How	w long	have you worked in your current job?
		Years
New item		

IF selected "certificate, credential, and/or degree program coursework" in A1a: Earlier, you said you had participated in certificate, credential, and/or degree program coursework in the last 12 months. Did the coaching you experienced provide direct encouragement to pursue college coursework or a degree, certificate, or credential? Please explain.

Adapted from ELMC Teacher Interview

Wha	at is your ethnicity?
SEL	ECT ONE ONLY
	Hispanic or Latino
	Not Hispanic or Latino

What is your race?
SELECT ONE OR MORE
O American Indian or Alaska Native
O Black or African American
O, Asian
O Native Hawaiian or Other Pacific Islander

J. Conclusion

First Name:
Last Name:
Street Address Line 1:
Street Address Line 2:
City:
State:
Zip Code:
$\Box_{\mathbb{R}}$ I do not wish to receive the honorarium.

Thank you for completing the SCOPE Teacher Survey

End

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