

ATTACHMENT 5
TEACHER/FCC PROVIDER SURVEY

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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 tbruursema@mathematica-mpr.com or by phone at (202) 484-3097.

Thank you very much for your participation in this survey!

SC. Screener

Do you currently receive coaching from [COACH NAME] to support your work with children in your [classroom/family child care home]?

(Hover text: 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.)

- Yes → **GO TO SC5**
- No → **GO TO SC2**

New item

IF SC1 = No: Do you receive coaching to support your work with children in your classroom/FCC?

- Yes → **GO TO SC3a**
- No → **GO TO THANK YOU SCREEN (route out of survey)**

New item

How many coaches have you worked with in the past 12 months?

Number of coaches

New item

How many coaches are you currently working with?

Number of coaches

New item

What is your current coach's name?

(Hover text: If you currently work with more than one coach, please think about your primary coach who works with you on [classroom/caregiving] practices.)

First Name:

Last Name:

New item

How long have you been working with [COACH NAME]? Has it been...

SELECT ONE ONLY

- ₁ 4 months or less → **GO TO SC6**
- ₂ 5 or 6 months → **GO TO SC7**
- ₃ 7 months to 11 months → **GO TO SC7**
- ₄ 1 to 2 years → **GO TO SC7**
- ₅ More than 2 years? → **GO TO SC7**

Adapted from LA Advance

IF SC5 = 1: How many coaching meetings have you had with [COACH NAME] in total? [If SC5 and SC6 = 1, respondent will be routed out of the survey] **(Hover text:** Coaching meetings are those that occur on a regular basis as part of coaching and focus on classroom practice. They may be in-person, or by phone, online, or through another type of video conference.)

- ₁ Less than 4 coaching meetings → **GO TO THANK YOU SCREEN (route out of survey)**
- ₂ 4 coaching meetings or more → **GO TO SC7**

New item

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

- ₁ Yes → **GO TO AA1**
- ₀ No → **GO TO AA1**

New item

AA. Your Classroom /Your Family Child Care Home

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

How many adults are usually [with your class/in your family child care home], including you?

Number of adults

FACES Teacher survey

IF CENTER BASED: How many children are enrolled in your class?

Number of children

Adapted from FACES Teacher survey

What ages are the children in [your class/your family child care home]?

SELECT ONE OR MORE

- ₁ Under 1 year
- ₂ 1 year old
- ₃ 2 years old
- ₄ 3 years old
- ₅ 4 years old
- ₆ 5 years and older

New item (age categories from Head Start PIR)

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

- Yes
- No
- Don't know

New item

A. Professional Development

Next, we have some questions about your professional development and training experiences.

In addition to coaching, what types of professional development have you participated in during the last 12 months?

Select one or more [respondents who select the last option will only be able to select that option]

- ₁ In-person classes, workshops or trainings → **GO TO A2**
- ₂ Online classes, workshops or trainings → **GO TO A2**
- ₃ Local, regional, state, or national conferences → **GO TO A2**
- ₄ Certificate, credential, and/or degree program coursework → **GO TO A2**
- 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") → **GO TO A2**
- ₉₉ Other, specify → **GO TO A2**
- ₀ I have not participated in professional development activities other than coaching during the last 12 months → **GO TO B1a**

Adapted from LA Advance Survey

Are any of these professional development activities connected or linked directly to the coaching you are receiving? In other words, are any of these activities part of a professional development program that also includes coaching?

SELECT ONE

- ₁ Yes
- ₀ No
- _d Don't know

New item

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

- ₁ Always in person
- ₂ Always remote (by phone, online, or through another type of video conference)
- ₃ 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

- ₁ Always or almost always scheduled in advance
- ₂ Sometimes scheduled in advance
- ₃ Rarely scheduled in advance
- ₄ Never scheduled in advance

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

SELECT ONE ONLY

- ₁ Two or three times a week or more
- ₂ About once a week
- ₃ Two to three times a month
- ₄ About once a month
- ₅ Less than monthly

Adapted from FACES 2014 Teacher Survey

[IF B1a = 1 or 3] On average, how much time does [COACH NAME] spend with you in a typical in-person coaching meeting? Please enter hours or minutes per coaching meeting.

		HOURS
		MINUTES

Adapted from LA Advance

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

SELECT ONE OR MORE

- ₁ I meet with my coach alone (one-on-one)
- ₂ I meet with my coach with other teachers from [my classroom/my setting] (as a group)
- ₃ Center-based only: I meet with my coach with teachers from other classrooms in my center (as a group)
- ₄ Center-based only: I meet with my coach with my supervisor or director (as a group)
- ₅ Center-based only: I meet with my coach with other types of staff from my center (as a group)
- ₆ I meet with my coach with [teachers from other centers/providers from other care settings] (as a group)

New item

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.)

<input type="text"/>	<input type="text"/>	TIMES I CANCELLED MEETING
<input type="text"/>	<input type="text"/>	TIMES COACH CANCELLED MEETING
<input type="text"/>	<input type="text"/>	[CENTER BASED: TIMES CENTER DIRECTOR CANCELLED MEETING]

New item

If B5 “TIMES I CANCELLED” > 0: Thinking about the meetings you had to cancel, why did you have to cancel meeting(s)?

SELECT ONE OR MORE

- ₁ I was too busy
- ₂ There was no one available to care for the children so I could spend time with the coach
- ₃ I did not have time to work on the things my coach and I discussed
- ₄ [Center based: Other teachers on my team were out sick]
- ₅ [Center based: My director or supervisor cancelled or asked me to cancel]
- ₆ Personal or family emergency
- ₉₉ Other, specify

New item

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

SELECT ONE ONLY

- ₁ Two or three times a week or more
- ₂ About once a week
- ₃ Two to three times a month
- ₄ About once a month
- ₅ Less than monthly

Adapted from FACES 2014 Teacher Survey

[If B1a = 2 or 3]: On average, how long do meetings with [COACH NAME] that are remote or not in person last? Please enter hours or minutes per meeting.

		HOURS
		MINUTES

Adapted from LA Advance

The next questions ask about all 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.

On average, how often do you communicate with [COACH NAME] about your coaching or [classroom/caregiving] practice between coaching meetings? If you do not communicate between coaching meetings, please enter "0".

		TIMES
--	--	-------

New item

IF B9 > 0: What methods of communication do you and/or [COACH NAME] use between coaching meetings?

SELECT ONE OR MORE

- Email
- Online messaging (e.g. instant messenger, Google Chat)
- Virtual meeting (e.g., Skype, GoToMeeting, Facetime)
- Social media (e.g., Facebook, Twitter)
- Phone call
- Text message
- Brief drop-in visits
- Other – *Specify*

New Item

IF B9 > 0: How easy or difficult is it for you to reach [COACH NAME] during the day if you have a question or if a problem comes up?

SELECT ONE ONLY

- ₁ Very difficult
- ₂ Difficult
- ₃ Easy
- ₄ Very easy
- ₅ Don't know
- ₆ I don't ever reach out to my coach between scheduled meetings

Adapted from FPTRQ

C. Coaching Activities

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

[IF B1a = 1 or 3] What does [COACH NAME] spend most of [his/her] time doing during a typical in person coaching meeting? Select the top three activities on which your coach spends the most time.

SELECT UP TO THREE (3) BOXES

- Working directly with me in my [classroom/family child care home] when children are with us
- Working directly with me when children are not with us
- Working directly with children in my [classroom/family child care home]
- Observing my [classroom/family child care home]
- Taking notes or writing things down
- [Center based: Talking with my supervisor or director]
- Other – *Specify*

Adapted from TSR End-of-Year Survey

Who helps decide what you and [COACH NAME] do together during coaching meetings?

SELECT ONE ONLY

- ₁ Me
- ₂ The coach
- ₃ Both the coach and me
- ₄ [Center based: Other teachers on my classroom team]
- ₅ [Center based: My program director or supervisor]
- ₉₉ Other – *Specify*

Source: Adapted from TSR End-of-Year Survey

B10a

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?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
b. Maintain consistent meeting times?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
c. Have a structured coaching meeting (for example, follow a routine or organized plan, or use a goal sheet/template)?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
d. [Center based: Meet together with you and other members of your classroom teaching team?]	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
e. Provide positive feedback to you, tell you what to do more of and what you do well?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
g. Provide feedback that is clear, specific, and easy to understand?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
h. Reflect on progress toward goals from a previous meeting?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
k. Discuss the curriculum you use?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
l. Discuss your personal background or life?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
m. Assist as a teacher in the classroom?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
n. Work without a plan or clear goal?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆

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	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b. Discuss plans for next steps for meeting goals	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c. Model teaching practices for you in your classroom	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d. Show video of teaching practices (outside of your [classroom/family child care home])	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e. Ask you to think about your work with children, how well it is going, or how it might improve	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
f. Review progress toward your goals or in improving your practice	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
g. Observe you interacting with children in your care, in person or by video	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
h. Discuss ideas and recommendations based on observations of your practice	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
i. Discuss ideas and recommendations based on your questions or concerns	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
j. Coach based on what they observed that day	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
k. Points out the positive things that you are doing	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
l. Provides written information about your practice and what you might try next	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
m. Has you watch another [teacher/provider] (in-person or by video)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
n. Send text, phone or email encouragements or reminders in between visits	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
o. Other (Specify)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					

**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	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b. Discuss plans for next steps for meeting goals	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c. Model teaching practices for you in your classroom	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d. Show video of the practices (outside of your [classroom/family child care home])	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e. Ask you to think about your work with children, how well it is working, or how it might improve	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
f. Review progress toward your goals or in improving your practice	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
g. Observe you interacting with children in your care, in person or by video	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
h. Discuss ideas and recommendations based on observations of your practice	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
i. Discuss ideas and recommendations based on your questions or concerns	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
j. Coach you based on what they observed that day	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
k. Points out the positive things that you are doing	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
l. Provides written information about your practice and what you might try next	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
m. Has you watch another [teacher/provider] (in-person or by video)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
n. Send text, phone or email encouragements or reminders in between visits	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
o. [FILL FROM C4]	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

D. Supports for and Challenges to Coaching

[IF center-based teacher] Sometimes programs provide support or resources to help or encourage staff to participate in coaching. Which of the following does your program do? If your program does not provide these supports or resources, please select “My program does not offer any of these supports.”

SELECT ONE OR MORE [RESPONDENTS WHO SELECT THE LAST OPTION WILL ONLY BE ABLE TO SELECT THAT OPTION]

- ₁ Paid release time to participate in coaching
- ₂ Unpaid release time to participate in coaching
- ₃ Substitute teachers to cover classrooms while I participate in coaching
- ₄ Purchasing materials required for coaching
- ₅ Opportunities to observe other teachers as part of my coaching
- ₆ Formal (“kid-free”) time to meet with my coach during the program day
- ₇ Private place to meet with my coach
- ₉₉ Other (Specify)

- ₀ 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?

SELECT ONE PER ROW

	NEVER CHALLENGING	RARELY CHALLENGING	OFTEN CHALLENGING	ALWAYS CHALLENGING
a. [Center based: Lack of support from center or program director]	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b. Classroom management or child behavior issues make it difficult to take time away for coaching	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c. Coaching disrupts [my classroom/the care I provide]	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
d. Prepping for coaching meetings	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
e. Lack of coach time for our coach-[teacher/provider] meetings	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
f. Lack of my time for our coach-[teacher/provider] meetings	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
g. Difficulty finding space for our coach-[teacher/provider] meetings	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
h. Barriers with technology (such as internet access or not clear how to use the technology)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
i. Availability of substitutes to cover my classroom	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
j. Communication challenges with my coach	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
k. Level of trust I have with my coach	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
l. Coach's personal crises interfere	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
m. [Center based: Deciding with my teaching team/co-teachers what to focus on in coaching]	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
n. Lack of comfort with my coach	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
o. Other – <i>Specify</i>	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

E. Goals for Coaching

Did you develop any goals with [COACH NAME] in the past 12 months?

(Hover text: By goal, we mean a clear statement or plan of what you are trying to accomplish or learn as part of coaching.)

SELECT ONE

- ₁ Yes
- ₀ No → **GO TO E6**

Adapted from LA Advance Teacher Survey

IF E1 = 1: Who is involved in setting or choosing your coaching goals?

SELECT ONE OR MORE

- ₁ I am
- ₂ Coach
- ₃ [Center based: Center/program management (for example, a director or supervisor)]
- ₄ [Center based: Other teachers in my classroom]
- 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.

- ₁ Me
- ₂ My coach
- ₃ [Center based: Center/program management (for example, a director or supervisor)]
- ₄ [Center based: Other teachers in my classroom]
- ₉₉ Other (Specify)

New item

IF E1 = 1: What are the types of goals you have set with [COACH NAME] in the past 12 months?

SELECT ONE OR MORE

- Improving teacher-child interactions
- Supporting child development/learning in specific domains (for example, language, literacy, mathematics, social-emotional)
- Using/implementing a curriculum as intended by the curriculum's developers
- Behavior [or classroom] management (including [organization of classroom,] schedule, establishing routines, preventing social problems)
- Meeting individual children's learning needs
- Taking college course, earning a certificate or degree, or qualifying or applying for a permit or credential
- Earning a raise or a promotion
- Improving my business practices such as outreach or marketing
- Learning more about child development
- Learning about how to engage or communicate with children's parents and families
- Improve my program's quality rating
- Other goals (specify)

Adapted from SCOPE coach survey and LA Advance Teacher Survey

IF E1 = 1: How many goals are you working on with [COACH NAME] right now?

- GOALS
- Don't know

New item

Please indicate how strongly you agree or disagree with the following statement[s].

SELECT 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]	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
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]	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
c. [IF E1 = 1: My goals are the right goals for me/ELSE: The focus of this coaching is the right focus for me]	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
d. The coaching process meets my needs	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
e. My coach has improved my skills working with children	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
f. The coaching I receive is useful to me	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆

New item

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.

G. Opinions about Coaching

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	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
b. Has a pleasant, friendly personality	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
c. Seems disinterested while observing me	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
d. Talks down to me or uses a condescending tone	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
e. Understands my challenges	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
f. Helps me understand how to support families better	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
g. During a typical coaching meeting, my coach helps me problem solve about children [, other staff, or center issues].	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
h. During a typical coaching meeting, my coach arrives on time and is prepared.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
i. During a typical coaching meeting, my coach's skills, knowledge, and support of me are excellent.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> 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.

SELECT ONE PER ROW

		STRONGLY DISAGREE	DISAGREE	SLIGHTLY DISAGREE	SLIGHTLY AGREE	AGREE	STRONGLY AGREE
a	I have a good relationship with my coach.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
b	I feel comfortable sharing my ideas/thoughts with my coach.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
c	I feel that my coach and I are partners in the process.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
d	The feedback I receive from my coach is difficult to understand.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
e	My coach provides resources that really support my professional development.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
f	Coaching has improved the way I teach.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆

Adapted from LA Advance

810a

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

	NEVER	RARELY	SOMETIMES	OFTEN	ALMOST ALWAYS
a. Supports me while I try out new teaching practices.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
b. Points out some of the strengths in my teaching skills or ways of interacting with children.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
c. Teaches me strategies that make a difference in what children in my [class/care] know and can do	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
d. Encourages me to adapt strategies to my teaching.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
e. Reminds me that it takes time to learn new strategies.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
f. Encourages me to practice often.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
g. Points out how positively children responded to my use of teaching strategies.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
h. Helps me learn new strategies step-by-step beginning with small steps that are easy to do.	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

New item

On a scale of 1–10, where 1 is the least trusting you can imagine and 10 is the most trusting you can imagine, how would you describe your relationship with [COACH NAME]?

1 – LEAST TRUSTING	2	3	4	5	6	7	8	9	10 – MOST TRUSTING
<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆	<input type="radio"/> ₇	<input type="radio"/> ₈	<input type="radio"/> ₉	<input type="radio"/> ₁₀

New item

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	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₆
b. Provides emotional support	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₆
c. Works on stress reduction	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₆

Adapted from ELMC Coach Survey

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.

[IF AA1 > 0] You noted earlier that there is at least one adult other than yourself who works in your family child care home. How many work:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

30 OR MORE HOURS PER WEEK

10 OR FEWER HOURS PER WEEK

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	<input type="checkbox"/>
2. CCDF child care subsidy program (including vouchers/certificates, state contracts)	<input type="checkbox"/>
3. State pre-kindergartens	<input type="checkbox"/>
4. Other state government sources (e.g. transportation, grants from state agencies)	<input type="checkbox"/>
5. Local government (e.g., Pre-K paid by local school board or other local agency, grants from city or county government)	<input type="checkbox"/>
6. Other federal government sources (e.g., Title I, IDEA, Child and Adult Care Food Program)	<input type="checkbox"/>
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	<input type="checkbox"/>
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)	<input type="checkbox"/>
9. Revenues from fund raising activities, cash contributions, gifts, bequests, special events	<input type="checkbox"/>
10. Other (please specify)	<input type="checkbox"/>
<div style="border: 1px solid black; height: 20px; width: 50%; margin-left: 10px;"></div>	

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.

Is a specific curriculum or combination of curricula used in your family child care home?

SELECT ONE ONLY

- ₁ Yes, specific curriculum
- ₂ Yes, combination
- ₃ No curriculum
- _d Don't know

Source: Adapted from FACES 2017 Teacher Core Web Survey

[IF H3=1 or 2] What is your main curriculum?

SELECT ONE ONLY

- ₁ Creative Curriculum
- ₂ High/Scope
- ₃ High Reach
- ₄ Let's Begin with the Letter People
- ₅ Montessori
- ₆ Bank Street
- ₇ Creating Child Centered Classrooms- Step by Step
- ₈ Scholastic Curriculum
- ₉ Locally Designed Curriculum
- ₁₀ Curiosity Corner
- ₉₉ Something else (*please specify*)
- ₁₁ Use more than one equally
- _d Don't know

Source: Adapted from FACES Center Director Survey

Is a specific assessment tool or combination of assessment tools used in your family child care home?

SELECT ONE ONLY

- ₁ Yes, specific assessment tool
- ₂ Yes, combination
- ₃ No assessment tool
- ₄ Don't know

Source: Adapted from FACES 2017 Teacher Core Web Survey

[IF H4=1 or 2] What is your main child assessment tool?

SELECT ONE ONLY

- ₁ Teaching Strategies GOLD assessment (formerly known as The Creative Curriculum Developmental Continuum Assessment Toolkit for ages 3-5)
- ₂ High/Scope Child Observation Record (COR)
- ₃ Galileo
- ₄ Ages and Stages Questionnaires: A Parent Completed, Child-Monitoring System
- ₅ Desired Results Developmental Profile (DRDP)
- ₆ Work Sampling System for Head Start
- ₇ Learning Accomplishment Profile Screening (LAP including E-LAP, LAP-R and LAP-D)
- ₈ Hawaii Early Learning Profile (HELP)
- ₉ Brigance Preschool Screen for three and four year old children
- ₁₀ Assessment designed for this center or program
- ₉₉ Something else (*please specify*)
- ₁₁ Use more than one equally
- _d Don't know

Source: FACES Teacher Survey

Is your family child care home accredited by any of the following:

SELECT ONE OR MORE (RESPONDENTS SELECTING OPTIONS 2 OR 3 MAY NOT SELECT OTHER OPTIONS)

- National Association for Family Child Care
- Other (please specify)
- I have started the accreditation process for my family child care home, but it is not yet done
- My family child care home is not accredited by any accrediting body

Source: Newly developed item

IF the state or locality has a QRIS: Do you participate in [your state or locality's Quality Rating and Improvement System (QRIS)]?

SELECT ONE ONLY

- Yes
- No
- Don't know

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

IF H6 = 1: What is your QRIS rating?

Source: Newly developed item

I. Background Information

Finally, we have a few questions about your background.

IF FCC: Do you serve any children or families who speak a language other than English at home?

- Yes → **GO TO I2**
- No → **GO TO I5**

Source: LA Advance Administrative Survey

IF FCC: How many children in your care speak a language other than English at home?

| Number of children

Source: Adapted from LA Advance Administrative Survey

Do you speak a language other than English when working with children and families?

SELECT ONE ONLY

- Yes → **GO TO I4**
- No → **GO TO I5**

Adapted from ELMC Coach Survey

Does your coach understand this language/these languages?

SELECT ONE ONLY

- ₁ Yes, my coach understands all the non-English languages I use in the classroom
- ₂ My coach understands some but not all of the non-English languages I use in the classroom
- ₃ My coach does not understand any of the non-English languages I use in the classroom
- ₄ Don't know

Adapted from ELMC Coach Survey

What is the highest level of education you have completed?

SELECT ONE ONLY

- ₁ Up to 8th grade
- ₂ 9th to 11th grade
- ₃ 12th grade but no diploma
- ₄ High school diploma/GED/or equivalent
- ₅ Voc/Tech diploma after high school
- ₆ Some college, but no degree
- ₇ Associate's Degree (AA)
- ₈ Bachelor's Degree (BA or BS)
- ₉ Master's Degree (MA) or above

Adapted from ELMC Coach Survey

IF 15 = 5, 7, 8, or 9: In what field did you obtain your highest degree?

SELECT ONE ONLY

- ₁ Child development or developmental psychology
- ₂ Early childhood education
- ₃ Elementary education
- ₄ Special education
- ₅ Curriculum development
- ₆ Education administration or educational leadership
- ₇ Bilingual education
- ₈ Reading or literacy
- ₉ Psychology, counseling, social work
- ₁₀ Other – *Specify*

Adapted from FACES 2014 Teacher Survey

Do you have any of the following certificates or licenses? [Please do not count your license to operate your family child care business for this item.]

SELECT ONE OR MORE

- ₁ Coach certification
- ₂ State-awarded teaching certificate or license
- ₃ State-awarded early childhood education certificate
- ₄ Child Development Associate (CDA) credential
- ₅ Special education teacher degree
- ₆ Social work, Psychology, or Counseling license
- ₉₉ Other – *Specify*

- ₀ None of the above

Adapted from ELMC Coach 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 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

What is your ethnicity?

SELECT ONE ONLY

- ₁ Hispanic or Latino
- ₂ Not Hispanic or Latino

Adapted from ELMC Coach Survey

What is your race?

SELECT ONE OR MORE

- ₁ American Indian or Alaska Native
- ₂ Black or African American
- ₃ Asian
- ₄ Native Hawaiian or Other Pacific Islander
- ₅ White

Adapted from ELMC Coach Survey

J. Conclusion

Thank you for your participation in this survey. Please provide the mailing address to where we should send your \$20 thank-you gift card. You will receive it in about 2 weeks.

First Name:

Last Name:

Street Address Line 1:

Street Address Line 2:

City:

State:

Zip Code:

I do not wish to receive the honorarium.

Thank you for completing the SCOPE Teacher Survey

End

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