Mathematica

Head Start

American Indian and Alaska Native

family and child experiences survey

AI/AN FACES 2019

Experiences in Head Start

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

Program Director Survey

Spring 2020

AFFIX LABEL HERE

Introduction

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).

The Administration for Children and Families (ACF) has decided to conduct AI/AN FACES 2019 remotely via the web. We will continue with plans to collect surveys of program directors and center directors.

Given these extraordinary circumstances, please consider the *typical* dates and times of operations and those initially planned for the 2019-2020 program year when answering question in this survey.

To help us understand your program better, we need you to complete this brief survey. It asks about children and families served; Native culture/language in your program; staff education and training; curriculum and assessment; program management; use of program data and information; program resources; program community; and a few questions about yourself.

Please be assured that all information you provide will be kept private to the extent permitted by law.

Thank you for taking the time to complete this survey. Questions are not always numbered sequentially, so please answer questions in the order they appear, regardless of the question number. Additionally, you may be told to skip some questions because they do not apply to you.

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 other staff in your program, 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 20 minutes of your time to complete.

AB. NATIVE CULTURE/LANGUAGE IN PROGRAM

These first questions are about use of Native culture and language in your program.

Does your program have a cultural/language elder or specialist?

By cultural/language elder or specialist we mean someone that you may rely on or consult with in regards to culture or language. Though culture and language are interrelated, sometimes an elder or specialist might only be consulted on one or the other, and not both.

○ Yes

○ No   **GO TO AB8**

Who is your cultural/language elder or specialist?

MARK ONE OR MORE BOXES

☐ A spiritual leader

☐ An influential member of the tribal or cultural community

☐ A member of the tribal or cultural community

☐ Other – *Specify*

_____

Does your program use a cultural curriculum?

○ Yes

○ No

Does your program use a locally designed or tribal specific tool to assess children's Native language development?

○ Yes

○ No

What kind of Native language program(s) does your Head Start program have?

A full immersion classroom is one where only Native language is used for all interactions and activities every day, without English or another language being used.

MARK ONE OR MORE BOXES

☐₁ Full immersion (all classrooms)

☐₂ Full immersion (some classrooms)

☐₃ Partial immersion (Native language used 50% of the time; all classrooms)

☐₄ Partial immersion (Native language used 50% of the time; some classrooms)

☐₅ Structured language lessons (Basic Language)

☐₆ Teachers use words in the classroom

☐₈ None of these

☐₈ Other – *Specify*

_____

STOP

CHECK IN HERE

Please read the instructions below to continue the survey.

If you selected that you use a full immersion program in either all or some classrooms, then go to question AB16a on page 4.

If you selected that you use any Native language in either all or some classrooms, then go to question AB15 on page 4.

Otherwise, please continue to question AB15 on page 4.

Has your program ever had a full or partial Native language immersion program(s)?

A full immersion classroom is one where only Native language is used for all interactions and activities every day, without English or another language being used.

A partial immersion classroom is one where Native language is used 50% of the time or greater.

○₁ Yes, we have offered language immersion program(s) in the past

○₀ No, we have never offered a language immersion program **GO TO AB16a,**

Why are you no longer using a Native language immersion program?

MARK ONE OR MORE BOXES

☐₁ No fluent speakers available in the community

☐₂ No fluent speakers with training to teach language

☐₃ Limited support or interest from parents or the community

☐₄ No teachers speak the language

☐₅ Other – *Specify*

What percentage of language used in the classroom(s) is in the Native language? If there is no Native language use in the classroom(s), please enter 0.

☐☐ PERCENT

Next, we'd like to know about whether and how your program has used the Making it Work framework.

Are you using or have you used Making it Work in your program?

○₁ Yes, for some classrooms

○₂ Yes, for all classrooms

○₃ No   **GO TO SECTION A, PAGE 6**

How has Making it Work been used?

MARK ONE OR MORE BOXES

☐₁ We developed a new curriculum

☐₂ We developed new activities to add into our existing curriculum

☐₃ We developed new approaches for classroom activity planning

☐₄ We developed new approaches for developing student goals and plans

☐₅ We developed new approaches for monitoring and assessing children's progress

☐₆ Other – *Specify*

A. Children and Families Served

This set of questions asks about the children and families your program serves.

Does your program serve any children or families who speak a language other than English at home?

○₁ Yes

○₀ No **GO TO SECTION B, PAGE 7**

Other than English, what languages are spoken by the children and families who are part of your program?

MARK ONE OR MORE BOXES

☐₃₅ Native language(s) – *Specify*

☐₁₂ Spanish

☐₂₁ Other – *Specify*

B. Staff Education and Training

The next questions are about efforts to promote staff education and training.

Does your program have any efforts in place to help program staff get their Associate's (A.A.) or Bachelor's (B.A.) degrees?

- ○₁ Yes
- ○₀ No
- ○₂ Not applicable; all staff required to have at least a B.A

What is your program doing to help program staff get their Associate's (A.A.) or Bachelor's (B.A.) degrees?

MARK ONE FOR EACH ROW

		YES	NO
a.	Providing tuition assistance...	○₁	○₀
b.	Giving staff release time...	○₁	○₀
c.	Providing assistance for course books.............................	○₁	○₀
d.	Providing A.A. or B.A. courses onsite..............................	○₁	○₀
e.	Other – *Specify*	○₁	○₀

Who is eligible for assistance to get their Associate's (A.A.) or Bachelor's (B.A.) degrees?

By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them as lead teachers here.

MARK ONE OR MORE BOXES

- ☐₁ Center-based lead teachers
- ☐₂ Center-based assistant teachers
- ☐₄ Home visitors
- ☐₈ Family child care providers
- ☐₉ Content managers
- ☐₃ Family service workers
- ₅ Other – *Specify*

Of the activities your program offers, which does your Head Start professional development funding directly support?

SELECT ALL THAT APPLY

- ☐₂ Attendance at regional, state, or national early childhood conferences
- ☐₃ Pay substitutes to allow teachers time to prepare, train, and/or plan
- ☐₄ Coaching/mentoring
- ☐₁ Other types of consultants hired to work directly with staff to address a specific issue or concern
- ☐₅ Workshops/trainings sponsored by the program
- ☐₆ Workshops/trainings provided by other organizations
- ☐₇ A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert
- ☐₈ Time during the regular work day to participate in Office of Head Start T/TA webinars
- ☐₉ Tuition assistance for Associate's (A.A.) or Bachelor's (B.A.) courses
- ☐₁₀ Onsite Associate's (A.A.) or Bachelor's (B.A.) courses
- ☐₁₁ Tuition assistance for courses toward getting a credential
- ☐₁₂ Cultural trainings
- ☐₉₉ Other – *Specify*

_____

How frequently does your program provide support for these kinds of activities?

MARK ONE ONLY

- ○₁ These activities are part of the regular operation of the program (e.g. provided weekly or monthly)
- ○₂ These activities are supported at least a few times a year
- ○₃ These activities are supported once or twice a year
- ○₄ These activities are supported occasionally, but not every year
- ○₅ These activities are not supported by my program

The next questions are about curriculum and assessment.

What curriculum/curricula does your program use?

MARK ONE OR MORE BOXES

☐ 11 Creative Curriculum

☐ 12 HighScope

☐ 14 Let's Begin with the Letter People

☐ 15 Montessori

☐ 16 Bank Street

☐ 17 Creating Child Centered Classrooms- Step by Step

☐ 18 Scholastic Curriculum

☐ 19 Locally Designed Curriculum

☐ 20 Curiosity Corner

☐ 24 Frog Street

☐ 28 Opening the World of Learning (OWL) *(Pearson)*

☐ 27 Learn Every Day

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

☐ 21 Other – *Specify*

What is your main curriculum??

MARK ONE ONLY

- ○₁₁ Creative Curriculum
- ○₁₂ HighScope
- ○₁₄ Let's Begin with the Letter People
- ○₁₅ Montessori
- ○₁₆ Bank Street
- ○₁₇ Creating Child Centered Classrooms- Step by Step
- ○₁₈ Scholastic Curriculum
- ○₁₉ Locally Designed Curriculum
- ○₂₀ Curiosity Corner
- ○₂₄ Frog Street
- ○₂₈ Opening the World of Learning (OWL) (Pearson)
- ○₂₇ Learn Every Day
- ○₂₆ DLM Early Childhood Express (McGraw-Hill)
- ○₂₁ Other – *Specify*

- ○₂₃ Use each equally
- ○ᵈ Don't know

What is the main child assessment tool that you use?

MARK ONE ONLY

- ○₁ Teaching Strategies GOLD Assessment (formerly known as The Creative Curriculum Developmental Continuum Assessment Toolkit for ages 3-5)
- ○₂ HighScope Child Observation Record (COR)
- ○₃ Galileo
- ○₄ Ages and Stages Questionnaires: A Parent Completed, Child-Monitoring System
- ○₅ Desired Results Developmental Profile (DRDP)
- ○₆ Work Sampling System for Head Start
- ○₇ Learning Accomplishment Profile Screening (LAP including E-LAP, LAP-R and LAP-D)
- ○₈ Hawaii Early Learning Profile (HELP)
- ○₉ Brigance Preschool Screen for three and four year old children
- ○₁₀ Assessment designed for this program
- ○₁₁ Another state developed assessment – *Specify*

- ○₁₂ Other – *Specify*

- ○₁₃ Do not use a child assessment tool   **GO TO SECTION B, PAGE 10**

What methods does your program use for these assessments?

MARK ONE ONLY

- ○₁ Ratings based on observation or work sampling
- ○₂ Testing with standardized tests or assessment or screening instruments
- ○₃ Both observation-based ratings and direct assessments
- ○₄ Other – *Specify*

- ○₀ Do not assess

H. Overview of Program Management

The next questions are about program management.

In the past 12 months, have <u>you</u> participated in the following kinds of professional development?

MARK ONE FOR EACH ROW

		YES	NO
a.	College or university course(s) related to your role as a manager or leader (for example, a course on leadership, management and administration, human resources, or a course for a specific license, certificate, or other type of credential)..........................	$\bigcirc_1$	$\bigcirc_0$
b.	Visits to other Head Start or early childhood programs to improve your own work as a program director.........	$\bigcirc_1$	$\bigcirc_0$
c.	A network or community of Head Start and other early childhood program leaders organized by someone outside of your program, for example a professional organization...	$\bigcirc_1$	$\bigcirc_0$
d.	A leadership institute offered by Head Start................. *A leadership institute is a type of conference or workshop that provides an opportunity to learn new skills or discuss important issues related to leadership. Sometimes leadership institutes are specifically for staff who have named leadership roles in their centers or programs (like directors or managers), but leadership institutes can also include other types of staff who want to learn about leadership issues.*	$\bigcirc_1$	$\bigcirc_0$
e.	A leadership institute offered by an organization other than Head Start...	$\bigcirc_1$	$\bigcirc_0$
f.	Trainings related to your role as a manager or leader (for example: NIHSDA Management Training Conference, Native American Child and Family Conference, Head Start governance training, CLASS training)...................................	$\bigcirc_1$	$\bigcirc_0$

To do your job as a program director more effectively, what do you need additional help with to do your job as a program director more effectively? Select the top three.

MARK UP TO THREE (3) BOXES

☐ 4 Program improvement planning

☐ 5 Budgeting

☐ 6 Staffing (hiring)

☐ 10 Data-driven decision making

☐ 15 Establishing good relationship with OHS program and/or grant specialist

☐ 13 Leadership skills (for example, diplomacy skills, coaching skills)

☐ 7 Teacher evaluation

☐ 8 Evaluation of other program staff

☐ 9 Teacher professional development (for example, conducting classroom observations)

☐ 1 Educational/curriculum leadership

☐ 12 Integrating Native culture and language into the curriculum

☐ 3 Creating positive learning environments

☐ 2 Child assessment

☐ 11 Working with parents, extended family and community caregivers

☐ 14 Building relationships with Tribal leadership

☐ 16 Working with and partnering in the community

☐ 17 Assessing community needs

N. Use of Program Data and Information

The next questions are about the use of program data and information.

Which of the following data and information is your program collecting?

MARK ONE OR MORE BOXES

- ☐₁ Child/family demographics
- ☐₂ Vision, hearing, developmental, social, emotional, and/or behavioral screenings
- ☐₃ Child attendance data
- ☐₄ Family needs
- ☐₅ Service referrals for families
- ☐₆ Services received by families
- ☐₇ Parent/family attendance data
- ☐₈ Parent/family goals
- ☐₉ CLASS results or other quality measures
- ☐₁₀ Staff/teacher performance evaluations
- ☐₁₁ Personnel records
- ☐₁₂ Child assessment data
- ☐₁₃ Other – *Specify*

- ☐₁₄ None of the above   **GO TO SECTION O, PAGE 16**

In what ways do you use the data and information being collected?

MARK ONE OR MORE BOXES

- ☐₁ To help identify and address professional development needs of staff
- ☐₂ To assess services being provided
- ☐₃ To learn whether families are reaching their goals
- ☐₄ To determine whether we are making progress towards program-wide goals
- ☐₅ To help identify the needs of the child and family
- ☐₉₉ Other – *Specify*

Please indicate how much each of the following are barriers to using data and information:

MARK ONE FOR EACH ROW

		NOT A BARRIER	A LITTLE BARRIER	SOMEWHAT OF A BARRIER	A MAJOR BARRIER
a.	Not enough time to use the data to guide planning..	$\bigcirc_1$	$\bigcirc_2$	$\bigcirc_3$	$\bigcirc_4$
b.	Inadequate technology resources to track and analyze data.......................................	$\bigcirc_1$	$\bigcirc_2$	$\bigcirc_3$	$\bigcirc_4$
c.	Lack of staff buy-in to value of data............	$\bigcirc_1$	$\bigcirc_2$	$\bigcirc_3$	$\bigcirc_4$

Do you use an electronic database to store program data? (Sometimes these databases might be called management information systems or data systems. They might be something set up or managed by an external vendor, or something set up by your own program.)

$\bigcirc_1$ Yes

$\bigcirc_0$ No   **GO TO N6**

Is your management information system(s) something that your program set up, or is it provided and managed by an external vendor?

MARK ONE ONLY

$\bigcirc_1$ Set up by our own program

$\bigcirc_2$ External vendor

$\bigcirc_3$ Combination

$\bigcirc_4$ Don't know

Do you have someone on staff responsible for analyzing or summarizing program data so those data can be used to support decision-making or answer research questions? This person might also support other program staff in summarizing and analyzing data.

$\bigcirc_1$ Yes

$\bigcirc_0$ No   **GO TO SECTION O, PAGE 16**

Does this person focus only on data analysis tasks?

$\bigcirc_1$ Yes, this person focuses only on these data analysis tasks

$\bigcirc_0$ No, this person has other responsibilities

Has this person ever received any training or taken a course related to data analysis?

$\bigcirc_1$ Yes

$\bigcirc_0$ No

O. Program Resources

The next questions are about your program's resources for the current program year.

Many grantees have revenue from sources other than Head Start that allows them to serve additional children and families (that may or may not qualify for Head Start) or to support other initiatives and improvements. The next questions are about these sources of revenue.

How many children are enrolled in your Head Start program? Here, we are referring to "cumulative enrollment" or all children who have been enrolled in the program and have attended at least one class or, for programs with home-based options, received at least one home visit. By Head Start we are referring to preschool Head Start, not Early Head Start.

☐☐ , ☐☐☐ CHILDREN ENROLLED

Does your program receive any revenues from the following sources other than Head Start to serve children and families (that may or may not qualify for Head Start)?

Please think about all the funding streams that come into your program, even for centers that do not provide Head Start services.

		MARK ONE FOR EACH ROW		
		YES	NO	DON'T KNOW
a.	Tuitions and fees paid by parents - including parent fees and additional fees paid by parents or co-pays such as registration fees, transportation fees from parents, late pick up/late payment fees..	$\circ_1$	$\circ_0$	$\circ_d$
h.	State or local Pre-K funds from the state or local government........	$\circ_1$	$\circ_0$	$\circ_d$
i.	Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)......................................	$\circ_1$	$\circ_0$	$\circ_d$
b.	Other funding from state government (e.g. transportation, grants from state agencies)...	$\circ_1$	$\circ_0$	$\circ_d$
c.	Other funding from local government (e.g., funding from tribal government, grants from county government)...	$\circ_1$	$\circ_0$	$\circ_d$
d.	Federal government <u>other than Head Start</u> (for example, Title I, Child and Adult Care Food Program, WIC)...	$\circ_1$	$\circ_0$	$\circ_d$
e.	Revenues from non-government community organizations or other grants (for example, United Way, local charities, or other service organizations)..	$\circ_1$	$\circ_0$	$\circ_d$
f.	Revenues from fund raising activities, cash contributions, gifts, bequests, special events...	$\circ_1$	$\circ_0$	$\circ_d$
g.	Other – *Specify*	$\circ_1$	$\circ_0$	$\circ_d$

P. Program Community

The next questions are about the community your program serves.

> **The next questions are about problems you might see in the community your program serves. How much of a problem is each of the following?**
>
> **MARK ONE FOR EACH ROW**
>
> | | | NOT A PROBLEM | SOMEWHAT OF A PROBLEM | BIG PROBLEM |
> |---|---|---|---|---|
> | a. | Public drunkenness/people being high or stoned in public.. | $\bigcirc_0$ | $\bigcirc_1$ | $\bigcirc_2$ |
> | b. | Opioid use.. | $\bigcirc_0$ | $\bigcirc_1$ | $\bigcirc_2$ |
> | c. | Other types of substance use problems....................... *By "substance use problems" we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.* | $\bigcirc_0$ | $\bigcirc_1$ | $\bigcirc_2$ |
> | d. | Lack of resources for treatment of substance use……. | $\bigcirc_0$ | $\bigcirc_1$ | $\bigcirc_2$ |

If all responses to items in P1 are marked "not a problem" please go to Section I, page 21

What supports does your program offer staff for working with families that have substance use problems? Please consider supports for the range of staff working with children and families, such as teachers, family services staff, mental health specialists, and others.

By "substance use problems" we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.

MARK ONE OR MORE BOXES

☐₁ Written information for staff on signs and symptoms of substance use problems

☐₂ Written information for staff on where they can direct or refer parents or caregivers for substance use treatment in the community

☐₃ Support groups for staff to deal with the challenges of supporting families dealing with substance use problems

☐₄ Training or peer learning groups for staff to recognize signs and symptoms of substance use problems in parents or caregivers and share strategies for working with parents or caregivers with substance use problems or children exposed to substance use

☐₅ Training for staff on the effects of substance use exposure on children

☐₆ Training in how to talk with parents or caregivers about suspected substance use problems

☐₇ Training for staff on how to use information that families share in order to help them get the support they need

☐₈ Supervision for staff focused specifically on dealing with a family's substance use problems

☐₉ Coordination between health services manager/committee or family services staff and teaching staff to address family substance use problems

☐₁₀ Additional classroom staff for working with children to address behavioral and health needs

☐₁₁ More mental health professionals available to work directly with children

☐₁₂ This is an issue in the community but does not affect my program ➔ **GO TO SECTION I, PAGE 21**

☐₉₉ Other – *Specify*

_____

☐₁₃ None of the above ➔ **GO TO SECTION I, PAGE 21**

Which of these supports include a specific focus on the opioid epidemic?

By "substance use problems" we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.

MARK ONE OR MORE BOXES

☐₁ Written information for staff on signs and symptoms of substance use problems

☐₂ Written information for staff on where they can direct or refer parents or caregivers for substance use treatment in the community

☐₃ Support groups for staff to deal with the challenges of supporting families dealing with substance use problems

☐₄ Training or peer learning groups for staff to recognize signs and symptoms of substance use problems in parents or caregivers and share strategies for working with parents or caregivers with substance use problems or children exposed to substance use

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☐₁₀ Additional classroom staff for working with children to address behavioral and health needs

☐₁₁ More mental health professionals available to work directly with children

☐₁₂ This is an issue in the community but does not affect my program

☐₉₉ Other – *Specify*

☐₁₃ None of the above

I. Director Employment and Educational Background

Now, we'd like to ask you some questions about your professional background and your job with Head Start.

In total, how many years have you been a director…

Please round your response to the nearest whole year.

NUMBER OF YEARS

I0. In <u>any</u> early childhood program...	
I2a. In <u>any</u> Head Start program..	
I2b. Of <u>this</u> Head Start program..	

In total, how many years have you worked…

Please round your response to the nearest whole year.

NUMBER OF YEARS

I2. With <u>any</u> Head Start program..	
I2c. As part of <u>any</u> Head Start program's management team….	
I2d. As a teacher or home visitor in <u>any</u> Head Start program….	

In what month and year did you start working for <u>this</u> Head Start program?

MONTH   YEAR

How many hours per week are you paid to work for Head Start?

HOURS

What is your total annual salary (before taxes) as a program director for the current program year?

$ ____ , ____ . 0 0 DOLLARS PER YEAR

In your current Head Start position(s), how much do the following make it harder for you to do your job well? Do they make it a great deal harder, somewhat harder, or not at all harder for you to do your job well?

MARK ONE FOR EACH ROW

		GREAT DEAL HARDER	SOMEWHAT HARDER	NOT AT ALL HARDER
a.	Time constraints (not enough hours in the day)..	○ 3	○ 2	○ 1
b.	Too many conflicting demands..................	○ 3	○ 2	○ 1
c.	Not a high enough salary for the job demands..	○ 3	○ 2	○ 1
d.	Lack of support staff..................................	○ 3	○ 2	○ 1
e.	Not enough training and technical assistance for professional development..	○ 3	○ 2	○ 1
f.	Not enough support and communication from administration....................................	○ 3	○ 2	○ 1
g.	Not enough funds for supplies and activities...	○ 3	○ 2	○ 1
h.	Dealing with a challenging population.......	○ 3	○ 2	○ 1
i.	Staff turnover..	○ 3	○ 2	○ 1
j.	Lack of parent support..............................	○ 3	○ 2	○ 1
k.	Lack of qualified teaching staff.................	○ 3	○ 2	○ 1
o.	Tribal leadership changes.........................	○ 3	○ 2	○ 1
l.	Other - *Specify*	○ 3	○ 2	○ 1

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

MARK ONE ONLY

○₁ Up to 8th Grade

○₂ 9th to 11th Grade

○₃ 12th Grade, but No Diploma

○₄ High School Diploma/Equivalent

○₅ Vocational/Technical Program after High School

○₇ Some College, but No Degree   **GO TO I14**

○₈ Associate's Degree

○₉ Bachelor's Degree

○₁₀ Graduate or Professional School, but No Degree

○₁₁ Master's Degree (MA, MS)

○₁₂ Doctorate Degree (Ph.D., Ed.D.)

○₁₃ Professional Degree after Bachelor's Degree (Medicine/MD, Dentistry/DDS, Law/JD, etc.)

In what field did you obtain your highest degree?

MARK ONE ONLY

○₁ Child Development or Developmental Psychology

○₂ Early Childhood Education

○₃ Elementary Education

○₄ Special Education

○₁₁ Education Administration/Management & Supervision

○₁₂ Business Administration/Management & Supervision

○₅ Other field – *Specify*

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

○₁ Yes

○₀ No   **IF YOU COMPLETED SOME COLLEGE, BUT DO NOT HAVE A DEGREE, GO TO I15b, PAGE 24; OTHERWISE, GO TO I15, PAGE 24**

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

- ○₁ Yes
- ○₀ No

Do you currently hold a license, certificate, and/or credential in administration of early childhood/child development programs or schools?

- ○₁ Yes
- ○₀ No

Including your post-secondary degree, graduate degree, and certification programs, etc., are you currently enrolled in any additional training or education?

- ○₁ Yes
- ○₀ No   **GO TO I24**

What kind of training or education program are you enrolled in?
MARK ONE OR MORE BOXES

- ☐₁ Child Development Associate (CDA) Degree Program
- ☐₂ Teaching Certificate Program
- ☐₃ Special Education Teaching Degree Program
- ☐₄ Associate's Degree Program
- ☐₅ Bachelor's Degree Program
- ☐₆ Graduate Degree Program (MA, MS, PH.D. or Ed.D.)
- ☐₇ License, certificate and/or credential in administration of early childhood/ child development programs or schools
- ☐₈ Continuing Education Units (CEUs)
- ☐₉ Other – *Specify*

What is your sex?

- ○₁ Male
- ○₂ Female
- ○₃ Prefer not to answer

In what year were you born?

☐☐☐☐ YEAR

Are you of Spanish, Hispanic, or Latino origin?

- ◯ Yes
- ◯ No

What is your race? Select one or more.

MARK ONE OR MORE BOXES

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian, or other Pacific Islander
- ☐ Another race – *Specify*

[   ]

Do you speak a language other than English?

- ◯ Yes
- ◯ No

What languages other than English do you speak?

MARK ONE OR MORE BOXES

- ☐ Your Native language – *Specify*

[   ]

- ☐ Other Native Language(s)– *Specify*

[   ]

- ☐ Spanish
- ☐ Other – *Specify*

[   ]

End

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