



## Mother and Infant Home Visiting Program Evaluation

# MIHOPE-K Survey of Focal Children's Teachers

*September 2021*

This collection of information is voluntary and will be used to learn how home visiting programs benefit families. 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 for this information collection is 0970-0402 and the expiration date is 11/30/2021.

### LOG-IN SCREEN SPECIFICATIONS

**Welcome to the MIHOPE Teacher Survey.**

To begin the survey, please enter the login ID and password below.

If you need help logging in, please call us at 1-800-273-6813, or email us at [MIHOPE@mathematica-mpr.com](mailto:MIHOPE@mathematica-mpr.com).

Login ID: \_\_\_\_\_

Password: \_\_\_\_\_

This survey is being conducted as part of the Mother and Infant Home Visiting Program Evaluation (MIHOPE). MIHOPE is sponsored by the Administration for Children and Families (ACF) and the Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services (HHS). MIHOPE is being conducted for HHS by MDRC, in partnership with Mathematica.



This collection of information is voluntary and will be used to learn how home visiting programs benefit families. 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 for this information collection is 0970-0402 and the expiration date is 11/30/2021.

## INTRODUCTION

### ABOUT THIS SURVEY

Evaluation (MIHOPE) Teacher Survey.

**WEB VERSION:** We are asking you to participate because a student in your class, [CHILD FIRST NAME] [CHILD LAST NAME], is part of the MIHOPE study. **HARD COPY VERSION:** We are asking you to participate because a student in your class, whose name is on the cover page of this form, is part of the MIHOPE study. This study seeks to learn about the effects of home visiting on families and children. As part of this study, we would like you to complete a survey about this student. A nonprofit organization called MDRC is running the study with funding from the U.S. Department of Health and Human Services. [IF SITESTATE = WA: Dr. Charles Michalopoulos is the Principal Investigator.] The study team also includes Mathematica and other researchers who may be added in the future. The survey will take about 15 to 30 minutes to complete. The questions in this survey can be answered by selecting the box next to your response. For a few questions, you may be asked to write in a brief answer.

- ~~• If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.~~
- By completing the survey, you might be helping local, state, and federal agencies improve their home visiting services. There is minimal risk to completing the survey. None of the questions we ask involve sensitive topics. You may refuse to answer any questions. There is a small risk that the information you share could be disclosed outside the study team. However, the study team follows strict rules to protect your privacy and we will keep your information private. No reports will include your name or other personally identifiable information. We will not provide information that identifies you, your student, your school, or your district to anyone outside the study team, except as required by law. The study also has a Certificate of Confidentiality from the U.S. Department of Health and Human Services, which we will use to resist any requests for information that could identify you.
- Taking the survey is your choice. If you decide not to complete the survey, there is no penalty to you or your student. You may stop filling out the survey at any time. You may refuse to complete the survey or to answer any questions on the survey. [IF SITESTATE = WA: Refusal to participate or withdrawal at any time will not affect any services or benefits you are entitled to receive].
- If you have any questions at any time about the study or about your rights as a participant in the research, please contact the MIHOPE study team at Mathematica Policy Research at [TOLL FREE LINE], or email us at [PROJECT EMAIL].
- [FOR HARD COPY VERSION ONLY] By checking the box below, you signify your consent to participate in this study and acknowledge that you understand the purpose of this study and the information above, that the risks and benefits have been explained to you, that you are free to ask any questions, that your participation is your choice, that completing the survey or not completing the survey will not affect you or your student in any way, that you are free to stop filling out the survey at any time and can refuse to answer any part of the survey, that any information that could be used to identify you will be kept private, and that you may withdraw this consent at any time without penalty.

IF SITESTATE = WA: You may call the Washington State Institutional Review Board if you have questions about your rights or concerns/complaints about the research. The WSIRB oversees this study to make sure that the rights of people who take part are protected. You can call at 1-800-583-8488. You don't have to give your name if you call

- Checking this box will serve as your consent to take part in this research study.

[FOR WEB VERSION ONLY] To begin the survey, check the box below and then click the “next” button below. By checking the box, you signify your consent to participate in this study and acknowledge that you understand the purpose of this study and the information above, that the risks and benefits have been explained to you, that you are free to ask any questions, that your participation is your choice, that completing the survey or not completing the survey will not affect you or your student in any way, that you are free to stop filling out the survey at any time and can refuse to answer any part of the survey, that any information that could be used to identify you will be kept private, and that you may withdraw this consent at any time without penalty.

Checking this box will serve as your consent to take part in this research study.

**NEXT**

[FOR WEB VERSION ONLY, THE FOLLOWING TEXT WILL APPEAR AS A HEADER ON EACH SCREEN CONTAINING ITEMS]: For all questions in this survey, please respond about [CHILD FIRST NAME] [CHILD LAST NAME].

[FOR HARD COPY VERSION ONLY, THE FOLLOWING TEXT WILL APPEAR AS A HEADER ON EACH PAGE CONTAINING ITEMS]: Please answer all questions about the student whose name is on the cover page of this form.

## SECTION A. BACKGROUND

Source: Adapted from FACES 2017 Teacher Core Web Survey

- A1.** [WEB]: **First, we'd like you to confirm your name. Are you [TeacherName]?**  
[HARD COPY]: **Is your name, as printed on the label on the cover page of this form, correct?**

**MARK ONE ONLY**

- 1  Yes → GO TO A2c  
← 2  Yes, but my name is incomplete or misspelled  
0  No, the name shown is someone other than me

Source: FACES 2017 Teacher Core Web Survey

- A1a. Please enter the correct spelling of your name.**

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

\_\_\_\_\_  
LAST NAME

Source: Adapted from Baby FACES 2018 Staff Child Report for Teachers

- A2c. Are you currently the teacher for [[CHILD]/this child]?**

**MARK ONE ONLY**

- ← 1  Yes  
2  Not currently, but I was this child's teacher within the past 6 weeks  
0  No → GO TO A7

Source: New item

- A2. Do you currently teach at [SCHOOL]?**

**MARK ONE ONLY**

- 1  Yes → GO TO A3  
2  Yes, but the school name is incomplete or misspelled → GO TO A2a  
0  No → GO TO A2a

Source: New item

**A2a. What is the full name of your school?**

\_\_\_\_\_  
SCHOOL NAME

Source: New item

**A2b. What is your school's address?**

\_\_\_\_\_  
ADDRESS 1

\_\_\_\_\_  
ADDRESS 2

CITY \_\_\_\_\_

\_\_\_\_|\_\_\_\_|  
STATE

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

ZIP CODE

Source: Adapted from FACES 2009 Kindergarten Teacher Survey

**A3. What grade or year of school is this child enrolled in?**

**MARK ONE ONLY**

- 1  Preschool
- 2  Prekindergarten
- 3  Head Start
- 4  Transitional kindergarten (before K)
- 8  Second grade

- 5  Kindergarten
- 6  First grade
- 7  Other (*specify*) \_\_\_\_\_

GO TO A4

Source: New item

**A4. On what date did the current school year begin?**

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

Source: New item

**A5. When did [[CHILD]/this child] join your class? Your best estimate is fine.**

*If you have been this child's teacher for longer than this school year, please enter the date this school year began.*

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

Source: New item

**A5a. Did you teach [CHILD] before this school year?**

- 1  Yes
- 0  No

Source: Adapted from FACES 2009 Kindergarten Teacher Survey

**A6. Is [[CHILD]/this child]'s classroom...**

**MARK ONE ONLY**

- 1  a part-day, AM classroom
- 2  a part-day, PM classroom
- 3  a full-day classroom

**A4a. Since joining your class, has [CHILD] attended a hybrid mode (a mix of in-person and remote class instruction) for at least 10 weeks, OR attended in-person class (5 days a week)? *In-person class (5 days a week) can be for any length of time.***

**MARK ONE ONLY**

- 1  **Yes**, child has been in a hybrid mode for at least 10 weeks or in-person mode for at least a day  
GO TO INSTVERSION SKIP BOX.
- 2  **No**, child has been in a hybrid mode for less than 10 weeks and has never been in-person  
GO TO INSTVERSION SKIP BOX.

Source: Adapted from Baby FACES 2018 Staff Child Report for Teachers; FACES 2009 Kindergarten Teacher Survey

**A7. What is the main reason [[CHILD]/this child] is not in your class?**

**MARK ONE ONLY**

- 1  Child moved to another class in the same school
- 2  Child moved to another school
- 3  Child was never in my class

Source: FACES 2009 Kindergarten Teacher Survey

**A8. Please provide current information for [[CHILD]/this child].**

*If this information is not known to you, please mark 'Don't know.'*

[WEB] IF A7=1, ONLY DISPLAY 'NAME OF CURRENT TEACHER' AND 'EMAIL' FIELDS.

- NAME OF SCHOOL CHILD NOW ATTENDS: \_\_\_\_\_  Don't know
- NAME OF CURRENT TEACHER: \_\_\_\_\_  Don't know
- EMAIL OF CURRENT TEACHER: \_\_\_\_\_  Don't know
- ADDRESS OF CHILD'S CURRENT SCHOOL: \_\_\_\_\_  Don't know
- CITY/STATE OF CHILD'S CURRENT SCHOOL: \_\_\_\_\_  Don't know

IF A4a = 1 then TS\_INSTVERSION = 1, GO TO SECTION B

IF A4a = 2 then TS\_INSTVERSION = 2, GO TO SECTION I

If instversion = 1 (either in-person class or hybrid) then follow this route:

- Section B. Approaches to Learning
- Section C. Social Emotional Skills
- Section D. Problem Behaviors
- Section E. Disciplinary Incidents
- Section F. Social Services
- Section G. Attendance
- Section H. Closing

If instversion = 2 (remote/virtual class most of the time), then follow this route:

- Section I. Distance Learning
- Section B. Approaches to Learning
- Section F. Social services



Section G. Attendance

Section H. Closing

**A\_end.**

**[WEB] IF A2c = 0: Since it appears that [CHILD] has not been enrolled in your class in the last 6 weeks, those are all the questions we have for you right now. Thank you for taking the time to respond to this survey.**

**[WEB] IF A3 = 1 TO 4 OR 8: Since [CHILD] is not in kindergarten or first grade, those are all the questions we have for you right now. Thank you for taking the time to respond to this survey.**

## SECTION B. APPROACHES TO LEARNING

Source: Teacher-Child Rating Scale (TCRS); PROPRIETARY  
Subscales: Task orientation, frustration tolerance

**B1. Please rate the following items according to how well they describe [[CHILD]/this child].**

IF TS\_INSTVERSION = 1, GO TO SECTION C

IF TS\_INSTVERSION = 2, GO TO SECTION F

## SECTION C. SOCIAL-EMOTIONAL SKILLS

Source: Social Skills Improvement System (SSIS); PROPRIETARY  
Subscales: Cooperation, engagement, and self-control

**C1. Please read each item and think about [[CHILD]/this child]'s behavior during the past two months. Then mark how often he/she displays the behavior.**

Source: Teacher-Child Rating Scale (T-CRS); PROPRIETARY  
Subscales: Assertive social skills

**C2. Please rate the following items according to how well they describe [[CHILD]/this child].**

## SECTION D. PROBLEM BEHAVIORS

Source: Social Skills Improvement System (SSIS); PROPRIETARY  
Subscales: Internalizing, externalizing, and hyperactivity/inattention

**D1. The next questions are about feelings and behaviors that can be problems for young children. Please read each item and think about [[CHILD]/this child]'s behavior during the past two months. Then mark how often he/she displays the behavior.**

## SECTION E. DISCIPLINARY INCIDENTS

Source: New Item

**E1. Have you ever had to contact this child's parent(s) because of his/her behavior?**

- 1  Yes  
 0  No

Source: New Item

**E2. Since the start of the school year, has this child received (or been involved in) any of the following disciplinary incidents? If yes, please indicate the number of times for each. Your best estimate is fine.**

MARK ONE PER ROW

	YES	NO	DON'T KNOW	If yes, how many times?
a. Been sent to principal's or school administrator's office?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
b. Been sent to detention?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
c. Been expelled?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
d. Been physically restrained to prevent harm to him/herself or others, or damage to property?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
e. Been sent to timeout or a timeout room?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
f. Received an in-school suspension?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
g. Received an out-of-school suspension?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
h. Been placed in an interim alternative educational setting?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _
i. Been subject to any other disciplinary action or incident?..... (IF YES) Please specify	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _

Source: New Item

[IF YES TO ANY OF THE ABOVE ITEMS]

**E3. Why was this child subject to (this/these) disciplinary incident(s)?**

**MARK ALL THAT APPLY**

- 1  Physical aggression
- 2  Bullying
- 3  Danger to self
- 4  Disorderly conduct
- 5  Harassment
- 6  Property damage
- 7  School conduct/policy violation
- 8  Other (*specify*) \_\_\_\_\_
- d  Don't know

## SECTION F. RECEIPT OF SPECIAL SERVICES

Source: New item

**F1. Is this child currently receiving special education services? This can include services the child is receiving outside of the school setting.**

- 1  Yes  
0  No  
d  Don't know

GO TO F2

**F1a. For what reason(s)?**

**MARK ALL THAT APPLY**

- 1  Vision impairment/blindness  
2  Hearing impairment/hard of hearing/deafness  
3  Motor impairment  
4  Speech impairment/difficulty communicating  
5  Intellectual disability/developmental delay  
6  Autism spectrum disorder (ASD) or pervasive developmental disorder (PDD)  
7  Behavior problems/hyperactivity/attention deficit (ADD or ADHD)  
8  Oppositional defiant disorder  
9  Other (specify) \_\_\_\_\_  
d  Don't know

Source: New item

**F2. Has this child been assigned to an Individualized Education Program (IEP)?**

*An IEP is a written plan that describes goals for this child and the services he/she should receive.*

- 1  Yes  
0  No  
d  Don't know

GO TO F3

**F2a. For what reason(s)?**

**MARK ALL THAT APPLY**

- 1  Vision impairment/blindness  
2  Hearing impairment/hard of hearing/deafness  
3  Motor impairment  
4  Speech impairment/difficulty communicating  
5  Intellectual disability/developmental delay  
6  Autism spectrum disorder (ASD) or pervasive developmental disorder (PDD)  
7  Behavior problems/hyperactivity/attention deficit (ADD or ADHD)  
8  Oppositional defiant disorder  
9  Other (specify) \_\_\_\_\_  
d  Don't know

Source: Adapted from FACES

**F3. [IF F1 AND F2 = NO OR DK] Since this child has enrolled in your classroom, have you or anyone else identified concerns about his/her health or development?**

*This does not refer to normal health concerns (e.g., "she has a lot of colds."). The concerns may be identified by yourself, another staff member, a parent, or anyone else.*

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

Source: FACES

**F3a. To your knowledge, what areas of this child's health and development appear to be of concern?**

**MARK ALL THAT APPLY**

- 1  Vision impairment/blindness
- 2  Hearing impairment/hard of hearing/deafness
- 3  Motor impairment
- 4  Speech impairment/difficulty communicating
- 5  Intellectual disability/developmental delay
- 6  Autism spectrum disorder (ASD) or pervasive developmental disorder (PDD)
- 7  Behavior problems/hyperactivity/attention deficit (ADD or ADHD)
- 8  Oppositional defiant disorder
- 9  Other (*specify*) \_\_\_\_\_
- d  Don't know

Source: Adapted from FACES

Item title: How child's health and development concerns have been addressed

IF F3=1

**F4. What has been done so far to address the child's condition or the concerns about the child's health and development?**

**MARK ALL THAT APPLY**

- 1  Discussions/plans are in progress
- 2  A specialist has been contacted
- 3  The child has been observed or evaluated
- 4  A meeting with the parents and the special needs team has been made
- 5  Modifications or accommodations to the classroom or class activities have been made
- 6  Student is in an inclusive, Collaborative Team Teaching (CTT) or Integrated Co-Teaching (ICT) classroom
- 7  Student is in a self-contained classroom
- 8  Other (*specify*) \_\_\_\_\_
- d  Don't know



## SECTION I. DISTANCE LEARNING

[IF TS\_INSTVERSION = 2]

The next set of questions are about [CHILD's] remote/distance learning experiences.

Source: ELN UNL COVID-19 Teacher Questionnaire

**11. On average, how much time has [CHILD] spent in remote, live learning (also known as synchronous learning) each day?**

- 1  Has not spent any time in remote, live learning
- 2  1 minute to 30 minutes
- 2  More than 30 minutes to 1 hour
- 3  More than 1 hour to 2 hours
- 4  More than 2 hours to 4 hours
- 5  More than 4 hours to 6 hours
- 6  Other (*specify*) \_\_\_\_\_
- d  Don't know

Source: UNC Early Learning Network COVID-19 Teacher Questions

**12. What materials has [CHILD] needed to complete his/her work?**

**MARK ALL THAT APPLY**

- 1  Textbooks
- 2  Reading books
- 3  Workbooks and/or worksheets
- 4  Computer, chromebook, tablet, etc.
- 5  Internet
- 6  Other (*specify*) \_\_\_\_\_
- d  Don't know

Source: UNC Early Learning Network COVID-19 Teacher Questions

**13. If [CHILD] did not have access to these materials, have you provided alternate ways for students to complete this work?**

- 1  Yes (*please describe*) \_\_\_\_\_
- 0  No
- 2  Not applicable (*please describe*) \_\_\_\_\_
- d  Don't know

Source: ELN UNL COVID-19 Teacher Questionnaire

**14. What materials have you or your school provided to [CHILD] to support learning?**

**MARK ALL THAT APPLY**

- 1  Textbooks
- 2  Reading books
- 3  Workbooks and/or worksheets
- 4  Computer, chromebook, tablet, etc.
- 5  Packets or other reference material
- 6  School supplies (pencils, crayons)

- 7  Wifi hotspot to access internet
- 8  Other (*specify*) \_\_\_\_\_
- d  Don't know

Source: UNC Early Learning Network COVID-19 Teacher Questions

**15. Which of the following concerns have you had about [CHILD]'s ability to complete assigned school work?**

**MARK ALL THAT APPLY**

- 1  No concerns
- 2  Lack of Internet access
- 3  Lack of access to device to connect to the Internet (e.g., computer, chromebook, tablet, etc.)
- 4  Family may not be available to help
- 5  No dedicated or quiet space to log into virtual classroom or complete assignments
- 6  Food insecurity
- 7  Economic insecurity
- 8  Housing instability/homelessness
- 9  English language learner
- 10  Other (*specify*) \_\_\_\_\_
- d  Don't know

Source: UNC Early Learning Network COVID-19 Teacher Questions

**16. Which content areas have you or others assigned for [CHILD] to work on?**

**MARK ALL THAT APPLY**

- 1  English language arts (includes reading, writing, phonics, and spelling)
- 2  Math
- 3  Science
- 4  Social studies
- 5  Art
- 6  Music
- 7  Physical education
- 8  Other (*specify*) \_\_\_\_\_
- d  Don't know

Source: UNC Early Learning Network COVID-19 Teacher Questions

**17. Please indicate the type of work you have assigned [CHILD] to complete outside of his/her live instruction time.**

**MARK ALL THAT APPLY**

- 1  Online activities
- 2  Paper worksheets
- 3  Assigned reading
- 4  Other (*specify*) \_\_\_\_\_
- d  Don't know

Source: UNC Early Learning Network COVID-19 Teacher Questions

**18. Has this assigned work been:**

- 1  Optional
- 2  Required
- 3  A mix of optional and required
- d  Don't know

Source: UNC Early Learning Network COVID-19 Teacher Questions

**19. Have you been available to questions from [CHILD]'s family about assigned work?**

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

Source: UNC Early Learning Network COVID-19 Teacher Questions

**110. Have you provided feedback on [CHILD]'s work?**

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

Source: Adapted from ELN UNL COVID-19 Questionnaires

**111. Have you had any of the following contact with [CHILD]? If yes, please indicate the number of times a week you had contact. Your best estimate is fine.**

	YES	NO	DON'T KNOW	If yes, how many times a week?
a. Virtual contact (e.g., virtual classroom, virtual office hours, online chat)? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _ _
b. Phone calls?				
c. Feedback on assignments (e.g., written or audio messages on virtual learning platforms)?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _ _
c. Other?..... (IF YES) Please specify	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _ _
_____				
_____				

Source: Adapted from ELN UNL COVID-19 Questionnaires

**112. Have you had any of the following contact with [CHILD]'s family? If yes, please indicate the number of times a week you had contact. Your best estimate is fine.**

	YES	NO	DON'T KNOW	If yes, how many times a week?
a. Virtual contact (e.g. online office hours or individual online meeting)? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _ _
b. Online chat or email? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _ _
c. Phone calls?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _ _
e. Texting?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	_ _ _
d. Other?..... (IF YES) Please specify _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>	

## SECTION G. SCHOOL ATTENDANCE AND ABSENTEEISM

Source: New item

**G1.** How many days has this child been absent this school year? Your best estimate is fine.

|\_|\_| DAYS

d  Don't know

Source: Head Start CARES

**G1a.** All we need is an estimate. About how many days has this child been absent this school year?

1  One to five

2  Six to ten

3  11 to 15

4  More than 15

d  Don't know

Source: New item

**G2.** To the extent that it is tracked for virtual classes, how many days has this child arrived late to class this year? Your best estimate is fine.

|\_|\_| DAYS

d  Don't know

Source: Head Start CARES

**G2a.** All we need is an estimate. About how many days has this child arrived late to class this year?

1  One to five

2  Six to ten

3  11 to 15

4  More than 15

d  Don't know

HARD COPY (AUTO-CAPTURED FOR WEB)]

Source: New item

**G3.** Please indicate today's date:

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
MONTH DAY YEAR

## SECTION H. CLOSING

Source: Adapted from FACES 2014-2018 Teacher Child Report

**Address1.** You are almost at the end of the survey. We will mail you a \$10 Visa gift card as a thank you for your participation.

Please confirm where you would like us to send your gift card by choosing from one of the options below. You can choose to receive your gift card at your school address as shown, or we can send it somewhere else.

[FILL SCHOOL ADDRESS FROM SMS, OR AS UPDATED IN A2b]

- 1  Send the gift card to my school. The address as shown is correct.
- 2  I'd like the gift card sent to my school, but the address is not correct.
- 3  Send the gift card to a different address.
- 4  Do not send a thank-you gift card.

Source: Adapted from FACES 2014-2018 Teacher Child Report

**Address2.** Please enter the address where you would like the gift card sent.

\_\_\_\_\_ (STRING 60)  
Address 1

\_\_\_\_\_ (STRING 60)  
Address 2

\_\_\_\_\_ (STRING 60)  
City

\_\_\_\_\_ (STRING 60)  
State

\_\_\_\_\_ (STRING 5)  
Zip Code

Source: Adapted from FACES 2014-2018 Teacher Child Report

**Address3.** To confirm, you would like your gift card sent to [FILL ADDRESS FROM ADDRESS2].

- 1  Yes, this address is correct.
- 2  No, this is NOT the correct address
- 3  No, mail gift card to school.

Thank you for your participation in MIHOPE! We really appreciate you taking the time to help us with this study.

You may now close your browser to exit the survey

If you have any questions, please call us at 1-800-273-6813, or email us at [MIHOPE@mathematica-mpr.com](mailto:MIHOPE@mathematica-mpr.com)

If you would like to share any additional information about [CHILD], please do so here:

If you have any feedback on this survey or on the MIHOPE study that you'd like to share with us, please do so here: