m **Mathematica**
Progress Together

Head Start Family and Child Experiences Survey (FACES)

Fall 2021 and Spring 2022 Special Head Start Teacher Child Report

AFFIX LABEL HERE

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.

The form will take about 7 minutes for each child.

Taking part is completely voluntary. There are no risks or direct benefits from taking part in the study. If you choose to take part in the study but then decide you want to leave the study at any point, that is okay.

No one outside of the Mathematica study team will be able to connect you to the responses you provide in the teacher-child report. That means other program staff, including your supervisor, will not know how you answered the questions. Some questions might ask you to answer questions in your own words. We may use statements or parts of statements you make in connection with the study; however, we will not identify you as the source of the statement; we also will not identify your program or community. We will never identify you or any individual parent, child, or other staff member, in any report; reports will contain only general study results. All information collected as part of FACES will be kept private to the extent permitted by law unless we learn that a child has been hurt or is in danger or you tell us that you plan to seriously hurt yourself or someone else – then by law, we must make a report to the appropriate legal authorities. In the future, survey responses from the study (with nothing identifying individuals, programs, or communities) will be securely shared only with qualified individuals who are studying Head Start children, their families, and programs.

We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy. This strictly limits when the study team can give out information that identifies you, even in court. However, we may need to share your information if it shows a serious threat to you or to others, including reporting to authorities when required by law. The U.S. Department of Health and Human Services (DHHS) may ask for data for an audit or evaluation. If they do, we will need to provide it. However, only DHHS staff involved in the review will see it.

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)

A1d. Which type of class does this child attend?

₁ ☐ A full day class

₂ ☐ A morning class only

₃ ☐ An afternoon class only

₄ ☐ A home visit only

A1e. What days of the week does the class this child attends meet?

MARK ALL THAT APPLY

₁ ☐ Monday

₂ ☐ Tuesday

₃ ☐ Wednesday

₄ ☐ Thursday

₅ ☐ Friday

GO TO B1.

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

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

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 ☐	0 ☐
b. Can this child write their first name even if some of the letters are backward?.............	1 ☐	0 ☐
g. Does this child recognize their own first name in writing or in print?..................................	1 ☐	0 ☐
h. Does this child read any other words in writing or in print?. .	1 ☐	0 ☐
i. Can this child identify rhyming words?.....................................	1 ☐	0 ☐

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

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

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.

Please describe this child according to how true each of these statements has been <u>during the past month</u>, 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 ☐	2 ☐	3 ☐	88 ☐
b. Can't concentrate, can't pay attention for long.....	1 ☐	2 ☐	3 ☐	88 ☐
c. *Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval*..	1 ☐	2 ☐	3 ☐	88 ☐
d. *Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval*	1 ☐	2 ☐	3 ☐	88 ☐
e. *Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval*..	1 ☐	2 ☐	3 ☐	88 ☐
f. Hits or fights with others......................................	1 ☐	2 ☐	3 ☐	88 ☐
g. Keeps to themself; tends to withdraw..................	1 ☐	2 ☐	3 ☐	88 ☐
h. Lacks confidence in learning new things or trying new activities..	1 ☐	2 ☐	3 ☐	88 ☐
i. Is nervous, high-strung, or tense.........................	1 ☐	2 ☐	3 ☐	88 ☐
j. Is very restless, fidgets all the time, can't sit still..	1 ☐	2 ☐	3 ☐	88 ☐
k. *Mathematica's agreement with the publisher/developer of this item does not allow us to share the items publicly without prior written approval*..	1 ☐	2 ☐	3 ☐	88 ☐
l. Has temper tantrums or hot temper.....................	1 ☐	2 ☐	3 ☐	88 ☐
m. Often seems unhappy, sad, or depressed...........	1 ☐	2 ☐	3 ☐	88 ☐
n. Worries about things for a long time....................	1 ☐	2 ☐	3 ☐	88 ☐

Section E. Preschool Learning Behavior Scale

H1. **Please describe this child according to how they approach tasks. How often <u>in the past month</u> 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 ☐	2 ☐	3 ☐	4 ☐	88 ☐
b. Pays attention well..................................	1 ☐	2 ☐	3 ☐	4 ☐	88 ☐
c. Shows eagerness to learn new things….	1 ☐	2 ☐	3 ☐	4 ☐	88 ☐
d. Easily adapts to changes in routine........	1 ☐	2 ☐	3 ☐	4 ☐	88 ☐
e. Persists in completing tasks..................	1 ☐	2 ☐	3 ☐	4 ☐	88 ☐
f. Works independently.............................	1 ☐	2 ☐	3 ☐	4 ☐	88 ☐

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 ⟶

GO TO F3

d ☐ Don't know

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 ⟶   GO TO G1

d ☐ Don't know

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."

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?**

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?**

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?

_____

_____

_____

_____

_____

Thank you for your participation in FACES!