

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

AFFIX LABEL HERE

Mother and Infant Home Visiting Program Evaluation

MIHOPE-K
Survey of Focal Children’s Teachers

November 2018

This collection of information is voluntary and will be used to learn how home visiting programs benefit families. 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 XXXX–XXXX and the expiration date is XX/XX/XXXX.

[WEB ONLY]
LOG-IN SCREEN

Welcome to the MIHOPE Teacher Survey.

To begin the survey, please enter the login ID and password below.

Login ID: _____

Password: _____

If you need help logging in, please call us at 1-800-273-6813, or email us at MIHOPE@mathematica-mpr.com.

This survey is being conducted as part of the Mother and Infant Home Visiting Program Evaluation (MIHOPE). MIHOPE is sponsored by the Administration for Children and Families (ACF) and the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services (HHS). MIHOPE is being conducted for HHS by MDRC, in partnership with Mathematica Policy Research.



IF A RESPONDENT ATTEMPTS TO RE-ENTER THE INSTRUMENT AFTER THEY HAVE ALREADY COMPLETED IT, PLEASE DISPLAY THE BELOW TEXT CENTERED.

**Thank you for visiting the MIHOPE Teacher Survey.
Our records indicate that you have already completed the survey for this child.**

If you have any questions, please call us at 1-800-273-6813, or email us at MIHOPE@mathematica-mpr.com.

INTRODUCTION

ABOUT THIS SURVEY

Administration for Children and Families (ACF) and the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services (HHS). A nonprofit organization called MDRC is conducting the study, with funding from HHS. The study team also includes Mathematica Policy Research and the University of Georgia, and other researchers who may be added in the future.

All questions in this survey are about [CHILD FIRST NAME] [CHILD LAST NAME], the student in your class whose name is on the cover page of this form. We will ask you to answer questions about the student's behavior problems, social behaviors, and learning behaviors. We will also ask you some questions about special education services, disciplinary incidents, and absences.

[We are asking you to participate because a student in your class, [CHILD FIRST NAME] [CHILD LAST NAME], is taking part in the MIHOPE study. We are asking you to participate because a student in your class whose name is on the cover page of this form. For part of the MIHOPE study, we would like you to complete a survey about this student.] This study seeks to learn about the effects of home visiting on families and children. As part of this study, we would like you to complete a survey about this student.

If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. The study is being conducted by the U.S. Department of Health and Human Services. The study team also includes Mathematica Policy Research and the University of Georgia, and other researchers who may be added in the future.

By completing the survey, you might be helping local, state, and federal agencies improve their home visiting services. There is minimal risk to completing the survey. None of the questions we ask involve sensitive topics. You may refuse to answer any questions. There is a small risk that the information you share could be disclosed outside the study team. However, the study team follows strict rules to protect your privacy and we will not have any information, please call 1-800-273-6213, include a bus at MIHOPE@mathematicallyidentifiable information. We will not provide information that identifies you, your student, your school, or your district to anyone outside the study team, except as required by law. The study also has a Certificate of Confidentiality from the U.S. Department of Health and Human Services, which we will use to resist any requests for information that could identify you.

Hard Copy and We will not have any information, please call 1-800-273-6213, include a bus at MIHOPE@mathematicallyidentifiable information. We will not provide information that identifies you, your student, your school, or your district to anyone outside the study team, except as required by law. The study also has a Certificate of Confidentiality from the U.S. Department of Health and Human Services, which we will use to resist any requests for information that could identify you.

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- Taking the survey is your choice. If you decide not to complete the survey, there is no penalty to you or your student. You may stop filling out the survey at any time, and may refuse to answer any questions.
- If you have any questions at any time about the study or about your rights as a participant in the research, please contact the MIHOPE study team at [TOLL FREE LINE], or email us at [PROJECT EMAIL].
- [FOR HARD COPY VERSION ONLY] By checking the box below, you signify your consent to participate in this study and acknowledge that you understand the purpose of this study and the information provided on the previous pages, that the risks and benefits have been explained to you, that you are free to ask any questions, that your participation is your choice, that completing the survey or not completing the survey will not affect you or your student in any way, that you are free to stop filling out the survey at any time and can refuse to answer any part of the survey, that any information that could be used to identify you will be private, and that you may withdraw this consent at any time without penalty.

Checking this box will serve as your consent to take part in this research study.

[FOR WEB VERSION ONLY] To begin the survey, check the box below and then click the “next” button. By checking the box, you signify your consent to participate in this study and acknowledge that you understand the purpose of this study and the information provided on the previous screens, that the risks and benefits have been explained to you, that you are free to ask any questions, that your participation is your choice, that completing the survey or not completing the survey will not affect you or your student in any way, that you are free to stop filling out the survey at any time and can refuse to answer any part of the survey, that any information that could be used to identify you will be private, and that you may withdraw this consent at any time without penalty.

Checking this box will serve as your consent to take part in this research study.

NEXT

[FOR WEB VERSION ONLY, THE FOLLOWING TEXT WILL APPEAR AS A HEADER ON EACH SCREEN CONTAINING ITEMS]: For all questions in this survey, please respond about [CHILD FIRST NAME] [CHILD LAST NAME].

[FOR HARD COPY VERSION ONLY, THE FOLLOWING TEXT WILL APPEAR AS A HEADER ON EACH PAGE CONTAINING ITEMS]: Please answer all questions about the student whose name is on the cover page of this form.

SECTION A. BACKGROUND

Source: Adapted from FACES 2017 Teacher Core Web Survey

- A1.** [WEB]: **First, we'd like you to confirm your name. Are you [TeacherName]?**
[HARD COPY]: **Is your name, as it appears on the cover page of this form, correct?**

MARK ONE ONLY

- 1 Yes → GO TO A2c
← 2 Yes, but my name is incomplete or misspelled
0 No, the name shown is someone other than me

Source: FACES 2017 Teacher Core Web Survey

- A1a.** [WEB]: **Please enter the correct spelling of your name.**
[HARD COPY]: **Please provide the correct spelling of your name.**

FIRST NAME

MIDDLE INITIAL

LAST NAME

IF NO RESPONSE, TRIGGER SOFT CHECK: **Please provide a response before continuing.**

Source: Adapted from Baby FACES 2018 Staff Child Report for Teachers

- A2c.** [WEB]: **Are you currently the teacher for [CHILD]?**
[HARD COPY]: **Are you currently the teacher of the child whose name appears on the cover page of this form?**

MARK ONE ONLY

- ← 1 Yes
2 Not currently, but I was this child's teacher within the past 6 weeks
0 No → GO TO A7

IF NO RESPONSE, TRIGGER SOFT CHECK: **Please provide a response before continuing**

Source: New item

- A2.** [WEB]: **Do you currently teach at [SCHOOL]?**
[HARD COPY]: **Do you currently teach at the school listed on the cover page of this form?**

MARK ONE ONLY

- 1 Yes → GO TO A3
2 Yes, but the school name is incomplete or misspelled → GO TO A2a
0 No → GO TO A2a

Source: New item

- A2a.** **What is the full name of your school?**

SCHOOL NAME

IF NO RESPONSE, TRIGGER SOFT CHECK: **Please provide a response before continuing**

Source: New item

A2b. What is your school's address?

ADDRESS 1

ADDRESS 2

CITY

____|____|____
STATE

____|____|____|____|____|____|____
ZIP CODE

ZIP CODE

IF NO RESPONSE, TRIGGER SOFT CHECK: **Please provide a response before continuing.**

Source: Adapted from FACES 2009 Kindergarten Teacher Survey

A3. What grade or year of school is this child enrolled in?

MARK ONE ONLY

- 1 Preschool
- 2 Prekindergarten
- 3 Head Start
- 4 Transitional kindergarten (before K)
- 5 Kindergarten
- 6 First grade
- 7 Other (specify) _____

THIS IS
YOUR
LAST
ITEM
ON

} → GO TO A4

IF NO RESPONSE, TRIGGER SOFT CHECK: **Please tell us what grade or year of school this child is in.**

IF A3_7=YES AND OTHER SPECIFY IS LEFT BLANK, TRIGGER SOFT CHECK: **Please tell us what grade or year of school this child is in.**

Source: New item

A4. On what date did the current school year begin?

____|____| / ____|____| / ____|____|____|____|
Month Day Year

Source: New item

A5. When did [[CHILD]/this child] join your class? Your best estimate is fine.

If you have been this child's teacher for longer than this school year, please enter the date this school year began.

____|____| / ____|____| / ____|____|____|____|
Month Day Year

IF NO RESPONSE, TRIGGER SOFT CHECK: **Please provide a response before continuing. All we need is your best estimate.**

Source: New item

A5a. Did you teach [[CHILD]/this child] before this school year?

MARK ONE ONLY

1 Yes

0 No

Source: Adapted from FACES 2009 Kindergarten Teacher Survey

A6. Is [[CHILD]/this child]'s classroom...

MARK ONE ONLY

1 a part-day, AM classroom

2 a part-day, PM classroom

3 a full-day classroom

GO TO
SECTION B

Source: Adapted from Baby FACES 2018 Staff Child Report for Teachers; FACES 2009 Kindergarten Teacher Survey

A7. What is the main reason [[CHILD]/this child] is not in your class?

MARK ONE ONLY

1 Child moved to another class in the same school

2 Child moved to another school

3 Child was never in my class

Source: FACES 2009 Kindergarten Teacher Survey

A8. Please provide current information for [[CHILD]/this child].

If this information is not known to you, please mark 'Don't know.'

[WEB] IF A7=1, ONLY DISPLAY 'NAME OF CURRENT TEACHER' AND 'EMAIL' FIELDS.

NAME OF SCHOOL CHILD NOW ATTENDS: _____

d Don't know

NAME OF CURRENT TEACHER: _____

d Don't know

EMAIL OF CURRENT TEACHER: _____

d Don't know

ADDRESS OF CHILD'S CURRENT SCHOOL: _____

d Don't know

CITY/STATE OF CHILD'S CURRENT SCHOOL: _____

d Don't know

A_end.

IF A2c = 0: **Since it appears that [CHILD] has not been enrolled in your class in the last 6 weeks, those are all the questions we have for you right now. Thank you for taking the time to respond to this survey. [WEB ONLY: You can close your browser to exit the survey. If you have any questions, please call us at 1-800-273-6813, or email us at MIHOPE@mathematica-mpr.com.]**

[WEB] IF A3 = 1 TO 4: **Since [CHILD] is not yet in kindergarten, those are all the questions we have for you right now. Thank you for taking the time to respond to this survey. You can close your browser to exit the survey. If you have any questions, please call us at 1-800-273-6813, or email us at MIHOPE@mathematica-mpr.com.**

SECTION B. APPROACHES TO LEARNING

Source: Teacher-Child Rating Scale (TCRS); PROPRIETARY
Subscales: Task orientation, frustration tolerance

B1. Please rate the following items according to how well they describe [[CHILD]/this child].

SECTION C. SOCIAL-EMOTIONAL SKILLS

Source: Social Skills Improvement System (SSIS); PROPRIETARY
Subscales: Cooperation, engagement, and self-control

C1. Please read each item and think about [[CHILD]/this child]'s behavior during the past two months. Then mark how often he/she displays the behavior.

Source: Teacher-Child Rating Scale (TCRS); PROPRIETARY
Subscales: Assertive social skills

C2. Please rate the following items according to how well they describe [[CHILD]/this child].

SECTION D. PROBLEM BEHAVIORS

Source: Social Skills Improvement System (SSIS); PROPRIETARY
Subscales: Internalizing, externalizing, and hyperactivity/inattention

D1. The next questions are about feelings and behaviors that can be problems for young children. Please read each item and think about [[CHILD]/this child]'s behavior during the past two months. Then mark how often he/she displays the behavior.

SECTION E. DISCIPLINARY INCIDENTS

Source: New Item

E1. Have you ever had to contact this child's parent(s) because of his/her behavior?

- 1 Yes
 0 No

Source: New Item

E2. Since the start of the school year, has this child received (or been involved in) any of the following disciplinary incidents? If yes, please indicate the number of times for each. Your best estimate is fine.

MARK ONE PER ROW

	YES	NO	DON'T KNOW	If yes, how many times?
a. Been sent to principal's or school administrator's office?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
b. Been sent to detention?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
c. Been expelled?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
d. Been physically restrained to prevent harm to him/herself or others, or damage to property?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
e. Been sent to timeout or a timeout room?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
f. Received an in-school suspension?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
g. Received an out-of-school suspension?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
h. Been placed in an interim alternative educational setting?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
i. Been subject to any other disciplinary incident?..... (IF YES) Please specify	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _

IF E2I=YES AND OTHER SPECIFY LEFT BLANK, TRIGGER SOFT CHECK: **Please specify the other disciplinary incident(s) the child has been subject to since the start of the school year.**

IF E2A-E2I=YES, SAY: **You indicated [CHILD] has received (or has been involved in) the following disciplinary incidents. Please indicate the number of times for each: Your best estimate is fine.**

Source: New Item

E3. Why was this child subject to (this/these) disciplinary incident(s)?

MARK ALL THAT APPLY

- 1 Physical aggression
- 2 Bullying
- 3 Danger to self
- 4 Disorderly conduct
- 5 Harassment
- 6 Property damage
- 7 School conduct/policy violation
- 8 Other (*specify*) _____
- d Don't know

IF E3_8=YES AND OTHER SPECIFY LEFT BLANK, TRIGGER SOFT CHECK: **Please tell us the other reason for the disciplinary incident(s).**

SECTION F. RECEIPT OF SPECIAL SERVICES

Source: New item

F1. Is this child currently receiving special education services?

- 1 Yes
0 No
d Don't know

GO TO F2

F1a. For what reason(s)?

MARK ALL THAT APPLY

- 1 Vision impairment/blindness
2 Hearing impairment/hard of hearing/deafness
3 Motor impairment
4 Speech impairment/difficulty communicating
5 Intellectual disability/developmental delay
6 Autism spectrum disorder (ASD) or pervasive developmental disorder (PDD)
7 Behavior problems/hyperactivity/attention deficit (ADD or ADHD)
8 Oppositional defiant disorder
9 Other (*specify*) _____
d Don't know

IF F1A_9=YES AND OTHER SPECIFY LEFT BLANK, TRIGGER SOFT CHECK: **Please tell us for what other reason this child receives special education services.**

Source: New item

F2. Has this child been assigned to an Individualized Education Program (IEP)?

An IEP is a written plan that describes goals for this child and the services he/she should receive.

- 1 Yes
0 No
d Don't know

GO TO F3

F2a. For what reason(s)?

MARK ALL THAT APPLY

- 1 Vision impairment/blindness
2 Hearing impairment/hard of hearing/deafness
3 Motor impairment
4 Speech impairment/difficulty communicating
5 Intellectual disability/developmental delay
6 Autism spectrum disorder (ASD) or pervasive developmental disorder (PDD)
7 Behavior problems/hyperactivity/attention deficit (ADD or ADHD)
8 Oppositional defiant disorder
9 Other (*specify*) _____
d Don't know

IF F2A_9=YES AND OTHER SPECIFY LEFT BLANK, TRIGGER SOFT CHECK: **Please tell us for what other reason this child has been assigned to an IEP.**

Source: Adapted from FACES

F3. Since this child has enrolled in your classroom, have you or anyone else identified concerns about his/her health or development?

This does not refer to normal health concerns (e.g., "she has a lot of colds."). The concerns may be identified by yourself, another staff member, a parent, or anyone else.

- 1 Yes
 - 0 No
 - d Don't know
- G

Source: FACES

F3a. To your knowledge, what areas of this child's health and development appear to be of concern?

MARK ALL THAT APPLY

- 1 Vision impairment/blindness
- 2 Hearing impairment/hard of hearing/deafness
- 3 Motor impairment
- 4 Speech impairment/difficulty communicating
- 5 Intellectual disability/developmental delay
- 6 Autism spectrum disorder (ASD) or pervasive developmental disorder (PDD)
- 7 Behavior problems/hyperactivity/attention deficit (ADD or ADHD)
- 8 Oppositional defiant disorder
- 9 Other (*specify*) _____
- d Don't know

IF F3A_9=YES AND OTHER SPECIFY LEFT BLANK, TRIGGER SOFT CHECK: **Please tell us what other areas of this child's health and development appear to be of concern.**

Source: Adapted from FACES

[IF F3 = YES]

F4. What has been done so far to address the child's condition or the concerns about the child's health and development?

MARK ALL THAT APPLY

- 1 Discussions/plans are in progress
- 2 A specialist has been contacted
- 3 The child has been observed or evaluated
- 4 A meeting with the parents and the special needs team has been made
- 5 Modifications or accommodations to the classroom or class activities have been made
- 6 Student is in an inclusive, Collaborative Team Teaching (CTT) or Integrated Co-Teaching (ICT) classroom
- 7 Student is in a self-contained classroom
- 8 Other (*specify*) _____
- d Don't know

IF F14_8=YES AND OTHER SPECIFY LEFT BLANK, TRIGGER SOFT CHECK: **Please tell us what else has been done so far.**

SECTION G. SCHOOL ATTENDANCE AND ABSENTEEISM

Source: New item

G1. How many days has this child been absent this school year? Your best estimate is fine.

|_|_| DAYS

d Don't know

Source: Head Start CARES

G1a. All we need is an estimate. About how many days has this child been absent this school year?

1 One to five

2 Six to ten

3 11 to 15

4 More than 15

d Don't know

Source: New item

G2. How many days has this child arrived late to school this year? Your best estimate is fine.

|_|_| DAYS

d Don't know

Source: Head Start CARES

G2a. All we need is an estimate. About how many days has this child arrived late to school this year?

1 One to five

2 Six to ten

3 11 to 15

4 More than 15

d Don't know

[HARD COPY (AUTO-CAPTURED FOR WEB)]

Source: New item

G3. Please indicate today's date:

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

SECTION H. CLOSING/THANK YOU

[WEB VERSION ONLY]

Source: Adapted from FACES 2014-2018 Teacher Child Report

Address1. You are almost at the end of the survey. We will mail you a \$10 Visa gift card as a thank you for your participation.

Please confirm where you would like us to send your gift card by choosing from one of the options below. You can choose to receive your gift card at your school address as shown, or we can send it somewhere else.

[FILL SCHOOL ADDRESS]

- 1 Send the gift card to my school. The address as shown is correct. → GO TO END
- 2 I'd like the gift card sent to my school, but the address is not correct.
- 3 Send the gift card to a different address.
- 4 Do not send a thank-you gift card. → GO TO END

IF NO RESPONSE, TRIGGER SOFT CHECK: Please indicate where you would like your gift card sent.

[WEB VERSION: IF ADDRESS1 = 2 OR 3; HARD COPY: ALL]

Source: Adapted from FACES 2014-2018 Teacher Child Report

Address2. Please enter the address where you would like the gift card sent.

_____	(STRING 60)
Street Address 1	
_____	(STRING 60)
Street Address 2	
_____	(STRING 60)
City	
_____	(STRING 60)
State	
_____	(STRING 5)
Zip	

IF MISSING ANY FIELD EXCEPT STREET ADDRESS 2, TRIGGER SOFT CHECK: It is very important we have your complete address so we can mail your gift card promptly. Please confirm you have entered your complete mailing address.

[WEB VERSION ONLY: IF ADDRESS1 = 2 OR 3]

Source: Adapted from FACES 2014-2018 Teacher Child Report

Address3. To confirm, you would like your gift card sent to [FILL ADDRESS FROM ADDRESS2].

- 1 Yes, this address is correct.
- 2 No, this is NOT the correct address → GO TO ADDRESS2
- 3 No, mail gift card to school. → GO TO ADDRESS1

IF NO RESPONSE, TRIGGER HARD CHECK: **Please confirm where you would like to send the gift card.**

Thank you for your participation in MIHOPE! We really appreciate you taking the time to help us with this study.

If you would like to share any additional information about [[CHILD]/this child], please do so here:

If you have any feedback on this survey or on the MIHOPE study that you'd like to share with us, please do so here:

[WEB ONLY]

You may now close your browser to exit the survey

[HARD COPY ONLY]

**Please return this questionnaire in the envelope provided.
If you no longer have the envelope, please mail this questionnaire to:**

MATHEMATICA POLICY RESEARCH

ATTN: RECEIPT CONTROL - Project 50356

P.O. Box 2393

Princeton, NJ 08543-2393

If you have any questions, please call us at 1-800-273-6813, or email us at MIHOPE@mathematica-mpr.com