

**ATTACHMENT 14**

**AI/AN FACES 2019 CLASSROOM SAMPLING FORM FROM HEAD START STAFF**

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**NOTE:** Upon arrival at a selected center, an AI/AN FACES 2019 Field Enrollment Specialist (FES), will request a list of all Head Start-funded classrooms from a designated Head Start staff member (typically the On-Site Coordinator). The attached classroom sampling form is an example of the information required for classroom sampling. The Head Start staff member may provide this information in various formats such as print outs from an administrative record system or photocopies of hard copy lists or records. Therefore, Head Start staff will not physically fill out the attached classroom sampling form. The FES will enter the information into a tablet computer. For each classroom, the FES will obtain the teacher's first and last name, the session type (morning, afternoon, full day, or home visitor), and the number of Head Start children currently enrolled. The FES will enter this information into a web-based sampling program that will include fields that match those on the attached form. The sampling program will randomly select about two classrooms per selected center for participation in the study.

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AI/AN FACES 2019  
CLASSROOM SAMPLING FORM

**MATHEMATICA**  
Policy Research

|  |  |
|--|--|
| <b>Program:</b> [HS Program]<br><b>Center:</b> [Center Name]<br><br><b>Center Phone:</b> [Phone #] | <b>OSC:</b> [OSC Name]<br><b>OSC Phone:</b> [Phone #]<br><b>F.E.S.</b> _____<br>(Please Print Your Name) |
|--|--|

**INSTRUCTIONS:** Please enter into the sampling website the information below for each classroom in this center (or center group) that contains one or more Head Start funded children.

| A  |           | B  | C  |
|--|-----------|--|--|
| Lead Teacher <i>(Lead teachers are the head or primary teachers in the classroom.)</i> |           | Classroom Type   | Number of Head Start Children Currently Enrolled |
| First Name   | Last Name | <i>(Select Only One)</i><br>AM, PM, Full Day, Home Visitor |  |
| 1. _____   | _____     | 1. _____   | 1. _____   |
| 2. _____   | _____     | 2. _____   | 2. _____   |
| 3. _____   | _____     | 3. _____   | 3. _____   |
| 4. _____   | _____     | 4. _____   | 4. _____   |
| 5. _____   | _____     | 5. _____   | 5. _____   |
| 6. _____   | _____     | 6. _____   | 6. _____   |
| 7. _____   | _____     | 7. _____   | 7. _____   |
| 8. _____   | _____     | 8. _____   | 8. _____   |
| 9. _____   | _____     | 9. _____   | 9. _____   |
| 10. _____  | _____     | 10. _____  | 10. _____  |
| 11. _____  | _____     | 11. _____  | 11. _____  |
| 12. _____  | _____     | 12. _____  | 12. _____  |
| 13. _____  | _____     | 13. _____  | 13. _____  |
| 14. _____  | _____     | 14. _____  | 14. _____  |

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 OMB control number for the described collection is 0970-0151 and it expires XX/XX/XXXX. The time required to complete this collection of information is estimated to average 10 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.



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