



## **BASELINE TEACHER REPORTS TO QUESTIONS ABOUT CHILDREN IN CLASSROOM**

The purpose of the Baseline Teacher Report on Children is to capture children’s social and behavioral outcomes (i.e., positive social behaviors, challenging behaviors, and approaches to learning) based on teacher observation and interaction during routine classroom activities at the beginning (baseline) of the impact evaluation and process study. Lead teachers will be asked to complete a report on selected children in their classroom. This will be handed out at about the same time as the baseline teacher survey.

## A. Introduction

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Thank you for participating in the Variations in Implementation of Quality Interventions (VIQI) Project! As part of this study, we would like you to answer some questions about some children in your classroom. This information is crucial to helping us understand the impacts of early care and education centers on children.

Your participation is completely voluntary, and you may skip any questions you do not wish to answer. You may stop the survey at any time. Your responses to these questions will be kept private to the extent permitted by law and will not be shared with your supervisor or other staff. There are no direct benefits to you for participating. Participation does not involve any risks other than what you would encounter in daily life. There is a small risk that your information could be lost, stolen, or misused, even though we follow strict rules to protect your information. The study team will follow strict procedures to protect your responses, and your responses will only be used for research and program improvement purposes. Your responses will be stored in password protected computer files and in locked research facilities. The data will be used only by the research team and other researchers bound by the same security requirements described here. We also may share de-identified responses with researchers looking at other education research topics who agree that they will protect your information.

Please complete this questionnaire within the next [X] days. Once complete, please send it back to [ADDRESS]. It will take approximately 10 minutes per child to complete. If you have any questions, please contact your project liaison at [PHONE] or [email].

Thank you!

*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 0970-0508 and the expiration date is 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 [Contractor Contact Name]; [Contractor Contact Address]*

**ITEMS ABOUT CHILDREN'S POSITIVE SOCIAL SKILLS**

How well do you know [child name]?

- Not well
- Moderately well
- Very well

I have known [child name] for \_\_\_\_\_ months.

How often does this child attend school?

- This child has nearly perfect attendance
- This child is sometimes absent
- This child misses many days

Please rate each of the listed behaviors according to how well it describes [CHILD NAME].

<b>Prosocial Behavior Subscale from the Social Competence Scale (CPPRG, 1995)</b>	<b>Almost Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>	<b>Almost Always</b>
Shares with others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Is helpful to others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Resolves problems with other children on his or her own	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Listens to other people's point of view	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Cooperates	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Understands other people's feelings	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Expresses needs and feelings appropriately	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>Emotion Regulation Subscale from the Social Competence Scale (CPPRG, 1995)</b>						
Copes well with disappointment or frustration	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Accepts things not going his or her way	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Feelings are easily hurt (R)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Whines or complains (R)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Controls temper when there is a disagreement	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Stops and calms down when	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

frustrated or upset						
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**PLACEHOLDERS FOR ITEMS ABOUT CHILDREN’S CHALLENGING BEHAVIORS**

Please rate the frequency that [child name] shows each behavior.

<b>Aggressive/Oppositional Items from the Teacher Observation of Child Adaptation-Revised (TOCA-R) (Werthamer-Larsson, Kellam, &amp; Wheeler, 1991)</b>	<b>Almost Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>	<b>Almost Always</b>
Breaks things on purpose	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Stubborn	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Yells at others	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Knowingly breaks rules	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Fights with other children	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Ignores or refuses to obey adults	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Hits, pushes or shoves	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
<b>Internalizing/Withdrawn Items (from TOCA-R and other behavior problem scales developed for young children)</b>						
Invites others to play (R)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Low energy, lethargic or inactive	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Keeps to him or herself, tends to withdraw	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Sad, unhappy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Avoids playing with other children	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Act younger than his or her age	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**ITEMS ABOUT CHILDREN'S APPROACHES TO LEARNING/ENGAGEMENT**

**Approaches to Learning**

For each statement, please rate how much you agree or disagree.

<b>Approaches to Learning (REDI Project, Bierman et al., 2008)</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Slightly Disagree</b>	<b>Slightly Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>
This child will be successful in meeting the demands of school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
This child is ready for the cognitive demands of school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
This child is careful with his or her work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
This child can work independently	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
This child is able to sit at a table and do work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
This child is able and willing to follow teacher instructions	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
This child seems enthusiastic about learning new things	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
This child has the self-control necessary to do well in school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input checked="" type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
This child can follow the rules and routines that are part of the school day.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

## ITEMS ABOUT CHILDREN'S SKILLS

**1. How often can [CHILD] recognize the beginning sound of a word? For example, can [CHILD] tell you that the word "ball" starts with the "buh" sound?**

- a. Always
- b. Most of the time
- c. About half the time
- d. Sometimes
- e. Never
- f. I don't know

SOURCE: National Survey of Children's Health

**2. How many letters of the alphabet can [CHILD] recognize?**

- a. All of them
- b. Most of them
- c. About half of them
- d. Some of them
- e. None of them
- f. I don't know

SOURCE: National Survey of Children's Health

**3. Can this child rhyme words?**

- a. Yes
- b. No

**4. How often can [CHILD] explain things he or she has seen or done so that you get a very good idea of what happened?**

- a. Always
- b. Most of the time
- c. About half the time
- d. Sometimes
- e. Never
- f. I don't know

SOURCE: National Survey of Children's Health

**5. How often can this child write his or her first name, even if some of the letters aren't quite right or are backwards?**

- a. Always
- b. Most of the time
- c. About half the time
- d. Sometimes
- e. Never
- f. I don't know

**6. How high can [CHILD] count?**

- a. This child cannot count

- b. Up to 5
- c. Up to 10
- d. Up to 20
- e. Up to 50
- f. Up to 100 or more
- g. I don't know

SOURCE: National Survey of Children's Health

**7. How often can [CHILD] identify basic shapes, such as a triangle, circle, or square?**

- a. Always
- b. Most of the time
- c. About half the time
- d. Sometimes
- e. Never
- f. I don't know

SOURCE: National Survey of Children's Health

**8. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say....**

- a. All of them
- b. Some of them
- c. None of them
- d. I don't know

SOURCE: National Survey of Children's Health

**9. Is this child able to say at least one word, such as "hi" or "dog"?**

- a. Yes
- b. No

**10. Is this child able to use two words together such as "car go"?**

- a. Yes
- b. No

**11. Is this child able to use three words in a sentence such as "mommy come now"?**

- a. Yes
- b. No

**12. Is this child able to ask questions like "who", "what", "when", and "where"?**

- a. Yes
- b. No

**13. Is this child able to ask questions like "why" and "how"?**

- a. Yes
- b. No

**14. Is this child able to tell a story with a beginning, middle, and end?**

- a. Yes
- b. No

**15. Is this child able to understand the meaning of the word "no"?**

- a. Yes
- b. No



**16. Is this child able to follow verbal directions without hand gestures such as “Wash your hands”?**

- a. Yes
- b. No

**17. Is this child able to point to things in a book when asked?**

- a. Yes
- b. No

**18. Is this child able to follow 2-step directions, such as “Get your shoes and put them on”?**

- a. Yes
- b. No

**19. Is this child able to understand words such as “in”, “on”, and “under”?**

- a. Yes
- b. No

SOURCE: National Survey of Children’s Health (G1 items)

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