# OMB Control #: XXXX-XXXX

# Teacher Focus Group Guide

**Virtual Focus Group Guide for Teachers in the Low and High Intensity Groups**

**in theOutcomes Innovation Project**

# Introduction

Hello [NAME]. Thank you for taking the time to talk with us today. My name is [PRIMARY INTERVIEWER], and I am joined by [SECONDARY INTERVIEWER]. I will be leading the discussion today and [SECONDARY INTERVIEWER]is going to take notes for the call.

As you know, we are from Child Trends, an independent nonprofit research organization and we are evaluating the *Ready to Learn through Relationships* (RLR) intervention in partnership with the Center for Childhood Resilience (CCR) at the Ann & Robert H. Lurie Children’s Hospital of Chicago (Lurie). This discussion will take around 60 minutes.

Because this is a federally funded project, I need to read a statement regarding the **PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:** The overall purpose of this information collection is to identify teacher practices for supporting children’s social-emotional development and to identify training and implementation factors that may enhance these practices. The purpose of this specific discussion is to learn about your experiences with the RLR program including the trainings, toolkit, and coaching, and how helpful you feel like it was for you and the children in your classroom. This will help the program developers at Lurie CCR improve this program and will help the Office of Head Start design and implement future professional development programs.

We are interested in your full and honest opinions. We recognize that you all may have different perspectives and opinions and we want to hear all of these. We will do our best to make sure that everyone has the space they want to talk, and may call on some of you we haven’t heard from. As a reminder, we ask that you please keep yourself on mute while others are talking. If you want to speak, you can just unmute, use the reaction button to raise your hand virtually, or just wave on the screen. You can also enter something in the chat to let us know your response to a question, but we will probably ask you to tell us more.

Public reporting burden for this collection of information is estimated to average 1 hour per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. Additionally, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB number for this information collection is OMB Control #: XXXX-XXXX and it expires on [DATE]. If you have any comments on this collection of information, please contact [NAME AND CONTACT INFORMATION].

**Privacy.** Before we get started, I would like to remind you that what is said in this group is private. We will not share anything identifiable that you say with your Center or director. We would also like to ask you to keep your colleagues’ privacy in mind and do not share things that are said during this meeting outside of this group.

**Voluntary.** Even though you previously agreed to meet with us today when you consented to participate in our program evaluation, it is of course voluntary, and you don’t have to share anything you don’t want to.

To help clarify our notes, we would like to record this conversation and have it transcribed. The recording would only be used to make sure that we correctly capture your responses. The only individuals who will have access to this are our Child Trends evaluation team. After we check the transcriptions and remove all information that might be identifiable like your name, we will delete the recording. We will summarize the information we get across all the Centers so that no individual or Center can be identified. Our key findings will be included in a report for the National Center for Health, Behavior Health, and Safety which is sponsoring this study, and may be included in presentations and publications.

Do you have any questions about this? Are you okay with having the conversation recorded? Does anyone have any questions before we get started?

START RECORDING. STATE THE DATE AND FACILITATOR NAME.

**Overall Experiences**

First, I would like to ask you a few questions about your experiences with the RLR Program.

1. What did you like most about being involved in the program?

1. What would have made the program or your experience in the program better?

**Program Impact**

1. Can you tell us about some of the things you learned in the program about working with young children who may have experienced trauma?
	1. What was helpful to you in learning this? [probe for foundational training, work with coach, visits with Lurie consultants, etc.]
2. In what ways did the program change your teaching practice?
3. What strategies did you find most helpful with the children in your classroom? [Probe for each specific module].

**Experiences with Coaches and Lurie Consultants**

1. Can you tell us about how you worked with your coaches – when and how did you meet, what goals did you focus on?
2. What was it like to have the Lurie consultant join your meetings with the coach?
	1. How helpful was this?
	2. Is there something else that would have been more helpful?
3. What was most helpful about your work with your coaches?
	1. How was it helpful?
	2. What specific things did they do that were helpful?
4. How else could your coaches have been helpful to you with regard to understanding and implementing the RLR Framework and toolkit?
5. How did your Center director and other Regional consultants support your work in the program?
	1. How could this have been more helpful?
6. We understand that some of the training and coaching occurred virtually. How did this affect what you learned, your engagement, or use of the program strategies?

**Implementation Supports and Challenges**

1. How much support would you say that you had from your Center in implementing the RLR program? [Probe to assess for director and other mental health or behavior consultants as well as other teachers in their Center who were also in the program]
	1. What additional supports would you have liked to have had?
2. How easy or hard was it for you to use the strategies recommended?
	1. What helped you use the strategies?
	2. What got in the way?
3. Were there certain children for whom the strategies and approaches worked particularly well (e.g., younger ones, those with disabilities, those from different racial/ethnic backgrounds)?
	1. Were there children for whom the strategies and approaches didn’t seem to work? If so, can you tell us about that?

**Wrap Up**

1. Is there anything you would want to tell another teacher considering participating in this program?

Thank you for taking the time to talk with us today. We really appreciate it.