

OMB No.: 0970-0151  
Expiration Date: XX/XX/XXXX

**MATHEMATICA**  
Policy Research



**FACES 2019**  
Experiences in Head  
Start

**Head Start Family and Child Experiences Survey 2019  
(FACES 2019)**

*Teacher Child Report Form  
Fall 2019 - Spring 2020*

**AFFIX LABEL HERE**

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## 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).

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.

Given the likely disruption to your center's typical schedule due to the coronavirus (COVID-19), when answering questions that ask about activities done within the past week or month, please consider a **typical** week or month. When answering questions that ask about "current" activities or activities "as of today's date," if your program or center is temporarily closed, please **reference the period when you were last teaching this classroom**.

Section A.

Section B. Child's Accomplishments

**A1. Are you currently the Head Start teacher for the child listed on the front of this survey? (Use an "X" to mark your response.)**

- 1  Yes → GO TO B1
- 0  No

**A2. What is the main reason you are no longer this child's teacher?**

- 1  Child moved to another class in the same center → GO TO A3
- 2  Child moved to another center → GO TO A3a
- 3  Child left the Head Start program → GO TO A4
- 4  Child was never in my class/ I don't know this child → GO TO A5
- 5  Center closure or child stopped attending due to coronavirus (COVID-19) restrictions → GO TO B1

**A3. What is the name of the Head Start teacher whose class this child currently attends?**

Name: \_\_\_\_\_

**A3a. What is the name of the Head Start center where this child went?**

Name: \_\_\_\_\_

**A4. Please record the last date this child was in your class.**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
Month Day Year

**A5. Thank you for completing this form.**

These questions are about things that different children do at different ages. These things may or may not be true for this child.

**B1. Can this child recognize...**

- 1  All of the letters of the alphabet,
- 2  Most of them,
- 3  Some of them, or
- 4  None of them?

**B2. How high can this child count? Would you say...**

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

**B3. How often does this child like to write or pretend to write? Would you say...**

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

**B4. Can this child identify the colors red, yellow, blue, and green by name? Would you say...**

- 1  All of them,
- 2  Some of them, or
- 3  None of them?
- 4  CHILD IS COLOR BLIND

**B4a. Can this child demonstrate a beginning understanding of the relationship between sounds and letters (e.g., the letter B makes a “buh” sound)? Would you say...**

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

*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.*

**B5. Please answer “Yes” or “No” to each question about this child’s abilities.**

MARK “YES” OR  
“NO” ON EACH  
LINE

	YES	NO
a. Does this child mostly write and draw rather than scribble?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Can this child write (his/her) first name even if some of the letters are backward?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Does this child trip, stumble, or fall easily?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. When this child speaks, is (he/she) understandable to a stranger?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Does this child stutter or stammer?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Does this child ever look at a book with pictures and pretend to read?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Does this child recognize (his/her) own first name in writing or in print?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Does this child read any other words in writing or in print?..	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Can this child identify rhyming words?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

Section D. Classroom Conduct

Please describe this child according to how true each of these statements has been during the past month, from “not true” to “somewhat or sometimes true” to “very true or often true.” For each item, mark only one code.

MARK ONE PER ROW

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

Section H. Approaches to Learning

**H1. Please describe this child according to how he or she approaches tasks. How often in the past month did he or she act this way? For each item, mark only one code: “never,” “sometimes,” “often,” or “very often.”**

MARK ONE PER ROW

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

Section F. Health and Developmental  
Conditions or Concerns

**F1. Has any professional such as a doctor or other health or education professional mentioned this 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?**

MARK ONLY ONE

- 1  Yes  
0  No  
d  Don't know

GO TO  
F3

**F2. How did the doctor or other health or education professional describe this child's needs or disability?**

MARK ALL THAT APPLY

- 1  VISION IMPAIRMENT  
2  BLINDNESS  
3  HEARING IMPAIRMENT/HARD OF HEARING  
4  DEAFNESS  
5  MOTOR IMPAIRMENT  
6  SPEECH IMPAIRMENT/DIFFICULTY COMMUNICATING  
7  MENTAL RETARDATION  
8  DEVELOPMENT DELAY  
9  AUTISM OR PERVERSIVE DEVELOPMENTAL DISORDER (PDD)  
10  BEHAVIOR PROBLEMS/HYPERACTIVITY/ ATTENTION DEFICIT (ADD or ADHD)  
11  OPPOSITIONAL DEFIANT DISORDER  
12  OTHER (Specify)

- d  Don't know

GO TO F5

**F3. Since this child has enrolled in Head Start, has anyone reported concerns about (his/her) health or development?**

*Note: This item does not refer to normal health concerns (e.g., "she has a lot of colds"); it refers to the conditions listed in F4 below. The concerns may be identified by yourself, another staff member, a parent or anyone else.*

- 1  Yes  
0  No  
d  Don't know

GO TO G1

**F4. To your knowledge, what areas of this child's health and development appear to be of concern?**

MARK ALL THAT APPLY

- 1  VISION IMPAIRMENT  
2  BLINDNESS  
3  HEARING IMPAIRMENT/HARD OF HEARING  
4  DEAFNESS  
5  MOTOR IMPAIRMENT  
6  SPEECH IMPAIRMENT/DIFFICULTY COMMUNICATING  
7  MENTAL RETARDATION  
8  DEVELOPMENT DELAY  
9  AUTISM OR PERVERSIVE DEVELOPMENTAL DISORDER (PDD)  
10  BEHAVIOR PROBLEMS/HYPERACTIVITY/ ATTENTION DEFICIT (ADD or ADHD)  
11  OPPOSITIONAL DEFIANT DISORDER  
12  OTHER (Specify)

- d  Don't know

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

*The definition of IFSP/IEP is as follows: "a written plan that describes goals for this child and the services (he/she) should receive."*

**MARK ALL THAT APPLY**

- 1  Discussions/plans are in progress
- 2  A specialist has been contacted
- 3  The child has been observed or evaluated
- 4  A meeting with the parents and the special needs team has been made
- 5  An individualized education plan (IEP) or an Individual Family Service Plan (IFSP) has been developed
- 6  Modifications or accommodations to the classroom or class activities have been made
- d  Don't know

**IF F5 = 5 (An IEP or IFSP has been developed), GO TO F5a. OTHERWISE, GO TO G1.**

**F5a. Did you participate in the child's IEP or IFSP meeting?**

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

**F5b. Which of the following services has the child received?**

**MARK ALL THAT APPLY**

- 1  Speech or language therapy
- 2  Social work services
- 3  Psychological services
- 4  Special education teacher services
- 5  Other services
- d  Don't know

**IF F5b = 1, 2, 3, 4, OR 5, GO TO F5c. OTHERWISE, GO TO G1**

**F5c. How were these services delivered?**

**MARK ALL THAT APPLY**

- 1  Consultation in the classroom  
*Note: Consultation includes recommending modifications, accommodations, or other methods to support the child's learning and development*
- 2  Direct teaching or services by a specialist in the classroom
- 3  Direct teaching or services by a specialist in another classroom or setting
- d  Don't know

**SPRING ONLY**

**F6. About how often has the child missed a Head Start class during the past year?**

**Please answer this question thinking about the child's attendance prior to any changes that might have occurred as a result of coronavirus (COVID-19) concerns.**

- 1  Never,
- 2  One to five days,
- 3  Six to ten days,
- 4  Eleven to twenty days, or
- 5  More than twenty days?



Section G.

**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?**

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**Thank you for your participation in FACES 2019!**