# OMB # 0970-0151

# Expiration: XX/XX/XXXX

# Mathematica Policy Research logo



**FACES 2019**

**Experiences in Head Start**

Head Start Family and Child Experiences Survey 2019

(FACES 2019)

Teacher Survey

|  |
| --- |
| Spring 2020 |

**Welcome to the Head Start Family and Child Experiences Survey 2019 (FACES 2019) Teacher Website. Please refer to the instructions you received to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then click CONTINUE. If you do not have your login ID and password, please call Felicia Parks at XXX-XXX-XXXX, or e-mail us at** [**XXXX@mathematica-mpr.com**](mailto:FACES2014@mathematica-mpr.com)**.**

**Login ID:**

**Password:**

SURVEY INFORMATION

**Mathematica Policy Research is conducting the Head Start Family and Child Experiences Survey 2019 (FACES 2019) under contract with the Administration for Children and Families (ACF) of the U. S. Department of Health and Human Services (DHHS).**

**We need you to complete this brief survey which asks about your classroom and your background as well as your thoughts about teaching and your program.**

**Thank you for taking the time to complete this survey. There are no right or wrong answers to the questions. Questions are not always numbered sequentially, so please answer questions in the order they appear, regardless of the question number. The next page provides you with general instructions on how to complete the survey.**

**Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will not be shared with parents or other staff in your center, or anybody else not working on this study. Please be assured that all information you provide will be kept private to the extent permitted by law. The information you provide to the study will be protected and will only be seen by selected members of the study team. The survey will take about 30 minutes to complete.**

**Please click on one of the buttons below to begin or exit the survey.**

**Begin your Survey (Button)**

**Exit Survey (Button)**

|  |
| --- |
| Paperwork Reduction Act Statement: This collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 0970-0151 and expires XX/XX/XXXX. The time required to complete this collection of information is estimated to average 30 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Lizabeth Malone. |

SURVEY INSTRUCTIONS

ALL

**How to complete the survey**

Thank you for taking the time to complete this survey.

* There are no right or wrong answers.
* To answer a question, click the box to choose your response.
* To continue to the next webpage, press the **"Next"** or **"Continue"** button.
* To go back to the previous webpage, click the **"Back"** or **"Previous"** button. Please note that this command is only available in certain sections.
* If you need to stop before you have finished, the "Suspend" button at the bottom of each page allows you to exit the survey. The data you provide prior to clicking "Suspend" will be securely stored and available when you return to complete the survey.
* Please answer questions in the order they appear regardless of the question number. **Questions will not always be numbered sequentially**, and some may be skipped because they do not apply to you.
* For security purposes, you will be timed out if you are idle for longer than **30 minutes**.
* When you decide to continue the survey, you will need to log in again using your login ID and password.

**Please click one of the buttons below to begin or exit the survey.**

Begin your survey (Button)

Exit (Button)

SURVEY WELCOME SCREEN

**Hello! Welcome to the FACES 2019 Teacher Website!**

**Center: [SITE NAME], Classroom: [CLASSROOM].**

**Teacher: [TEACHER FNAME TEACHER LNAME]**

Next (Button)

Resume (Button)

Suspend (Button)

Contact the help desk (Link)

Instructions (Link)

ALL

|  |
| --- |
| PROGRAMMER  CHECK BOX TO PRECEDE TEXT |

Consent Screen. By clicking this box, I agree that I understand the purpose of this study including privacy assurances, and that my participation is completely voluntary. I may withdraw this consent at any time without penalty.

|  |
| --- |
| HARD CHECK IF CONSENT SCREEN = MISSING; **If you wish to complete the survey, please click the box. Otherwise, please hit Continue to exit the survey.** |
| SECOND HARD CHECK IF CONSENT SCREEN = MISSING; **Your response to this question is very important. Please select a response.** |

SCREENER

|  |
| --- |
| PROGRAMMER  FOR [FILL TEACHER NAME] USE TEACHER FNAME TEACHER LNAME |

ALL

SC0. Are you {Fill TeacherName}?

*Select one only*

🔾 Yes 1 GO TO S1b

🔾 Yes, but my name is misspelled 2 GO TO SC0a

🔾 No, this is not my name 3 GO TO SC0a

|  |
| --- |
| HARD CHECK: IF SC0=NO RESPONSE**; Your response to this question is very important. *Please select a response.*** |

|  |
| --- |
| PROGRAMMER BOX SC0  [Alert sent to XXX to update SMS] |

IF SC0 = 2 OR 3

SC0a. Please enter the correct spelling of your name.

(STRING 150)

First, Middle and Last Name

|  |
| --- |
| HARD CHECK: IF SC0a=NO RESPONSE; **Your response to this question is very important. *Please select a response.*** |

|  |
| --- |
| PROGRAMMER BOX SC0a  [Alert sent to XXX to create new teacher with new user name and password] |

IF SC0 = 3

SC0b. Please call 855-714-8193 after noon on the next business day to receive a new user id and password.

🔾 Click here and then press the **Next** 🡪 button to continue

|  |
| --- |
| HARD CHECK: IF SC0b=NO RESPONSE; **Your response to this question is very important. *Please select a response.*** |

PROGRAMMER

AFTER SC0b GO TO ENDX

PROGRAMMER NOTES

PROGRAMMER NOTE FOR TEACHERS WITH SECOND CLASS: ASK QUESTIONS ABOUT FIRST CLASS FIRST AND THEN ASK QUESTIONS ABOUT SECOND CLASS AT THE END OF THE INTERVIEW.

PROGRAMMER NOTE FOR CLASS FILL:

(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class).

REVISE FILL USING FullPart (1=AM, 2=PM, 3=FD, 4=HV) SUCH THAT

(FullPart = 3, 4) your classroom/(FullPart=1) your morning class/(FullPart=2) your afternoon class).

If OneOrTwo=2 AND ONE OF THE SESSIONS IS 4 (HOME VISITOR), FullPart=4 SHOULD BE ABOUT FIRST CLASS AND THEN SECOND CLASS IS XFullPart=1 or 2.

If OneOrTwo=2 AND NO SESSION IS 4 (HOME VISITOR), FULLPART =1 SHOULD BE ABOUT THE FIRST CLASS AND THEN SECOND CLASS IS XFULLPART=2.

PROGRAMMER: REPEAT QUESTIONS WITH UNIVERSE STATEMENT SECOND IF TEACHER HAS A SECOND CLASS.

ALL

SECOND

S1b. When did you become the teacher of this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] for this program year?

*If you have been the teacher of this class for longer than this program year, please enter the date the program year began.*

MONTH DAY YEAR

(1-12) (1-31) (2019-2020)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF S1b=NO RESPONSE; **Please provide an answer to this question and continue.**  ***To continue to the next question without providing a response, click the continue button.*** |
| SOFT CHECK: IF DATE ENTERED IS EARLIER THAN 07/01/2019: **Please enter the date you became the teacher for this (ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class), for this program year*.* If you have been the teacher of this class for longer than this program year, please enter the date the program year began. Is this date [DISPLAY MONTH DAY YEAR] correct?** |

IF S1b AFTER JULY 1, 2019

SECOND

S3. Before you became the teacher of [(ONE CLASS) this classroom/(MORNING CLASS) this morning class/(AFTERNOON CLASS) this afternoon class], were you teaching in Head Start?

🔾 Yes 1 GO TO S4

🔾 No 0 GO TO AA1Intro

NO RESPONSE M GO TO AA1Intro

|  |
| --- |
| SOFT CHECK: IF S3=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF S3 = 1

SECOND

S4. Where were you teaching before you came to this [(ONE CLASS) classroom/(MORNING CLASS) this morning class/(AFTERNOON CLASS) this afternoon class]?

*Select one only*

🔾 In the same classroom as an assistant teacher 1

🔾 In a different classroom at the same Head Start center 2

🔾 At a different Head Start center operated by the same program 3

🔾 At a Head Start center operated by a different program 4

🔾 Somewhere else (Specify) 5

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF S4=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF S4 = 5

SECOND

S4Specify. Where did you teach before coming to this classroom?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF S4Specify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

AA. CLASSROOM SESSION TYPE

ALL

AA1Intro.

PROGRAMMER: AA1INTRO AND AA1 SHOULD BE ON THE SAME PAGE.

[(FULLPART=4 or XFULLPART = 4) In this survey, the term “classroom” refers to all of the children in your caseload.]

First, please answer some questions about all of the classes you teach at this program. Only include information about classes with Head Start children enrolled.

AA1. Do you currently work with Head Start children as a home visitor?

*Although Head Start teachers may perform home visits from time to time, this does not qualify them as a home visitor. A home visitor interacts with children on a weekly basis at the family’s home, not in a classroom setting.*

🔾 Yes 1 GO TO AA2

🔾 No 0 GO TO AA3

NO RESPONSE M GO TO A0-1Intro

|  |
| --- |
| SOFT CHECK: IF AA1=NO RESPONSE; **Please provide an answer to this question and continue.**  ***To continue to the next question without providing a response, click the continue button.*** |

IF AA1 = 1

AA2. Do you also teach a class with Head Start children at this program?

🔾 Yes 1 GO TO AA3

🔾 No 0 GO TO A0-1Intro

NO RESPONSE M GO TO A0-1Intro

|  |
| --- |
| SOFT CHECK: IF AA2=NO RESPONSE; **Please provide an answer to this question and continue.**  ***To continue to the next question without providing a response, click the continue button.*** |

IF AA1 = 0; IF AA2 = 1

AA3. Do you teach . . .

*Select one only*

🔾 A full-day class 1

🔾 A morning class only 2

🔾 An afternoon class only 3

🔾 Both a morning and afternoon class 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF AA3=NO RESPONSE; **Please provide an answer to this question and continue.**  ***To continue to the next question without providing a response, click the continue button.*** |

A. CLASSROOM ACTIVITIES

ALL

SECOND

A0-1Intro. The next questions are about your classroom activities and the children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class].

IF FIRST OF TWO CLASSES

The first class is the {FILL Class name FROM SMS} classroom.

IF SECOND OF TWO CLASSES

The second class is the {FILL Class name FROM SMS} classroom.

IF TEACHER OF TWO CLASSES (OneOrTwo=2): After you have completed the survey for [(FULLPART=1) your morning class/(FULLPART=2) your afternoon class/(FULLPART=4) your home visiting cases], you will be asked a few additional questions about [(XFULLPART=1) your morning class/(XFULLPART=2) your afternoon class/(XFULLPART=4) your home visiting cases].

A0-1. How many children are enrolled in this class?

NUMBER OF CHILDREN

(RANGE 1-50)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF =NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| SOFT CHECK: IF A0-1>20; **You have entered [A0-1] as the number of children in your class. Is that correct?** |

ALL

SECOND

A0-1x. As of today's date, how many children in this class are at each of the following ages?

*If there are no children of a particular age in this class, please enter 0.*

PROGRAMMER: RANGE FOR GRID IS 0-50

|  | NUMBER OF CHILDREN |
| --- | --- |
| a. 3 years old (or younger)……………… |  |
| b. 4 years old…………………………….. |  |
| c. 5 years old (or older)…………………. |  |

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A0-1a >20; **You have entered [A0-1a] as the number of children who are 3 years old (or younger) in your class. Is that correct?** |
| SOFT CHECK: IF A0-1b >20; **You have entered [A0-1b] as the number of children who are 4 years old in your class. Is that correct?** |
| SOFT CHECK: IF A0-1c >20; **You have entered [A0-1c] as the number of children who are 5 years old (or older) in your class. Is that correct?** |
| SOFT CHECK: IF A0-1a,b,OR c = NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.** |
| HARD CHECK: IF A0-1 DOES NOT EQUAL A0-1a+ A0-1b + A0-1c **You have entered [A0-1] as the number of children enrolled in your class, but with [A0-1a] 3-year-old(s), [A0-1b] 4-year-old(s), and [A0-1c] 5-year-old(s) that is [A0-1a+A0-1b+A0-1c] children total. Is [A0-1] correct?** |

ALL

SECOND

A01d. As of today's date, how many children in this class are…

*If there are no children of a particular group in this class, please enter 0.*

PROGRAMMER: RANGE FOR GRID IS 0-50

|  | NUMBER OF CHILDREN |
| --- | --- |
| 1. American Indian or Alaska Native……….. |  |
| 2. Asian or Pacific Islander…………………… |  |
| 3. Black, non-Hispanic………………………... |  |
| 4. Hispanic……………………………………... |  |
| 5. White, non-Hispanic………………………... |  |

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A01d 1,2,3,4, OR 5=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

SECOND

A0-x. How many of each of the following staff are usually with this class?

*If no staff currently work in the position, please enter 0.*

PROGRAMMER: RANGE FOR GRID IS 0-10

|  | NUMBER OF STAFF |
| --- | --- |
| 2. Lead Teachers *(Lead teachers are the head or primary teachers in the classroom. If teachers are co-teachers count them here.)…………………………* |  |
| 3. Assistant Teachers……………………………………... |  |
| 4. Paid Aides……………………………………………….. |  |

NO RESPONSE………………………………………...…….M

|  |
| --- |
| SOFT CHECK: IF A01-x2,3, OR 4=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| SOFT CHECK: IF A01-x = 0 OR >5, You have entered [A0-2] as the number of lead teachers in your class. Is that correct? |

ALL

SECOND

A0-5. How many days a week does this class meet?

DAYS

(RANGE 1-7)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A0-5=NO RESPONSE; Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.* |
| SOFT CHECK: IF IFA0-5 > 5; **You have entered [A0-5] as the number of days a week this class meets. Is that correct?** |

ALL

SECOND

A0-6. How many hours a week does this class meet?

HOURS

(RANGE 1-168)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A0-6 =NO RESPONSE; Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.* |
| SOFT CHECK: IF A0-6<5 OR >40; **You have entered [A0-6] as the number of hours a week this class meets. Is that correct?** |

ALL

SECOND

**A1. Please describe how a typical dayis spent in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class]. Not including lunch or nap breaks, how much time do the children spend in the following kinds of activities?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  | NO TIME | HALF HOUR OR LESS | ABOUT ONE HOUR | ABOUT TWO HOURS | THREE HOURS OR MORE |
| --- | --- | --- | --- | --- | --- |
| a. Teacher-directed whole class activities………… | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. Teacher-directed small group activities………... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Teacher-directed individual activities…… | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. Child-selected activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF A1a,b,c,d=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

IF A1(b) = 2, 3, 4, or 5

SECOND

A1f. You indicated that children work in small groups. How do you determine group membership?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Child interests 1

🞏 Ability level 2

🞏 Based on assessment data 3

🞏 Age 4

🞏 Behavior 5

🞏 Other (Specify) 6

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A1f = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A1f = 5

A1fSpecify. What else do you use to determine group membership?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A1fSpecify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A1(c) = 2, 3, 4, or 5

SECOND

A1g. You indicated that children work in teacher-directed individual activities. How do you determine what activities to work on?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Child interests 1

🞏 Ability level 2

🞏 Based on assessment data 3

🞏 Age 4

🞏 Other (Specify) 5

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A1g = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A1g = 6

SECOND

A1gSpecify. What else do you use to determine the activities?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A1gSpecify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

SECOND

A1e. How often do children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] usually work on activities in the following areas, whether as a whole class, in small groups, or in individualized arrangements?

|  |
| --- |
| PROGRAMMER BOX A1E: set up hover for text “arts” that will pop up to provide the following definition:  **Arts includes all creative types of activities such as dance, painting, and drama.**  set up hover for text “SOCIAL AND EMOTIONAL” that will pop up to provide the following definition:  **Explicit instruction about feelings, recognizing emotions, and emotional regulation.** |

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  | Never | Less Than Once a Week | 1-2 Times a Week | 3-4 Times a Week | Daily |
| --- | --- | --- | --- | --- | --- |
| 1. Language Arts and Literacy.... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 2. Mathematics………………...... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 3. Social Studies……………….... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4. Science………………………… | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5. Arts…………………………….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6. Social and Emotional | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF A1e1,2,3,4, 5, OR 6=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

ALL

SECOND

**A2.** **How often do children in [(ONE CLASS) your class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] do each of the following reading and language activities?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  | NEVER | ONCE A MONTH OR LESS | TWO OR THREE TIMES A MONTH | ONCE OR TWICE A WEEK | THREE OR FOUR TIMES A WEEK | EVERY DAY |
| --- | --- | --- | --- | --- | --- | --- |
| a. Work on learning the names of letters | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| b. Practice writing the letters of the alphabet | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| c. Discuss new words | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| d. Dictate stories to a teacher, aide, or volunteer | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| f. Listen to a teacher, aide, or volunteer read stories where they see the print (e.g., Big Books) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| g. Listen to a teacher, aide, or volunteer read stories but they don’t see the print | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| h. Retell stories | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| i. Learn about conventions of print (such as left to right orientation, book holding, pointing to individual word) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| j. Write their own name | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| k. Learn about rhyming words or word families | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| l. Learn about common prepositions, such as over and under, up and down | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| n. Work on letter-sound relationships | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF A2a,b,c,d, f,g,h,I,j,k,l,n = NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

ALL

SECOND

**A3. How often do children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] do each of the following math activities?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  | NEVER | ONCE A MONTH OR LESS | TWO OR THREE TIMES A MONTH | ONCE OR TWICE A WEEK | THREE OR FOUR TIMES A WEEK | EVERY DAY |
| --- | --- | --- | --- | --- | --- | --- |
| a. Count out loud | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| b. Work with geometric manipulatives (for example, pattern, tangrams, unit, or parquetry blocks or shape puzzles) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| c. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| d. Play math-related games | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| g. Work with rulers, measuring cups, spoons, or other measuring instruments | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| h. Engage in calendar-related activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| i. Engage in activities related to telling time | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| j. Engage in activities that involve shapes and patterns | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| k. Work on comparing quantities (least, most, less, more) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| l. Work on ordinal numbers (first, second, third) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| m. Use 10 frames to help teach math concepts | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF A3a,b,c,d,g,h,i,j,k,l,m = NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

ALL

SECOND

**A3k. What proportion of children in [your (ONE CLASS) your class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] are meeting developmental expectations for each of the following areas, compared to other preschoolers?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Less than ¼ of children | About ¼ of children | About ½ of children | About ¾ of children | More than ¾ of children |
| 1. Language and literacy skills | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 3. Mathematical skills | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 2. Social Studies | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4. Science | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5. Social and emotional development | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6. Perceptual, motor, and physical development | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF A3k1,2,3,4,5,6=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

Next, please answer some questions about the languages you and others may speak.

ALL

**A3a\_r. Do you personally speak any language other than English in the classroom?**

🔾 Yes 1 GO TO A3b\_r

🔾 No 0 GO TO A3e

NO RESPONSE M GO TO A3e

|  |
| --- |
| SOFT CHECK: IF A3a\_r = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A3a\_r = 1

A3b\_r. What languages, other than English, do you personally speak in the classroom?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Spanish 2

🞏 Arabic 11

🞏 Cambodian (Khmer) 12

🞏 Chinese 4

🞏 A Filipino language 7

🞏 French 13

🞏 Haitian Creole 14

🞏 Hmong 15

🞏 Japanese 5

🞏 Korean 6

🞏 Vietnamese 3

🞏 Other language (Specify) 8

🞏 Other language (Specify) 9

NO RESPONSE M GO TO A3e

|  |
| --- |
| SOFT CHECK: IF A3b\_r = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A3b\_r = 8 OR 9

A3bSpecify\_r. What languages, other than English, do you personally speak in the classroom?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A3BSpecify\_r = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A3a\_r = 1 & A3b\_r > 1

ASK A3c FOR EACH LANGUAGE REPORTED IN A3b\_r

A3c. How well do you understand (FILL WITH LANGUAGE(S) CODED IN A3B\_R, IF A3B\_R = 8 OR 9 AND A3BSpecify\_R = M, FILL WITH “THIS OTHER LANGUAGE YOU LISTED IN A3B\_R”)?

*Select one only*

🔾 Not at all 1

🔾 Not well 2

🔾 Well 3

🔾 Very well 4

|  |
| --- |
| SOFT CHECK: IF A3c =NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

If A3a\_r = 1 & A3b\_r > 1

ASK A3d FOR EACH LANGUAGE REPORTED IN A3b\_r

A3d. How well do you speak (FILL WITH LANGUAGE(S) CODED IN A3B\_R, IF A3B\_R = 8 OR 9 AND A3BSpecify\_R = M, FILL WITH “THIS OTHER LANGUAGE YOU LISTED IN A3B\_R”)?

*Select one only*

🔾 Not at all 1

🔾 Not well 2

🔾 Well 3

🔾 Very well 4

|  |
| --- |
| SOFT CHECK: IF A3d =NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

SECOND

**A3e. How many children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] speak a language other than English?**

*(Click here for “SPEAK A LANGUAGE OTHER THAN ENGLISH” definition)*

|  |
| --- |
| PROGRAMMER BOX A3e  set up hyperlink for text “here” that will pop up to provide the following definition:  **These children may be learning two (or more) languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language. These children are also often referred to as limited English proficient (LEP), dual language learners (DLLs), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).** |

NUMBER OF CHILDREN

(RANGE 0-50)

🞏 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A3E > 20; **You have entered [A03e] as the number of children in this class who speak a language other than English. Is that correct?** |
| SOFT CHECK: IF A3e = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| HARD CHECK: IF A3e > A0-1; **You have entered [A0-1] as the number of children enrolled in your class, but entered [A3a] as the number of children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning classroom/(AFTERNOON CLASS) your afternoon classroom] who speak a language other than English. Is [A03a] correct?** |

|  |
| --- |
| VERSION BOX A3E  IF A3E > 0, CONTINUE TO A3F.  IF A3E = 0, D OR M, GO TO A4. |

IF A3e > 0

SECOND

**A3f. Thinking about all [FILL A0-1] children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class], what languages do children enrolled in the class currently speak, including English?**

*This would include any use of the language(s) in or out of the classroom.*

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 English 1

🞏 Spanish 2

🞏 Arabic 11

🞏 Cambodian (Khmer) 12

🞏 Chinese 4

🞏 A Filipino language 7

🞏 French 13

🞏 Haitian Creole 14

🞏 Hmong 15

🞏 Japanese 5

🞏 Korean 6

🞏 Vietnamese 3

🞏 Other language (Specify) 8

🞏 Other language (Specify) 9

NO RESPONSE M GO TO A4

|  |
| --- |
| SOFT CHECK: IF A3f = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

A3f = 8 OR 9

SECOND

A3fSpecify. What other languages do the children enrolled in this class currently speak?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A3fSpecify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ASK FOR EACH LANGUAGE IN A3f

SECOND

A3g. Approximately what percent of children speak (FILL WITH LANGUAGE(S) CODED IN A3F, IF A3F = 8 OR 9 AND A3FSpecify = M, FILL WITH “THIS OTHER LANGUAGE YOU LISTED IN A3F”)?

PROGRAMMER: RANGE FOR GRID IS 0-100

PERCENT OF CHILDREN

(RANGE 0-100)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A3g = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

SECOND

**A4.** **What languages are used for instruction in [(ONE CLASS) your class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] by you or another adult, NOT including language lessons?**

PROGRAMMER: CODE ALL SELECTED.

*Select all that apply*

🞏 English 1

🞏 Spanish 2

🞏 Arabic 11

🞏 Cambodian (Khmer) 12

🞏 Chinese 4

🞏 A Filipino language 7

🞏 French 13

🞏 Haitian Creole 14

🞏 Hmong 15

🞏 Japanese 5

🞏 Korean 6

🞏 Vietnamese 3

🞏 Sign language 10

🞏 Other language (Specify) 8

🞏 Other language (Specify) 9

NO RESPONSE M GO TO A5a

|  |
| --- |
| SOFT CHECK: IF A4 = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A4 = 8 OR 9

SECOND

A4Specify. What other languages are used for instruction in this classroom?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A4Specify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ASK FOR EACH LANGUAGE NAMED IN A4

SECOND

A4a. Who speaks (FILL WITH LANGUAGE(S) CODED IN A4, IF A4 = 8 OR 9 AND A4Specify = M, FILL WITH “THIS OTHER LANGUAGE)? Is it you/the lead teacher, the assistant teacher, a classroom aide, or a volunteer?

*Select all that apply*

🞏 You/Lead Teacher 1

🞏 Assistant Teacher 2

🞏 Classroom Aide 3

🞏 Volunteer/Non Staff 4

|  |
| --- |
| SOFT CHECK: IF A4a = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

SECOND

**A5g.** **In what languages are printed materials like children’s books available in [(ONE CLASS) your class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class]?**

PROGRAMMER: CODE ALL LANGUAGES SELECTED

*Select all that apply*

🞏 English 1

🞏 Spanish 2

🞏 Arabic 11

🞏 Cambodian (Khmer) 12

🞏 Chinese 4

🞏 A Filipino language 7

🞏 French 13

🞏 Haitian Creole 14

🞏 Hmong 15

🞏 Japanese 5

🞏 Korean 6

🞏 Vietnamese 3

🞏 Sign language 10

🞏 Other language (Specify) 8

🞏 Other language (Specify) 9

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A5g=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A5g = 8 OR 9

SECOND

A5gSpecify. What other languages are printed materials available in?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A5gSpecify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

The next questions are about the curriculum you use in your classroom.

A6. Is a specific curriculum or combination of curricula used in your program?

*Select one only*

🔾 Yes, specific curriculum 1

🔾 Yes, combination 2

🔾 No curriculum 3 GO TO A21

🔾 Don’t know D GO TO A21

NO RESPONSE M GO TO A21

|  |
| --- |
| SOFT CHECK: IF A6 = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A6 = 1 OR 2

A7. What curriculum do you use? You may select more than one.

PROGRAMMER CODE ALL SELECTED

*Select all that apply*

🞏 Creative Curriculum *(Teaching Strategies)* 11

🞏 Building Blocks math curriculum *(McGraw-Hill)* 25

🞏 Creating Child Centered Classrooms – Step By Step 17

🞏 DLM Early Childhood Express *(McGraw-Hill)* 26

🞏 Everyday Mathematics *(McGraw-Hill)* 27

🞏 Frog Street 24

🞏 Fundations *(Wilson Language Training)* 28

🞏 Handwriting without Tears 29

🞏 HighScope 12

🞏 Learn Every Day 30

🞏 Let’s Begin with the Letter People *(Abrams Learning Trends)* 14

🞏 Montessori 15

🞏 Number Worlds *(McGraw-Hill)* 31

🞏 Open Circle 32

🞏 Opening the World of Learning (OWL) *(Pearson)* 33

🞏 Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing Bete Company)* 34

🞏 Pyramid Model for Supporting Social Emotional Competence 35

🞏 Scholastic Curriculum 18

🞏 Second Step 36

🞏 Tools of the Mind 37

🞏 Zoophonics 38

🞏 Locally Designed Curriculum 19

🞏 Other (Specify) 21

🞏 Other (Specify) 22

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7 = NO RESPONSE; **Please provide an answer to this question and continue.**  ***To continue to the next question without providing a response, click the continue button.*** |

IF A7 = 21 OR 22

A7Specify. What is the name of the other curriculum?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7Specify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A7 NE NO RESPONSE

A7a. What curriculum do you use to teach math?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Creative Curriculum (*Teaching Strategies*) 11

🞏 Building Blocks math curriculum *(McGraw-Hill)* 25

🞏 Creating Child Centered Classrooms – Step By Step 17

🞏 DLM Early Childhood Express *(McGraw-Hill)* 26

🞏 Everyday Mathematics *(McGraw-Hill)* 27

🞏 Frog Street 24

🞏 Fundations *(Wilson Language Training)* 28

🞏 Handwriting without Tears 29

🞏 HighScope 12

🞏 Learn Every Day 30

🞏 Let’s Begin with the Letter People (*Abrams Learning Trends*) 14

🞏 Montessori 15

🞏 Number Worlds *(McGraw-Hill)* 31

🞏 Open Circle 32

🞏 Opening the World of Learning (OWL) *(Pearson)* 33

🞏 Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing Bete Company)* 34

🞏 Pyramid Model for Supporting Social Emotional Competence 35

🞏 Scholastic Curriculum 18

🞏 Second Step 36

🞏 Tools of the Mind 37

🞏 Zoophonics 38

🞏 Locally Designed Curriculum 19

🞏 (FILL WITH A7Specify, IF A7Specify = M, FILL WITH “FIRST OTHER CURRICULUM”) 21

🞏 (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH “SECOND OTHER CURRICULUM”) 22

🞏 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7a = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| HARD CHECK: IF A7a = D AND ANY OTHER RESPONSE; **You selected both "Don’t know" as well as one or more other response options. Please choose either "Don’t know" or the curriculum you use to teach math.** |
| HARD CHECK: IF A7a ANSWER WAS NOT SELECTED AT A7; **You selected (FILL RESPONSE TO A7A) as the curriculum/curricula you use for math, but you did not indicate you use this curriculum/curricula. Is this correct? If you use this curriculum/curricula, please hit the back button to select this curriculum/curricula in the previous question.** |

IF A7 NE NO RESPONSE

A7b. What curriculum do you use to teach literacy?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Creative Curriculum (*Teaching Strategies*) 11

🞏 Building Blocks math curriculum *(McGraw-Hill)* 25

🞏 Creating Child Centered Classrooms – Step By Step 17

🞏 DLM Early Childhood Express *(McGraw-Hill)* 26

🞏 Everyday Mathematics *(McGraw-Hill)* 27

🞏 Frog Street 24

🞏 Fundations *(Wilson Language Training)* 28

🞏 Handwriting without Tears 29

🞏 HighScope 12

🞏 Learn Every Day 30

🞏 Let’s Begin with the Letter People (*Abrams Learning Trends*) 14

🞏 Montessori 15

🞏 Number Worlds *(McGraw-Hill)* 31

🞏 Open Circle 32

🞏 Opening the World of Learning (OWL) *(Pearson)* 33

🞏 Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing Bete Company)* 34

🞏 Pyramid Model for Supporting Social Emotional Competence 35

🞏 Scholastic Curriculum 18

🞏 Second Step 36

🞏 Tools of the Mind 37

🞏 Zoophonics 38

🞏 Locally Designed Curriculum 19

🞏 (FILL WITH A7Specify, IF A7Specify = M, FILL WITH “FIRST OTHER CURRICULUM”) 21

🞏 (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH “SECOND OTHER CURRICULUM”) 22

🞏 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7b = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| HARD CHECK: IF A7b = D AND ANY OTHER RESPONSE; **You selected both "Don’t know" as well as one or more other response options. Please choose either "Don’t know" or the curriculum you use to teach literacy.** |
| HARD CHECK: IF A7b ANSWER WAS NOT SELECTED AT A7; **You selected (FILL RESPONSE TO A7b) as the curriculum/curricula you use for literacy, but you did not indicate you use this curriculum/curricula. Is this correct? If you use this curriculum/curricula, please hit the back button twice to select this curriculum/curricula in the earlier question.** |

IF A7 NE NO RESPONSE

**A7c. How often do you typically use each of the following?**

PROGRAMMER: CODE ONE PER ROW. ONLY SHOW CURRICULA SELECTED AT A7.

*Select one per row*

|  | ONCE A MONTH OR LESS | TWO OR THREE TIMES A MONTH | ONCE OR TWICE A WEEK | THREE OR FOUR TIMES A WEEK | EVERY DAY |
| --- | --- | --- | --- | --- | --- |
| a. Creative Curriculum (*Teaching Strategies)* | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. Building Blocks math curriculum *(McGraw-Hill)* | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Creating Child Centered Classrooms – Step By Step | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. DLM Early Childhood Express *(McGraw-Hill)* | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. Everyday Mathematics *(McGraw-Hill)* | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. Frog Street | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| g. Fundations *(Wilson Language Training)* | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| h. Handwriting without Tears | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| i. HighScope | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| j. Learn Every Day | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| k. Let’s Begin with the Letter People *(Abrams Learning Trends)* | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| l. Montessori | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| m. Number Worlds *(McGraw-Hill)* | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| n. Open Circle | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| o. Opening the World of Learning (OWL) *(Pearson)* | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| p. Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing Bete Company)* | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| q. Pyramid Model for Supporting Social Emotional Competence | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| r. Scholastic Curriculum | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| s. Second Step | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| t. Tools of the Mind | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| u. Zoophonics | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| v. Locally Designed Curriculum | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| w. (FILL WITH A7Specify, IF A7Specify = M, FILL WITH “FIRST OTHER CURRICULUM”) | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| x. (FILL WITH A7Specify2, IF A7Specify2 = M, FILL WITH “SECOND OTHER CURRICULUM”) | | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF A7c a-x = NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

IF A7 = 11

A7d. If you know which edition of Creative Curriculum you use, please select it below.

*Select one only*

🔾 6th edition (updated/expanded 5th edition materials with the new volumes on *Science and Technology, Social Studies & the Arts)* 1

🔾 5th edition (*The Foundation,* *Literacy*, Teaching Guides, *Intentional Teaching Cards™,* *Mighty Minutes®,* *Book Discussion Cards®*) 2

🔾 1st, 2nd, 3rd, or 4th edition 3

🔾 Don’t know 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7d = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A7 = 11 AND A7d= 1 OR 2

A7e. Which Creative Curriculum resources do you have and use?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Volumes (e.g. *The Foundation* volume, *Literacy* volume) 1

🞏 Daily resources (e.g. *Teaching Guides*, *Intentional Teaching Cards™*, *Mighty Minutes®* *Book Discussion Cards®*) 2

🞏 None of the above 3

🞏 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7e= NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| HARD CHECK: IF A7e=D AND ANY OTHER RESPONSE; **You selected both "Don’t know" as well as one or more other response options. Please choose either "Don’t know" or the resources you have used.** |
| HARD CHECK: IF A7e=D AND ANY OTHER RESPONSE; **You selected both "None of the above" as well as one or more other response options. Please choose either "None of the above" or the resources you have used.** |

IF A7e = 1

A7f. Which of the following volumes have you used this year?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 The Foundations 1

🞏 Interest Areas 2

🞏 Literacy 3

🞏 Mathematics 4

🞏 Science and Technology 5

🞏 Social Studies & the Arts 6

🞏 Objectives for Development & Learning 7

🞏 None of the these volumes 8

🞏 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7f = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| HARD CHECK: IF A7f=D AND ANY OTHER RESPONSE; **You selected both "Don’t know" as well as one or more other response options. Please choose either "Don’t know" or the volumes you have used.** |
| HARD CHECK: IF A7f=D AND ANY OTHER RESPONSE; **You selected both "None of these volumes" as well as one or more other response options. Please choose either "None of these volumes" or the volumes you have used.** |

IF A7e = 2

**A7g. Which of the following daily resources have you used this year?**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Teaching Guides 1

🞏 *Intentional Teaching Cards™* 2

🞏 *Mighty Minutes®* 3

🞏 *Book Discussion Cards®* 4

🞏 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7g=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| HARD CHECK: IF A7g=D AND ANY OTHER RESPONSE; **You selected both "Don’t know" as well as one or more other response options. Please choose either "Don’t know" or the daily resources you have used.** |

|  |
| --- |
| PROGRAMMER BOX FOR CURRICULUM FILLS AT A10, A11, A11B, A13, A14b  IF A7 = M AND A8 = M, FILL WITH “THIS CURRICULUM”  IF a7= 21 or 22, and A7Specify = M, AND A8 = M, FILL WITH “OTHER CURRICULUM”  IF a7= 21 and 22, and A7Specify = M, AND A8 = 21 OR 22, FILL WITH “FIRST/SECOND OTHER CURRICULUM”  IF a7= 21 and 22, and A7 Specify = M, AND A8 = 23 OR D, FILL WITH “FIRST OTHER CURRICULUM AND SECOND OTHER CURRICULUM”  ADD THE FILLS WHEN A8 = M |

IF A6 = 1 OR 2

A10. How many hours of training in (LOOP WITH EACH CURRICULUM CODED IN A7/SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX ABOVE) have you had in the past 12 months?

*If you have received less than one hour of training, enter 0. If you have not received training in the past 12 months, enter 0.*

HOURS

(RANGE 0-299)

🞏 Don’t know D

NO RESPONSE M GO TO A13

|  |
| --- |
| SOFT CHECK: If A10=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.***  SOFT CHECK: If A10 > 80; **You entered that you received more than two weeks of training on this curriculum. Is that correct?** |

|  |
| --- |
| PROGRAMMER SKIP BOX A10  IF A10= 0 or R, SKIP to A13 |

IF A6 = 1,2 AND A10 = D OR A10 > 0

**A11. What type of staff provided you with the most training on the curriculum/curricula you use?**

*Select one only*

🔾 Mentor or master teacher 8

🔾 Other Head Start teachers in program 9

🔾 Supervisor/education coordinator 10

🔾 Staff from another Head Start Program 2

🔾 Staff or consultant(s) from curriculum developers/certified trainers (e.g., HighScope, Teaching Strategies, Montessori, etc.) 3

🔾 Professors or instructors from a school of education at a college or university 4

🔾 Professors or instructors from a school other than the school of education at a college or university 7

🔾 Head Start state training and technical assistance provider 5

🔾 Other (Specify) 6

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A11 = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A11 = 6

A11Specify. Who provided the most training?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A11Specify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A6 = 1 OR 2

**A11a. In the past year, have you or anyone else used a tool or checklist to assess how you use (LOOP WITH EACH CURRICULUM CODED IN A7/SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX ABOVE)? Using a tool or checklist to assess how you use the curriculum is sometimes called fidelity of implementation.**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Yes, I completed a checklist about how I use the curriculum 1

🞏 Yes, someone else completed a checklist about how I use the curriculum 2

🞏 No, neither me nor anyone else used a checklist to assess how I use the curriculum 3

🞏 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A11a=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| HARD CHECK: IF A7a=D AND ANY OTHER RESPONSE; **You selected both "Don’t know" as well as one or more other response options. Please choose either "Don’t know" or another answer choice.** |

ALL

A11b. To what extent do you agree with the statement, I have received the training and support I need to use (LOOP WITH EACH CURRICULUM CODED IN A7/SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX ABOVE)?

*Select one only*

🔾 Strongly agree 1

🔾 Agree 2

🔾 Disagree 3

🔾 Strongly disagree 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A11b=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A6 = 1,2 AND A7 HAS MORE THAN ONE RESPONSE CODED

A8. What is your main curriculum?

*PROGRAMMER: ONLY SHOW ITEMS SELECTED AT A7 AND IN THE SAME ORDER AS THEY APPEAR IN A7.*

*Select one only*

🔾 Creative Curriculum (*Teaching Strategies*) 11

🔾 Building Blocks math curriculum *(McGraw-Hill)* 25

🔾 Creating Child Centered Classrooms – Step By Step 17

🔾 DLM Early Childhood Express *(McGraw-Hill)* 26

🔾 Everyday Mathematics *(McGraw-Hill)* 27

🔾 Frog Street 24

🔾 Fundations *(Wilson Language Training)* 28

🔾 Handwriting without Tears 29

🔾 HighScope 12

🔾 Learn Every Day 30

🔾 Let’s Begin with the Letter People (*Abrams Learning Trends*) 14

🔾 Montessori 15

🔾 Number Worlds *(McGraw-Hill)* 31

🔾 Open Circle 32

🔾 Opening the World of Learning (OWL) *(Pearson)* 33

🔾 Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing Bete Company)* 34

🔾 Pyramid Model for Supporting Social Emotional Competence 35

🔾 Scholastic Curriculum 18

🔾 Second Step 36

🔾 Tools of the Mind 37

🔾 Zoophonics 38

🔾 Locally Designed Curriculum 19

🔾 (FILL WITH A7Specify, IF A7Specify = M, FILL WITH “FIRST OTHER CURRICULUM”) 21

🔾 (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH “SECOND OTHER CURRICULUM”) 22

🔾 Use each equally 23

🔾 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A8 = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A6 = 1 OR 2

**A13. Which types of support have you received to help you use (LOOP WITH CURRICULUM CODED IN A8/IF A8 = R, USE RESPONSE FROM A7, SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX ABOVE)? You may select more than one.**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Help understanding the curriculum 1

🞏 Opportunities to observe someone implementing the curriculum 2

🞏 Refresher training on the curriculum 3

🞏 Help implementing the curriculum 4

🞏 Help planning curriculum-based activities 5

🞏 Help individualizing the curriculum for children 6

🞏 Help identifying and/or receiving additional resources to expand the scope of the curriculum and activities 7

🞏 Help implementing the curriculum for children with special needs 11

🞏 Feedback on implementing the curriculum 8

🞏 Feedback about the results of a checklist about how you use the curriculum 12

🞏 No support 10

🞏 Other (*Specify*) 9

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A13=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| HARD CHECK: IF A13=10 AND ANY OTHER RESPONSE; **You selected both "no support" as well as one or more other response options. *Please choose either "no support" or the types of support.*** |

IF A13 = 9

A13Specify. What kind of support did you receive?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A13Specify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A6 = 1,2 AND A13 NE 10

A14. From whom did you receive support?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Mentor or master teacher 1

🞏 Other Head Start teachers in program 2

🞏 Supervisor/education coordinator 3

🞏 Staff from another Head Start Program 4

🞏 Staff or consultant(s) from curriculum developers/certified trainers (e.g., HighScope, Teaching Strategies, Montessori, etc.) 5

🞏 Professors or instructors from a school of education at a college or university 6

🞏 Professors or instructors from a school other than the school of education at a college or university 13

🞏 Head Start state training and technical assistance provider 7

🞏 Other (Specify) 8

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A14=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A14 = 8

A14Specify. From whom did you receive support?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A14Specify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

These next questions are about the primary assessment tool you use in your classroom.

ALL

**A21. What is the main child assessment tool that you use?**

*Select one only*

🔾 Teaching Strategies GOLD assessment (formerly known as The Creative Curriculum Developmental Continuum Assessment Toolkit for ages 3-5) 1

🔾 HighScope Child Observation Record (COR) 2

🔾 Galileo 3

🔾 Ages and Stages Questionnaires: A Parent Completed, Child-Monitoring System 4

🔾 Desired Results Developmental Profile (DRDP) 5

🔾 Work Sampling System for Head Start 6

🔾 Learning Accomplishment Profile Screening (LAP including E-LAP, LAP-R and LAP-D) 7

🔾 Hawaii Early Learning Profile (HELP) 8

🔾 Brigance Preschool Screen for three and four year old children 9

🔾 Assessment designed for this program 10

🔾 State developed tools (e.g. CIRCLE) 14

🔾 Other (Specify) 12

🔾 Do not use a child assessment tool 13 GO TO A25a\_r

NO RESPONSE M GO TO A25a\_r

|  |
| --- |
| SOFT CHECK: IF A21=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A21 = 12

A21Specify. What is the main assessment tool you use?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A21Specify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A21 = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10OR 12

A23. How do you use the information from those assessments in planning for each child?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 To identify child's developmental level 1

🞏 To individualize activities for child 2

🞏 To determine if child needs referral for special services 3

🞏 To determine child's strengths and weaknesses 4

🞏 To identify activities for parents to do with child at home 5

🞏 Other (Specify) 6

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A23 = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A23 = 6

A23Specify. How do you use the information from those assessments in planning for each child?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A23SPECIFY = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A21 = 1,2,3,4,5,6,7,8,9,10,12,13 OR 14

A23a. How many hours of training in using assessments in planning or in (FILL WITH ASSESSMENT CODED IN A21, IF A21 = 12 AND A21Specify = M, FILL WITH “ASSESSMENT SELECTED AT A21”) have you had in the past 12 months?

*If you have received less than one hour of training, enter 0. If you have not received training in the past 12 months, enter 0.*

HOURS

(RANGE 0-299)

🞏 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A23a = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| SOFT CHECK: IF A23a > 80; **You entered that you received more than two weeks of training on this assessment. Is that correct?** |

IF A21 = 1,2,3,4,5,6,7,8,9,10,12,13,14 AND A23a = D OR A23A > 0

**A23b. What type of staff provided you with the most training on (FILL WITH A21)?**

*Select one only*

🔾 Mentor or master teacher 8

🔾 Other Head Start teachers in program 9

🔾 Supervisor/education coordinator 10

🔾 Staff from another Head Start Program 2

🔾 Staff or consultant(s) from assessment developers/certified trainers (e.g., HighScope, Teaching Strategies, Montessori, etc.) 3

🔾 Professors or instructors from a school of education at a college or university 4

🔾 Professors or instructors from a school other than the school of education at a college or university 7

🔾 Head Start state training and technical assistance provider 5

🔾 Other (Specify) 6

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A23b=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A23b = 6

A23bSpecify. Who provided the most training?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A23bSpecify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A21 = 1,2,3,4,5,6,7,8,9,10,12,13,14 AND A23c NE 11

A23d. From whom did you receive support?

PROGRAMMER: CODE ALL THAT APPLY

*Select all that apply*

🞏 Mentor or master teacher 1

🞏 Other Head Start teachers in program 2

🞏 Supervisor/education coordinator 3

🞏 Staff from another Head Start Program 4

🞏 Staff or consultant(s) from assessment developers/certified trainers (e.g., HighScope, Teaching Strategies, Montessori, etc.) 5

🞏 Professors or instructors from a school of education at a college or university 6

🞏 Professors or instructors from a school other than the school of education at a college or university 10

🞏 Head Start state training and technical assistance provider 7

🞏 Other (Specify) 8

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A23d=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A23d = 8

A23dSpecify. From whom did you receive support?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A23dSpecify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

**A25a\_r. The next questions are about professional development. Programs can support teachers’ professional development in a lot of different ways. In the past year, have you participated in or received the following professional development supports?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  | YES | NO | DON’T KNOW |
| --- | --- | --- | --- |
| 1. Regular meetings with supervisors to talk with them about my work and progress | 1 🔾 | 0 🔾 | D 🔾 |
| 2. Attendance at regional conferences | 1 🔾 | 0 🔾 | D 🔾 |
| 11. Attendance at state conferences | 1 🔾 | 0 🔾 | D 🔾 |
| 12. Attendance at national conferences | 1 🔾 | 0 🔾 | D 🔾 |
| 3. Paid substitutes to allow you time to prepare, train, and/or plan | 1 🔾 | 0 🔾 | D 🔾 |
| 4. Mentoring or coaching | 1 🔾 | 0 🔾 | D 🔾 |
| 5. Workshops/trainings sponsored by the program | 1 🔾 | 0 🔾 | D 🔾 |
| 6. Workshops/trainings provided by other organizations | 1 🔾 | 0 🔾 | D 🔾 |
| 7. Visits to other classrooms or centers | 1 🔾 | 0 🔾 | D 🔾 |
| 8. A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert | 1 🔾 | 0 🔾 | D 🔾 |
| 13. Time during the regular work day to participate in Office of Head Start T/TA webinars | 1 🔾 | 0 🔾 | D 🔾 |
| 14. Tuition assistance | 1 🔾 | 0 🔾 | D 🔾 |
| 15. Onsite Associate’s or Bachelor’s courses | 1 🔾 | 0 🔾 | D 🔾 |
| 10. Other (Specify) | 1 🔾 | 0 🔾 | D 🔾 |

|  |
| --- |
| SOFT CHECK: IF A25a\_r=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

A25a10\_r10 = 1

A25aSpecify\_r. What other professional development does your program offer teachers?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A25aSpecify\_r = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

A26. The next questions are about mentoring. Is there someone who mentors or coaches you in your classroom, that is, someone who observes your teaching on a regular basis and provides feedback, guidance, and training?

🔾 Yes 1

🔾 No 0 GO TO A31

NO RESPONSE M GO TO A31

|  |
| --- |
| SOFT CHECK: IF A26=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A26 = 1

A26a. Is this mentoring or coaching relationship a formal or informal one?

*Formal means that a person was assigned to you or is part of your program.*

*Select one only*

🔾 Formal 1

🔾 Informal 2

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A26a=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A26 = 1

A27. Who is the mentor or coach who usually comes to your classroom?

*Select one only*

🔾 Another teacher 1

🔾 Education coordinator/specialist 2

🔾 The center director/manager 3

🔾 The program director 6

🔾 Program or center staff person who is a full-time mentor or coach 7

🔾 Another specialist on the program or center staff 8

🔾 Someone from outside the program 4

🔾 Other (Specify) 5

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A27=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A27 = 5

A27Specify. Who is the mentor or coach who usually comes to your classroom?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A27Specify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A26 = 1

A27a. Is your mentor or coach also your supervisor?

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A27a=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A26 = 1

A29. How often does your mentor or coach come to your classroom?

*Select one only*

🔾 Once a week or more 1

🔾 Once every two weeks 2

🔾 Once a month 3

🔾 Less than once a month 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A29=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

A31. Have you acted as a mentor or coach for other Head Start teachers or teacher trainees?

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A31=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

A31c. Supervisors, mentors, or coaches at your program may have different approaches or ways of supporting you in improving your practice. What methods have been used by these staff to support you?

PROGRAMMER: CODE ALL THAT APPLY

*Select all that apply*

🞏 Had a discussion with me about what they have observed 1

🞏 Provided written feedback to me on what they have observed 2

🞏 Had me watch a videotape of myself teaching 3

🞏 Had me observe another teacher's classroom or watch a video of another teacher 4

🞏 Modeled teaching practices for me 5

🞏 Suggested trainings for me to attend 6

🞏 Provided trainings for me 7

🞏 Worked on setting goals or reviewing progress toward goals 9

🞏 Discussed plans for next steps for meeting goals 10

🞏 Other (Specify) 8

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A31c=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF A31c=8

A31cSpecify. What other methods have been used by these staff to support you?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A31cSpecify=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

The next question is about the children in [(ONE CLASS) this class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class].

ALL

SECOND

A35. At this point in the Head Start year, how would you rate the behavior of children in [(ONE CLASS) this class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class]?

*Select one only*

🔾 The group misbehaves very frequently and is almost always difficult to handle 1

🔾 The group misbehaves frequently and is often difficult to handle 2

🔾 The group misbehaves occasionally 3

🔾 The group behaves well 4

🔾 The group behaves exceptionally well 5

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A35=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

A42. The next questions are about children with special needs in your class(es). What do you do when you first think a child might have a special need? You may choose more than one response.

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Document concern on a special report form 1

🞏 Notify your program director/disabilities coordinator/education coordinator 2

🞏 Arrange for a local specialist to observe and evaluate 3

🞏 Arrange a conference with parents to share the information and concerns 4

🞏 Participate in developing an Individual Education Plan (IEP) or similar plan 5

🞏 Monitor and record the child’s progress and activities 6

🞏 No children with special needs in class 8

🞏 Other (Specify) 7

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A42=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| HARD CHECK: IF A42 = 8 (NO CHILDREN WITH SPECIAL NEEDS IN CLASS) AND (1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7); **You have selected “no children with special needs in class” as well as one or more other response options. *Please choose either "no children with special needs in class" or one or more of the other response options.*** |

IF A42 = 7

A42Specify. What do you do when you think a child might have a special need?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A42Specify=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

A43b. When a special education specialist sees a child, what type of assistance does the specialist provide you with?

*Select one or more*

🞏 Explains child’s needs, including what the difficulties are 1

🞏 Helps me understand the child 2

🞏 Shows me how to help the child 3

🞏 Provides additional resources that I can use to support the child 4

🞏 Never received feedback 5

🞏 No children with special needs in class 6

🞏 Other (Specify) 7

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A43b=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| HARD CHECK: IF A43b = 6 (NO CHILDREN WITH SPECIAL NEEDS IN CLASS) AND (1 OR 2 OR 3 OR 4 OR 5); **You have selected “no children with special needs in class” as well as one or more other response options. Please choose either "no children with special needs in class" or one or more of the other response options.** |

IF A43b = 7

A43BSpecify What other type of assistance does the specialist provide you?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A43bSpecify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

A44. How often do you meet with the parents to discuss the progress or status of a child with special needs?

*Select one only*

🔾 No children with special needs in class 1

🔾 Never 0

🔾 Once every 6 months or less often 2

🔾 Once every 2 to 6 months 3

🔾 Once a month 4

🔾 More than once a month 5

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A44=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

A44a. How often do you meet with the parents to discuss the progress or status of a child without special needs?

*Select one only*

🔾 Never 0

🔾 Once every 6 months or less often 1

🔾 Once every 2 to 6 months 2

🔾 Once a month 3

🔾 More than once a month 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A44a=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

A46. The next questions are about communicating with families. How do you communicate with families who speak a language other than you speak? Do you. . .

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| a. Communicate only in English?................................... | 1 🔾 | 0 🔾 |
| b. Use an informal interpreter or a formal translator, like a staff member or parent?................................... | 1 🔾 | 0 🔾 |
| c. Use physical cues or hand gestures?........................ | 1 🔾 | 0 🔾 |
| d. Use translated materials?.......................................... | 1 🔾 | 0 🔾 |
| f. Use a translation app………………………………….. | 1 🔾 | 0 🔾 |
| e. Use any other ways? (Specify)………………………. | 1 🔾 | 0 🔾 |

|  |
| --- |
| SOFT CHECK: IF A46=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

IF A46e = 1

A46eSpecify What other ways do you communicate with families who speak a language other than you speak?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A46eSpecify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

B. TEACHER EXPERIENCES

**The next questions are about your experiences as a teacher.**

ALL

B3. How much do you agree with each of the following statements about teaching? PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE |
| a. I really enjoy my present teaching job... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. I am certain I am making a difference in the lives of the children I teach…….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. If I could start over, I would choose teaching again as my career………….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF B3a,b,c=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

ALL

B4. The next questions are about the level of support for interactions between Head Start staff and parents. To what extent do you agree with each of the following statements?

**Your Head Start Program…**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE |
| n. Promotes cooperation between Head Start staff and parents……................... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| o. Ensures that parents do not feel isolated…………………………………... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| p. Encourages parents to supplement classroom learning at home…………… | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| q. Supports staff in their efforts to engage parents…………………………………... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF B4n,o,p,q=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

ALL

B5. How likely are you to continue working for Head Start through the next Head Start year (through 2020-2021)?

*Select one only*

🔾 Very likely 1

🔾 Somewhat likely 2

🔾 Somewhat unlikely 3

🔾 Very unlikely 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF B5=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

B6. The following are statements that some teachers have made about how children in Head Start should be taught and managed. Remember all your responses are private. Please indicate whether each statement agrees or disagrees with your personal beliefs about good teaching practice in Head Start.

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE |
| a. Head Start classroom activities should be responsive to individual differences in development | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. Each curriculum area should be taught as a separate subject at separate times | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Children should be allowed to select many of their own activities from a variety of learning areas that the teacher has prepared (writing, science center, etc.) | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. Children should be allowed to cut their own shapes, perform their own steps in an experiment, and plan their own creative drama, art, and writing activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. Children should work silently and alone on seatwork | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. Children in Head Start classrooms should learn through active explorations | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| g. Head Start teachers should use treats, stickers, or stars to encourage appropriate behavior | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| h. Head Start teachers should use punishments or reprimands to encourage appropriate behavior | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| i. Children should be involved in establishing rules for the classroom | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| k. Children should learn to color within predefined lines | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| l. Children in Head Start classrooms should learn to form letters correctly on a printed page | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| m. Children should dictate stories to the teacher | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| n. Children should know their letter sounds before they learn to read | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| o. Children should form letters correctly before they are allowed to create a story | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF B6a,b,c,d,e,f,g,h,i,j,k,l,m,n,o=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

C. YOUR FEELINGS

ALL

C1. The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers. Please select if you felt this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week.

|  |
| --- |
| PROGRAMMER BOX C1c  set up hyperlink for text “SHAKE OFF THE BLUES” that will pop up to provide the following definition:  **Not being able to “shake off the blues” refers to feeling sad, unhappy, miserable, or down in the dumps for short periods.** |

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | RARELY OR NEVER | SOME OR A LITTLE | OCCASIONALLY OR MODERATELY | MOST OR ALL OF THE TIME |
| a. Bothered by things that usually don’t bother you………………………………… | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. You did not feel like eating, your appetite was poor……………………….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. That you could not shake off the blues, even with help from your family and friends…………………………………….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. You had trouble keeping your mind on what you were doing…………………….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. Depressed………………………………... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. That everything you did was an effort…. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| g. Fearful…………………………………….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| h. Your sleep was restless………………… | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| i. You talked less than usual……………... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| j. Lonely…………………………………….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| k. Sad………………………………………… | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| l. You could not get “going”……………….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| SOFT CHECK: IF C1a,b,c,d,e,f,g,h,i,j,k,l=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “continue” button.*** |

D. BACKGROUND INFORMATION

**The last set of questions is about you.**

ALL

D1. In total, how many years have you been teaching (including all grades, preschool, or infant and toddler care)?

NUMBER OF YEARS

(RANGE 0-70)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D1=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| SOFT CHECK: IF D1 > 50; NUMBER OF YEARS TEACHING MAY BE TOO HIGH **You have entered [D1] as the number of years you have been teaching all grades. Is that correct?** |

ALL

D2. How many of those years have you been teaching Head Start or Early Head Start (as either lead or assistant teacher)?

|  |
| --- |
| PROGRAMMER BOX D2  set up hyperlink for text “LEad” that will pop up to provide the following definition:  **Lead teachers are the head or primary teachers in the classroom.** |

NUMBER OF YEARS

(RANGE 0-50)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D2=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| SOFT CHECK: IF D2 > 30: **You have entered [D2] as the number of years you have been teaching Head Start. Is that correct?** |
| HARD CHECK: IF D2 > D1 [SOFT D2] NUMBER OF YEARS TEACHING HEAD START MAY BE TOO HIGH: **You indicated that you have been teaching at Head Start for more years (D2) than total years you have been teaching (D1). If you would like to change your answer to the prior question, click “Back” to question D1, OR change your answer to this question, and enter “next”.** |

ALL

D2a. In what month and year did you start working for this Head Start program?

MONTH YEAR

(RANGE 01-12) (RANGE 1965-2020)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D2a=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

D5. What is the highest grade or year of school that you completed?

*Select one only*

🔾 Up to 8th grade 1 GO TO D11

🔾 9th to 11th grade 2 GO TO D11

🔾 12th grade, but no diploma 3 GO TO D11

🔾 High school diploma/equivalent 4 GO TO D11

🔾 Vocational/technical program after high school but no diploma 5 GO TO D11

🔾 Vocational/technical diploma after high school 6 GO TO D11

🔾 Some college, but no degree 7 GO TO D7

🔾 Associate’s degree 8

🔾 Bachelor’s degree 9

🔾 Graduate or professional school, but no degree 10

🔾 Master’s degree (MA, MS) 11

🔾 Doctorate degree (Ph.D., Ed.D) 12

🔾 Professional degree after Bachelor’s degree (Medicine/MD; Dentistry/ DDS; Law/JD/LLB; Etc.) 13

NO RESPONSE M GO TO D11

|  |
| --- |
| SOFT CHECK: IF D5=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF D5 = 8,9,10,11,12,13

D6. In what field did you obtain your highest degree?

*Select one only*

🔾 Child Development or Developmental Psychology 1

🔾 Early Childhood Education 2

🔾 Elementary Education 3

🔾 Special Education 4

🔾 Curriculum Development 6

🔾 Administration 7

🔾 Bilingual Education 8

🔾 Reading or Literacy 9

🔾 Psychology, Counseling, Social Work 10

🔾 Other field (specify) 5

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D6=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF D6 = 5

D6Specify. In what field did you obtain your highest degree?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D6Specify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF D5 = 7,8,9,10,11,12 OR 13

D7. Did your schooling include 6 or more college courses in early childhood education or child development?

🔾 Yes 1 GO TO D8a

🔾 No 0 GO TO D8

NO RESPONSE M GO TO D8

|  |
| --- |
| SOFT CHECK: IF D7 = NO RESPONSE; **Please provide an answer to this question and continue.**  ***To continue to the next question without providing a response, click the continue button.*** |

IF D7 = 0 or M

D8. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D8 = NO RESPONSE; **Please provide an answer to this question and continue.**  ***To continue to the next question without providing a response, click the continue button.*** |

IF D5 = 7, 8, 9, 10, 11, 12, OR 13

D8a. Have you completed an entire course on working with children who speak a language other than English?

*(Click here for “SPEAK A LANGUAGE OTHER THAN ENGLISH” definition)*

|  |
| --- |
| PROGRAMMER BOX D8a  set up hyperlink for text “here” that will pop up to provide the following definition:  **These children may be learning two (or more) languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language. These children are also often referred to as limited English proficient (LEP), dual language learners (DLLs), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).** |

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D8a = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

D11. Do you have a Child Development Associate (CDA) credential?

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D11 = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

D12. Do you have a state-awarded preschool certificate or license?

*A teaching certificate or license is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.*

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D12= NO RESPONSE; **Please provide an answer to this question and continue.**  ***To continue to the next question without providing a response, click the continue button.*** |

ALL

D13. Do you have a state-awarded teaching certificate or license for ages/grades other than preschool?

*A teaching certificate or license is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.*

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D13 = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

D17. What is your total annual salary (before taxes) as a teacher for the current school year?

PER YEAR

(RANGE (0-999,999)

🞏 Don’t Know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D17 = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

D17a. How many weeks per year does this salary cover?

WEEKS PER YEAR

(RANGE (0-52)

🞏 Don’t Know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D17a = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

D18. How many hours per week does this salary cover (not including overtime)?

*If this salary covers 0 hours or 0 minutes, enter 0 in that space.*

HOURS PER WEEK

(RANGE 0 to 80)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D18=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| SOFT CHECK: IF D18 > 40 HOURS; **You have entered [D18] as the number of hours per week your salary covers. Is that correct?** |

ALL

D19. What is your sex?

🔾 Male 1

🔾 Female 2

🔾 Prefer not to answer 3

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D19=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

D20. In what year were you born?

YEAR

(RANGE (1914-2002)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D20=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |
| SOFT CHECK: IF D20 < 1927 OR > 2000; **You have entered [D20] as the year you were born. Is that correct?** |

ALL

D21. Are you of Spanish, Hispanic, or Latino origin?

🔾 Yes 1

🔾 No 0 GO TO D23

NO RESPONSE M GO TO D23

|  |
| --- |
| SOFT CHECK: IF D21=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF D21 = 1

D22. Which one of these best describes you?

*Select one or more*

🞏 Mexican, Mexican American, Chicano 1

🞏 Puerto Rican 2

🞏 Cuban 3

🞏 Another Spanish/Hispanic/Latino group (Specify) 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D22=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF D22 = 4

D22Specify. With what other Spanish/Hispanic/Latino group do you identify?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D22Specify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ALL

D23. What is your race? Select one or more.

PROGRAMMER: CODE ALL THAT APPLY

*Select one or more*

🞏 White 11

🞏 Black or African American 12

🞏 American Indian or Alaska Native 13

🞏 Asian Indian 14

🞏 Chinese 15

🞏 Filipino 16

🞏 Japanese 17

🞏 Korean 18

🞏 Vietnamese 19

🞏 Other Asian 20

🞏 Native Hawaiian 21

🞏 Guamanian or Chamorro 22

🞏 Samoan 23

🞏 Other Pacific Islander (Specify) 24

🞏 Another race (Specify) 25

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D23=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

|  |
| --- |
| IF D23 = 24 |

D23aSpecify Please specify other Pacific Islander race (for example, Fijian or Tongan).

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D23aSpecify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

IF D23 = 25

D23Specify. What is your race?

Specify (STRING 150)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D23Specify = NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the continue button.*** |

ADDITIONAL SCREENS

TRANSITION TO SECOND CLASSROOM

**Now, please answer some questions about your second class, that is the [FILL SECOND CLASSROOM] classroom.**

**There are fewer questions about the second class.**

PROGRAMMER: REPEAT QUESTIONS WITH UNIVERSE STATEMENT SECOND IF TEACHER HAS A SECOND CLASS.

IF SC0 = 3

ENDX.

Thank you very much for participating in FACES 2019!

🔾 Click here and then press the Next 🡪 button to continue

|  |
| --- |
| HARD CHECK: IF ENDX=NO RESPONSE: **You forgot to fill in this question. Please fill it in now.** |
| PROGRAMMER: AFTER ENDX GO TO END3 |

|  |
| --- |
| FINAL ALL |
| END3 (RECEIPT PAGE) |

Thank you very much for participating in FACES 2019!

Your answers have been submitted and you may close this window.

|  |
| --- |
| IF CLICKS ON “CONTACT THE HELPDESK” |
| HELPDESK SCREEN |

If you have any questions regarding the FACES 2019 survey, please call Felicia Parks at XXX-XXX-XXXX or send an e-mail to [XXXX@mathematica-mpr.com](mailto:FACES2014@mathematica-mpr.com).

|  |
| --- |
| IF CLICKS ON “INSTRUCTIONS” |

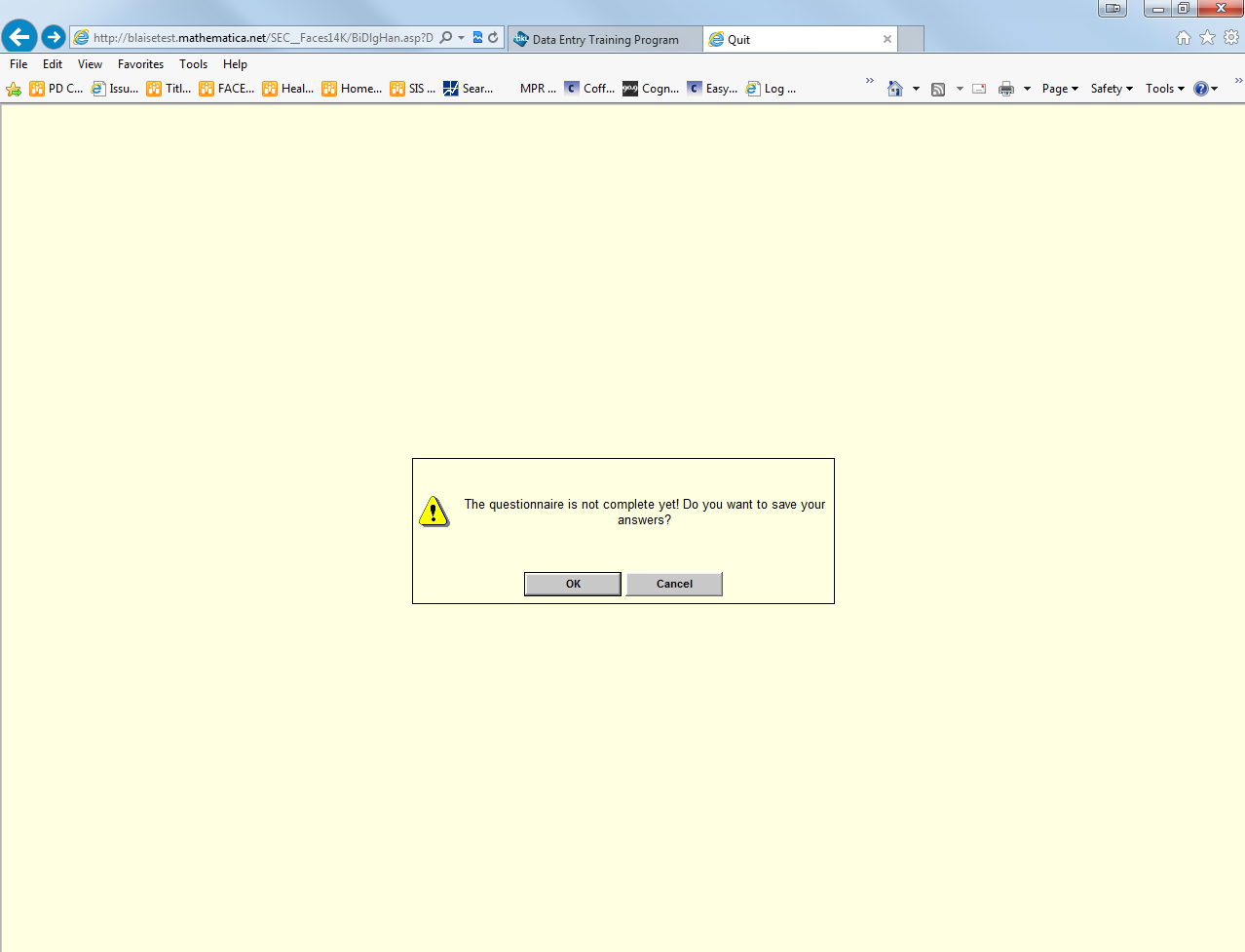
**Instructions for FACES 2019 survey**

Thank you for taking the time to complete this survey.

* There are no right or wrong answers.
* To answer a question, click the box to choose your response.
* To continue to the next webpage, press the **“Next”** or **“Continue”** button.
* To go back to the previous webpage, click the **“Back”** or **“Previous”** button. Please note that this command is only available in certain sections.
* If you need to stop before you have finished, the **“Suspend”** button at the bottom of each page allows you to exit the survey. The data you provide prior to clicking **“Suspend”** will be securely stored and available when you return to complete the survey.
* Please answer questions in the order they appear regardless of the question number. **Questions will not always be numbered sequentially**, and some may be skipped because they do not appear to you.
* For security purposes, you will be timed out if you are idle for longer than **30 minutes**.
* When you decide to continue the survey, you will need to log in again using your login ID and password.

IF SUSPEND BUTTON IS CLICKED

SUSPEND SCREEN



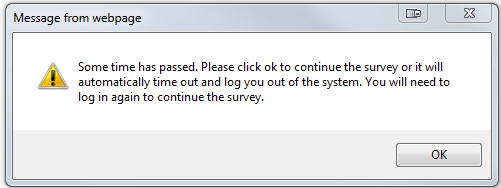
IF POP UP ABORT = OK

ABORT SCREEN

You have suspended the interview before you finished. Your responses have been saved. Thank you for responding so far, and please log in to complete the survey as soon as possible.

if idle for more than 30 minutes

TIME OUT SCREEN



ERROR SCREEN

**An error occurred!**

**Error:** There is no interview session active (anymore).

**Resolution**

* Click here to start the interview.

|  |
| --- |
| IF CASE INDICATED AS COMPLETE |
| COMPLETE CASE SCREEN |

**Thank you for visiting the FACES 2019 Teacher Website. We appreciate your interest, however, according to our records, your survey is complete.**

If you have questions, please call Felicia Parks at XXX-XXXXXXX or send an email to [XXXX@mathematica-mpr.com](mailto:FACES2014@mathematica-mpr.com) and include the contact information you were provided.