

ATTACHMENT 39

**FACES 2019 SPRING 2022 SPECIAL TEACHER SAMPLING FORM FROM HEAD
START CENTER STAFF**

DRAFT

This page has been left blank for double-sided copying.

DRAFT

NOTE: For each center, a FACES study liaison will request from a designated Head Start staff member (typically the on-site coordinator, known as the OSC) a list of all lead teachers providing in-person instruction to Head Start-funded children. Home visitors and teachers who only teach virtually/remotely should not be included on this list of lead teachers. The attached teacher sampling form is an example of the information required for teacher sampling. The liaison will request this information via a secure file sharing website. The liaison will enter the information into a web-based sampling program. For each teacher, the liaison will obtain their first and last name, their email address, and the number of classrooms they have. For each classroom a teacher has, we will also obtain the instruction schedule (AM, PM, or full day), and the primary language of instruction (English, Spanish, or other). The study liaison will enter this information into a web-based sampling program that will include fields that match those on the attached form. The sampling program will randomly select about two teachers per selected center for participation in the study. Then, if the teacher instructs more than one group of children, the sampling program will sub-sample one group for the classroom observation to take place during the data collection visit.

DRAFT

This page has been left blank for double-sided copying.

DRAFT

FACES 2019

SPRING 2022 SPECIAL TEACHER SAMPLING FORM



Program: [HS Program] Center: _____ [Center Name] _____ Center Phone: [Phone #]	OSC: [OSC Name] OSC Phone: [Phone #] Liaison _____ (Please Print Your Name)
--	---

INSTRUCTIONS: Please provide the information below for each teacher providing in-person instruction in this center for one or more Head Start funded children. Do not include home visitors or teachers who only teach virtually/remotely. For each teacher, please list information on each of their classrooms that receives in-person instruction, including the instruction schedule (AM, PM, or Full Day), and what the primary language of instruction is (English, Spanish, Other).

A	B	C	D	E
Lead Teacher <i>(Lead teachers are the head or primary teachers for a group of children.)</i> First Name Name	Lead Teacher Email Address	Number of classrooms for this teacher	Instruction Schedule <i>(Indicate for each classroom)</i> AM, PM, Full Day	Primary Language of Instruction <i>(Indicate for each classroom)</i> English, Spanish, Other
1. _____	1. _____	1. _____	1a. _____ 1b. _____	1a. _____ 1b. _____
2. _____	2. _____	2. _____	2a. _____ 2b. _____	2a. _____ 2b. _____
3. _____	3. _____	3. _____	3a. _____ 3b. _____	3a. _____ 3b. _____
4. _____	4. _____	4. _____	4a. _____ 4b. _____	4a. _____ 4b. _____
5. _____	5. _____	5. _____	5a. _____ 5b. _____	5a. _____ 5b. _____
6. _____	6. _____	6. _____	6a. _____ 6b. _____	6a. _____ 6b. _____
7. _____	7. _____	7. _____	7a. _____ 7b. _____	7a. _____ 7b. _____
8. _____	8. _____	8. _____	8a. _____ 8b. _____	8a. _____ 8b. _____

9.	9.	9.	9a. _____	9a. _____
			9b. _____	9b. _____
10.	10.	10.	10a. _____	10a. _____
			10b. _____	10b. _____
11.	11.	11.	11a. _____	11a. _____
			11b. _____	11b. _____
12.	12.	12.	12a. _____	12a. _____
			12b. _____	12b. _____
13.	13.	13.	13a. _____	13a. _____
			13b. _____	13b. _____
14.	14.	14.	14a. _____	14a. _____
			14b. _____	14b. _____

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

DRAFT

This page has been left blank for double-sided copying.

DRAFT