

ATTACHMENT 5

FACES 2019 CLASSROOM SAMPLING FORM FROM HEAD START STAFF

This page has been left blank for double-sided copying.

NOTE: Upon arrival at a selected center, a 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 enter 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.

This page has been left blank for double-sided copying.

CLASSROOM SAMPLING FORM



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

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> 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.

This page has been left blank for double-sided copying.