

## Intro [To ALL Respondents]

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Thank you for participating in our study to understand children's transitions from Head Start to kindergarten!

We are interested in understanding who you work with to help support children and families for the transition from Head Start to kindergarten. The following questions will ask you to identify names of people you collaborate with **most closely** with, both inside and outside your organization or school. We plan to use this information to better understand how staff collaborate with each other across Head Start centers, elementary districts and schools, and community organizations.

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Q1: [To ALL Respondents]

Please select the role that best describes you.

Staff at a Head Start grantee or delegate agency
Head Start Center Director
Head Start Teacher
Head Start Manager/Coordinator
Other Head Start Staff (please specify) <input type="text"/>
District Administrator
K-12 District Staff
Elementary School Principal
Kindergarten Teacher
Other Elementary School Staff (but not Head Start staff, even if you are located in a school) (please specify) <input type="text"/>
Staff at a community organization that works with Head Start and/or elementary schools. Please describe. <input type="text"/>

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Q2\_HS [To Respondents who selected Q1: "Staff at a Head Start grantee or delegate agency," "Head Start Center Director," "Head Start Teacher," "Head Start Manager/Coordinator," or "Other Head Start Staff (please specify)"]

Many professionals in this field work with other professionals WITHIN their organizations to achieve their tasks. Please name up to FIVE individuals with whom you work with most closely WITHIN your Head Start program to help coordinate or carry out Head Start to kindergarten transition activities.

Name 1

Name 2

Name 3

Name 4

Name 5



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Q2\_ELEM [To Respondents who selected Q1: "District Administrator," "K-12 District Staff," "Elementary School Principal," "Kindergarten Teacher," or "Other Elementary School Staff (but not Head Start staff, even if you are located in a school) (please specify)"]

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Many professionals in this field work with a variety of other professionals WITHIN their organizations to achieve their tasks. Please name up to FIVE individuals with whom you work with most closely WITHIN your school district to help coordinate or carry out Head Start to kindergarten transition activities.

Name 1

Name 2

Name 3

Name 4

Name 5



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Q2\_CMTY [To Respondents who selected Q1: "Staff at a community organization that works with Head Start and/or elementary schools. Please describe."]

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Many professionals in this field work with a variety of other professionals WITHIN their organizations to achieve their tasks. Please name up to FIVE individuals with whom you work with most closely WITHIN your organization to help coordinate or carry out Head Start to kindergarten transition activities.

Name 1

Name 2

Name 3

Name 4

Name 5



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Q3\_HS [To Respondents who selected Q1: "Staff at a Head Start grantee or delegate agency," "Head Start Center Director," "Head Start Teacher," "Head Start Manager/Coordinator," or "Other Head Start Staff (please specify)"]

For each person you named WITHIN your organization, please indicate the role of each individual.

	Head Start Grantee/ Delegate Staff member	Head Start Center Director	Head Start Teacher	Head Start Staff	Other, please specify
Name 1a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 3a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 4a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 5a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Q3\_ELEM [To Respondents who selected Q1: “District Administrator,” “K-12 District Staff,” “Elementary School Principal,” “Kindergarten Teacher,” or “Other Elementary School Staff (but not Head Start staff, even if you are located in a school) (please specify)”]

For each person you named WITHIN your organization, please indicate the role of each individual.

	District Administrator	District Staff	School Principal	Kindergarten Teacher	School Staff	Other, please specify
Name 1a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 3a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 4a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 5a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Q3\_CMTY [To Respondents who selected Q1: "Staff at a community organization that works with Head Start and/or elementary schools. Please describe."]

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For each person you named WITHIN your organization, please indicate the role of each individual.

	Community/Other Service Provider	Other, please specify
Name 1a	<input type="checkbox"/>	<input type="checkbox"/>
Name 2a	<input type="checkbox"/>	<input type="checkbox"/>
Name 3a	<input type="checkbox"/>	<input type="checkbox"/>
Name 4a	<input type="checkbox"/>	<input type="checkbox"/>
Name 5a	<input type="checkbox"/>	<input type="checkbox"/>



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Q3\_1 [To Respondents who Selected Q3 "Other, please specify" for specific persons named]

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Please specify below the role for each individual

Name 1a	<input type="text"/>
Name 2a	<input type="text"/>
Name 3a	<input type="text"/>
Name 4a	<input type="text"/>
Name 5a	<input type="text"/>



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Q4\_HS [To Respondents who selected Q1: "Staff at a Head Start grantee or delegate agency," "Head Start Center Director," "Head Start Teacher," "Head Start Manager/Coordinator," or "Other Head Start Staff (please specify)"]

Many professionals in this field work with a variety of other professionals OUTSIDE of their organization to achieve their tasks. Please name up to FIVE individuals with whom you work with most closely OUTSIDE of Head Start (such as staff in local school districts that your students transition to or local community organizations your program works with) to help coordinate or carry out Head Start to kindergarten transition activities.

Name 1

Name 2

Name 3

Name 4

Name 5

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Q4\_ELEM [To Respondents who selected Q1: "District Administrator," "K-12 District Staff," "Elementary School Principal," "Kindergarten Teacher," or "Other Elementary School Staff (but not Head Start staff, even if you are located in a school) (please specify)"]

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Many professionals in this field work with a variety of other professionals OUTSIDE of their organization to achieve their tasks. Please name up to FIVE individuals with whom you work with most closely OUTSIDE your local school district (such as staff in Head Start programs or community or other service providers) to help coordinate or carry out Head Start to kindergarten transition activities.

Name 1

Name 2

Name 3

Name 4

Name 5

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Q4\_CMTY [To Respondents who selected Q1: “Staff at a community organization that works with Head Start and/or elementary schools. Please describe.”]

Many professionals in this field work with a variety of other professionals OUTSIDE of their organization to achieve their tasks. Please name up to FIVE individuals with whom you work with most closely to help **OUTSIDE** your organization (such as staff in Head Start programs or local school districts) to help coordinate or carry out Head Start to kindergarten transition activities.

Name 1

Name 2

Name 3

Name 4

Name 5

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## Q5 [To ALL Respondents]

For each person you named OUTSIDE your organization, please indicate the role of each individual.

	Head Start Grantee/ Delegate Staff member	Head Start Center Director	Head Start Teacher	Head Start Staff	District Administrator	District Staff	School Principal	Kindergarten Teacher	School Staff	Community/Other Service Provider	Other, please specify
Name 1b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 2b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 3b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 4b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name 5b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Q5\_1 [To Respondents who Selected Q5 "Other, please specify" for specific persons named]

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Please specify below the role for each individual

Name 1b	<input type="text"/>
Name 2b	<input type="text"/>
Name 3b	<input type="text"/>
Name 4b	<input type="text"/>
Name 5b	<input type="text"/>



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## Q6 [To ALL Respondents]

For each person you named, please indicate about how **frequently** you meet, talk, or e-mail with this person to help coordinate or carry out Head Start to kindergarten transition activities or supports.

	More than once a week	Once a week	Once a month	Once a quarter	Once a year	Less than once a year
Name 1a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 2a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 3a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 4a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 5a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 1b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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## Q7 [To ALL Respondents]

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For each person you named, please indicate the degree to which this individual is **instrumental** in helping you ensure children successfully transition from Head Start to kindergarten.

	Not at all instrumental	Slightly instrumental	Somewhat instrumental	Very instrumental	Extremely instrumental
Name 1a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 2a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 3a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 4a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 5a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 1b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Name 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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END PAGE [To ALL Respondents]

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Thank you for completing this survey.



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