



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

Teacher Survey

Spring 2020

Web Instrument Specifications

**LOGIN SCREEN  
(BY-PASSED BY RESPONDENTS ACCESSING SURVEY VIA E-MAIL  
NOTIFICATIONS)**



Mathematica

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

**Head Start Family and Child Experiences Survey  
Teacher Survey**

**Welcome to the Teacher 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 [FACES2019@mathematica-mpr.com](mailto:FACES2019@mathematica-mpr.com).**

**Login ID:**

**Password:**

## SURVEY INFORMATION



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

Mathematica 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).

We need you to complete this brief survey which asks about your classroom and your background as well as your thoughts about teaching and your program.

Thank you for taking the time to complete a brief Teacher Survey. The Teacher Survey asks you about your classroom and your background, as well as your thoughts about teaching and your Head Start program.

Thank you for taking the time to complete the survey. There are no right or wrong answers to the questions. The survey will take about 30 minutes to complete.

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 parents or other staff in your center, 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.

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 survey.

Please click the "Next" button below to continue, or close this website 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 and expires 04/30/2022. The time required to complete this collection of information is estimated to average 30 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.

## SURVEY INSTRUCTIONS

### How to complete the survey

Thank you for taking the time to complete this survey.

- 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 the survey, 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.**

ALL

PROGRAMMER  
CHECK BOX TO PRECEDE TEXT

**The Teacher Survey asks you about your classroom and your background, as well as your thoughts about teaching and your Head Start program.**

**Consent Screen. 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 survey, please click the box. Otherwise, please 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.**

**SCREENER**

ALL

**SC0. Are you {Fill TeacherName}?**

- Yes.....1 GO TO INTRO1  
OR INTRO2
- Yes, but my name is misspelled.....2 GO TO SC0a
- No, this is not my name.....3 GO TO SC0a

**HARD CHECK: IF SC0=NO RESPONSE; Your response to this question is very important. Please enter a response.**

PROGRAMMER BOX SC0  
[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 SC0a=NO RESPONSE; Your response to this question is very important. Please enter a response.**

IF SC0 = 3

**SC0b. Please call 855-714-8193 after noon on the next business day to receive a new user id and password.**

**Thank you very much for your interest in participating in FACES 2019!**

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

PROGRAMMER  
AFTER SC0b GO TO END3

## PROGRAMMER NOTES

PROGRAMMER NOTE FOR TEACHERS WITH SECOND CLASS: ASK QUESTIONS ABOUT FIRST CLASS FIRST AND THEN ASK QUESTIONS ABOUT SECOND CLASS AT THE END OF THE INTERVIEW.

PROGRAMMER NOTE FOR CLASS FILL:

(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class).

REVISE FILL USING FullPart (1=AM, 2=PM, 3=FD, 4=HV) SUCH THAT (FullPart = 3, 4) your classroom/(FullPart=1) your morning class/(FullPart=2) your afternoon class).

If OneOrTwo=2 AND ONE OF THE SESSIONS IS 4 (HOME VISITOR), FullPart=4 SHOULD BE ABOUT FIRST CLASS AND THEN SECOND CLASS IS XFullPart=1 or 2.

If OneOrTwo=2 AND NO SESSION IS 4 (HOME VISITOR), FULLPART =1 SHOULD BE ABOUT THE FIRST CLASS AND THEN SECOND CLASS IS XFULLPART=2.

PROGRAMMER: REPEAT QUESTIONS WITH UNIVERSE STATEMENT SECOND IF TEACHER HAS A SECOND CLASS.

THE FOLLOWING FOOTNOTE SHOULD APPEAR ON EVERY SCREEN: If you have any questions regarding FACES 2019, please call 855-714-8192 or send an e-mail to [FACES2019@mathematica-mpr.com](mailto:FACES2019@mathematica-mpr.com).

UNDERLINED TEXT SHOULD APPEAR IN ITALICS.



UNIVERSE: IF ONEORTWO=1

INTRO1. Center: [CENTERNAME], Teacher: [TEACHERFNAME TEACHERLNAME]

[IF FULLPART=4 OR XFULLPART=4]: In this survey, the term “classroom” or “class” refers to all of the children in your caseload.

Please answer these questions thinking only about [CLASSROOM1] class.

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.

UNIVERSE: IF ONEORTWO=2

INTRO2. Center: [CENTERNAME], Teacher: [TEACHERFNAME TEACHERLNAME]

[IF FULLPART=4 OR XFULLPART=4]: In this survey, the term “classroom” or “class” refers to all of the children in your caseload.

You have two classes selected for this study.

Class 1: [CLASSROOM1]

Class 2: [CLASSROOM2]

Please answer these questions thinking only about [CLASSROOM1].

After you complete the survey for [CLASSROOM1], you will be asked a few further questions about [CLASSROOM2].

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.

ALL  
SECOND

**S1b. When did you become the teacher of this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] for this program year?**

*If you have been the teacher of this class for longer than this program year, please enter the date the program year began.*

MONTH	DAY	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>
(1-12)	(1-31)	(2019-2020)

NO RESPONSE.....M

SOFT CHECK: IF S1b=NO RESPONSE; **Please enter Day, Month, Year to continue.**

SOFT CHECK: IF DATE ENTERED IS EARLIER THAN 07/01/2019: **Please enter the date you became the teacher for this (ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class), for this program year. If you have been the teacher of this class for longer than this program year, please enter the date the program year began. Is this date [DISPLAY MONTH DAY YEAR] correct?**

HARD CHECK: IF DATE ENTERED IS LATER THAN CURRENT DATE; **You entered a date in the future. Please enter the correct date to continue.**

SOFT CHECK: IF NO RESPONSE; Please enter Day, Month, Year to continue.

IF S1b AFTER JULY 1, 2019  
SECOND

**S3. Before you became the teacher of [(ONE CLASS) this classroom/(MORNING CLASS) this morning class/(AFTERNOON CLASS) this afternoon class], were you teaching in Head Start?**

- Yes.....1  
.....GO  
TO S4
- No.....0  
.....GO  
TO AA1
- NO RESPONSE.....M  
.....GO  
TO AA1

SOFT CHECK: IF S3=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF S3 = 1  
SECOND

**S4. Where were you teaching before you came to this [(ONE CLASS) classroom/(MORNING CLASS) this morning class/(AFTERNOON CLASS) this afternoon class]?**

- In the same classroom as an assistant teacher.....1
- In a different classroom at the same Head Start center.....2
- At a different Head Start center operated by the same program.....3
- At a Head Start center operated by a different program.....4
- Somewhere else (Specify).....5
- NO RESPONSE.....M

SOFT CHECK: IF S4=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

SOFT CHECK: IF S4Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**

**AA. CLASSROOM SESSION TYPE**

ALL

**AA1. First, please answer some questions about all of the classes you teach at this program. Only include information about classes with Head Start children enrolled.**

**Do you currently work with Head Start children as a home visitor?**

*Although Head Start teachers may perform home visits from time to time, this does not qualify them as a home visitor. A home visitor interacts with children on a weekly basis at the family's home, not in a classroom setting.*

- Yes.....1  
.....GO  
TO AA2
- No.....0  
.....GO  
TO AA3
- NO RESPONSE.....M  
.....GO  
TO AA3

**SOFT CHECK: IF AA1=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF AA1 = 1

**AA2. Aside from your home visitor caseload, do you also teach a class with Head Start children at this program?**

- Yes.....1  
.....GO  
TO AA3
- No.....0  
.....GO  
TO A0-1Intro
- NO RESPONSE.....M  
.....GO  
TO A0-1Intro

**SOFT CHECK: IF AA2=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF (AA1 = 0 OR M) OR IF AA2 = 1

**AA3. Do you teach . . .**

- A full-day class..... 1
- A morning class only..... 2
- An afternoon class only..... 3
- Both a morning and afternoon class..... 4
- NO RESPONSE..... M

**SOFT CHECK: IF AA3=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**A. CLASSROOM ACTIVITIES**

ALL  
SECOND

**A0-1Intro.** The next questions are about your classroom activities and the children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class].

[IF ONEORTWO=2 AND FIRST\_SECOND=1: Please answer these questions thinking only about [Classroom1] class.]

[IF ONEORTWO=2 AND FIRST\_SECOND=2: Please answer these questions thinking only about [Classroom2] class.]

ALL  
SECOND

**A0-1.** How many children are enrolled in this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class]?

CHILDREN

(RANGE 1-50)

NO RESPONSE.....M

SOFT CHECK: IF =NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.
SOFT CHECK: IF A0-1>20; You have entered [A0-1] as the number of children in your class. Is that correct?
RANGE HARD CHECK; The answer is outside the valid range for this question.
DECIMAL HARD CHECK; The answer has too many decimals. Please review.
COMMA HARD CHECK; Please enter a number.

ALL  
SECOND

**A0-1x. As of today's date, how many children in this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] are at each of the following ages?**

*If there are no children of a particular age in this class, please enter 0.*

PROGRAMMER: RANGE FOR GRID IS 0-50

	NUMBER OF CHILDREN
a. 3 years old (or younger).....	<input type="text"/>
b. 4 years old.....	<input type="text"/>
c. 5 years old (or older).....	<input type="text"/>
NO RESPONSE.....	M

**SOFT CHECK: IF A0-1a,b,OR c = NO RESPONSE; 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.**

**HARD CHECK: IF A0-1 DOES NOT EQUAL A0-1a+ A0-1b + A0-1c You have entered [A0-1] as the number of children enrolled in your class, but with [A0-1a] 3-year-old(s), [A0-1b] 4-year-old(s), and [A0-1c] 5-year-old(s) that is [A0-1a+A0-1b+A0-1c] children total. If [A0-1] is correct, please fix the number of children in each age group. If [A0-1] is not correct, please click the "Back" button to return to the previous question to fix your answer choice.**

**RANGE HARD CHECK; [A/B/C] in column NUMBER OF CHILDREN is outside the valid range for this question.**

**DECIMAL HARD CHECK; The answer to [A/B/C] in column NUMBER OF CHILDREN has too many decimals. Please review.**

**COMMA HARD CHECK; Please enter a number for [A/B/C] in column NUMBER OF CHILDREN.**

ALL  
SECOND

**A01d. As of today's date, how many children in this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] are...**

*If there are no children of a particular group in this class, please enter 0.*

PROGRAMMER: RANGE FOR GRID IS 0-50

	NUMBER OF CHILDREN
1. American Indian or Alaska Native.....	<input type="text"/>
2. Asian or Pacific Islander.....	<input type="text"/>
3. Black, non-Hispanic.....	<input type="text"/>
4. Hispanic.....	<input type="text"/>
5. White, non-Hispanic.....	<input type="text"/>

NO RESPONSE.....M

**SOFT CHECK: IF A01d 1,2,3,4, OR 5=NO RESPONSE; 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.**

**RANGE HARD CHECK; [1/2/3/4/5/6/7] in column NUMBER OF CHILDREN is outside the valid range for this question.**

**DECIMAL HARD CHECK; The answer to [1/2/3/4/5/6/7] in column NUMBER OF CHILDREN has too many decimals. Please review.**

**COMMA HARD CHECK; Please enter a number for [1/2/3/4/5/6/7] in column NUMBER OF CHILDREN.**



ALL  
SECOND

**A0-x. How many of each of the following staff are usually with this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class]?**

*If no staff currently work in the position, please enter 0.*

PROGRAMMER: RANGE FOR GRID IS 0-10

	NUMBER OF STAFF
2. Lead Teachers ( <i>Lead teachers are the head or primary teachers in the classroom. If teachers are co-teachers count them here.</i> ) .....	<input type="text"/>
3. Assistant Teachers.....	<input type="text"/>
4. Paid Aides.....	<input type="text"/>

NO RESPONSE.....M

- SOFT CHECK: IF A01-x2,3, OR 4=NO RESPONSE; **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.**
- SOFT CHECK: IF A01-x = 0 OR >5, **You have entered [A0-2] as the number of lead teachers in your class. Is that correct?**
- RANGE HARD CHECK; **[1/2/3] in column NUMBER OF STAFF is outside the valid range for this question.**
- DECIMAL HARD CHECK; **The answer to [1/2/3] in column NUMBER OF STAFF has too many decimals. Please review.**
- COMMA HARD CHECK; **Please enter a number for [1/2/3] in column NUMBER OF STAFF.**

ALL  
SECOND

**A0-5. How many days a week does this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] meet?**

DAYS

(RANGE 1-7)

NO RESPONSE.....M

- SOFT CHECK: IF A0-5=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**
- SOFT CHECK: IF IFA0-5 > 5; **You have entered [A0-5] as the number of days a week this class meets. Is that correct?**
- RANGE HARD CHECK; **The answer is outside the valid range for this question.**
- DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**

COMMA HARD CHECK; Please enter a number.

ALL  
SECOND

**A0-6. How many hours a week does this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] meet?**

HOURS

(RANGE 1-168)

NO RESPONSE.....M

SOFT CHECK: IF A0-6 =NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.

SOFT CHECK: IF A0-6 <5 OR >40; You have entered [A0-6] as the number of hours a week this class meets. Is that correct?

RANGE HARD CHECK; The answer is outside the valid range for this question.

DECIMAL HARD CHECK; The answer has too many decimals. Please review.

COMMA HARD CHECK; Please enter a number.

ALL  
SECOND

**A1. Please describe how a typical day is spent in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class]. Not including lunch or nap breaks, how much time do the children spend in the following kinds of activities?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	NO TIME	HALF HOUR OR LESS	ABOUT ONE HOUR	ABOUT TWO HOURS	THREE HOURS OR MORE
a. Teacher-directed whole class activities.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Teacher-directed small group activities.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Teacher-directed individual activities.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Child-selected activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SOFT CHECK: IF A1a,b,c,d=NO RESPONSE; 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.

IF A1(b) = 2, 3, 4, or 5  
**SECOND**

**A1a. You indicated that children work in small groups. How do you determine group membership?**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

- Child interests..... 1
- Ability level..... 2
- Based on assessment data..... 3
- Age..... 4
- Behavior..... 5
- Other (Specify)..... 6
- NO RESPONSE..... M

**SOFT CHECK: IF A1a = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF A1aSpecify = NO RESPONSE; Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

IF A1(c) = 2, 3, 4, or 5

**SECOND**

**A1b. You indicated that children work in teacher-directed individual activities. How do you determine what activities to work on?**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

- Child interests..... 1
- Ability level..... 2
- Based on assessment data..... 3
- Age..... 4
- Other (Specify)..... 5
- NO RESPONSE..... M

**SOFT CHECK: IF A1b = NO RESPONSE; Please provide an answer to this question, or click the “Next” button to move to the next question.**

**SOFT CHECK: IF A1bSpecify = NO RESPONSE; Please provide an answer in the specify box, or click the “Next” button to move to the next question.**

ALL  
SECOND

**A1e. How often do children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] usually work on activities in the following areas, whether as a whole class, in small groups, or in individualized arrangements?**

PROGRAMMER BOX A1E: SET UP HOVER FOR TEXT "ARTS" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:  
**Arts includes all creative types of activities such as dance, painting, and drama.**  
 SET UP HOVER FOR TEXT "SOCIAL AND EMOTIONAL" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:  
**Explicit instruction about feelings, recognizing emotions, and emotional regulation.**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	NEVER	LESS THAN ONCE A WEEK	1-2 TIMES A WEEK	3-4 TIMES A WEEK	DAILY
1. Language Arts and Literacy....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
2. Mathematics.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
3. Social Studies.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
4. Science.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
5. Arts.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
6. Social and Emotional	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**SOFT CHECK: IF A1e1,2,3,4, 5, OR 6=NO RESPONSE; 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.**

**A2. How often do children in [(ONE CLASS) your class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] do each of the following reading and language activities?**

PROGRAMMER: CODE ONE PER ROW; SPLIT INTO TWO SCREENS WITH 6 STATEMENTS ON EACH SCREEN

Select one per row

	NEVER	ONCE A MONTH OR LESS	TWO OR THREE TIMES A MONTH	ONCE OR TWICE A WEEK	THREE OR FOUR TIMES A WEEK	EVERY DAY
a. Work on learning the names of letters...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Practice writing the letters of the alphabet.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Discuss new words.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Dictate stories to a teacher, aide, or volunteer.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
f. Listen to a teacher, aide, or volunteer read stories where they see the print (e.g., Big Books).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Listen to a teacher, aide, or volunteer read stories but they don't see the print	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
h. Retell stories.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. Learn about conventions of print (such as left to right orientation, book holding, pointing to individual word).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
j. Write their own name.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
k. Learn about rhyming words or word families.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
l. Learn about common prepositions, such as over and under, up and down...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
n. Work on letter-sound relationships.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

**SOFT CHECK: IF A2a,b,c,d, f,g,h,i,j,k,l,n = NO RESPONSE; 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.**

**A3. How often do children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] do each of the following math activities?**

PROGRAMMER: CODE ONE PER ROW; SPLIT INTO TWO SCREENS; A-D,G,H ON SCREEN ONE AND I-M ON SCREEN TWO

*Select one per row*

	NEVER	ONCE A MONTH OR LESS	TWO OR THREE TIMES A MONTH	ONCE OR TWICE A WEEK	THREE OR FOUR TIMES A WEEK	EVERY DAY
a. Count out loud.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
b. Work with geometric manipulatives (for example, pattern, tangrams, unit, or parquetry blocks or shape puzzles).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
c. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
d. Play math-related games.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
g. Work with rulers, measuring cups, spoons, or other measuring instruments.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
h. Engage in calendar-related activities.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
i. Engage in activities related to telling time.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
j. Engage in activities that involve shapes and patterns.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
k. Work on comparing quantities (least, most, less, more).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
l. Work on ordinal numbers (first, second, third).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>
m. Use 10 frames to help teach math concepts.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>

**SOFT CHECK: IF A3a,b,c,d,g,h,i,j,k,l,m = NO RESPONSE; 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.**

**A3k. What proportion of children in [your (ONE CLASS) your class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] are meeting developmental expectations for each of the following areas, compared to other preschoolers?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	LESS THAN ¼ OF CHILDREN	ABOUT ¼ OF CHILDREN	ABOUT ½ OF CHILDREN	ABOUT ¾ OF CHILDREN	MORE THAN ¾ OF CHILDREN
1. Language and literacy skills...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
3. Mathematical skills.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
2. Social Studies.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
4. Science.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
5. Social and emotional development.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
6. Perceptual, motor, and physical development.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**SOFT CHECK: IF A3k1,2,3,4,5,6=NO RESPONSE; 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.**



Next, please answer some questions about the languages you and others may speak.

ALL

**A3a\_r. Do you personally speak any language other than English in the classroom?**

- Yes  
.....  
1 GO TO A3b\_r
- No  
.....  
0 GO TO A3e  
NO RESPONSE  
.....  
M GO TO A3e

**SOFT CHECK: IF A3a\_r = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A3a\_r = 1

**A3b\_r. What languages, other than English, do you personally speak in the classroom?**

PROGRAMMER: CODE ALL SELECTED

Select all that apply

- Spanish.....2
- Arabic.....11
- Cambodian (Khmer).....12
- Chinese.....4
- A Filipino language.....7
- French.....13
- Haitian Creole.....14
- Hmong.....15
- Japanese.....5
- Korean.....6
- Vietnamese.....3
- Other language (Specify).....8
- Other language (Specify).....9
- NO RESPONSE.....M GO TO A3e  
.....

**SOFT CHECK: IF A3b\_r = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF A3BSpecify\_r = NO RESPONSE; Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

**PROGRAMMER INSTRUCTIONS FOR A3C AND A3D:**

A3C SHOULD BE ASKED FIRST OF ALL LANGUAGES SELECTED AT A3B\_R. THEN A3D SHOULD BE ASKED OF ALL LANGUAGES SELECTED AT A3B\_R.  
IF SURVEY\_VERSION=1: IF A3B\_R=8: FILL WITH A3B\_R(8) SPECIFY/ IF A3B\_R=8 AND A3B\_R(8) SPECIFY=M: FILL WITH "your first other language"/ IF A3B\_R=9: FILL WITH A3B\_R(9) SPECIFY/ IF A3B\_R=9 AND A3B\_R(9) SPECIFY=M: FILL WITH "your second other language"

IF A3a\_r = 1 & A3b\_r NE M  
ASK A3c FOR EACH LANGUAGE REPORTED IN A3b\_r

**A3c. How well do you understand (FILL WITH LANGUAGE(S) CODED IN A3B\_R)?**

*Select one only*

- Not at all.....1
- Not well.....2
- Well.....3
- Very well.....4

SOFT CHECK: IF A3c =NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A3a\_r = 1 & A3b\_r NE M  
ASK A3d FOR EACH LANGUAGE REPORTED IN A3b\_r

**A3d. How well do you speak (FILL WITH LANGUAGE(S) CODED IN A3B\_R)?**

*Select one only*

- Not at all.....1
- Not well.....2
- Well.....3
- Very well.....4

SOFT CHECK: IF A3d =NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL  
SECOND

**A3e. How many children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] speak a language other than English?**

(Click [here](#) for "SPEAK A LANGUAGE OTHER THAN ENGLISH" definition)

PROGRAMMER BOX A3E  
SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:  
**These children may be learning two (or more) languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language. These children are also often referred to as limited English proficient (LEP), dual language learners (DLLs), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).**

CHILDREN

(RANGE 0-50)

- Don't know..... D
- NO RESPONSE..... M

SOFT CHECK: IF A3e = NO RESPONSE; <b>Please provide an answer to this question, or click the "Next" button to move to the next question.</b>
HARD CHECK: IF A3e > A0-1; <b>You have entered [A0-1] as the number of children enrolled in your class, but entered [A3e] as the number of children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning classroom/(AFTERNOON CLASS) your afternoon classroom] who speak a language other than English. Please fix your answer of [A3e] children to this question to continue?</b>
RANGE HARD CHECK; <b>The answer is outside the valid range for this question.</b>
DECIMAL HARD CHECK; <b>The answer has too many decimals. Please review.</b>
COMMA HARD CHECK; <b>Please enter a number.</b>

VERSION BOX A3E  
IF A3E > 0, CONTINUE TO A3F.  
IF A3E = 0, D OR M, GO TO A4.

**A3f. Thinking about all [FILL A0-1; IF A0-1=M FILL WITH “the”] children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class], what languages do children enrolled in the class currently speak, including English?**

*This would include any use of the language(s) in or out of the classroom.*

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

- English..... 1
- Spanish..... 2
- Arabic..... 11
- Cambodian (Khmer)..... 12
- Chinese..... 4
- A Filipino language..... 7
- French..... 13
- Haitian Creole..... 14
- Hmong..... 15
- Japanese..... 5
- Korean..... 6
- Vietnamese..... 3
- Other language (Specify)..... 8
- Other language (Specify)..... 9
- NO RESPONSE..... M GO TO A4

**SOFT CHECK: IF A3f = NO RESPONSE; Please provide an answer to this question, or click the “Next” button to move to the next question.**

**SOFT CHECK: IF A3fSpecify = NO RESPONSE; Please provide an answer in the specify box, or click the “Next” button to move to the next question.**

ASK FOR EACH LANGUAGE IN A3f

**SECOND**

**A3g. Approximately what percent of children speak (FILL WITH LANGUAGE(S) CODED IN A3F)?**

PROGRAMMER: RANGE FOR GRID IS 0-100

PERCENT OF CHILDREN

(RANGE 0-100)

NO RESPONSE.....M

**PROGRAMMER FILL INSTRUCTIONS FOR A3G: FOR SURVEY\_VERSION=1, IF A3F=8: FILL WITH A3F(8) SPECIFY/ IF A3F=8 AND A3F(8) SPECIFY=M: FILL WITH "first other language"/ IF A3F=9: FILL WITH A3F(9) SPECIFY/ IF A3F=9 AND A3F(9) SPECIFY=M: FILL WITH "second other language"**

SOFT CHECK: IF A3g = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

RANGE HARD CHECK; **The answer is outside the valid range for this question.**

DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**

COMMA HARD CHECK; **Please enter a number.**

ALL  
SECOND

**A4. What languages are used for instruction in [(ONE CLASS) your class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] by you or another adult, NOT including language lessons?**

PROGRAMMER: CODE ALL SELECTED.

*Select all that apply*

- English..... 1
- Spanish..... 2
- Arabic..... 11
- Cambodian (Khmer)..... 12
- Chinese..... 4
- A Filipino language..... 7
- French..... 13
- Haitian Creole..... 14
- Hmong..... 15
- Japanese..... 5
- Korean..... 6
- Vietnamese..... 3
- Sign language..... 10
- Other language (Specify)..... 8
- Other language (Specify)..... 9
- NO RESPONSE..... M GO TO A5g

SOFT CHECK: IF A4 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

SOFT CHECK: IF A4Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**

ASK FOR EACH LANGUAGE NAMED IN A4  
SECOND

**A4a. Who speaks (FILL WITH LANGUAGE(S) CODED IN A4)?**

*Select all that apply*

- You/Lead Teacher..... 1
- Assistant Teacher..... 2
- Classroom Aide..... 3
- Volunteer/Non Staff..... 4

**PROGRAMMER FILL INSTRUCTIONS FOR A4: FOR SURVEY\_VERSION=1, IF A4=8: FILL WITH A4(8) SPECIFY/ IF A4=8 AND A4(8) SPECIFY=M: FILL WITH "first other language"/ IF A4=9: FILL WITH A4(9) SPECIFY/ IF A4=9 AND A4(9) SPECIFY=M: FILL WITH "second other language"**

**SOFT CHECK: IF A4a = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

A5g. In what languages are printed materials like children’s books available in [(ONE CLASS) your class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class]?

PROGRAMMER: CODE ALL LANGUAGES SELECTED

Select all that apply

- English..... 1
- Spanish..... 2
- Arabic..... 11
- Cambodian (Khmer)..... 12
- Chinese..... 4
- A Filipino language..... 7
- French..... 13
- Haitian Creole..... 14
- Hmong..... 15
- Japanese..... 5
- Korean..... 6
- Vietnamese..... 3
- Sign language..... 10
- Other language (Specify)..... 8
- Other language (Specify)..... 9
- NO RESPONSE..... M

SOFT CHECK: IF A5g=NO RESPONSE; Please provide an answer to this question, or click the “Next” button to move to the next question.

SOFT CHECK: IF A5gSpecify = NO RESPONSE; Please provide an answer in the specify box, or click the “Next” button to move to the next question.



The next questions are about the curriculum you use in your classroom.

**A6. Is a specific curriculum or combination of curricula used in your program?**

- Yes, specific curriculum  
.....  
1  
.....
- Yes, combination  
.....  
2  
.....
- No curriculum  
.....  
3  
.....  
GO TO A21
- Don't know  
.....  
D  
.....  
GO TO A21  
NO RESPONSE  
.....  
M  
.....  
GO TO A21

**SOFT CHECK: IF A6 = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**A7. What curriculum do you use? You may select more than one.**

PROGRAMMER CODE ALL SELECTED

Select all that apply

- Creative Curriculum (*Teaching Strategies*).....11
- Building Blocks math curriculum (*McGraw-Hill*).....25
- .....
- Creating Child Centered Classrooms – Step By Step.....17
- DLM Early Childhood Express (*McGraw-Hill*).....26
- .....
- Everyday Mathematics (*McGraw-Hill*).....27
- .....
- Frog Street.....24
- .....
- Foundations (*Wilson Language Training*).....28
- .....
- Handwriting without Tears.....29
- .....
- HighScope.....12
- Learn Every Day.....30
- .....
- Let’s Begin with the Letter People (*Abrams Learning Trends*).....14
- Montessori.....15
- Number Worlds (*McGraw-Hill*).....31
- .....
- Open Circle.....32
- .....
- Opening the World of Learning (OWL) (*Pearson*).....33
- .....
- Preschool PATHS (Promoting Alternative Thinking Strategies) (*Channing Bete Company*).....34
- .....
- Pyramid Model for Supporting Social Emotional Competence.....35
- .....
- Scholastic Curriculum.....18
- Second Step.....36
- .....
- Tools of the Mind.....37
- .....
- Zoophonics.....38
- .....
- Locally Designed Curriculum.....19
- First other curriculum (Specify).....21
- .....
- Second other curriculum (Specify).....22
- NO RESPONSE..... M

**SOFT CHECK: IF A7 = NO RESPONSE; Please provide an answer to this question, or click the “Next” button to move to the next question.**

SOFT CHECK IF A7 HAS >1 RESPONSE, BUT A6=1; **In the previous question you indicated you use a specific curriculum, but here you selected more than one curriculum. Is this correct? Please click the “Back” button to change your answer to the previous question or click the “Next” button to continue.**

SOFT CHECK: IF A7Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**

IF A7 NE NO RESPONSE

**A7a. What curriculum do you use to teach math?**

PROGRAMMER: CODE ALL SELECTED

Select all that apply

- Creative Curriculum (*Teaching Strategies*).....11
- Building Blocks math curriculum (*McGraw-Hill*).....25
- .....
- Creating Child Centered Classrooms – Step By Step.....17
- DLM Early Childhood Express (*McGraw-Hill*).....26
- .....
- Everyday Mathematics (*McGraw-Hill*).....27
- .....
- Frog Street.....24
- Foundations (*Wilson Language Training*).....28
- .....
- Handwriting without Tears.....29
- .....
- HighScope.....12
- Learn Every Day.....30
- .....
- Let’s Begin with the Letter People (*Abrams Learning Trends*).....14
- Montessori.....15
- Number Worlds (*McGraw-Hill*).....31
- .....
- Open Circle.....32
- .....
- Opening the World of Learning (OWL) (*Pearson*).....33
- .....
- Preschool PATHS (Promoting Alternative Thinking Strategies) (*Channing Bete Company*).....34
- .....
- Pyramid Model for Supporting Social Emotional Competence.....35
- .....
- Scholastic Curriculum.....18
- Second Step.....36
- .....
- Tools of the Mind.....37
- .....
- Zoophonics.....38
- .....
- Locally Designed Curriculum.....19

- (FILL WITH A7Specify, IF A7Specify = M, FILL WITH "FIRST OTHER CURRICULUM")..... 21
- (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH "SECOND OTHER CURRICULUM")..... 22
- No math curriculum..... 0
- Don't know..... D
- NO RESPONSE..... M

**SOFT CHECK: IF A7a = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**HARD CHECK: IF A7a ANSWER WAS NOT SELECTED AT A7; You selected (FILL RESPONSE TO A7A) as the curriculum/curricula you use for math, but you did not indicate you use this curriculum/curricula. Is this correct? If you use this curriculum/curricula, please click the "Back" button to select this curriculum/curricula in the previous question.**

**IF A7 NE NO RESPONSE**

**A7b. What curriculum do you use to teach literacy?**

PROGRAMMER: CODE ALL SELECTED

**Select all that apply**

- Creative Curriculum (*Teaching Strategies*)..... 11
- Building Blocks math curriculum (*McGraw-Hill*)..... 25
- .....
- Creating Child Centered Classrooms – Step By Step..... 17
- DLM Early Childhood Express (*McGraw-Hill*)..... 26
- .....
- Everyday Mathematics (*McGraw-Hill*)..... 27
- .....
- Frog Street..... 24
- Foundations (*Wilson Language Training*)..... 28
- .....
- Handwriting without Tears..... 29
- .....
- HighScope..... 12
- Learn Every Day..... 30
- .....
- Let's Begin with the Letter People (*Abrams Learning Trends*)..... 14
- Montessori..... 15
- Number Worlds (*McGraw-Hill*)..... 31
- .....
- Open Circle..... 32
- .....
- Opening the World of Learning (OWL) (*Pearson*)..... 33
- .....
- Preschool PATHS (Promoting Alternative Thinking Strategies) (*Channing Bete Company*)..... 34
- .....
- Pyramid Model for Supporting Social Emotional Competence..... 35
- .....
- Scholastic Curriculum..... 18

- Second Step.....36
- Tools of the Mind.....37
- Zoophonics.....38
- Locally Designed Curriculum.....19
- (FILL WITH A7Specify, IF A7Specify = M, FILL WITH "FIRST OTHER CURRICULUM").....21
- (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH "SECOND OTHER CURRICULUM").....22
- No literacy curriculum.....0
- Don't know.....D
- NO RESPONSE.....M

**SOFT CHECK: IF A7b = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**HARD CHECK: IF A7b ANSWER WAS NOT SELECTED AT A7; You selected (FILL RESPONSE TO A7b) as the curriculum/curricula you use for literacy, but you did not indicate you use this curriculum/curricula. Is this correct? If you use this curriculum/curricula, please click the "Back" button twice to select this curriculum/curricula in the earlier question.**

**PROGRAMMER FILL INSTRUCTIONS FOR A7C, A10R, A12A, A12B:**

IF A7=21, FILL WITH A7(21) SPECIFY/ IF A7=21 AND A7(21) SPECIFY=M, FILL WITH "first other curriculum"/ IF A7=22, FILL WITH A7(22) SPECIFY/ IF A7=22 AND A7(22) SPECIFY=M, FILL WITH "second other curriculum"/ IF A7=M, FILL WITH "your curriculum"

**IF A7 NE NO RESPONSE**

**A7c. How often do you typically use [FILL WITH CURRICULUM/CURRICULA SELECTED IN A7; SEE DETAILS IN FILL BOX ABOVE]?**

- Once a month or less  
.....  
1  
.....
- Two or three times a month  
.....  
2  
.....
- Once or twice a week  
.....  
3
- Three or four times a week  
.....  
4
- Every day  
.....  
5
- NO RESPONSE  
.....  
M

SOFT CHECK: IF A7c = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

IF A7 = 11

**A7d. If you know which edition of Creative Curriculum you use, please select it below.**

*Select one only*

- 6th edition (updated/expanded 5th edition materials with the new volumes on *Science and Technology, Social Studies & the Arts*).....1
- 5th edition (*The Foundation, Literacy, Teaching Guides, Intentional Teaching Cards™, Mighty Minutes®, Book Discussion Cards®*).....2
- 1st, 2nd, 3rd, or 4th edition.....3
- Don't know.....D
- NO RESPONSE.....M

SOFT CHECK: IF A7d = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

IF A7 = 11 AND A7d= 1 OR 2

**A7e. Which Creative Curriculum resources do you have and use?**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

- Volumes (e.g. *The Foundation* volume, *Literacy* volume).....1
- Daily resources (e.g. *Teaching Guides*, *Intentional Teaching Cards™*,  
*Mighty Minutes®* *Book Discussion Cards®*).....2
- None of the above.....3
- Don't know.....D
- NO RESPONSE.....M

SOFT CHECK: IF A7e= NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A7e = 1

**A7f. Which of the following Creative Curriculum volumes have you used this year?**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

- The Foundations*..... 1
- Interest Areas*..... 2
- Literacy*..... 3
- Mathematics*..... 4
- Science and Technology*..... 5
- Social Studies & the Arts*..... 6
- Objectives for Development & Learning*..... 7
- None of the these volumes..... 8
- Don't know..... D
- NO RESPONSE..... M

**SOFT CHECK: IF A7f = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**



IF A7e = 2

**A7g. Which of the following Creative Curriculum daily resources have you used this year?**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

- Teaching Guides*..... 1
- Intentional Teaching Cards™*..... 2
- Mighty Minutes®*..... 3  
.....
- Book Discussion Cards®*..... 4  
.....
- Don't know..... D
- NO RESPONSE..... M

**SOFT CHECK: IF A7g=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A6 = 1 OR 2

**A10r. How many hours of training in (LOOP WITH EACH CURRICULUM CODED IN A7/SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX ABOVE) have you had in the past 12 months?**

*If you have received less than one hour of training, enter 0. If you have not received training in the past 12 months, enter 0.*

HOURS

(RANGE 0-299)

Don't know

.....  
D

NO RESPONSE

.....  
M

.....  
GO TO A12a

**SOFT CHECK: IF A10R=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF A10R > 80; You entered that you received more than two weeks of training on this curriculum. Is that correct?**

**RANGE HARD CHECK; The answer is outside the valid range for this question.**

**DECIMAL HARD CHECK; The answer has too many decimals. Please review.**

**COMMA HARD CHECK; Please enter a number.**

PROGRAMMER SKIP BOX A10R  
IF A10R= 0 OR R, SKIP TO A12A

IF A6 = 1,2 AND A10r = D OR A10r > 0

**A11. What type of staff provided you with the most training on the curriculum/curricula you use?**

- Mentor or master teacher.....8
- Other Head Start teachers in program.....9
- Supervisor/education coordinator.....10
- Staff from another Head Start Program.....2
- Staff or consultant(s) from curriculum developers/certified trainers (e.g., HighScope, Teaching Strategies, Montessori, etc.).....3
- Professors or instructors from a school of education at a college or university.....4
- Professors or instructors from a school other than the school of education at a college or university.....7
- Head Start state training and technical assistance provider.....5
- Other (Specify).....6
- NO RESPONSE.....M

**SOFT CHECK: IF A11 = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF A11Specify = NO RESPONSE; Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

ALL

**A12a. To what extent do you agree with the statement, I have received the training and support I need to use (LOOP WITH EACH CURRICULUM CODED IN A7/SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX ABOVE)?**

- Strongly agree..... 1
- Agree..... 2
- Disagree..... 3
- Strongly disagree..... 4
- NO RESPONSE..... M

**SOFT CHECK: IF A12a=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A6 = 1 OR 2

**A12b. In the past year, have you or anyone else used a tool or checklist to assess how you use (LOOP WITH EACH CURRICULUM CODED IN A7/SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX ABOVE)? Using a tool or checklist to assess how you use the curriculum is sometimes called fidelity of implementation.**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

- Yes, I completed a checklist about how I use the curriculum..... 1
- Yes, someone else completed a checklist about how I use the curriculum..... 2
- No, neither me nor anyone else used a checklist to assess how I use the curriculum..... 3
- .....
- Don't know..... D
- .....
- NO RESPONSE..... M

**SOFT CHECK: IF A12b=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**



**A8. What is your main curriculum?**

*PROGRAMMER: ONLY SHOW ITEMS SELECTED AT A7 AND IN THE SAME ORDER AS THEY APPEAR IN A7.*

- Creative Curriculum (*Teaching Strategies*)..... 11
- Building Blocks math curriculum (*McGraw-Hill*)..... 25
- .....
- Creating Child Centered Classrooms – Step By Step..... 17
- DLM Early Childhood Express (*McGraw-Hill*)..... 26
- .....
- Everyday Mathematics (*McGraw-Hill*)..... 27
- .....
- Frog Street..... 24
- Foundations (*Wilson Language Training*)..... 28
- .....
- Handwriting without Tears..... 29
- .....
- HighScope..... 12
- Learn Every Day..... 30
- .....
- Let’s Begin with the Letter People (*Abrams Learning Trends*)..... 14
- Montessori..... 15
- Number Worlds (*McGraw-Hill*)..... 31
- .....
- Open Circle..... 32
- .....
- Opening the World of Learning (OWL) (*Pearson*)..... 33
- .....
- Preschool PATHS (Promoting Alternative Thinking Strategies) (*Channing Bete Company*)..... 34
- .....
- Pyramid Model for Supporting Social Emotional Competence..... 35
- .....
- Scholastic Curriculum..... 18
- Second Step..... 36
- .....
- Tools of the Mind..... 37
- .....
- Zoophonics..... 38
- .....
- Locally Designed Curriculum..... 19
- (FILL WITH A7Specify, IF A7Specify = M, FILL WITH “FIRST OTHER CURRICULUM”)..... 21

- (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH "SECOND OTHER CURRICULUM")..... 22
- Use each equally..... 23
- Don't know..... D
- NO RESPONSE..... M

SOFT CHECK: IF A8 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A6 = 1 OR 2

**A13. Which types of support have you received to help you use (LOOP WITH CURRICULUM CODED IN A8/ SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX BELOW)? You may select more than one.**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

- Help understanding the curriculum..... 1
- Opportunities to observe someone implementing the curriculum..... 2
- Refresher training on the curriculum..... 3
- Help implementing the curriculum..... 4
- Help planning curriculum-based activities..... 5
- Help individualizing the curriculum for children..... 6
- Help identifying and/or receiving additional resources to expand the scope of the curriculum and activities..... 7
- Help implementing the curriculum for children with special needs..... 11
- Feedback on implementing the curriculum..... 8
- Feedback about the results of a checklist about how you use the curriculum..... 13
- Other (*Specify*)..... 9
- No support..... 10
- NO RESPONSE..... M

**PROGRAMMER FILL INSTRUCTIONS FOR A13 FOR SURVEY\_VERSION=1: IF (A8=23, D, OR M): FILL WITH "your main curriculum"; IF EITHER CODES 21 OR 22 ARE SELECTED AT A8 BUT SPECIFY=M FROM A7, FILL WITH "first other curriculum" or "second other curriculum" respectively; IF ONLY ONE RESPONSE SELECTED AT A7 AND A8 IS NOT ASKED FILL WITH "your main curriculum".**

SOFT CHECK: IF A13=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A13Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

IF A6 = 1,2 AND A13 NE 10

**A14. From whom did you receive support?**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

- Mentor or master teacher..... 1
- Other Head Start teachers in program..... 2
- Supervisor/education coordinator..... 3
- Staff from another Head Start Program..... 4
- Staff or consultant(s) from curriculum developers/certified trainers (e.g., HighScope, Teaching Strategies, Montessori, etc.)..... 5
- Professors or instructors from a school of education at a college or university..... 6
- Professors or instructors from a school other than the school of education at a college or university..... 13
- Head Start state training and technical assistance provider..... 7
- Other (Specify)..... 8
- NO RESPONSE..... M

SOFT CHECK: IF A14=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

SOFT CHECK: IF A14Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**



These next questions are about the primary assessment tool you use in your classroom.

ALL

**A21. What is the main child assessment tool that you use?**

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

.....  
14  
.....

- Other (Specify).....12
- Do not use a child assessment tool.....13      GO TO A25a\_r
- NO RESPONSE.....M      GO TO A25a\_r
- .....

<b>SOFT CHECK: IF A21=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.</b>
--

<b>SOFT CHECK: IF A21Specify = NO RESPONSE; Please provide an answer in the specify box, or click the "Next" button to move to the next question.</b>
---

IF A21 = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12 OR 14

**A23. How do you use the information from those assessments in planning for each child?**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

- To identify child's developmental level.....1
- To individualize activities for child.....2
- To determine if child needs referral for special services.....3
- To determine child's strengths and weaknesses.....4
- To identify activities for parents to do with child at home.....5
- Other (Specify).....6
- NO RESPONSE.....M

**SOFT CHECK: IF A23 = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF A23SPECIFY = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A21 = 1,2,3,4,5,6,7,8,9,10,12 OR 14

**A23a. How many hours of training in using assessments in planning or in (FILL WITH ASSESSMENT CODED IN A21, IF A21 = 12 AND A21Specify = M, FILL WITH “main child assessment tool”) have you had in the past 12 months?**

*If you have received less than one hour of training, enter 0. If you have not received training in the past 12 months, enter 0.*

HOURS

(RANGE 0-299)

Don't know..... D

NO RESPONSE..... M

SOFT CHECK: IF A23a = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

SOFT CHECK: IF A23a > 80; **You entered that you received more than two weeks of training on this assessment. Is that correct?**

RANGE HARD CHECK; **The answer is outside the valid range for this question.**

DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**

COMMA HARD CHECK; **Please enter a number.**

IF A21 = 1,2,3,4,5,6,7,8,9,10,12 OR 14 AND A23a = D OR A23A > 0

**A23b. What type of staff provided you with the most training on (FILL WITH A21, IF A21 = 12 AND A21Specify = M, FILL WITH “main child assessment tool”)?**

Mentor or master teacher..... 8

Other Head Start teachers in program..... 9

Supervisor/education coordinator..... 10

Staff from another Head Start Program..... 2

Staff or consultant(s) from assessment developers/certified trainers (e.g., HighScope, Teaching Strategies, Montessori, etc.)..... 3

Professors or instructors from a school of education at a college or university..... 4

Professors or instructors from a school other than the school of education at a college or university..... 7

Head Start state training and technical assistance provider..... 5

Other (Specify)..... 6

NO RESPONSE..... M

SOFT CHECK: IF A23b=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

SOFT CHECK: IF A23bSpecify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**



ALL

**A25a\_r. The next questions are about professional development. Programs can support teachers' professional development in a lot of different ways. In the past year, have you participated in or received the following professional development supports?**

PROGRAMMER: CODE ONE PER ROW; SPLIT BETWEEN TWO SCREENS WITH 1,2,11,12,3-6 APPEARS ON THE FIRST SCREEN AND 7,8,13-15, 10 APPEARING ON THE SECOND SCREEN

*Select one per row*

	YES	NO	DON'T KNOW
1. Regular meetings with supervisors to talk with them about my work and progress.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
2. Attendance at regional conferences.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
11. Attendance at state conferences.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
12. Attendance at national conferences.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
3. Paid substitutes to allow you time to prepare, train, and/or plan.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
4. Mentoring or coaching.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
5. Workshops/trainings sponsored by the program.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
6. Workshops/trainings provided by other organizations.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
7. Visits to other classrooms or centers.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
8. A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
13. Time during the regular work day to participate in Office of Head Start T/TA webinars.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
14. Tuition assistance.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
15. Onsite Associate's or Bachelor's courses.....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
10. Other (Specify).....	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>

**SOFT CHECK: IF A25a\_r=NO RESPONSE; 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.**

**SOFT CHECK: IF A25aSpecify\_r = NO RESPONSE; Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

ALL

**A26. The next questions are about mentoring. Is there someone who mentors or coaches you in your classroom, that is, someone who observes your teaching on a regular basis and provides feedback, guidance, and training?**

Yes

.....  
1  
.....

- No  
.....  
0 GO TO A31  
NO RESPONSE  
.....  
M GO TO A31

**SOFT CHECK: IF A26=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A26 = 1

**A26a. Is this mentoring or coaching relationship a formal or informal one?**

*Formal means that a person was assigned to you or is part of your program.*

*Select one only*

- Formal..... 1
- Informal..... 2
- NO RESPONSE..... M

**SOFT CHECK: IF A26a=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A26 = 1

**A27. Who is the mentor or coach who usually comes to your classroom?**

- Another teacher..... 1
- Education coordinator/specialist..... 2
- The center director/manager..... 3
- The program director..... 6
- Program or center staff person who is a full-time mentor or coach..... 7
- Another specialist on the program or center staff..... 8
- Someone from outside the program..... 4
- Other (Specify)..... 5
- NO RESPONSE..... M

**SOFT CHECK: IF A27=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF A27Specify = NO RESPONSE; Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

IF A26 = 1

**A27a. Is your mentor or coach also your supervisor?**

- Yes..... 1
- No..... 0

NO RESPONSE..... M

**SOFT CHECK: IF A27a=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A26 = 1

**A29. How often does your mentor or coach come to your classroom?**

- Once a week or more..... 1
- Once every two weeks..... 2
- Once a month..... 3
- Less than once a month..... 4
- NO RESPONSE..... M

**SOFT CHECK: IF A29=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

**A31. Have you acted as a mentor or coach for other Head Start teachers or teacher trainees?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

**SOFT CHECK: IF A31=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

**A31c. Supervisors, mentors, or coaches at your program may have different approaches or ways of supporting you in improving your practice. What methods have been used by these staff to support you?**

PROGRAMMER: CODE ALL THAT APPLY

*Select all that apply*

- Had a discussion with me about what they have observed..... 1
- Provided written feedback to me on what they have observed..... 2
- Had me watch a videotape of myself teaching..... 3
- Had me observe another teacher's classroom or watch a video of another teacher..... 4
- Modeled teaching practices for me..... 5
- Suggested trainings for me to attend..... 6
- Provided trainings for me..... 7
- Worked on setting goals or reviewing progress toward goals..... 9
- Discussed plans for next steps for meeting goals..... 10



- Other (Specify).....8
- NO RESPONSE.....M

**SOFT CHECK: IF A31c=NO RESPONSE; Please provide an answer to this question, or click the “Next” button to move to the next question.**

**SOFT CHECK: IF A31cSpecify=NO RESPONSE; Please provide an answer in the specify box, or click the “Next” button to move to the next question.**

The next question is about the children in [(ONE CLASS) this class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class].

ALL  
SECOND

**A35. At this point in the Head Start year, how would you rate the behavior of children in [(ONE CLASS) this class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class]?**

- The group misbehaves very frequently and is almost always difficult to handle..... 1
- The group misbehaves frequently and is often difficult to handle.....2
- The group misbehaves occasionally.....3
- The group behaves well.....4
- The group behaves exceptionally well.....5
- NO RESPONSE..... M

**SOFT CHECK: IF A35=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

**A42. The next questions are about children with special needs in your class(es). Please think about all the classes that you teach.**

**What do you do when you first think a child might have a special need? You may choose more than one response.**

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

- Document concern on a special report form.....1
- Notify your program director/disabilities coordinator/education coordinator.....2
- Arrange for a local specialist to observe and evaluate.....3
- Arrange a conference with parents to share the information and concerns.....4
- Participate in developing an Individual Education Plan (IEP) or similar plan.....5
- Monitor and record the child's progress and activities.....6
- Other (Specify)..... 7
- No children with special needs in class.....8
- NO RESPONSE..... M

**SOFT CHECK: IF A42=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF A42Specify=NO RESPONSE; Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

ALL

**A43a. When a special education specialist sees a child, what type of assistance does the specialist provide you with?**

*Select one or more*

- Explains child's needs, including what the difficulties are.....1
- Helps me understand the child.....2
- Shows me how to help the child.....3
- Provides additional resources that I can use to support the child.....4
- Other (Specify).....7
- Never received feedback.....5
- No children with special needs in class.....6
- NO RESPONSE.....M

**SOFT CHECK: IF A43A=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF A43bSpecify = NO RESPONSE; Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

ALL

**A44. How often do you meet with the parents to discuss the progress or status of a child with special needs?**

- Never..... 0
- Once every 6 months or less often..... 2
- Once every 2 to 6 months..... 3
- Once a month..... 4
- More than once a month..... 5
- No children with special needs in class..... 1
- NO RESPONSE..... M

**SOFT CHECK: IF A44=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

**A44a. How often do you meet with the parents to discuss the progress or status of a child without special needs?**

- Never..... 0
- Once every 6 months or less often..... 1
- Once every 2 to 6 months..... 2
- Once a month..... 3
- More than once a month..... 4
- NO RESPONSE..... M

**SOFT CHECK: IF A44a=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

**A46. The next questions are about communicating with families. How do you communicate with families who speak a language other than you speak?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	YES	NO
a. Communicate only in English.....	1 <input type="radio"/>	0 <input type="radio"/>
b. Use an informal interpreter or a formal translator, like a staff member or parent.....	1 <input type="radio"/>	0 <input type="radio"/>
c. Use physical cues or hand gestures.....	1 <input type="radio"/>	0 <input type="radio"/>
d. Use translated materials.....	1 <input type="radio"/>	0 <input type="radio"/>
f. Use a translation app.....	1 <input type="radio"/>	0 <input type="radio"/>

e. Use any other ways (Specify)..... 1  0

**SOFT CHECK: IF A46=NO RESPONSE; You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. To continue to the next question without making changes, click the "continue" button.**

**SOFT CHECK: IF A46eSpecify = NO RESPONSE; Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

**B. TEACHER EXPERIENCES**

The next questions are about your experiences as a teacher.

ALL

**B3. How much do you agree with each of the following statements about teaching?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. I really enjoy my present teaching job...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I am certain I am making a difference in the lives of the children I teach.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. If I could start over, I would choose teaching again as my career.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**SOFT CHECK: IF B3a,b,c=NO RESPONSE; 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.**

ALL

**B4. The next questions are about the level of support for interactions between Head Start staff and parents.**

**To what extent do you agree with the following statements about how your Head Start program supports interactions between Head Start staff and parents?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
n. Promotes cooperation between Head Start staff and parents.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
o. Ensures that parents do not feel isolated.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
p. Encourages parents to supplement classroom learning at home.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
q. Supports staff in their efforts to engage parents.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**SOFT CHECK: IF B4n,o,p,q=NO RESPONSE; 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.**

ALL

**B5. How likely are you to continue working for Head Start through the next Head Start year (through 2020-2021)?**

- Very likely.....1
- Somewhat likely.....2
- Somewhat unlikely.....3
- Very unlikely.....4
- NO RESPONSE.....M

**SOFT CHECK: IF B5=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

**B6. The following are statements that some teachers have made about how children in Head Start should be taught and managed. Remember all your responses are private. Please indicate whether each statement agrees or disagrees with your personal beliefs about good teaching practice in Head Start.**

PROGRAMMER: CODE ONE PER ROW; SPLIT INTO THREE SCREENS, SHOWING FIVE STATEMENTS ON EACH SCREEN

*Select one per row*

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Head Start classroom activities should be responsive to individual differences in development	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Each curriculum area should be taught as a separate subject at separate times	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Children should be allowed to select many of their own activities from a variety of learning areas that the teacher has prepared (writing, science center, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Children should be allowed to cut their own shapes, perform their own steps in an experiment, and plan their own creative drama, art, and writing activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. Children should work silently and alone on seatwork	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. Children in Head Start classrooms should learn through active explorations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Head Start teachers should use treats, stickers, or stars to encourage appropriate behavior	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. Head Start teachers should use punishments or reprimands to encourage appropriate behavior	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. Children should be involved in establishing rules for the classroom	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. Children should learn to color within predefined lines	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
l. Children in Head Start classrooms should learn to form letters correctly on a printed page	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
m. Children should dictate stories to the teacher	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
n. Children should know their letter sounds before they learn to read	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
o. Children should form letters correctly before they are allowed to create a story	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**SOFT CHECK: IF B6a,b,c,d,e,f,g,h,i,j,k,l,m,n,o=NO RESPONSE; 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.**



**C. YOUR FEELINGS**

ALL

**C1.** The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers. Please select if you felt this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week.

PROGRAMMER BOX C1C

SET UP HYPERLINK FOR TEXT “SHAKE OFF THE BLUES” THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

**Not being able to “shake off the blues” refers to feeling sad, unhappy, miserable, or down in the dumps for short periods.**

PROGRAMMER: CODE ONE PER ROW; SPLIT INTO TWO SCREENS WITH SIX STATEMENTS APPEARING ON EACH SCREEN

*Select one per row*

	RARELY OR NEVER	SOME OR A LITTLE	OCCASIONALLY OR MODERATELY	MOST OR ALL OF THE TIME
a. Bothered by things that usually don't bother you.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. You did not feel like eating, your appetite was poor.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. That you could not <u>shake off the blues</u> , even with help from your family and friends.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. You had trouble keeping your mind on what you were doing.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Depressed.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. That everything you did was an effort....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Fearful.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Your sleep was restless.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. You talked less than usual.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Lonely.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Sad.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. You could not get “going”.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**SOFT CHECK: IF C1a,b,c,d,e,f,g,h,i,j,k,l=NO RESPONSE; 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.**

**D. BACKGROUND INFORMATION**

The last set of questions is about you.

ALL

**D1. In total, how many years have you been teaching (including all grades, preschool, or infant and toddler care)?**

YEARS

(RANGE 0-70)

NO RESPONSE.....M

SOFT CHECK: IF D1=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.

SOFT CHECK: IF D1 > 50; NUMBER OF YEARS TEACHING MAY BE TOO HIGH You have entered [D1] as the number of years you have been teaching all grades. Is that correct?

RANGE HARD CHECK; The answer is outside the valid range for this question.

DECIMAL HARD CHECK; The answer has too many decimals. Please review.

COMMA HARD CHECK; Please enter a number.

ALL

**D2. How many of those years have you been teaching Head Start or Early Head Start (as either lead or assistant teacher)?**

*Lead teachers are the head or primary teachers in the classroom.*

YEARS

(RANGE 0-50)

NO RESPONSE.....M

SOFT CHECK: IF D2=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.

SOFT CHECK: IF D2 > 30: You have entered [D2] as the number of years you have been teaching Head Start. Is that correct?

HARD CHECK: IF D2 > D1 [SOFT D2] NUMBER OF YEARS TEACHING HEAD START MAY BE TOO HIGH: You indicated that you have been teaching at Head Start for more years (D2) than total years you have been teaching (D1). If you would like to change your answer to the prior question, click the "Back" button, or change your answer to this question, and click the "Next" button.

RANGE HARD CHECK; The answer is outside the valid range for this question.

DECIMAL HARD CHECK; The answer has too many decimals. Please review.

COMMA HARD CHECK; Please enter a number.

ALL

**D2a. In what month and year did you start working for this Head Start program?**

MONTH      YEAR  
     

(RANGE 01-12) (RANGE 1965-2020)

NO RESPONSE.....M

SOFT CHECK: IF D2a=NO RESPONSE; **Please enter Month and Year to continue.**

SOFT CHECK IF MONTH/YEAR COMBINATION ENTERED IS LATER THAN CURRENT MONTH/YEAR; **You entered a date in the future. Please enter the correct date to continue.**

ALL

**D5. What is the highest grade or year of school that you completed?**

*Select one only*

- Up to 8th grade  
.....  
1 GO TO D11
- 9th to 11th grade  
.....  
2 GO TO D11
- 12th grade, but no diploma  
.....  
3 GO TO D11
- High school diploma/equivalent  
.....  
4 GO TO D11
- Vocational/technical program after high school but no diploma  
.....  
5 GO TO D11
- Vocational/technical diploma after high school  
.....  
6 GO TO D11
- Some college, but no degree  
.....  
7 GO TO D7
- Associate's degree  
.....  
8  
.....
- Bachelor's degree  
.....  
9  
.....
- Graduate or professional school, but no degree  
.....  
10  
.....
- Master's degree (MA, MS)  
.....  
11  
.....

- Doctorate degree (Ph.D., Ed.D)

.....  
12  
.....

- Professional degree after Bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD, etc.)

.....  
13  
.....

NO RESPONSE

M GO TO D11

**SOFT CHECK: IF D5=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF D5 = 8,9,10,11,12,13

**D6. In what field did you obtain your highest degree?**

- Child Development or Developmental Psychology.....1
- Early Childhood Education.....2
- Elementary Education.....3
- Special Education.....4
- Curriculum Development.....6
- Administration.....7
- Bilingual Education.....8
- Reading or Literacy.....9
- Psychology, Counseling, Social Work.....10
- Other (specify).....5
- NO RESPONSE.....M

**SOFT CHECK: IF D6=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF D6Specify = NO RESPONSE; Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

IF D5 = 7,8,9,10,11,12 OR 13

**D7. Did your schooling include 6 or more college courses in early childhood education or child development?**

- Yes  
.....  
1 GO TO D8a
- No  
.....  
0 GO TO D8  
NO RESPONSE  
.....  
M GO TO D8  
.....

**SOFT CHECK: IF D7 = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF D7 = 0 or M

**D8. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

**SOFT CHECK: IF D8 = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF D5 = 7, 8, 9, 10, 11, 12, OR 13

**D8a. Have you completed an entire course on working with children who speak a language other than English?**

*(Click [here](#) for "SPEAK A LANGUAGE OTHER THAN ENGLISH" definition)*

PROGRAMMER BOX D8A

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

**These children may be learning two (or more) languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language. These children are also often referred to as limited English proficient (LEP), dual language learners (DLLs), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

**SOFT CHECK: IF D8a = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

**D11. Do you have a Child Development Associate (CDA) credential?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

**SOFT CHECK: IF D11 = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

**D12r. Do you have a state-awarded preschool certificate or license?**

*A teaching certificate or license is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.*

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

**SOFT CHECK: IF D12= NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

**D13r. Do you have a state-awarded teaching certificate or license for ages/grades other than preschool?**

*A teaching certificate or license is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.*

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

**SOFT CHECK: IF D13 = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

**D17. What is your total annual salary (before taxes) as a teacher for the current school year?**

PER YEAR

(RANGE (0-999,999))

- Don't Know..... D  
 NO RESPONSE..... M

**SOFT CHECK: IF D17 = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK IF D17 > \$99,999; You have entered [D17] as your total annual salary. Is that correct?**

**RANGE HARD CHECK; The answer is outside the valid range for this question.**

**DECIMAL HARD CHECK; The answer has too many decimals. Please review.**

**COMMA HARD CHECK; Please do not include a comma in your answer.**

ALL

**D17a. How many weeks per year does this salary cover?**

WEEKS

(RANGE (0-52))

- Don't Know..... D  
 NO RESPONSE..... M

**SOFT CHECK: IF D17a = NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**RANGE HARD CHECK; The answer is outside the valid range for this question.**

**DECIMAL HARD CHECK; The answer has too many decimals. Please review.**

**COMMA HARD CHECK; Please enter a number.**



ALL

**D18. How many hours per week does this salary cover (not including overtime)?**

HOURS

(RANGE 0 to 80)

NO RESPONSE..... M

**SOFT CHECK: IF D18=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF D18 > 40 HOURS; You have entered [D18] as the number of hours per week your salary covers. Is that correct?**

**RANGE HARD CHECK; The answer is outside the valid range for this question.**

**DECIMAL HARD CHECK; The answer has too many decimals. Please review.**

**COMMA HARD CHECK; Please enter a number.**

ALL

**D19. What is your sex?**

Male..... 1

Female..... 2

Prefer not to answer..... 3

NO RESPONSE..... M

**SOFT CHECK: IF D19=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

**D20. In what year were you born?**

YEAR

(DROP DOWN RANGE 1914-2002)

NO RESPONSE..... M

**SOFT CHECK: IF D20=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF D20 < 1927 OR > 2000; You have entered [D20] as the year you were born. Is that correct?**

ALL

**D21. Are you of Spanish, Hispanic, or Latino origin?**

- Yes..... 1
- No..... 0
- .....
- .....
- GO TO D23
- NO RESPONSE..... M
- .....
- GO TO D23.....

**SOFT CHECK: IF D21=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF D21 = 1

**D22. Which one of these best describes you?**

*Select one or more*

- Mexican, Mexican American, Chicano.....1
- Puerto Rican.....2
- Cuban.....3
- Another Spanish/Hispanic/Latino group (Specify).....4
- NO RESPONSE..... M

**SOFT CHECK: IF D22=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF D22Specify = NO RESPONSE; Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

ALL

**D23. What is your race? Select one or more.**

PROGRAMMER: CODE ALL THAT APPLY

Select one or more

- White..... 11
- Black or African American..... 12
- American Indian or Alaska Native..... 13
- Asian Indian..... 14
- Chinese..... 15
- Filipino..... 16
- Japanese..... 17
- Korean..... 18
- Vietnamese..... 19
- Other Asian..... 20
- Native Hawaiian..... 21
- Guamanian or Chamorro..... 22
- Samoan..... 23
- Other Pacific Islander (Specify)..... 24
- Another race (Specify)..... 25
- NO RESPONSE..... M

SOFT CHECK: IF D23=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

CHECK: IF D23Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**

**ADDITIONAL SCREENS**

TRANSITION TO SECOND CLASSROOM

**Now, please answer some questions about your second class, that is the [FILL SECOND CLASSROOM] class.**

**There are fewer questions about the second class.**

**Please click the “Next” button below to continue.**

PROGRAMMER: REPEAT QUESTIONS WITH UNIVERSE STATEMENT SECOND IF TEACHER HAS A SECOND CLASS.

FINAL ALL

END3 (RECEIPT PAGE)

**Thank you very much for participating in FACES 2019!**

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

IF CLICKS ON "CONTACT THE HELPDESK"
HELPDESK SCREEN

If you have any questions regarding the FACES 2019 survey, please call Felicia Parks at XXX-XXX-XXXX or send an e-mail to [XXXX@mathematica-mpr.com](mailto:XXXX@mathematica-mpr.com).

IF CASE INDICATED AS COMPLETE
COMPLETE CASE SCREEN

Our records indicate that your survey is already completed. Please call [IF SURVEY\_VERSION=1: 855-714-8192 if you believe you are receiving this message in error.