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**FACES 2019**  
Experiences in Head  
Start

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

*Fall 2021 and Spring 2022 Special Head Start Teacher Child Report*

**AFFIX LABEL HERE**

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to provide descriptive information about Head Start programs and the families they serve. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0151, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Lizabeth Malone, Mathematica, 1100 1st Street, NE, 12th Floor, Washington, DC 20002.

## Survey Information

Mathematica is conducting the Head Start Family and Child Experiences Survey (FACES) under contract with the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS).

To enhance the information we obtain by surveying their parents, we need for you to complete this brief form, the Teacher Child Report, about each of the children in the study who are from your class. The Teacher Child Report (TCR) asks you to report on the current language, learning, and social skills; classroom conduct; and approaches to learning that you have observed in these children from your class. Your class may be held virtually or some children may attend your class virtually. Please do your best to answer the questions based on your experiences with the child so far this year.

Please be assured that all information you provide will be kept private to the extent permitted by law. Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your individual answers will be completely private and will not be shared with parents, other staff, or your supervisors in your center, or anybody else not working on this study. The information you provide to the study will be protected and will only be seen by selected members of the study team. In the future, survey responses from the study (with nothing identifying individuals, programs, or communities) may be securely shared with qualified individuals for additional learning purposes to better understand the strengths and needs of children and families in Head Start and the programs that serve them. The form will take about 10 minutes for each child.

Section A.

**A1. Are you currently the Head Start teacher for the child listed on the front of this survey? (Use an "X" to mark your response.)**

- 1  Yes → GO TO A1a
- 0  No → GO TO A2

**A1a. How does the child currently attend your class?**

*Note: In-person refers to instruction taking place face-to-face with you and the child and should be selected if that is the usual mode of instruction for the child, even if the child is receiving virtual instruction temporarily due to COVID exposure. Virtual or remote instruction should be selected when a child does not meet with you in person and instead receives instruction in real time via a web-based video platform such as Zoom, or completes assignments on the child/family's own time on platforms such as Class Dojo or Ready Rosie, or on paper with instructional materials sent home. Hybrid should be selected if the child receives a combination of in-person and virtual or remote instruction.*

- 1  In-person
- 2  Virtual or remote
- 3  Hybrid

**A1b. How many days per week and hours per day do you see the child in-person?**

|\_|\_| Days per week  
|\_|\_| Hours per day (on average)

**A1c. How many days per week and hours per day do you see the child virtually?**

|\_|\_| Days per week  
|\_|\_| Hours per day (on average)

**A2. What is the main reason you are no longer this child's teacher?**

- 1  Child moved to another class in the same center → GO TO A3
- 2  Child moved to another center → GO TO A3a
- 3  Child left the Head Start program → GO TO A4
- 4  Child was never in my class/ I don't know this child → GO TO A5

**A3. What is the name of the Head Start teacher whose class this child currently attends?**

Name: \_\_\_\_\_

**A3a. What is the name of the Head Start center where this child went?**

Name: \_\_\_\_\_

**A4. Please record the last date this child was in your class.**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
Month Day Year

Section B. Child's Current

**These questions are about things that different children do at different ages. These things may or may not be true for this child.**

**GO TO B1.**

**B1. Can this child recognize...**

- 1  All of the letters of the alphabet,
- 2  Most of them,
- 3  Some of them, or
- 4  None of them?

**B2. How high can this child count? Would you say...**

- 1  Not at all,
- 2  Up to five,
- 3  Up to ten,
- 4  Up to twenty,
- 5  Up to fifty, or
- 6  Up to 100 or more?

**B3. How often does this child like to write or pretend to write? Would you say...**

- 1  Never,
- 2  Has done it once or twice,
- 3  Sometimes, or
- 4  Often?

**B4a. Can this child demonstrate a beginning understanding of the relationship between sounds and letters (e.g., the letter B makes a "buh" sound)? Would you say...**

- 1  Not at all,
- 2  For one or two letters,
- 3  For a few (up to 5) letters, or
- 4  For several (6 or more) letters?

**B5. Please answer "Yes" or "No" to each question about this child's abilities.**

MARK "YES" OR "NO" ON EACH LINE

|   | YES                        | NO                         |
|---|----------------------------|----------------------------|
| a. Does this child mostly write and draw rather than scribble?                          | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Can this child write their first name even if some of the letters are backward?..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Does this child recognize their own first name in writing or in print?.....          | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| h. Does this child read any other words in writing or in print?..                       | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| i. Can this child identify rhyming words?.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

**B6. Can this child identify basic shapes such as triangle, rectangle, circle, or square?**

- 1  All of them, → GO TO B6a
- 2  Most of them, → GO TO B6a
- 3  Some of them, or → GO TO B6a
- 4  None of them? → GO TO B7

**B6a. Can this child describe the differences between a rectangle and a triangle?**

- 1  Yes
- 0  No

**B7. Can this child sort objects by any of the following attributes?**

MARK ALL THAT APPLY

- 1  Color
- 2  Shape
- 3  Size
- 4  Function (for example, things we use to write, things we sit on)
- 88  No opportunity to observe

**B8. Can this child put more than three things in order by length or height?**

- 1  Yes
- 0  No
- 88  No opportunity to observe

***Mathematica's agreement with the publisher/developer of this set of 12 items (C1a – C1l) does not allow us to share the items publicly without prior written approval.***

**B9. If you show this child some objects (for example, several toy cars), can this child consistently tell you how many objects there are without counting?**

- 1  Not consistently for even 1 or 2
- 2  Up to 2 objects
- 3  Up to 3 objects
- 4  Up to 4 objects
- 5  Up to 5 objects
- 88  No opportunity to observe

**B10. Can this child tell you how many more you would need when you have 2 cups but want to have 5 cups?**

- 1  Yes
- 0  No
- 88  No opportunity to observe

Section D. Classroom Conduct

Please describe this child according to how true each of these statements has been during the past month, from “not true” to “somewhat or sometimes true” to “very true or often true.” Please do your best to answer the questions based on your experiences with the child. If remote or virtual classroom services have prevented you from observing a particular behavior, please select “no opportunity to observe.” For each item, mark only one code.

MARK ONE PER ROW

|   | NOT TRUE                   | SOMEWHAT OR SOMETIMES TRUE | VERY TRUE OR OFTEN TRUE    | NO OPPORTUNITY TO OBSERVE   |
|---|----------------------------|----------------------------|----------------------------|-----------------------------|
| a. Acts too young for their age.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| b. Can't concentrate, can't pay attention for long.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| c. <i>Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval.....</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| d. <i>Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval</i>      | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| e. <i>Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval.....</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| f. Hits or fights with others.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| g. Keeps to themselves; tends to withdraw.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| h. Lacks confidence in learning new things or trying new activities.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| i. Is nervous, high-strung, or tense.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| j. Is very restless, fidgets all the time, can't sit still..  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| k. <i>Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval.....</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| l. Has temper tantrums or hot temper.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| m. Often seems unhappy, sad, or depressed.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| n. Worries about things for a long time.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 88 <input type="checkbox"/> |

Section E. Preschool Learning Behavior Scale

Section H. Approaches to Learning

H1. Please describe this child according to how they approach tasks. How often in the past month did they act this way? Was it “never,” “sometimes,” “often,” or “very often”? Please do your best to answer the questions based on your experiences with the child. If remote or virtual classroom services have prevented you from observing a particular behavior, please select “no opportunity to observe.” For each item, mark only one code.

MARK ONE PER ROW

|   | NEVER                      | SOMETIMES                  | OFTEN                      | VERY OFTEN                 | NO OPPORTUNITY TO OBSERVE   |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| a. Keeps belongings organized.....          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| b. Pays attention well.....                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| c. Shows eagerness to learn new things....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| d. Easily adapts to changes in routine..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| e. Persists in completing tasks.....        | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 88 <input type="checkbox"/> |
| f. Works independently.....                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 88 <input type="checkbox"/> |

Section F. Health and Developmental Conditions or Concerns

**F1. Has any professional such as a doctor or other health or education professional mentioned this child having a developmental problem or delay, for example, any developmental concerns or disability, such as physical, emotional, language, hearing difficulty or other developmental concerns?**

MARK ONLY ONE

- 1  Yes
- 0  No
- d  Don't know

GO TO  
F3

**F2. How did the doctor or other health or education professional describe this child's developmental concerns or disability?**

MARK ALL THAT APPLY

- 1  VISION IMPAIRMENT
- 2  BLINDNESS
- 3  HEARING IMPAIRMENT/HARD OF HEARING
- 4  DEAFNESS
- 5  MOTOR IMPAIRMENT
- 6  SPEECH IMPAIRMENT/DIFFICULTY COMMUNICATING
- 7  MENTAL RETARDATION
- 8  DEVELOPMENT DELAY
- 9  AUTISM OR PERVASIVE DEVELOPMENTAL DISORDER (PDD)
- 10  BEHAVIOR PROBLEMS/HYPERACTIVITY/ ATTENTION DEFICIT (ADD or ADHD)
- 11  OPPOSITIONAL DEFIANT DISORDER
- 12  OTHER (Specify)

- d  Don't know

GO TO F5

**F3. Since this child has enrolled in Head Start, has anyone reported concerns about their health or development?**

*Note: This item does not refer to normal health concerns (e.g., "she has a lot of colds"); it refers to the conditions listed in F4 below. The concerns may be identified by yourself, another staff member, a parent, or anyone else.*

- 1  Yes
- 0  No
- d  Don't know

GO TO G1

**F4. To your knowledge, what areas of this child's health and development appear to be of concern?**

MARK ALL THAT APPLY

- 1  VISION IMPAIRMENT
- 2  BLINDNESS
- 3  HEARING IMPAIRMENT/HARD OF HEARING
- 4  DEAFNESS
- 5  MOTOR IMPAIRMENT
- 6  SPEECH IMPAIRMENT/DIFFICULTY COMMUNICATING
- 7  MENTAL RETARDATION
- 8  DEVELOPMENT DELAY
- 9  AUTISM OR PERVASIVE DEVELOPMENTAL DISORDER (PDD)
- 10  BEHAVIOR PROBLEMS/HYPERACTIVITY/ ATTENTION DEFICIT (ADD or ADHD)
- 11  OPPOSITIONAL DEFIANT DISORDER
- 12  OTHER (Specify)

- d  Don't know



**F5. What has been done so far to address the child's condition or the concerns about the child's health and development?**

*The definition of IFSP/IEP is as follows: "a written plan that describes goals for this child and the services they should receive."*

**MARK ALL THAT APPLY**

- 1  Discussions/plans are in progress
- 2a  A mental health specialist has been contacted
- 2b  Other consultants or specialist have been contacted
- 3  The child has been observed or evaluated
- 4  A meeting with the parents and the disability services team has been made
- 5  An individualized education plan (IEP) or an Individual Family Service Plan (IFSP) has been developed
- 6  Modifications or accommodations to the classroom or class activities have been made
- d  Don't know

**IF F5 = 5 (An IEP or IFSP has been developed), GO TO F5a. OTHERWISE, GO TO G1.**

**F5a. Did you participate in the child's IEP or IFSP meeting?**

- 1  Yes
- 0  No
- d  Don't know

**F5b. Which of the following services has the child received?**

**MARK ALL THAT APPLY**

- 1  Speech or language therapy
- 2  Social work services
- 3  Psychological services
- 4  Special education teacher services
- 5  Other services
- d  Don't know

**IF F5b = 1, 2, 3, 4, OR 5, GO TO F5c. OTHERWISE, GO TO G1**

**F5c. How were these services delivered?**

**MARK ALL THAT APPLY**

- 1  Consultation

*Note: Consultation includes recommending modifications, accommodations, or other methods to support the child's learning and development.*

- 2  Direct teaching or services by a specialist in the classroom
- 3  Direct teaching or services by a specialist in another classroom or setting
- 4  Direct teaching or services by a specialist virtually
- d  Don't know

**SPRING ONLY**

**F6. About how often has the child missed a Head Start class (virtual or in-person) during the past year?**

**Please answer this question thinking about the child's attendance for scheduled classroom sessions. Do not consider a child missing class due to the center being closed.**

- 1  Never,
- 2  One to 5 days,
- 3  6 to 10 days,
- 4  11 to 20 days, or
- 5  More than 20 days?

Section G.

**G1. Why did you choose to complete the paper questionnaire rather than complete the questionnaire on the Web?**

**MARK ALL THAT APPLY**

- 1  Did not have access to a computer
- 2  Computers were in use by others at the times I wanted to do the questionnaire
- 3 Started survey, but experienced technical problems such as...
  - 3a  Screen frozen
  - 3b  Took too long to load the first page
  - 3c  Took too long to load subsequent pages
- 4 Tried to log into Web address, but an **error message** appeared...
  - 4a  "Invalid password"
  - 4b  "This page has expired"
  - 4c  "This website is busy, please try again later"
- 5  Computer screen too small to read questions, such as required too much scrolling—up or down, side to side
- 6  Unable to read the questions on the screen because of the color scheme on the computer
- 7  Chose to complete the paper questionnaire because it was readily available

**G2. What kind of help could we have given you to make it easier to complete this form on the web?**

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**Thank you for your participation in FACES!**