

OMB # 0970-0151
Expiration: 04/30/2022



**American Indian and Alaska Native Head Start
Family and Child Experiences Survey 2019
(FACES 2019)**

Teacher Child Report

Fall 2019 and Spring 2020

Web Instrument Specifications

LOGIN SCREEN



Mathematica

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American Indian and Alaska Native Head Start Family and Child Experiences Survey

Teacher Child Report

Welcome to the Teacher Child Report Website! Please refer to the instructions you received to find your login ID and password. To begin, enter your login ID and password in the fields below, and then click the "OK" button. If you do not have your login ID and password, please e-mail us at AIANFACES@mathematica-mpr.com.

Login ID:

Password:

IF SURVEY IS COMPLETE MESSAGE: Our records indicate that your survey is already completed. Please e-mail us at FACES2019@mathematica-mpr.com if you believe you are receiving this message in error.

INFORMATION SCREEN



American Indian and Alaska Native Head Start Family and Child Experiences Survey 2019 (FACES 2019)

Mathematica is conducting the American Indian and Alaska Native Head Start Family and Child Experiences Survey 2019 (AI/AN FACES 2019) under contract with the Administration for Children and Families (ACF) of the U. S. Department of Health and Human Services (DHHS).

To enhance the information we obtain by assessing the children and surveying their parents, we need for you to complete this brief form, The Teacher Child Report, about each of the children in the study who are from your class. The Teacher Child Report (TCR) asks you to report on the social skills, problem behaviors, and approaches to learning that you have observed in these children from your class.

Please be assured that all information you provide will be kept private to the extent permitted by law. Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will be completely private and will not be shared with parents or other staff in your center, or anybody else not working on this study. The form will take about 10 minutes for each child.

Using the login ID and password ensures that the information you provide to the study will be protected and will only be seen by selected members of the study team. The next page provides you with general instructions on how to complete the form(s).

Please click the “Next” button below to continue, or close this webpage to exit.

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 which expires 04/30/2022. 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, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Lizabeth Malone.

INSTRUCTIONS SCREEN

How to complete the form(s)

Thank you for taking the time to complete the Teacher Child Report.

- There are no right or wrong answers.
- To answer a question, click the box to choose your response.
- To continue to the next webpage, click the **"Next"** button.
- To go back to the previous webpage, click the **"Back"** button. Please note that this command is only available in certain sections.
- If you need to stop before you have finished, close out of the webpage. The data you provide prior to logging out will be securely stored and available when you return.
- For security purposes, you will be timed out if you are idle for longer than 30 minutes.
- When you decide to continue, you will need to log in again using your login ID and password.

Please click the "Next" button below to begin, or close this webpage to exit.

CONSENT SCREEN

The Teacher Child Report asks questions about the social skills, problem behaviors, and approaches to learning that you have observed in each of the children in the study who are in your class.

- 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 Teacher Child Report, please click the box. Otherwise, click the "Next" button to exit.

SECOND HARD CHECK IF CONSENT SCREEN = MISSING; Your response to this question is very important. Please select a response.

DID NOT CONSENT SCREEN

PROGRAMMER: THIS APPEARS IF A RESPONDENT SELECTS THE "NEXT" BUTTON TWICE WITHOUT GIVING CONSENT.

Thank you for your interest in this survey. We cannot continue without your consent.

SCREENER

ALL

SC0. Are you [TEACHER FNAME TEACHER LNAME]?

- Yes.....1 GO TO SC1
- Yes, but my name is misspelled.....2
- No, this is not my name.....3

HARD CHECK IF NO RESPONSE; **Your response to this question is very important. Please select a response.**
IF SC0 = 2 OR 3: 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 NO RESPONSE; **Your response to this question is very important. Please enter a response.**
IF SC0A NE NO RESPONSE; ALERT SENT TO XXX TO CREATE NEW TEACHER WITH NEW USER NAME AND PASSWORD
IF SC0 = 2, GO TO SC1, IF SC0 = 3 CONTINUE TO SC0B

If SC0 = 3

SC0b. Please call 800-951-7359 after noon on the next business day to receive a new login ID and password.

Thank you very much for participating in A/AN FACES 2019!

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

If SC0 = 1 or 2

SC1. On the next screen, you'll see a list of children. Choose a child you wish to rate and click the "Next" button. If a child moved to another class, moved to another school, or was never in your class, choose the child's name and you will be able to note why the child left your class.

Click the "Next" button to continue.

ALL

IF CHILD_ELIGIBLE_1 = 0, CHILD SHOULD NOT BE VISIBLE IN THE GRID

CHILD_PICK.

Center: [Fill Center Name], **Classroom:** [Fill Classroom Name].

Please choose a child to rate from the table below.

IF RETURNING TO RATE ADDIITONAL CHILDREN BUT FIRST CHILD WAS NOT RATED BECAUSE NOT IN CLASSROOM: There [is/are] [NUMBER] to rate.

IF RETURNING TO RATE ADDITIONAL CHILDREN: You have rated [NUMBER] [CHILD/CHILDREN] so far! Thanks very much!

ALL: There [is/are] [NUMBER] to rate.

#	CHILD	STATUS	ACTION
1	[CHILD]	[STATUS]	[START/REVIEW/NONE]
2	[CHILD]	[STATUS]	[START/REVIEW/NONE]

AFTER CHILD IS SELECTED AT SC2, GO TO A1.

FREQUENTLY USED FILLS

In the boxes below, please list fills that are repeated frequently in your questionnaire requirements. These must come from a single source (whether from a preload or a question). The fills specified here do not need to be specified in the fill condition box each time they appear in a question.

Fill	First Used at Question #:
[CHILD]	A1
[he/she]	B5
[his/her]	B5
[himself/herself]	C1

UNIVERSAL PROGRAMMER NOTES

UNIVERSAL SOFT CHECK IF NO RESPONSE (UNLESS A HARD CHECK IS NOTED): **Please provide an answer to this question, or click the “Next” button to move to the next question.**

UNIVERSAL SOFT CHECK IF NO RESPONSE ON GRID QUESTIONS: **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.**

CODE ALL NO RESPONSES = M.

LOOP THROUGH SECTIONS A-F FOR EACH CHILD.

WHENEVER WE USE THE CHILD FILL [CHILD], BOLD THE NAME OF THE CHILD.

THE FOLLOWING FOOTNOTE SHOULD APPEAR ON EVERY SCREEN: **If you have any questions regarding AI/AN FACES 2019, please call 800-951-7359 or send an e-mail to AIANFACES@mathematica-mpr.com.**

SECTION A

ALL

A1. Are you currently the Head Start teacher for [CHILD]?

- Yes.....1 GO TO B1
- No.....0

HARD CHECK IF NO RESPONSE; **Your response to this question is very important. Please select a response.**
IF A1 = 0: ALERT SENT TO SCILLA ALBANESE, AYESHA DE MOND AND VERONICA SEVERN to update SMS

IF A1 = 0

A2. You indicated that [CHILD] is not in your classroom. What is the main reason you are no longer [CHILD]'s teacher?

- Child moved to another class in the same center.....1
- Child moved to another center.....2 GO TO A3A
- Child left the Head Start program.....3 GO TO A4
- Child was never in my class/I don't know this child.....4 GO TO A5
- NO RESPONSE.....M GO TO A4

IF A2 = 1

A3. What is the name of the Head Start teacher whose class [CHILD] currently attends?

- [TEACHER]
- [TEACHER]
- [TEACHER]
- Other name not listed (specify- string 150).....1

FILL ANSWER OPTIONS WITH ALL TEACHERS WITH THE SAME CENTER_NUMBER AS SAMPLE MEMBER

IF A2 = 2

A3a. What is the name of the Head Start center where [CHILD] went?

NAME
(STRING 150)

IF A2 = 1, 2 OR 3

A4. Please record the last date [CHILD] was in your class.

Your best estimate is fine.

MONTH

(01-12)

DAY

(01-31)

YEAR

(2019-2020)

SOFT CHECK: IF NO RESPONSE; **Please provide a valid date, or click the “Next” button to move to the next question.**

SOFT CHECK: IF DATE ENTERED > CURRENT DATE; **The date you entered is in the future. To continue to the next question without making changes, click the “Next” button.**

SOFT CHECK: IF RESPONDENT PROVIDED MONTH BUT NOT YEAR, OR YEAR BUT NOT MONTH; **Please provide a month and year. To continue to the next question without making changes, click the “Next” button.**

IF A1 = 0

A5. Thank you for completing this form for [CHILD].

Please click the “Next” button to continue.

TCR ENDS HERE IF A2 = 1, 2, 3, 4 OR NO RESPONSE.

SECTION B. CHILD'S ACCOMPLISHMENTS

These questions are about things that different children do at different ages. These things may or may not be true for [CHILD].

IF A1 = 1

B1. Can [CHILD] recognize...

- All of the letters of the alphabet..... 1
- Most of them..... 2
- Some of them..... 3
- None of them..... 4

IF A1 = 1

B2. How high can [CHILD] count?

- Not at all..... 1
- Up to five..... 2
- Up to ten..... 3
- Up to twenty..... 4
- Up to fifty..... 5
- Up to 100 or more..... 6

IF A1 = 1

B3. How often does [CHILD] like to write or pretend to write?

- Never..... 1
- Has done it once or twice..... 2
- Sometimes..... 3
- Often..... 4

IF A1 = 1

B4. Can [CHILD] identify the colors red, yellow, blue, and green by name?

- All of them..... 1
- Some of them..... 2
- None of them..... 3
- CHILD IS COLOR BLIND..... 4

IF A1 = 1

B4a. Can [CHILD] demonstrate a beginning understanding of the relationship between sounds and letters (e.g., the letter B makes a “buh” sound)?

- Not at all..... 1
- For one or two letters..... 2
- For a few (up to 5) letters..... 3
- For several (6 or more) letters..... 4

IF A1 = 1

B5. HARD COPY ONLY: Please answer “Yes” or “No” to each question about this child’s abilities.

WEB: PROGRAMMER: PROGRAM EACH QUESTION ON OWN SCREEN WITH YES/NO RESPONSE OPTIONS.

- a. Does [CHILD] mostly write and draw rather than scribble?
- b. Can [CHILD] write [his/her] first name even if some of the letters are backward?
- c. Does [CHILD] trip, stumble, or fall easily?
- d. When [CHILD] speaks, is [he/she] understandable to a stranger?
- e. Does [CHILD] stutter or stammer?
- f. Does [CHILD] ever look at a book with pictures and pretend to read?
- g. Does [CHILD] recognize [his/her] own first name in writing or in print?
- h. Does [CHILD] read any other words in writing or in print?
- i. Can [CHILD] identify rhyming words?

- Yes..... 1
- No..... 2

SECTION C: SOCIAL SKILLS

IF A1 = 1

- C1.** *Mathematica's agreement with the publisher/developer of this set of items does not allow us to share the items publicly without prior written approval.*

SECTION D: CLASSROOM CONDUCT

IF A1 = 1

D1. Please describe [CHILD] according to how true each of these statements has been *during the past month*.

	NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY TRUE OR OFTEN TRUE
a. Acts too young for [his/her] age	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Can't concentrate, can't pay attention for long	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. <i>Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval</i>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. <i>Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval</i>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. <i>Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval</i>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Hits or fights with others	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Keeps to [himself/herself]; tends to withdraw	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Lacks confidence in learning new things or trying new activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Is nervous, high-strung, or tense	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. Is very restless, fidgets all the time, can't sit still	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. <i>Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval</i>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
l. Has temper tantrums or hot temper	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
m. Often seems unhappy, sad, or depressed	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. Worries about things for a long time	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

SECTION H: APPROACHES TO LEARNING

IF A1 = 1

H1. Please describe [CHILD] according to how [he/she] approaches tasks. How often *in the past month* did [he/she] act this way?

	NEVER	SOMETIMES	OFTEN	VERY OFTEN
a. Keeps belongings organized	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Pays attention well	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Shows eagerness to learn new things	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Easily adapts to changes in routine	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Persists in completing tasks	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Works independently	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

SECTION F: HEALTH AND DEVELOPMENTAL CONDICTIONS OR CONCERNS

IF A1 = 1

- F1. Has any professional such as a doctor or other health or education professional mentioned [CHILD] having a developmental problem or delay, for example, any special need or disability, such as physical, emotional, language, hearing difficulty or other special need?**
- Yes..... 1
 - No..... 0 GO TO F3
 - Don't know..... D GO TO F3
 - NO RESPONSE..... M GO TO F3

IF F1 = 1

- F2. How did the doctor or other health or education professional describe [CHILD]'s needs or disability?**

Select all that apply

- Vision impairment..... 1
- Blindness..... 2
- Hearing impairment/hard of hearing..... 3
- Deafness..... 4
- Motor impairment..... 5
- Speech impairment/difficulty communicating..... 6
- Mental retardation..... 7
- Development delay..... 8
- Autism or pervasive developmental disorder (PDD)..... 9
- Behavior problems/hyperactivity/attention deficit (ADD/ADHD)..... 10
- Oppositional defiant disorder..... 11
- Other (specify- string 150)..... 12
- Don't know..... D

“DON’T KNOW” CAN NOT BE COMBINED WITH ANOTHER ANSWER CHOICE

SOFT CHECK IF F2 = 12 AND NOT SPECIFIED; **Please provide an answer in the “Other (specify)” box, or click the “Next” button to move to the next question.**

IF F1 = 0, DON'T KNOW, OR NO RESPONSE

F3. Since [CHILD] has enrolled in Head Start, has anyone reported concerns about [his/her] health or development?

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

- Yes..... 1
- No..... 0 SEE BELOW
- Don't know..... D SEE BELOW
- NO RESPONSE..... M SEE BELOW

IF FALL: F3 = 0, D, OR NO RESPONSE SHOULD BE ROUTED TO CHILD_PICK UNLESS COMPLETED RATING FINAL CHILD, THEN GO TO VALIDATE TCR. IF SPRING: F3 = 0, D, OR NO RESPONSE SHOULD BE ROUTED TO F6.

IF F3 = 1

F4. To your knowledge, what areas of [CHILD]'s health and development appear to be of concern?

Select all that apply

- Vision impairment..... 1
- Blindness..... 2
- Hearing impairment/hard of hearing..... 3
- Deafness..... 4
- Motor impairment..... 5
- Speech impairment/difficulty communicating..... 6
- Mental retardation..... 7
- Development delay..... 8
- Autism or pervasive developmental disorder (PDD)..... 9
- Behavior problems/hyperactivity/attention deficit (ADD/ADHD)..... 10
- Oppositional defiant disorder..... 11
- Other (specify- string 150)..... 12
- Don't know..... D

"DON'T KNOW" CAN NOT BE COMBINED WITH ANOTHER ANSWER CHOICE

SOFT CHECK IF F4 = 12 AND NOT SPECIFIED; Please provide an answer in the "Other (specify)" box, or click the "Next" button to move to the next question.

IF F2 NE NO RESPONSE OR F4 NE NO RESPONSE

F5. What has been done so far to address [CHILD]'s condition or the concerns about [CHILD]'s health and development?

The definition of IFSP/IEP is as follows: "a written plan that describes goals for [CHILD] and the services [he/she] should receive."

Select all that apply

- Discussions/plans are in progress.....1 SEE BELOW
- A specialist has been contacted.....2 SEE BELOW
- The child has been observed or evaluated.....3 SEE BELOW
- A meeting with the parents and the special needs team has been made.....4 SEE BLEOW
- An individualized education plan (IEP) or an Individual Family Service Plan (IFSP) has been developed.....5
- Modifications or accommodations to the classroom or class activities have been made.....6 SEE BELOW
- Don't know.....D SEE BELOW
- NO RESPONSE.....M SEE BELOW

"DON'T KNOW" CAN NOT BE COMBINED WITH ANOTHER ANSWER CHOICE

IF FALL: F5 NE 5 SHOULD BE ROUTED TO CHILD_PICK UNLESS COMPLETED RATING FINAL CHILD, THEN GO TO VALIDATE TCR. IF SPRING: F5 NE 5 SHOULD BE ROUTED TO F6.

IF F5 = 5

F5a. Did you participate in [CHILD]'s IEP or IFSP meeting?

- Yes.....1
- No.....0
- Don't know.....D

IF F5 = 5

F5b. Which of the following services has [CHILD] received?

Select all that apply

- Speech or language therapy.....1
- Social work services.....2
- Psychological services.....3
- Special education teacher services.....4
- Other (specify- string 150).....5
- Don't know.....D SEE BELOW
- NO RESPONSE.....M SEE BELOW

“DON'T KNOW” CAN NOT BE COMBINED WITH ANOTHER ANSWER CHOICE

IF FALL: F5B = D OR NO RESPONSE SHOULD BE ROUTED CHILD_PICK UNLESS COMPLETED RATING FINAL CHILD, THEN GO TO VALIDATE TCR. IF SPRING: F5B = D OR NO RESPONSE SHOULD BE ROUTED TO F6.

IF F5B = 1, 2, 3, 4 OR 5

F5c. How were these services delivered?

Select all that apply

- Consultation in the classroom
Consultation includes recommending modifications, accommodations, or other methods to support the child's learning and development.....1
- Direct teaching or services by a specialist in the classroom.....2
- Direct teaching or services by a specialist in another classroom or setting.....3
- Don't know.....D
- NO RESPONSE.....M

“DON'T KNOW” CAN NOT BE COMBINED WITH ANOTHER ANSWER CHOICE

IF FALL: AFTER EACH CHILD, RETURN TO CHILD_PICK UNLESS COMPLETED RATING FINAL CHILD, THEN GO TO VALIDATE TCR. IF SPRING CONTINUE TO F6.

SPRING ONLY, IF A1 = 1

F6. About how often has [CHILD] missed a Head Start class during the past year?

- Never..... 1
- One to five days..... 2
- Six to ten days..... 3
- Eleven to twenty days..... 4
- More than 20 days..... 5
- Don't know..... D

AFTER EACH CHILD, RETURN TO CHILD_PICK UNLESS COMPLETED RATING FINAL CHILD, THEN GO TO VALIDATE TCR.

HARD COPY ONLY

G1. Why did you choose to complete the paper questionnaire rather than complete the questionnaire on the Web?

MARK ALL THAT APPLY

- 1 Did not have access to a computer
- 2 Computers were in use by others at the times I wanted to do the questionnaire
- 3 Started survey, but experienced technical problems such as...
 - 3a Screen frozen
 - 3b Took too long to load the first page
 - 3c Took too long to load subsequent pages
- 4 Tried to log into Web address, but an error message appeared...
 - 4a "Invalid password"
 - 4b "This page has expired"
 - 4c "This website is busy, please try again later"
- 5 Computer screen too small to read questions, such as required too much scrolling—up or down, side to side
- 6 Unable to read the questions on the screen because of the color scheme on the computer
- 7 Chose to complete the paper questionnaire because it was readily available

G2. What kind of help could we have given you to make it easier to complete this form on the web?

ADDRESS SECTION

IF A1 = 1 AND PAYMENT FLAG = 1 (PAY SITE ONLY)

Address1. You will be mailed a gift card(s) as a thank you for your participation.

If you would like to receive your gift card(s) at your center address ([FILL CENTER ADDRESS FROM SMS]), please select "yes" below. If you would like to receive your gift card at an address OTHER than your center address, check "other address."

- Yes..... 1 GO TO END3
- Yes, but the center address is not correct.....2 GO TO ADDRESS2
- Other address3 GO TO ADDRESS2

HARD CHECK: IF ADDRESS1 = NO RESPONSE; Please indicate where you would like your gift card(s) sent.

ADDRESS1 = 2 OR 3

Address2. Please enter the address where you would like the gift card(s) sent:

(STRING 60)

Street Address 1

(STRING 60)

Street Address 2

(STRING 60)

City

State/ Territory (drop-down box)

(STRING 5) Zip code

SOFT CHECK: IF MISSING ANY FIELD EXCEPT STREET 2; It is very important we have your complete address so we can mail your gift card(s) promptly. Please make sure you have filled out every applicable address field on this page.

ADDRESS1 = 2 OR 3

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

- Yes..... 1

- No, address is not correct.....2 GO TO ADDRESS2
- No, mail gift card(s) to the center.....3 GO TO ADDRESS1

HARD CHECK: IF ADDRESS3 = NO RESPONSE; **Please indicate where you would like your gift card(s) sent.**

FINAL IF A1 = 1

END3. Thank you very much for participating in AI/AN FACES 2019!

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