

Study of Disability Services Coordinators and Inclusion in Head Start, 2019-2024

Instrument 1 Phase 1

Survey of EHS/HS Program Directors

September 27, 2021

NOTE: This questionnaire is annotated to show (1) headers for each module and the objective for that section; and (2) question numbers and instructions to the online survey programmer (in red). This text will not appear in the online survey.

Introduction

Thank you for agreeing to take part in this study. We are reaching out to Early Head Start (EHS)/Head Start (HS) program directors to help us identify all Disability Services Coordinators (DSCs) within their programs. We will use the contact information you provide to invite DSCs to participate in a nationally-representative survey about the DSC workforce. Your responses will also provide us with important contextual information about your program. Please remember that your responses will not be used for monitoring purposes. ACF funding for your program will not be impacted by your responses.

Before we begin, we want to confirm that you are the best suited person to complete this survey. Specifically, we are collecting information **from grantee and delegate agencies that are responsible for the day-to-day management of staff and the provision of direct services in EHS/HS centers**. We are not collecting data from grantees that share funds with delegate agencies but do not provide any direct services in EHS/HS centers.

- SCRN1. Does your agency provide **direct** EHS or HS services to children? (Note: If you are a grantee and only provide direct services through delegate agencies, then select "No".)
- Yes → Continue to SCRNO2
 - No → Terminate the survey

- SCRN2. Are you an agency director who is responsible for managing DSC staff and direct services provided in EHS/HS centers?
- Yes > Skip to Module 1
 - No > Continue to SCRNO3

- SCRN3. Please provide the name and contact information for a **director in your agency who is responsible for managing DSC staff** and the provision of direct services in EHS/HS centers. (Note: Do not include directors of delegate agencies.)
- First Name: _____ Last Name: _____
 - Email Address: _____@_____
 - Work Phone #: (____)____-____ [numeric, 10 digit]
 - Cell Phone #: (____)____-____ [numeric, 10 digit]

I do not know. > Thank them for their time and terminate the survey.

SURVEY TIPS:

Want to prepare for the survey?

- Preview the survey topics in the attached document
- Preview the full surveys here [LINK]

Check with others

- Please confer with colleagues, as needed, to identify the responses for your program

SAVE the survey at any time

- come back to it later when you are ready

Definitions of Terms Used in Survey

Programmer's note: Include these definitions as a pop-up or roll-over that it accessible on every page of the survey.

- **Program:** refers to a grantee or delegate of EHS, HS, and combination EHS/HS programs
- **Option:** refers to the location where children and families receive EHS or HS services, including center-based classrooms, family child care (FCC) homes, and families' homes or places within their community where home visits are conducted
- **Disability services:** refers to activities related to the identification of children's developmental, physical, behavioral, or health care needs and the coordination and provision of services for children with identified disabilities or suspected delays, regardless of whether they qualify for disability services under the Individuals with Disabilities Education Act (IDEA)

MODULE 1: Director Background

DIRB 01. How many years have you served as an EHS and/or HS program director?

- a. Less than 1 year
- b. 1-2 years
- c. 3-5 years
- d. 5-9 years
- e. 10-19 years
- f. 20-24 years
- g. 25+ years

DIRB 02. How many years have you worked in an EHS and/or HS program (in any role)?

- a. Less than 1 year
- b. 1-2 years
- c. 3-5 years
- d. 5-9 years
- e. 10-19 years
- f. 20-24 years
- g. 25+ years

DIRB 03. What other positions (besides program director) have you held within EHS and/or HS (now or in past)? **Select all that apply.** **Programmer's note:** if DIRB03 = b, ask DIRB04; otherwise, SKIP TO DIRB05.

- a. Center director, associate center director, or other program manager
- b. DSC

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- c. Teacher
- d. Teacher's aide/instructional aide
- e. Education coordinator
- f. Family service worker/family support worker
- g. Home visitor
- h. Outreach staff/recruiter/enrollment coordinator
- i. Counselor
- j. Family services coordinator/Family services manager
- k. Mental health coordinator/consultant
- l. Nutrition coordinator
- m. Culinary or food services staff
- n. Receptionist/office staff
- o. Bus driver or related transportation
- p. Facilities manager
- q. Other (specify): _____
- r. None of the above

DIRB 04. How many years did you work as a DSC for an EHS and/or HS program? **Programmer's**

note: Ask only if DIRB03=b

- a. Less than 1 year
- b. 1-2 years
- c. 3-5 years
- d. 5-9 years
- e. 10-19 years
- f. 20-24 years
- g. 25+ years

DIRB 05. What is the highest level of education that you have completed?

- a. High school diploma
- b. Associate's degree
- c. Bachelor's degree
- d. Some graduate or professional school but no degree
- e. Master's Degree (e.g., MA, MS, MPH, MSN)
- f. Doctorate Degree (e.g., Ph.D., Ed.D.)
- g. Other Postgraduate Degree (e.g., MD, DDs, JD)

DIRB 06. Are you Hispanic, Latino/a, or Spanish origin? **Select all that apply.**

- a. ___ No, not of Hispanic, Latino/a, or Spanish origin
- b. ___ Yes, Mexican, Mexican American, Chicano/a
- c. ___ Yes, Puerto Rican

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- d. ____ Yes, Cuban
- e. ____ Yes, Another Hispanic, Latino/a or Spanish origin

DIRB 07. What is your race? **Select all that apply.**

- a. White
- b. Black or African American
- c. American Indian or Alaska Native
- d. Asian
- e. Native Hawaiian or other Pacific Islander

MODULE 2: Disability Services Coordinator (DSC) Information

Instructions on screen: In this section, we are requesting the names, contact information, and other relevant characteristics of **all** DSCs in your program.

DSCINFO 01. How many staff in your program have the formal title of DSC?

_____ DSCs [NUMERIC]

DSCINFO 02. You indicate that you have zero staff members with the formal title of DSC. How many staff members do you have that fulfill the roles and responsibilities of a DSC?

Programmer's note: Ask only if DSCINFO 01 = 0 (zero).

DSCINFO 03. What [is/are] the name[s] of the DSC[s] staff in your program? Please include first and last names for each. **Programmer's note:** Number of text boxes = response to DSCINFO01. Programmer Note: ASK if DSCINFO 01>0. Otherwise, ask DSCINFO04.

e. [NAME_1] DSC 1's First Name: _____ DSC 1's Last Name: _____

f. [NAME_2] DSC 2's First Name: _____ DSC 2's Last Name: _____

g. [NAME_3] DSC 3's First Name: _____ DSC 3's Last Name: _____

[Programmer's note: Repeat as needed per response to DSCINFO01.]

DSCINFO 04. "What are the names of staff in your program that fulfill DSC roles and responsibilities?" **Programmer's note: Ask only if DSCINFO 01=0 and DSCINFO 02>0.**

a. NAME_1] DSC 1's First Name: _____ DSC 1's Last Name: _____

b. [NAME_2] DSC 2's First Name: _____ DSC 2's Last Name: _____

c. [NAME_3] DSC 3's First Name: _____ DSC 3's Last Name: _____

Programmer's note: Number of text boxes = response to DSCINFO 02.

Programmer's note: If DSCINFO01 = more than 1, ask DSCINFO03. Otherwise, skip to DSCINFO04.

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DSCINFO 05. Which one of the disability service staff [or DSCs] in your EHS/HS program will serve as the lead for compiling your program responses to the DSC Survey? **Programmer's note: Ask only if DSC1>1 or DSC 02>1]**

- a. [DSC 1 FIRST NAME] [DSC 1 LAST NAME]
- b. [DSC 2 FIRST NAME] [DSC 2 LAST NAME]
- c. [DSC 3 FIRST NAME] [DSC 3 LAST NAME]

[final response option]: None, no DSC serves as the lead.

[Programmer's note: Populate response options with names listed in DSCINFO 03.

Instructions on screen: Please answer the following questions for each DSC or disabilities staff person you named above i. **Programmer's note: Repeat DSCINFO06 for all staff listed (in DSCINFO 03 OR DSCINFO 04).**

DSCINFO 06. Please provide the following information for [NAME_1]. **Programmer's note: Fill [NAME_1] with response to DSCINFO 02a, then repeat as needed with other DSC names (DSCINFO 02b, DSCINFO 02c, etc.).**

- a. [NAME_1]'s Email Address: _____@_____
- b. [NAME_1]'s Work Phone #: (____)____-____ [numeric, 10 digit]
- c. [NAME_1]'s Cell Phone #: (____)____-____ [numeric, 10 digit]
- d. Does [NAME_1] work in your program full time or part time?
 - i. Full time (30 hours a week or more)
 - ii. Part time (Less than 30 hours a week)
 - iii. Don't know
- e. How many months per year does [NAME_1] work in your program as a DSC?
(Estimate as closely as possible in months):
 - i. ____ (1-12 months)
- f. [NAME_1] is:
 - i. An employee of my program
 - ii. An external consultant/contractor
 - iii. Other (specify): _____

DSCINFO 07. How challenging is it to fill the DSC position when it becomes vacant?

- a. Extremely challenging
- b. Very challenging
- c. Somewhat challenging

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- d. A little challenging
- e. Not at all challenging

DSCINFO 07a. How many DSCs have left that job in your program since January 2020? [numeric, 0-99]

DSCINFO 07b: You indicated that one or more DSCs has left the job in your program. Please indicate the individuals' next position(s). (select all that apply) **Programmer's Note: ASK if 07a is greater than 0.**

- a. Retired
 - b. Moved to a different role within EHS/HS
 - c. Left EHS/HS for a job K-12 schools
 - d. Left for a job with public preK or universal preK program
 - e. Left for another early childhood job
 - f. Left the field of early childhood
 - g. Don't know the individual's next position
- a.

MODULE 3: Program-Level Characteristics

Instructions on screen: The next set of questions is about characteristics of your EHS/HS program.

PROG 1. What age children are served by your **Office of Head Start (OHS)-funded program(s)**?

Programmer's note: Allow selection of only one response.

- a. Birth to 3 years old
- b. 3 to 5 years old
- c. Birth to 5 years old

PROG 2. Which **OHS-funded program options** do you support? **Select all that apply.** Please count the number of centers, families, and/or family child care (FCC) providers as you would in the Head Start Enterprise System (HSES). Please include partnership sites where you count EHS or HS children in your enrollment.

- a. EHS-only center(s) **Programmer's note:** Include only if PROG01 = a
 - i. Number of EHS centers: _____ **Programmer's note:** Range = 1 to 100
- b. HS-only center(s) **Programmer's note:** Include only if PROG01 = b
 - i. Number of HS centers: _____ **Programmer's note:** Range = 1 to 100
- c. EHS/HS center(s) **Programmer's note:** Include only if PROG01 = c
 - i. Number of EHS/HS centers: _____ **Programmer's note:** Range = 1 to 100
- d. EHS or HS home-based program (i.e., home visiting)
 - i. Number of funded slots: _____ **Programmer's note:** Range = 1 to 100
- e. FCC
 - i. Number of FCC providers: _____ **Programmer's note:** Range = 1 to 100

PROG 3. What is your program's operational period?

- a. Less than 3 months
- b. 3 to 6 months
- c. 6 to 9 months
- d. 9 to 10 months (e.g., August/September through May/June to align with the local school district)
- e. 12 months (year-round)

PROG 4. Which of the following populations (if any) does your program serve? **Select all that apply.**

- a. Homeless families
- b. Children of teenage parents
- c. Children in foster care
- d. Military families

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- e. American Indian and Alaska Native families
 - f. Migrant and seasonal families
 - g. Recent immigrant families
 - h. Pregnant women
 - i. Other population not listed
 - j. None of the above
 - k. Don't know
- PROG 5. Has your program requested a disability waiver for the previous program year?
- a. Yes
 - b. No (SKIP TO PROG08)
 - c. Don't know (SKIP TO PROG08)
- PROG 6. For what reasons did your program request a disability waiver? **Select all that apply.**
- a. Recruitment challenges
 - b. Part C/LEA challenges
 - c. Curriculum implementation delays
 - d. Service implementation delays
 - e. Other (specify): _____
- PROG 7. To what extent has your program addressed the reasons for your previous waiver request?
- a. Not yet addressed the reasons
 - b. Partially addressed the reasons
 - c. Fully addressed the reasons
 - d. Don't know
- PROG 8. Does your program use mental health coordinator/consultant(s) to support teachers and/or home visitors with behavior management?
- a. Yes
 - b. No (SKIP TO PROG10)
 - c. Don't know (SKIP TO PROG10)
- PROG 9. Do your program's DSC(s) provide oversight of the mental health coordinator/consultant(s) in your program?
- a. Yes, the DSC is *solely responsible* for oversight
 - b. Yes, the DSC *shares responsibility* for oversight
 - c. No, the DSC is *not responsible* for oversight
 - d. Don't know
- PROG 10. Does your program have budget established for the provision of disability services?
- a. Yes
 - b. No
 - c. Don't know

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PROG 11. Does your DSC make recommendations about how program funds are spent to support children with disabilities or suspected delays?

- a. Yes
- b. No
- c. Don't know

PROG 12. In a typical program year, how are your OHS grant program funds spent? **Select all that apply.**

- a. Improving service provision for children with a 504 plan
- b. Hiring additional staff to meet the needs of the children with disabilities
- c. Hiring additional staff to meet the needs of children found ineligible under IDEA
- d. Training for teachers/staff working with children with disabilities or suspected delays
- e. Purchasing additional materials/resources for classrooms with children with disabilities
- f. Providing transportation services to assist family in accessing evaluation/services
- g. Hiring translators to provide translation and interpretation services
- h. Funding additional activities/supports for families of children with disabilities or suspected delays
- i. Improving accessibility/accommodations in our facilities
- j. Improving accessibility/accommodations in our classrooms
- k. Purchasing assistive devices
- l. Other (specify): _____
- m. Other (specify): _____

PROG 13. If more funding was available to support your program's disability services what would be the top five priority areas to which you would allocate those funds? Please rank the following areas 1 – 5, where 1 is the highest spending priority. **Programmer's note: Allow R to rank items only 1-5.**

- _____ a. Improving service provision for children with a 504 plan
- _____ b. Hiring additional staff to meet the needs of the children with disabilities
- _____ c. Hiring additional staff to meet the needs of children found ineligible under IDEA
- _____ d. Training for teachers/staff working with children with disabilities or suspected delays
- _____ e. Purchasing additional materials/resources for classrooms with children with disabilities
- _____ f. Providing transportation services to assist family in accessing evaluation/services
- _____ g. Hiring translators to provide translation and interpretation services
- _____ h. Funding additional activities/supports for families of children with disabilities or suspected delays
- _____ i. Improving accessibility/accommodations in our facilities
- _____ j. Improving accessibility/accommodations in our classrooms

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_____ k. Purchasing assistive devices

_____ l. Other (specify): _____

_____ m. Other (specify): _____

PROG 14. How easy or difficult is it to find qualified individuals to meet the needs of children with disabilities and suspected delays in your program?

Disability-related Roles	Very easy	Easy	Difficult	Very difficult
a. DSCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Classroom/teacher aides for children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROG 15. What proportion of your program's internal procedures regarding the **provision of disability services** (i.e., how the program follows and implements HSPPS) are formally written out?

- a. None
- b. Some
- c. Most
- d. All
- e. Don't know

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PROG 16. To what extent do you agree or disagree with each of the following statements about inclusion?

	Strongly agree	Agree	Disagree	Strongly disagree
a. Disability services provided in the classroom/home visiting setting are <u>not</u> as effective as services provided outside the classroom/home visiting setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inclusion is not always beneficial for a child with disabilities or suspected delays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Inclusion is essential for a child with disabilities or suspected delays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is more effective to provide disability services to children outside the classroom/home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Inclusion is a right for children with identified disabilities or suspected delays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There are clear benefits to providing disability services within the classroom/home visiting setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Providing inclusion services for children with disabilities will negatively impact children without disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Children who receive disabilities services in the classroom/home setting tend to achieve higher outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODULE 4: Training and Other Professional Development

DIR_PDV 1. When hiring a new DSC or individual responsible for disability coordination activities we: **Select all that apply.**

- a. Have a standard and consistent plan for onboarding the new hire in this role
- b. Usually need the new hire to begin direct work immediately
- c. Provide the new hire with written information about the role and responsibilities
- d. Require the new hire to complete one or more trainings about the responsibilities, knowledge, and skills needed for the role
- e. Require the new hire to shadow another staff member
- f. Require the new hire to spend time observing classroom activities
- g. None of the above
- h. Don't know

DIR_PDV 2. Is there an assigned supervisor or manager for the DSC(s) in your program?

- a. Yes
- b. No (SKIP TO DIR_PDV04)

DIR_PDV 3. In your program, how frequently do DSCs typically meet with their assigned supervisor or manager?

- a. Weekly
- b. Biweekly (every other week)
- c. Monthly
- d. Quarterly
- e. On an "as needed" basis
- f. Don't know

DIR_PDV 4. How do you identify disability training needs for your program? **Select all that apply.**

- a. DSC report
- b. Individual teacher/staff report
- c. Teacher/staff survey
- d. Staff supervisors' report
- e. Children's assessment results
- f. Classroom observations
- g. Families' requests

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k. Teacher knowledge about disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Teacher attitude towards inclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Teacher skills to address needs of children with disabilities/suspected delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Availability of qualified support staff for children with disabilities/disabilities services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Effective inclusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Behavioral management in the classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Partnerships/collaboration with receiving programs for children with disabilities (for example, transitions from EHS to HS, EHS to another care setting, HS to kindergarten, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Programmer's note: If R does not indicate "Very Challenging" or "Extremely Challenging" for any items in DIR_PDV05, SKIP TO DIR_PDV07.

DIR_PDV 6. You identified some factors that make it challenging to supporting children with disabilities and suspected delays in your program. For which of these does your program need additional technical assistance? **Select all that apply.** **Programmer's note:** Response options here should include only items in DIR_PDV05 where R indicated "Very Challenging" or "Extremely Challenging."

- a. Partnership with Part C
- b. Partnership with LEA
- c. Developing MOUs/Interagency Agreements with the community
- d. Developing MOUs/Interagency Agreements with Part C partners
- e. Developing MOUs/Interagency Agreements with LEA partners
- f. Level of disability needs in the community you serve
- g. Recruiting children with disabilities
- h. Training for DSC(s)
- i. Finding qualified DSCs
- j. Our program's capacity for working with families of children with disabilities
- k. Teacher knowledge about disabilities
- l. Teacher attitude towards inclusion

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- m. Teacher skills to address needs of children with disabilities/suspected delay
- n. Availability of qualified support staff for children with disabilities/disabilities services
- o. Effective inclusion
- p. Behavioral management in the classrooms
- q. Partnerships/collaboration with receiving programs for children with disabilities (e.g., transitions from EHS to HS, EHS to another care setting, HS to kindergarten, etc.)
- r. None of the above

DIR_PDV 7. To what extent are you satisfied or dissatisfied with how the DSCs in your program are doing in the following areas?

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied	Don't know
a. Working with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Collaborating with community service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Training staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Programmer's note: If R does not indicate "Very dissatisfied" or "Dissatisfied" for any items in DIR_PDV07, SKIP TO MODULE 5.

DIR_PDV 8. You indicated some level of dissatisfaction with the way DSCs in your program are fulfilling the responsibilities of their role. For which of these does your program need additional technical assistance? **Select all that apply.** **Programmer's note:** Response options here should include only items in DIR_PDV07 where R indicated "Very dissatisfied" or "Dissatisfied."

- a. Working with families
- b. Collaborating with community service providers
- c. Training staff
- d. None of the above

MODULE 5: Collaboration and Teaming

Programmer's note: If PROG01 = a, ask DIR_EXTCLB01 and DIR_EXTCLB02. If PROG01 = b, ask DIR_EXTCLB03 and DIR_EXTCLB04. If PROG01 = c, ask all (DIR_EXTCLB 01 – DIR_EXTCLB 04).

DIR_EXTCLB 1. With what proportion of the Part C partners in your area does your EHS program have MOUs/Interagency Agreements related to service provision for children with disabilities?

- a. All
- b. Most
- c. Some
- d. A few
- e. None

DIR_EXTCLB 2. Does your EHS program have an MOU/Interagency Agreement with your state-level Part C entity?

- a. Yes
- b. No
- c. Don't know

DIR_EXTCLB 3. With what proportion of the LEA partners in your area does your HS program have MOUs/Interagency Agreements related to service provision for children with disabilities?

- a. All
- b. Most
- c. Some
- d. A few
- e. None

DIR_EXTCLB 4. Does your HS program have an MOU/Interagency Agreement with your state-level LEA?

- a. Yes
- b. No
- c. Don't know

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DIR_EXTCLB 5. To what extent do the following factors make it challenging to establish local MOUs/Interagency Agreements to support children with disabilities and suspected delays?

Factors Potentially Affecting Local MOUs/Interagency Agreements	Not at all challenging	A little challenging	Somewhat challenging	Very challenging	Extremely challenging
a. Identifying interested local services/organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Finding qualified local services/organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Negotiating the MOU/Interagency Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Writing/finding proper language for MOU/Interagency Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Enforcing the MOU/Interagency Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIR_EXTCLB 6. To what extent do the following factors make it challenging to enforce local MOUs/Interagency Agreements to support children with disabilities and suspected delays?

Factors Potentially Affecting Local MOUs/Interagency Agreements	Not at all challenging	A little challenging	Somewhat challenging	Very challenging	Extremely challenging
f. Identifying interested local services/organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Finding qualified local services/organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Negotiating the MOU/Interagency Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Writing/finding proper language for MOU/Interagency Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Enforcing the MOU/Interagency Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MODULE 6: Transitions

Instructions on screen: This next set of questions relates to transitioning children with disabilities from your program to other care settings.

Programmer's note: If PROG01 = a, then ask DIR_TRANS01. If PROG01 = b, then ask DIR_TRANS02. If PROG01 = c, ask both DIR_TRANS 01 and DIR_TRANS 02.

DIR_TRANS 1. In general, when your **EHS program** transitions children with disabilities, how often do the receiving programs do the following:

Note: Receiving programs may include other EHS programs, non-EHS infant/toddler care settings, HS programs, HS programs, or other non-HS preschools/pre-K programs.

Characteristics of Receiving Programs	Never	Rarely	Occasionally	Frequently	Always
a. Welcome families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communicate effectively with your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Meet with staff sufficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Meet with families sufficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discuss alignment of expectations with your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Discuss alignment of assessments with your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Consistently request reports/assessment data from your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Discuss alignment of curricula with your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Present challenges to working collaboratively with your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instrument 1 Phase 1 Survey of EHS/HS Program Directors
Study of Disabilities Services and Inclusion in Head Start

DIR_TRANS 2. In general, when your **HS program** transitions children with disabilities, how often do the receiving programs do the following:

Note: Receiving programs may include other HS programs, other non-HS preschools/Pre-K programs, or kindergartens.

Characteristics of Receiving Programs	Never	Rarely	Occasionally	Frequently	Always
a. Welcome families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Communicate effectively with your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Meet with staff sufficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Meet with families sufficiently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discuss alignment of expectations with your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. discuss alignment of assessments with your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Consistently request reports/assessment data from your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Discuss alignment of curricula with your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Present challenges to working collaboratively with your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to fill out this important survey!