# OMB # 0970-0151

# Expiration: 12/31/2023

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**Head Start**

**Family and Child Experiences Survey**

**(FACES)**

**Teacher Survey**

**Spring 2022**

**Web Instrument Specifications**

PRELOAD VARIABLES

|  |  |
| --- | --- |
| **VARIABLE** | **VALUE AND DESCRIPTION** |
| SURVEY\_VERSION | 1=FACES; 2= AIAN FACES |
| SEASON | 1=Spring; 2=Fall |
| ChildLevelDC | 1=Yes; 0=No |
| TEACHERFNAME | Teacher’s first name (i.e. Carol) |
| TEACHERLNAME | Teacher’s last name (i.e. Danvers) |
| PAYMENT\_FLAG | 0=Not a pay site; 1=Pay site |
| CENTERNAME | Name of center |

LOGIN SCREEN

(BY-PASSED BY RESPONDENTS ACCESSING SURVEY VIA E-MAIL NOTIFICATIONS)

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**Head Start Family and Child Experiences Survey**

**Teacher Survey**

Welcome to the Teacher Website! Please refer to the hard-copy instructions you received to find your login ID and password. To begin, enter your login ID and password in the fields below, and then click the “OK” button. If you do not have your login ID and password, please e-mail us at FACES@mathematica-mpr.com.

Login ID:

Password:

**IF SURVEY IS COMPLETE MESSAGE:**

Our records indicate that your Teacher Survey is already completed. You can check the status of your Teacher Child Reports (TCRs) by clicking **here.** Please call 833-961-2895 if you believe you are receiving this message in error.

SURVEY INFORMATION SCREEN

**Head Start Family and Child Experiences Survey**

**(FACES)**

**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).**

**We need for you to complete a brief Teacher Survey. The Teacher Survey asks you about your classroom and your background, as well as your thoughts about teaching and your Head Start program.**

**Thank you for taking the time to complete the survey. There are no right or wrong answers to the questions. The Teacher Survey will take about [IF PREVINT = 1: 50 minutes; IF PREVINT = 2: 41 minutes] to complete.**

**A few things you should know about the survey:**

* **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 answers you provide to the** **survey questions. 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 to 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.**

**Using the login ID and password ensures that the information you provide to the study will be protected and will only be seen by selected members of the study team. The next page provides you with general instructions on how to complete the survey.**

**Please click the “Next” button below to continue, or close this website to exit.**

|  |
| --- |
| 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 [IF PREVINT = 1: 50 minutes; IF PREVINT = 2: 41 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: 12/31/2023. 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. |

INSTRUCTIONS SCREEN

**How to complete the survey**

Thank you for taking the time to complete this survey.

* There are no right or wrong answers.
* To answer a question, click the box to choose your response.
* To continue to the next webpage, click the **"Next"** button.
* To go back to the previous webpage, click the **"Back"** button. Please note that this option is only available in certain sections.
* If you need to stop before you have finished, close out of the webpage. The data you provide prior to logging out will be securely stored and available when you return.
* For security purposes, you will be timed out if you are idle for longer than 30 minutes.
* When you decide to continue the survey, you will need to log in again using your login ID and password.

**Please click the “Next” button below to begin, or close this webpage to exit.**

CONSENT SCREEN

|  |
| --- |
| PROGRAMMER CHECK BOX TO PRECEDE TEXT |

**The Teacher Survey asks you about your classroom and your background, as well as your thoughts about teaching and your Head Start program.**

Consent Screen. By clicking this box, I agree that I understand the purpose of this study including privacy assurances, and I understand what I am being asked to do. Some questions might ask me to answer questions in my own words. The study may use statements or parts of statements I make in connection with the study; however, I will not be identified as the source of the statement; the study also will not identify my program or community. If I choose to take part in the study but then decide I want to leave the study at any point, that is okay.

|  |
| --- |
| HARD CHECK IF CONSENT SCREEN BOX = MISSING; **If you wish to complete the survey, please click the box. Otherwise, please click the “Next” button to exit.** |
| SECOND HARD CHECK IF CONSENT SCREEN BOX = MISSING; **Your response to this question is very important. Please select a response.** |

DID NOT CONSENT SCREEN

**PROGRAMMER: THIS APPEARS IF A RESPONDENT SELECTS THE “NEXT” BUTTON TWICE WITHOUT GIVING CONSENT.**

Thank you for your interest in this survey. We cannot continue without your consent. If you wish to complete the survey, please click the box. Otherwise, you may exit the survey.

SCREENER

(SECTION HEADERS SHOULD NOT BE PROGRAMMED IN THE WEB SURVEY)

ALL

SC0. Are you {Fill TeacherName}?

🔾 Yes 1 GO TO INTRO1

 OR INTRO2

🔾 Yes, but my name is misspelled 2 GO TO SC0a

🔾 No, this is not my name 3 GO TO SC0a

|  |
| --- |
| HARD CHECK: IF SC0=NO RESPONSE**; Your response to this question is very important. Please enter a response.** |
| PROGRAMMER: ALERT SENT TO DILETTA MITTONE, COLE GARVEY, MAYA REID IF SC0=2 OR 3. |

IF SC0 = 2 OR 3

SC0a. Please enter the correct spelling of your name.

 (STRING 150)

First, Middle, and Last Name

|  |
| --- |
| HARD CHECK: IF SC0a=NO RESPONSE; **Your response to this question is very important. Please enter a response.** |
| PROGRAMMER: SKIP LOGIC IF SC0=2, GO TO INTRO1 IF SC0=3 CONTINUE TO SC0B. |

IF SC0 = 3

SC0b. Please call 833-961-2895 after noon on the next business day to receive a new login ID and password.

**Thank you very much for your interest in participating in FACES!**

**Your answers have been submitted and you may close this window.**

**PROGRAMMER: AFTER SC0b GO TO END3**

PROGRAMMER NOTES

**PROGRAMMER NOTE FOR TEACHERS WITH SECOND CLASS:** ASK QUESTIONS ABOUT FIRST CLASS FIRST AND THEN ASK QUESTIONS ABOUT SECOND CLASS AT THE END OF THE SURVEY.

**PROGRAMMER NOTE FOR CLASS FILL:**

(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class).

REVISE FILL USING FullPart (1=AM, 2=PM, 3=FD, 4=HV) SUCH THAT

(FullPart = 3, 4) your classroom/(FullPart=1) your morning class/(FullPart=2) your afternoon class).

If OneOrTwo=2 AND ONE OF THE SESSIONS IS 4 (HOME VISITOR), FullPart=4 SHOULD BE ABOUT FIRST CLASS AND THEN SECOND CLASS IS XFullPart=1 or 2.

If OneOrTwo=2 AND NO SESSION IS 4 (HOME VISITOR), FULLPART =1 SHOULD BE ABOUT THE FIRST CLASS AND THEN SECOND CLASS IS XFULLPART=2.

**PROGRAMMER:** REPEAT QUESTIONS WITH UNIVERSE STATEMENT SECOND IF TEACHER HAS A SECOND CLASS.

**THE FOLLOWING FOOTNOTE SHOULD APPEAR ON EVERY SCREEN**: If you have any questions regarding FACES, please call 833-961-2895 or send an e-mail to FACES@mathematica-mpr.com.

**UNIVERSAL SOFT CHECK IF NO RESPONSE (NON-GRID QUESTIONS).** Please provide an answer to this question, or click the “Next” button to move to the next question.

**UNIVERSAL SOFT CHECK IF NO RESPONSE (GRID QUESTIONS).** One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.

**UNIVERSAL SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED.** Please provide an answer in the specify box, or click the “Next” button to move to the next question.

**UNDERLINED TEXT SHOULD APPEAR IN ITALICS.**

AA. CLASSROOM SESSION TYPE

ALL

AA1. First, please answer some questions about all of the classes you teach at this program. Only include information about classes with Head Start children enrolled.

Do you currently work with Head Start children as a home visitor?

*Although Head Start teachers may perform home visits from time to time, this does not qualify them as a home visitor. A home visitor interacts with children on a weekly basis at the family’s home, not in a classroom setting.*

🔾 Yes 1 GO TO AA2

🔾 No 0 GO TO AA3

NO RESPONSE M GO TO AA3

|  |
| --- |
| SOFT CHECK: IF AA1=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| PROGRAMMER: IF AA1 = 1, SET FULLPART TO 4 |

IF AA1 = 1

AA2. Aside from your home visitor caseload, do you also teach a class with Head Start children at this program?

🔾 Yes 1 GO TO AA3

🔾 No 0 GO TO A0-1Intro

NO RESPONSE M GO TO A0-1Intro

|  |
| --- |
| SOFT CHECK: IF AA2=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF ONE\_OR\_TWO=1 AND (AA1 = 0 OR M) OR IF AA2 = 1

AA3. Do you teach . . .

🔾 A full-day class 1

🔾 A morning class only 2

🔾 An afternoon class only 3

🔾 Multiple classes 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF AA3=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| PROGRAMMER: [If AA3=1, set FULLPART = 1][If AA3=2, set FULLPART = 2][If AA3=3, set FULLPART = 3] |

 IF ONE\_OR\_TWO=1 AND AA1= 0 OR M

**AA4. What is the name of your classroom? If your classroom has a number instead of a name, please enter the classroom number.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| PROGRAMMER: SET RESPONSE TO AA4 to CLASSROOM1. SET FIRST\_SECOND to 1 for CLASSROOM1 |

AA4a.     What days of the week does this class meet?

*Select all that apply*

  1  □   Monday

  2  □   Tuesday

  3  □   Wednesday

  4  □   Thursday

  5  □   Friday

|  |
| --- |
| IF ONE\_OR\_TWO=2 |

**AA5. What is the name of the classroom you teach earliest each week? For example, if you have a morning class and an afternoon class, please provide the name of your morning class. Or, if you have a class that meets on Monday and Wednesday and a class that meets on Tuesday and Thursday, please provide the name of the Monday/Wednesday class. If this classroom has a number instead of a name, please enter the classroom number.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| PROGRAMMER: SET RESPONSE TO AA5 to CLASSROOM1. SET FIRST\_SECOND to 1 for CLASSROOM1 |

AA5a.     What days of the week does this class meet?

*Select all that apply*

  1  □   Monday

  2  □   Tuesday

  3  □   Wednesday

  4  □   Thursday

  5  □   Friday

**AA6. Is [CLASSROOM1]…**

🔾 a morning class only? 1

🔾 an afternoon class only? 2

🔾 a full-day class? 3

NO RESPONSE M

|  |
| --- |
| PROGRAMMER: [If AA6=1, set FULLPART = 1][If AA6=2, set FULLPART = 2][If AA6=3, set FULLPART = 3] |

|  |
| --- |
| IF ONE\_OR\_TWO=2 |

**AA7. What is the name of the other classroom you teach? If your classroom has a number instead of a name, please enter the classroom number.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| PROGRAMMER: SET RESPONSE TO AA7 to CLASSROOM2. SET FIRST\_SECOND to 2 for CLASSROOM2 |

AA7a.     What days of the week does this class meet?

*Select all that apply*

  1  □   Monday

  2  □   Tuesday

  3  □   Wednesday

  4  □   Thursday

  5  □   Friday

**AA8. Is [CLASSROOM2]…**

🔾 a morning class only? 1

🔾 an afternoon class only? 2

🔾 a full-day class? 3

NO RESPONSE M

|  |
| --- |
| PROGRAMMER: [If AA6=1, set FULLPART = 1][If AA6=2, set FULLPART = 2][If AA6=3, set FULLPART = 3] |

|  |
| --- |
| UNIVERSE: IF ONEORTWO=1 AND SC0 NE 3 |

INTRO1. Center: [CENTERNAME], Teacher: [TEACHERFNAME TEACHERLNAME]

[IF FULLPART=4 OR XFULLPART=4]: In this survey, the term “classroom” or “class” refers to all of the children in your caseload.

Please answer these questions thinking only about [CLASSROOM1] class.

|  |
| --- |
| UNIVERSE: IF ONEORTWO=2 AND SC0 NE 3 |

INTRO2. Center: [CENTERNAME], Teacher: [TEACHERFNAME TEACHERLNAME]

[IF FULLPART=4 OR XFULLPART=4]: In this survey, the term “classroom” or “class” refers to all of the children in your caseload.

You have two classes selected for this study.

Class 1: [CLASSROOM1]

Class 2: [CLASSROOM2]

Please answer these questions thinking only about [CLASSROOM1].

After you complete the survey for [CLASSROOM1], you will be asked a few further questions about [CLASSROOM2].

ALL

SECOND

S1b. When did you become the teacher of this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] for this program year?

 *If you have been the teacher of this class for longer than this program year, please enter the date the program year began.*

MONTH DAY YEAR

 (1-12) (1-31) (2021-2022)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF S1b=NO RESPONSE; **Please enter Day, Month, Year to continue.** |
| SOFT CHECK: IF DATE ENTERED IS EARLIER THAN 07/01/2021: **Please enter the date you became the teacher for this (ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class), for this program year*.* If you have been the teacher of this class for longer than this program year, please enter the date the program year began. Is this date [DISPLAY MONTH DAY YEAR] correct?**  |
| HARD CHECK: IF DATE ENTERED IS LATER THAN CURRENT DATE; **You entered a date in the future. Please enter the correct date to continue.**  |
| SOFT CHECK: IF NO RESPONSE; **Please enter Day, Month, Year to continue.** |

IF S1b AFTER JULY 1, 2021

SECOND

S3. Before you became the teacher of [(ONE CLASS) this classroom/(MORNING CLASS) this morning class/(AFTERNOON CLASS) this afternoon class], were you teaching in Head Start?

🔾 Yes 1 GO TO S4

🔾 No 0 GO TO AA1

NO RESPONSE M GO TO AA1

|  |
| --- |
| SOFT CHECK: IF S3=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**  |

IF S3 = 1

SECOND

S4. Where were you teaching before you came to this [(ONE CLASS) classroom/(MORNING CLASS) this morning class/(AFTERNOON CLASS) this afternoon class]?

🔾 In the same classroom as an assistant teacher 1

🔾 In a different classroom at the same Head Start center 2

🔾 At a different Head Start center operated by the same program 3

🔾 At a Head Start center operated by a different program 4

🔾 Somewhere else (specify- STRING 150) 5

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF S4=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF S4Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.** |

A. CLASSROOM ACTIVITIES

ALL

SECOND

A0-1Intro. The next questions are about your classroom activities and the children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class].

[IF ONEORTWO=2 AND FIRST\_SECOND=1: Please answer these questions thinking only about [Classroom1] class.]

[IF ONEORTWO=2 AND FIRST\_SECOND=2: Please answer these questions thinking only about [Classroom2] class.]

ALL

SECOND

A0-1. How many children are enrolled in this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class]?

 CHILDREN ENROLLED

(RANGE 1-50)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF =NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A0-1>20; **You have entered [A0-1] as the number of children in your class. Is that correct?** |
| RANGE HARD CHECK; **The answer is outside the valid range for this question.** **Please enter a value equal or less than 50.** |
| DECIMAL HARD CHECK; **The answer has too many decimals. Please review.** |
| COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.** |

ALL

SECOND

A0-1x. As of today's date, how many children in this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] are each of the following ages?

 *If there are no children of a particular age in this class, please enter 0.*

PROGRAMMER: RANGE FOR GRID IS 0-50

|  | NUMBER OF CHILDREN |
| --- | --- |
| a. 3 years old (or younger)……………… |  |
| b. 4 years old…………………………….. |  |
| c. 5 years old (or older)…………………. |  |

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A0-1a,b,OR c = NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.** |
| HARD CHECK: IF A0-1 DOES NOT EQUAL A0-1a+ A0-1b + A0-1c **You have entered [A0-1] as the number of children enrolled in your class, but with [A0-1a] 3-year-old(s), [A0-1b] 4-year-old(s), and [A0-1c] 5-year-old(s) that is [A0-1a+A0-1b+A0-1c] children total. If [A0-1] is correct, please fix the number of children in each age group. If [A0-1] is not correct, please click the “Back” button to return to the previous question to fix your answer choice.** |
| RANGE HARD CHECK; **[A/B/C] in column NUMBER OF CHILDREN is outside the valid range for this question. Please enter a value equal or less than 50.** |
| DECIMAL HARD CHECK; **The answer to [A/B/C] in column NUMBER OF CHILDREN has too many decimals. Please review.** |
| COMMA HARD CHECK; **Please enter a number for [A/B/C] in column NUMBER OF CHILDREN.** |

ALL

SECOND

A01d. As of today's date, how many children in this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] are…

*If there are no children of a particular group in this class, please enter 0.*

PROGRAMMER: RANGE FOR GRID IS 0-50

|  | NUMBER OF CHILDREN |
| --- | --- |
| 1. American Indian or Alaska Native……….. |  |
| 2. Asian or Pacific Islander…………………… |  |
| 3. Black, non-Hispanic………………………... |  |
| 4. Hispanic……………………………………... |  |
| 5. White, non-Hispanic………………………... |  |

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A01d 1,2,3,4, OR 5=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question. If there are no children of a particular group in this class, please enter 0.** |
| RANGE HARD CHECK; **[1/2/3/4/5/6/7] in column NUMBER OF CHILDREN is outside the valid range for this question. Please enter a value equal or less than 50.** |
| DECIMAL HARD CHECK; **The answer to [1/2/3/4/5/6/7] in column NUMBER OF CHILDREN has too many decimals. Please review.** |
| COMMA HARD CHECK; **Please enter a number for [1/2/3/4/5/6/7] in column NUMBER OF CHILDREN.** |

ALL

SECOND

A0-x. How many of each of the following staff are usually with this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class]?

 *If no staff currently work in the position, please enter 0.*

PROGRAMMER: RANGE FOR GRID IS 0-10

|  | NUMBER OF STAFF |
| --- | --- |
| 2. Lead teachers *(Lead teachers are the head or primary teachers in the classroom. If teachers are co-teachers count them here.)…………………………* |  |
| 3. Assistant teachers……………………………………... |  |
| 4. Paid aides……………………………………………….. |  |

NO RESPONSE………………………………………...…….M

|  |
| --- |
| SOFT CHECK: IF A01-x2,3, OR 4=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question. If no staff currently work in the position, please enter 0.** |
| SOFT CHECK: IF A01-x = 0 OR >5, You have entered [A0-2] as the number of lead teachers in your class. Is that correct? |
| RANGE HARD CHECK; [2/3/4] in column NUMBER OF STAFF is outside the valid range for this question. Please enter a value equal or less than 10. |
| DECIMAL HARD CHECK; **The answer to [2/3/4] in column NUMBER OF STAFF has too many decimals. Please review.** |
| COMMA HARD CHECK; **Please enter a number for [2/3/4] in column NUMBER OF STAFF.** |

ALL

SECOND

A0-5. How many days a week does this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] meet?

 DAYS PER WEEK

(RANGE 1-7)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A0-5=NO RESPONSE; Please provide an answer to this question, or click the “Next” button to move to the next question. |
| SOFT CHECK: IF IFA0-5 > 5; **You have entered [A0-5] as the number of days a week this class meets. Is that correct?** |
| RANGE HARD CHECK; **The answer is outside the valid range for this question.** **Please enter a value equal or less than 7.** |
| DECIMAL HARD CHECK; **The answer has too many decimals. Please review.** |
| COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**  |

ALL

SECOND

A0-6. How many hours a week does this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] meet?

 HOURS PER WEEK

(RANGE 1-168)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A0-6 =NO RESPONSE; Please provide an answer to this question, or click the “Next” button to move to the next question. |
| SOFT CHECK: IF A0-6<5 OR >40; **You have entered [A0-6] as the number of hours a week this class meets. Is that correct?** |
| RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 168.** |
| DECIMAL HARD CHECK; **The answer has too many decimals. Please review.** |
| COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.** |

ALL

SECOND

**A1. Please describe how a typical dayis spent in [**(ONE CLASS) **your classroom**/(MORNING CLASS) **your morning class**/(AFTERNOON CLASS) **your afternoon class]. Not including lunch or nap breaks, how much time do the children spend in the following kinds of activities?**

 PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  | NO TIME | HALF HOUR OR LESS | ABOUT ONE HOUR | ABOUT TWO HOURS | THREE HOURS OR MORE |
| --- | --- | --- | --- | --- | --- |
| a. Teacher-directed whole class activities………… | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. Teacher-directed small group activities………... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Teacher-directed individual activities…… | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. Child-selected activities | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF A1a,b,c,OR d=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.** |

IF A1(b) = 2, 3, 4, or 5

SECOND

A1a. You indicated that children work in small groups. How do you determine group membership?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Child interests 1

🞏 Ability level 2

🞏 Based on assessment data 3

🞏 Age 4

🞏 Behavior 5

🞏 Other *(*specify- STRING 150*)* 6

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A1a = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A1aSpecify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

IF A1(c) = 2, 3, 4, or 5

SECOND

A1b. You indicated that children work in teacher-directed individual activities. How do you determine what activities to work on?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Child interests 1

🞏 Ability level 2

🞏 Based on assessment data 3

🞏 Age 4

🞏 Other *(*specify- STRING 150*)* 5

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A1b = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A1bSpecify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

ALL

SECOND

A1e. How often in a typical week do children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class] usually work on activities in the following areas, whether as a whole class, in small groups, or in individualized arrangements?

|  |
| --- |
| PROGRAMMER BOX A1E: set up hover for text “arts” that will pop up to provide the following definition:**Arts includes all creative types of activities such as dance, painting, and drama.**set up hover for text “SOCIAL AND EMOTIONAL” that will pop up to provide the following definition:**Explicit instruction about feelings, recognizing emotions, and emotional regulation.** |

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  | Never | Less Than Once a Week | 1-2 Times a Week | 3-4 Times a Week | Daily |
| --- | --- | --- | --- | --- | --- |
| 1. Language Arts and Literacy.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 2. Mathematics………………...... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 3. Social Studies  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4. Science  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5. Arts  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6. Social and Emotional  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF A1e1,2,3,4, 5, OR 6=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.** |

ALL

SECOND

**A2.** **How often do children in [(**ONE CLASS**) your class/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class] do each of the following reading and language activities?**

PROGRAMMER: CODE ONE PER ROW; SPLIT INTO TWO SCREENS WITH 6 STATEMENTS ON EACH SCREEN

*Select one per row*

|  | NEVER | ONCE A MONTH OR LESS | TWO OR THREE TIMES A MONTH | ONCE OR TWICE A WEEK | THREE OR FOUR TIMES A WEEK | EVERY DAY |
| --- | --- | --- | --- | --- | --- | --- |
| a. Work on learning the names of letters  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| b. Practice writing the letters of the alphabet  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| c. Discuss new words  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| d. Dictate stories to a teacher, aide, or volunteer  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| f. Listen to a teacher, aide, or volunteer read stories where they see the print (e.g., Big Books)  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| g. Listen to a teacher, aide, or volunteer read stories but they don’t see the print | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| h. Retell stories  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| i. Learn about conventions of print (such as left to right orientation, book holding, pointing to individual word)  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| j. Write their own name  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| k. Learn about rhyming words or word families  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| l. Learn about common prepositions, such as over and under, up and down  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| n. Work on letter-sound relationships  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF A2a,b,c,d, f,g,h,i,j,k,l,OR n = NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.** |

ALL

SECOND

**A3. How often do children in [(**ONE CLASS**) your classroom/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class] do each of the following math activities?**

PROGRAMMER: CODE ONE PER ROW; SPLIT INTO TWO SCREENS; A-D,G,H ON SCREEN ONE AND I-M ON SCREEN TWO

*Select one per row*

|  | NEVER | ONCE A MONTH OR LESS | TWO OR THREE TIMES A MONTH | ONCE OR TWICE A WEEK | THREE OR FOUR TIMES A WEEK | EVERY DAY |
| --- | --- | --- | --- | --- | --- | --- |
| a. Count out loud  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| b. Work with geometric manipulatives (for example, pattern, tangrams, unit, or parquetry blocks or shape puzzles)  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| c. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting)  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| d. Play math-related games  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| g. Work with rulers, measuring cups, spoons, or other measuring instruments  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| h. Engage in calendar-related activities  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| i. Engage in activities related to telling time  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| j. Engage in activities that involve shapes and patterns  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| k. Work on comparing quantities (least, most, less, more)  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| l. Work on ordinal numbers (first, second, third)  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |
| m. Use 10 frames to help teach math concepts  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 |

|  |
| --- |
| SOFT CHECK: IF A3a,b,c,d,g,h,i,j,k,l, OR m = NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.** |

ALL

SECOND

**A3k. What proportion of children in [your (**ONE CLASS**) your class/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class] are meeting developmental expectations for each of the following areas, compared to other preschoolers?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Less than ¼ of children | About ¼ of children | About ½ of children | About ¾ of children | More than ¾ of children |
| 1. Language and literacy skills  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 3. Mathematical skills  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 2. Social Studies  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 4. Science  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 5. Social and emotional development  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| 6. Perceptual, motor, and physical development  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF A3k1,2,3,4,5,6=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.** |

Next, please answer some questions about the languages you and others may speak.

ALL

**A3a\_r. Do you personally speak any language other than English in the classroom?**

🔾 Yes 1 GO TO A3b\_r

🔾 No 0 GO TO A3e

NO RESPONSE M GO TO A3e

|  |
| --- |
| SOFT CHECK: IF A3a\_r = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF A3a\_r = 1

A3b\_r. What languages, other than English, do you personally speak in the classroom?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Spanish 2

🞏 Arabic 11

🞏 Cambodian (Khmer) 12

🞏 Chinese 4

🞏 A Filipino language 7

🞏 French 13

🞏 Haitian Creole 14

🞏 Hmong 15

🞏 Japanese 5

🞏 Korean 6

🞏 Vietnamese 3

🞏 Sign langauge 10

🞏 Other language *(*specify- STRING 150*)* 8

🞏 Other language *(*specify- STRING 150*)* 9

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A3b\_r = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A3BSpecify\_r = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

ALL

SECOND

**A3e. How many children in [(**ONE CLASS**) your classroom/(**MORNING CLASS**) your morning class/(AFTERNOON CLASS) your afternoon class] speak a language other than English?**

 *(Click here for “SPEAK A LANGUAGE OTHER THAN ENGLISH” definition)*

|  |
| --- |
| PROGRAMMER BOX A3eset up hyperlink for text “here” that will pop up to provide the following definition:**These children may be learning two (or more) languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language. These children are also often referred to as limited English proficient (LEP), dual language learners (DLLs), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).** |

 CHILDREN

(RANGE 0-50)

🔾 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A3e = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| HARD CHECK: IF A3e > A0-1; **You have entered [A0-1] as the number of children enrolled in your class, but entered [A3e] as the number of children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning classroom/(AFTERNOON CLASS) your afternoon classroom] who speak a language other than English. Please fix your answer of [A3e] children to this question to continue.** |
| RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 50.** |
| DECIMAL HARD CHECK; **The answer has too many decimals. Please review.** |
| COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.** |

|  |
| --- |
| VERSION BOX A3EIF A3E > 0, CONTINUE TO A3F.IF A3E = 0, D OR M, GO TO A4. |

IF A3e > 0

SECOND

**A3f. Thinking about all [FILL A0-1; IF A0-1=M FILL WITH “the”] children in [(**ONE CLASS**) your classroom/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class], what languages do children enrolled in the class currently speak, including English?**

*This would include any use of the language(s) in or out of the classroom.*

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 English 1

🞏 Spanish 2

🞏 Arabic 11

🞏 Cambodian (Khmer) 12

🞏 Chinese 4

🞏 A Filipino language 7

🞏 French 13

🞏 Haitian Creole 14

🞏 Hmong 15

🞏 Japanese 5

🞏 Korean 6

🞏 Vietnamese 3

🞏 Sign langauge 10

🞏 Other language *(*specify- STRING 150*)* 8

🞏 Other language *(*specify- STRING 150*)* 9

 NO RESPONSE M GO TO A4

|  |
| --- |
| SOFT CHECK: IF A3f = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A3fSpecify = NO RESPONSE for either 8 and/or 9; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

ASK FOR EACH LANGUAGE IN A3f

SECOND

A3g. Approximately what percent of children speak (FILL WITH LANGUAGE(S) CODED IN A3F)?

PROGRAMMER: RANGE FOR GRID IS 0-100

 PERCENT OF CHILDREN

(RANGE 0-100)

NO RESPONSE M

**PROGRAMMER FILL INSTRUCTIONS FOR A3G: FOR SURVEY\_VERSION=1, IF A3F=8: FILL WITH A3F(8) SPECIFY/ IF A3F=8 AND A3F(8) SPECIFY=M: FILL WITH “first other language”/ IF A3F=9: FILL WITH A3F(9) SPECIFY/ IF A3F=9 AND A3F(9) SPECIFY=M: FILL WITH “second other language”**

|  |
| --- |
| SOFT CHECK: IF A3g = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 100.** |
| DECIMAL HARD CHECK; **The answer has too many decimals. Please review.** |
| COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.** |

ALL

SECOND

**A4.** **What languages are used for instruction in [(**ONE CLASS**) your class/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class] by you or another adult, NOT including language lessons?**

 PROGRAMMER: CODE ALL SELECTED.

*Select all that apply*

🞏 English 1

🞏 Spanish 2

🞏 Arabic 11

🞏 Cambodian (Khmer) 12

🞏 Chinese 4

🞏 A Filipino language 7

🞏 French 13

🞏 Haitian Creole 14

🞏 Hmong 15

🞏 Japanese 5

🞏 Korean 6

🞏 Vietnamese 3

🞏 Sign language 10

🞏 Other language *(*specify- STRING 150*)* 8

🞏 Other language *(*specify- STRING 150*)* 9

 NO RESPONSE M GO TO A5g

|  |
| --- |
| SOFT CHECK: IF A4 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A4Specify = NO RESPONSE for either 8 and/or 9; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

ASK FOR EACH LANGUAGE NAMED IN A4

SECOND

A4a. Who speaks (FILL WITH LANGUAGE(S) CODED IN A4)?

*Select all that apply*

🞏 You/Lead teacher 1

🞏 Assistant teacher 2

🞏 Classroom aide 3

🞏 Volunteer/Non staff 4

|  |
| --- |
| SOFT CHECK: IF A4a = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| PROGRAMMER FILL INSTRUCTIONS FOR A4: FOR SURVEY\_VERSION=1, IF A4=8: FILL WITH A4(8) SPECIFY/ IF A4=8 AND A4(8) SPECIFY=M: FILL WITH “first other language”/ IF A4=9: FILL WITH A4(9) SPECIFY/ IF A4=9 AND A4(9) SPECIFY=M: FILL WITH “second other language” |

ALL

SECOND

**A5g.** **In what languages are printed materials like children’s books available in [(**ONE CLASS**) your class/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class]?**

PROGRAMMER: CODE ALL LANGUAGES SELECTED

*Select all that apply*

🞏 English 1

🞏 Spanish 2

🞏 Arabic 11

🞏 Cambodian (Khmer) 12

🞏 Chinese 4

🞏 A Filipino language 7

🞏 French 13

🞏 Haitian Creole 14

🞏 Hmong 15

🞏 Japanese 5

🞏 Korean 6

🞏 Vietnamese 3

🞏 Sign language 10

🞏 Other language *(*specify- STRING 150*)* 8

🞏 Other language *(*specify- STRING 150*)* 9

 NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A5g=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A5gSpecify = NO RESPONSE for either 8 and/or 9; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

The next questions are about the curriculum you use in your classroom.

ALL

A6. Is a specific curriculum or combination of curricula used in your program?

🔾 Yes, specific curriculum 1

🔾 Yes, combination 2

🔾 No curriculum 3 GO TO A21

🔾 Don’t know D GO TO A21

NO RESPONSE M GO TO A21

|  |
| --- |
| SOFT CHECK: IF A6 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF A6 = 1 OR 2

A7. What curriculum do you use? You may select more than one.

PROGRAMMER CODE ALL SELECTED

*Select all that apply*

🞏 Creative Curriculum *(Teaching Strategies)* 11

🞏 Building Blocks math curriculum *(McGraw-Hill)* 25

🞏 Creating Child Centered Classrooms – Step By Step 17

🞏 DLM Early Childhood Express *(McGraw-Hill)* 26

🞏 Everyday Mathematics *(McGraw-Hill)* 27

🞏 Frog Street 24

🞏 Fundations *(Wilson Language Training)* 28

🞏 Handwriting without Tears 29

🞏 HighScope 12

🞏 Learn Every Day 30

🞏 Let’s Begin with the Letter People *(Abrams Learning Trends)* 14

🞏 Montessori 15

🞏 Number Worlds *(McGraw-Hill)* 31

🞏 Open Circle 32

🞏 Opening the World of Learning (OWL) *(Pearson)* 33

🞏 Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing Bete Company)* 34

🞏 Pyramid Model for Supporting Social Emotional Competence 35

🞏 Scholastic Curriculum 18

🞏 Second Step 36

🞏 Tools of the Mind 37

🞏 Zoophonics 38

🞏 Locally designed curriculum 19

🞏 First other curriculum *(*specify- STRING 150*)* 21

🞏 Second other curriculum *(*specify- STRING 150*)* 22

🔾 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK IF A7 HAS >1 RESPONSE, BUT A6=1; **In the previous question you indicated you use a specific curriculum, but here you selected more than one curriculum. Is this correct? Please click the “Back” button to change your answer to the previous question or click the “Next” button to continue.** |
| SOFT CHECK: IF A7Specify = NO RESPONSE for either 21 and/or 22; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

IF A7 NE NO RESPONSE

A7a. What curriculum do you use to teach math?

PROGRAMMER: CODE ALL SELECTED

 *Select all that apply*

🞏 Creative Curriculum (*Teaching Strategies*) 11

🞏 Building Blocks math curriculum *(McGraw-Hill)* 25

🞏 Creating Child Centered Classrooms – Step By Step 17

🞏 DLM Early Childhood Express *(McGraw-Hill)* 26

🞏 Everyday Mathematics *(McGraw-Hill)* 27

🞏 Frog Street 24

🞏 Fundations *(Wilson Language Training)* 28

🞏 Handwriting without Tears 29

🞏 HighScope 12

🞏 Learn Every Day 30

🞏 Let’s Begin with the Letter People (*Abrams Learning Trends*) 14

🞏 Montessori 15

🞏 Number Worlds *(McGraw-Hill)* 31

🞏 Open Circle 32

🞏 Opening the World of Learning (OWL) *(Pearson)* 33

🞏 Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing Bete Company)* 34

🞏 Pyramid Model for Supporting Social Emotional Competence 35

🞏 Scholastic Curriculum 18

🞏 Second Step 36

🞏 Tools of the Mind 37

🞏 Zoophonics 38

🞏 Locally designed curriculum 19

🞏 (FILL WITH A7Specify, IF A7Specify = M, FILL WITH “FIRST OTHER CURRICULUM”) 21

🞏 (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH “SECOND OTHER CURRICULUM”) 22

🔾 No math curriculum 0

🔾 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7a = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| HARD CHECK: IF A7a ANSWER WAS NOT SELECTED AT A7; **You selected (FILL RESPONSE TO A7A) as the curriculum/curricula you use for math, but you did not indicate you use this curriculum/curricula. Is this correct? If you use this curriculum/curricula, please click the “Back” button to select this curriculum/curricula in the previous question.**  |

IF A7 NE NO RESPONSE

A7b. What curriculum do you use to teach literacy?

PROGRAMMER: CODE ALL SELECTED

 *Select all that apply*

🞏 Creative Curriculum (*Teaching Strategies*) 11

🞏 Building Blocks math curriculum *(McGraw-Hill)* 25

🞏 Creating Child Centered Classrooms – Step By Step 17

🞏 DLM Early Childhood Express *(McGraw-Hill)* 26

🞏 Everyday Mathematics *(McGraw-Hill)* 27

🞏 Frog Street 24

🞏 Fundations *(Wilson Language Training)* 28

🞏 Handwriting without Tears 29

🞏 HighScope 12

🞏 Learn Every Day 30

🞏 Let’s Begin with the Letter People (*Abrams Learning Trends*) 14

🞏 Montessori 15

🞏 Number Worlds *(McGraw-Hill)* 31

🞏 Open Circle 32

🞏 Opening the World of Learning (OWL) *(Pearson)* 33

🞏 Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing Bete Company)* 34

🞏 Pyramid Model for Supporting Social Emotional Competence 35

🞏 Scholastic Curriculum 18

🞏 Second Step 36

🞏 Tools of the Mind 37

🞏 Zoophonics 38

🞏 Locally designed curriculum 19

🞏 (FILL WITH A7Specify, IF A7Specify = M, FILL WITH “FIRST OTHER CURRICULUM”) 21

🞏 (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH “SECOND OTHER CURRICULUM”) 22

🔾 No literacy curriculum 0

🔾 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7b = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| HARD CHECK: IF A7b ANSWER WAS NOT SELECTED AT A7; **You selected (FILL RESPONSE TO A7b) as the curriculum/curricula you use for literacy, but you did not indicate you use this curriculum/curricula. Is this correct? If you use this curriculum/curricula, please click the “Back” button twice to select this curriculum/curricula in the earlier question.** |

**PROGRAMMER FILL INSTRUCTIONS FOR A7C:**

IF A7=21, FILL WITH A7(21) SPECIFY/ IF A7=21 AND A7(21) SPECIFY=M, FILL WITH “first other curriculum”/ IF A7=22, FILL WITH A7(22) SPECIFY/ IF A7=22 AND A7(22) SPECIFY=M, FILL WITH “second other curriculum”/ IF A7=M, FILL WITH “your curriculum”

IF A7 NE NO RESPONSE

**A7c. How often do you typically use [FILL WITH CURRICULUM/CURRICULA SELECTED IN A7; SEE DETAILS IN FILL BOX ABOVE]?**

🔾 Once a month or less 1

🔾 Two or three times a month 2

🔾 Once or twice a week 3

🔾 Three or four times a week 4

🔾 Every day 5

 NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A7c = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF A6 = 1,2 AND A7 HAS MORE THAN ONE RESPONSE CODED

A8. What is your main curriculum?

 *PROGRAMMER: ONLY SHOW ITEMS SELECTED AT A7 AND IN THE SAME ORDER AS THEY APPEAR IN A7.*

🔾 Creative Curriculum (*Teaching Strategies*) 11

🔾 Building Blocks math curriculum *(McGraw-Hill)* 25

🔾 Creating Child Centered Classrooms – Step By Step 17

🔾 DLM Early Childhood Express *(McGraw-Hill)* 26

🔾 Everyday Mathematics *(McGraw-Hill)* 27

🔾 Frog Street 24

🔾 Fundations *(Wilson Language Training)* 28

🔾 Handwriting without Tears 29

🔾 HighScope 12

🔾 Learn Every Day 30

🔾 Let’s Begin with the Letter People (*Abrams Learning Trends*) 14

🔾 Montessori 15

🔾 Number Worlds *(McGraw-Hill)* 31

🔾 Open Circle 32

🔾 Opening the World of Learning (OWL) *(Pearson)* 33

🔾 Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing Bete Company)* 34

🔾 Pyramid Model for Supporting Social Emotional Competence 35

🔾 Scholastic Curriculum 18

🔾 Second Step 36

🔾 Tools of the Mind 37

🔾 Zoophonics 38

🔾 Locally designed curriculum 19

🔾 (FILL WITH A7Specify, IF A7Specify = M, FILL WITH “FIRST OTHER CURRICULUM”) 21

🔾 (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH “SECOND OTHER CURRICULUM”) 22

🔾 Use more than one curriculum equally 23

🔾 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A8 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF A6 = 1,2

**A11r. What type of staff provided you with the most training on the curriculum/curricula you use?**

🔾 Mentor or master teacher 8

🔾 Other Head Start teachers in program 9

🔾 Supervisor/education coordinator 10

🔾 Staff from another Head Start Program 2

🔾 Staff or consultant(s) from curriculum developers/certified trainers (e.g., HighScope, Teaching Strategies, Montessori, etc.) 3

🔾 Professors or instructors from a school of education at a college or university 4

🔾 Professors or instructors from a school other than a school of education at a college or university 7

🔾 Head Start state training and technical assistance provider 5

🔾 Other *(*specify- STRING 150*)* 6

🔾 Did not receive training 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A11 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A11Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

ALL

A12a\_r.To what extent do you agree with the statement, I have received the training and support I need to use (LOOP WITH EACH CURRICULUM CODED IN A8, A7a, and A7b/SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX BELOW)?

🔾 Strongly agree 1

🔾 Agree 2

🔾 Disagree 3

🔾 Strongly disagree 4

NO RESPONSE M

**PROGRAMMER FILL INSTRUCTIONS FOR A12a\_r FOR SURVEY\_VERSION=1:**

IF (A8=23, D, OR M): FILL A8 WITH “your main curriculum”; IF EITHER CODES 21 OR 22 ARE SELECTED AT A8 BUT SPECIFY=M FROM A7, FILL A8 WITH “first other curriculum” or “second other curriculum” respectively; IF ONLY ONE RESPONSE SELECTED AT A7 AND A8 IS NOT ASKED FILL WITH “your main curriculum”; IF (A7a=D, OR M): FILL A7a WITH “your math curriculum”; IF (A7b=D, OR M): FILL A7b WITH “your literacy curriculum”

|  |
| --- |
| SOFT CHECK: IF A12a\_r=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF A6 = 1 OR 2

**A12b\_r.In the past year, have you or anyone else used a tool or checklist to assess how you use (FILL WITH CURRICULUM CODED IN A8/SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX BELOW)? Using a tool or checklist to assess how you use the curriculum is sometimes called fidelity of implementation.**

 PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Yes, I completed a checklist about how I use the curriculum 1

🞏 Yes, someone else completed a checklist about how I use the curriculum 2

🞏 No, neither me nor anyone else used a checklist to assess how I use the curriculum 3

🔾 Don’t know D

NO RESPONSE M

**PROGRAMMER FILL INSTRUCTIONS FOR A12b\_r FOR SURVEY\_VERSION=1:**

IF (A8=23, D, OR M): FILL WITH “your main curriculum”; IF EITHER CODES 21 OR 22 ARE SELECTED AT A8 BUT SPECIFY=M FROM A7, FILL WITH “first other curriculum” or “second other curriculum” respectively; IF ONLY ONE RESPONSE SELECTED AT A7 AND A8 IS NOT ASKED FILL WITH “your main curriculum”.

|  |
| --- |
| SOFT CHECK: IF A12b\_r=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

These next questions are about the primary assessment tool you use in your classroom.

ALL

**A21. What is the main child assessment tool that you use?**

🔾 Teaching Strategies GOLD assessment (formerly known as The Creative Curriculum Developmental Continuum Assessment Toolkit for ages 3-5) 1

🔾 HighScope Child Observation Record (COR) 2

🔾 Galileo 3

🔾 Ages and Stages Questionnaires: A Parent Completed, Child-Monitoring System 4

🔾 Desired Results Developmental Profile (DRDP) 5

🔾 Work Sampling System for Head Start 6

🔾 Learning Accomplishment Profile Screening (LAP including E-LAP, LAP-R and LAP-D) 7

🔾 Hawaii Early Learning Profile (HELP) 8

🔾 Brigance Preschool Screen for three and four year old children 9

🔾 Assessment designed for this program 10

🔾 State developed tools (e.g., CIRCLE) 14

🔾 Other *(*specify- STRING 150*)* 12

🔾 Do not use a child assessment tool 13 GO TO A25a\_r

 NO RESPONSE M GO TO A25a\_r

|  |
| --- |
| SOFT CHECK: IF A21=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A21Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

IF A21 = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12 OR 14

A23. How do you use the information from those assessments in planning for each child?

 PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 To identify child's developmental level 1

🞏 To individualize activities for child 2

🞏 To determine if child needs referral for disability services 3

🞏 To determine child's strengths and weaknesses 4

🞏 To identify activities for parents to do with child at home 5

🞏 Other *(*specify- STRING 150*)* 6

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A23 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A23SPECIFY = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

ALL

**A25a\_r. The next questions are about professional development. Programs can support teachers’ professional development in a lot of different ways. In the past year, have you participated in or received the following professional development supports?**

*Some of these supports might have been virtual or in-person.*

 PROGRAMMER: CODE ONE PER ROW; SPLIT BETWEEN TWO SCREENS WITH 1,16, 3-6 APPEARS ON THE FIRST SCREEN AND 7,8 13, 14, 15, 10 APPEARING ON THE SECOND SCREEN

*Select one per row*

|  | YES | NO | DON’T KNOW |
| --- | --- | --- | --- |
| 1. Regular meetings with supervisors to talk with them about my work and progress  | 1 🔾 | 0 🔾 | D 🔾 |
| 16. In-person or virtual attendance at regional, state, or national conferences  | 1 🔾 | 0 🔾 | D 🔾 |
| 3. Paid substitutes to allow you time to prepare, train, and/or plan  | 1 🔾 | 0 🔾 | D 🔾 |
| 4. Mentoring or coaching  | 1 🔾 | 0 🔾 | D 🔾 |
| 5. Workshops/trainings sponsored by the program  | 1 🔾 | 0 🔾 | D 🔾 |
| 6. Workshops/trainings provided by other organizations  | 1 🔾 | 0 🔾 | D 🔾 |
| 7. Visits to other classrooms or centers  | 1 🔾 | 0 🔾 | D 🔾 |
| 8. A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert  | 1 🔾 | 0 🔾 | D 🔾 |
| 13. Time during the regular work day to participate in Office of Head Start T/TA webinars  | 1 🔾 | 0 🔾 | D 🔾 |
| 14. Tuition assistance  | 1 🔾 | 0 🔾 | D 🔾 |
| 15. Onsite Associate or Bachelor’s courses  | 1 🔾 | 0 🔾 | D 🔾 |
| 10. Other (specify- STRING 150)  | 1 🔾 | 0 🔾 | D 🔾 |

|  |
| --- |
| SOFT CHECK: IF A25a\_r=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A25aSpecify\_r = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

ALL

A26. The next questions are about mentoring. Is there someone who mentors or coaches you in your classroom, that is, someone who observes your teaching on a regular basis and provides feedback, guidance, and training?

🔾 Yes 1

🔾 No 0 GO TO A31

NO RESPONSE M GO TO A31

|  |
| --- |
| SOFT CHECK: IF A26=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF A26 = 1

A26a. Is this mentoring or coaching relationship a formal or informal one?

*Formal means that a person was assigned to you.*

🔾 Formal 1

🔾 Informal 2

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A26a=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF A26 = 1

A27. Who is the mentor or coach who usually comes to your classroom?

🔾 Another teacher 1

🔾 Education coordinator/specialist 2

🔾 The center director/manager 3

🔾 The program director 6

🔾 Program or center staff person who is a full-time mentor or coach 7

🔾 Another specialist on the program or center staff 8

🔾 Someone from outside the program 4

🔾 Other (specify- STRING 150) 5

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A27=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A27Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

IF A26 = 1

A27a. Is your mentor or coach also your supervisor?

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A27a=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF A26 = 1

A29. How often does your mentor or coach come to your classroom?

🔾 Once a week or more 1

🔾 Once every 2 weeks 2

🔾 Once a month 3

🔾 Less than once a month 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A29=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

ALL

A31. Have you acted as a mentor or coach for other Head Start teachers or teacher trainees?

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A31=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

ALL

A31c. Supervisors, mentors, or coaches at your program may have different approaches or ways of supporting you in improving your practice. What methods have been used by these staff to support you?

 PROGRAMMER: CODE ALL THAT APPLY

*Select all that apply*

🞏 Had a discussion with me about what they have observed 1

🞏 Provided written feedback to me on what they have observed 2

🞏 Had me watch a videotape of myself teaching 3

🞏 Had me observe another teacher's classroom or watch a video of another teacher 4

🞏 Modeled teaching practices for me 5

🞏 Suggested trainings for me to attend 6

🞏 Provided trainings for me 7

🞏 Worked on setting goals or reviewing progress toward goals 9

🞏 Discussed plans for next steps for meeting goals 10

🞏 Other *(*specify- STRING 150*)* 8

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A31c=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF A31cSpecify=NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

The next questions are about meeting with parents of children in your class(es). Please think about all

of the classes that you teach.

ALL

A44. How often do you meet with the parents to discuss the progress or status of a child with developmental concerns?

🔾 Never 0

🔾 Once every 6 months or less often 2

🔾 Once every 2 to 6 months 3

🔾 Once a month 4

🔾 More than once a month 5

🔾 I don’t have any concerns with any children in the class 1

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A44=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

ALL

A44a. How often do you meet with the parents to discuss the progress or status of a child without developmental concerns?

🔾 Never 0

🔾 Once every 6 months or less often 1

🔾 Once every 2 to 6 months 2

🔾 Once a month 3

🔾 More than once a month 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A44a=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

ALL

A46. The next question is about communicating with families. How do you communicate with families who speak a language other than you speak?

 PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| a. Communicate only in English.  | 1 🔾 | 0 🔾 |
| b. Use an informal interpreter or a formal translator, like a staff member or parent  | 1 🔾 | 0 🔾 |
| c. Use physical cues or hand gestures  | 1 🔾 | 0 🔾 |
| d. Use translated materials  | 1 🔾 | 0 🔾 |
| f. Use a translation app  | 1 🔾 | 0 🔾 |
| e. Use any other ways (specify- STRING 150)  | 1 🔾 | 0 🔾 |

|  |
| --- |
| SOFT CHECK: IF A46=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the “Next” button.*** |
| SOFT CHECK: IF A46eSpecify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

The next question is about the children in [(ONE CLASS) this class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class].

ALL

SECOND

A35. At this point in the Head Start year, how would you rate the behavior of children in [(ONE CLASS) this class/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class]?

🔾 The group misbehaves very frequently and is almost always difficult to handle 1

🔾 The group misbehaves frequently and is often difficult to handle 2

🔾 The group misbehaves occasionally 3

🔾 The group behaves well 4

🔾 The group behaves exceptionally well 5

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF A35=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

B. TEACHER EXPERIENCES

**The next questions are about your experiences as a teacher.**

ALL

B3. How much do you agree with each of the following statements about teaching?

 PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE |
| a. I really enjoy my present teaching job... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. I am certain I am making a difference in the lives of the children I teach…….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. If I could start over, I would choose teaching again as my career………….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF B3a,b, OR c=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.** |

**The next questions are about the level of support for interactions between Head Start staff and parents.**

ALL

B4. To what extent do you agree with the following statements about how your Head Start program supports interactions between Head Start staff and parents?

 PROGRAMMER: CODE ONE PER ROW

*Select one per row*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE |
| n. Promotes cooperation between Head Start staff and parents……................... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| o. Ensures that parents do not feel isolated…………………………………... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| p. Encourages parents to supplement classroom learning at home…………… | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| q. Supports staff in their efforts to engage parents…………………………………... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF B4n,o,p,OR q=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.** |

ALL

B5. How likely are you to continue working for Head Start through the next Head Start year (through 2022-2023)?

🔾 Very likely 1

🔾 Somewhat likely 2

🔾 Somewhat unlikely 3

🔾 Very unlikely 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF B5=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

 IF B5=3 OR 4

B7. What are the top 3 reasons that you would leave Head Start before or during the next Head Start year (2022-2023)? Please rank these factors in order of importance, with 1 being the main reason you would leave Head Start.

*Select up to three reasons*

🞏 Family reasons (e.g., new baby or moving) 1

🞏 Pay or benefits are low 2

🞏 Pursue my education 3

🞏 No longer wanted to work in early childhood education or feeling burned out (e.g., feeling worn out, exhausted, or negative about my job) 4

🞏 Work environment (e.g., relationships with coworkers, flexibility in work hours) 5

🞏 Transportation needs (e.g., it is difficult for me to get to my job) . 6

🞏 The program’s leadership 7

🞏 The program’s values or goals did not match mine 8

🞏 Concerns about vaccine or mask requirements (including reluctance to get vaccinated) 9

🞏 Concerns about personal health and safety due to COVID-19 (including concern about being around unvaccinated individuals) 10

🞏 Other reason (specify) 99

|  |
| --- |
| SOFT CHECK: IF B7=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF B5=1 OR 2

B8. What are the top 3 reasons that you would continue working for Head Start through the next Head Start year (2022-2023)? Please rank these factors in order of importance, with 1 being the main reason you would continue working for Head Start.

*Select up to three reasons*

🞏 Pay or benefits are sufficient 1

🞏 Work environment (e.g., relationships with coworkers, flexibility in work hours) 2

🞏 The program’s leadership 3

🞏 Head Start’s values or goals match mine 4

🞏 Do not want to find a new job 5

🞏 Other reason (specify) 99

ALL

B6. The following are statements that some teachers have made about how children in Head Start should be taught and managed. Remember all your responses are private. Please indicate whether each statement agrees or disagrees with your personal beliefs about good teaching practice in Head Start.

PROGRAMMER: CODE ONE PER ROW; SPLIT INTO THREE SCREENS, SHOWING FIVE STATEMENTS ON EACH SCREEN

*Select one per row*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE |
| a. Head Start classroom activities should be responsive to individual differences in development  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. Each curriculum area should be taught as a separate subject at separate times  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Children should be allowed to select many of their own activities from a variety of learning areas that the teacher has prepared (writing, science center, etc.)  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. Children should be allowed to cut their own shapes, perform their own steps in an experiment, and plan their own creative drama, art, and writing activities  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. Children should work silently and alone on seatwork  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. Children in Head Start classrooms should learn through active explorations  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| g. Head Start teachers should use treats, stickers, or stars to encourage appropriate behavior  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| h. Head Start teachers should use punishments or reprimands to encourage appropriate behavior  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| i. Children should be involved in establishing rules for the classroom  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| k. Children should learn to color within predefined lines  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| l. Children in Head Start classrooms should learn to form letters correctly on a printed page  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| m. Children should dictate stories to the teacher  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| n. Children should know their letter sounds before they learn to read  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| o. Children should form letters correctly before they are allowed to create a story  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

|  |
| --- |
| SOFT CHECK: IF B6a,b,c,d,e,f,g,h,i,j,k,l,m,n,o=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.** |

C. YOUR EMOTIONS, FEELINGS, AND EXPERIENCES

**The following questions ask about your feelings, including some questions about depression and anxiety. If needed, the National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day. The toll-free telephone number for the National Suicide Prevention Lifeline is 1-800-273-8255.**

ALL

C1. The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers. Please select if you felt this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week.

|  |
| --- |
| PROGRAMMER BOX C1cset up hyperlink for text “SHAKE OFF THE BLUES” that will pop up to provide the following definition:**Not being able to “shake off the blues” refers to feeling sad, unhappy, miserable, or down in the dumps for short periods.** |

PROGRAMMER: CODE ONE PER ROW; SPLIT INTO TWO SCREENS WITH SIX STATEMENTS APPEARING ON EACH SCREEN

*Select one per row*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | RARELY OR NEVER IN THE PAST WEEK | SOME OR A LITTLE IN THE PAST WEEK | OCCASIONALLY OR MODERATELY IN THE PAST WEEK | MOST OR ALL OF THE TIME IN THE PAST WEEK | NO RESPONSE |
| a. Bothered by things that usually don’t bother you  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |
| b. You did not feel like eating, your appetite was poor  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |
| c. That you could not shake off the blues, even with help from your family and friends  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |
| d. You had trouble keeping your mind on what you were doing  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |
| e. Depressed  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |
| f. That everything you did was an effort | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |
| g. Fearful  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |
| h. Your sleep was restless  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |
| i. You talked less than usual  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |
| j. Lonely  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |
| k. Sad  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |
| l. You could not get “going”  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | M |

|  |
| --- |
| SOFT CHECK: IF C1a,b,c,d,e,f,g,h,i,j,k,l=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.** |

|  |
| --- |
| ALL |

C3. Over the *last 2 weeks*, how often have you been bothered by any of the following problems? For each question, please check the number that best describes how often you had this feeling.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| During the past 2 weeks, about how often were you bothered by… | Not at all over the last 2 weeks | Several days over the last 2 weeks | More than half the days over the last 2 weeks | Nearly every day over the last 2 weeks |
| a. Feeling nervous, anxious or on edge?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Not being able to stop or control worrying?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Worrying too much about different things?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Trouble relaxing?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. Being so restless that it is hard to sit still?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. Becoming easily annoyed or irritable?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| g. Feeling afraid as if something awful might happen?  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

|  |
| --- |
| PROGRAMMER BOX C3Please display the following text with item C3: The GAD-7 was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.  |

|  |
| --- |
| ALL |

C4. The next questions are about your *current* job-related stress due to COVID-19. Please indicate how much you agree with each of the following statements.

**PROGRAMMER: SHOW AS GRID ON ONE SCREEN.**

**PROGRAMMER: SOFT CHECK IF NO RESPONSE.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Select one per row.* | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE | NO RESPONSE |
| a. You worry about your own potential exposure to COVID-19 while at work.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | M |
| b. COVID-19 safety rules and regulations are stressful for you and other staff members.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | M |
| c. You cannot meet performance expectations due to COVID-19.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | M |
| d. You feel more stress at work now than you did before COVID-19 began.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | M |

C13. To what extent do you agree with each of the following statements about job-related stress at your center?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Select one per row.* | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE | NO RESPONSE |
| a. You are under too many pressures to do your job effectively.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | M |
| b. Staff members often show signs of stress and strain.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | M |
| c. The heavy workload at this center reduces effectiveness.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | M |
| d. Staff frustration is common at this center.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | M |

Next, we’d like to ask you some questions about supports for staff wellness and overall well-being your program may have offered. Please think about all of the supports for staff wellness and overall well-being your program *offered* to staff, regardless of whether you received these supports.

|  |
| --- |
| ALL |

**C14. Please indicate if your program has offered any of the following supports for staff wellness, and overall well-being in the past year.**

|  |
| --- |
| PROGRAMMER BOX C14: set up hover for text “SECONDARY TRAUMATIC STRESS” that will pop up to provide the following definition:ACF defines secondary traumatic stress, also referred to as compassion fatigue, as a set of observable reactions to working with people who have been traumatized. Symptoms of secondary traumatic stress mirror the symptoms of post-traumatic stress disorder (PTSD), such as feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances. It may also be associated with a sense of confusion, helplessness, and a sense of isolation. |

|  |  |  |  |
| --- | --- | --- | --- |
| *Select one per row.* | YES | NO | DON’T KNOW |
| a. Regular check-ins with supervisor, coach/mentor, or center or program leadership  | 1 🔾 | 0 🔾 | D 🔾 |
| b. Professional mental health consultations  | 1 🔾 | 0 🔾 | D 🔾 |
| c. Virtual or in-person staff social events  | 1 🔾 | 0 🔾 | D 🔾 |
| d. Resources to support your personal health and safety (e.g., social distancing, use of masks and gloves)  | 1 🔾 | 0 🔾 | D 🔾 |
| e. Resources to support your physical health (e.g., exercise and nutrition, yoga room)  | 1 🔾 | 0 🔾 | D 🔾 |
| f. Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room)  | 1 🔾 | 0 🔾 | D 🔾 |
| g. Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs)  | 1 🔾 | 0 🔾 | D 🔾 |
| h. A physically and mentally safe work environment (e.g., staff feel they can raise concerns such as job stress and safety with program leadership; staff feel their physical and mental health matters to program leadership)  | 1 🔾 | 0 🔾 | D 🔾 |
| i. Opportunities to take breaks during the day  | 1 🔾 | 0 🔾 | D 🔾 |
| j. Training or resources on secondary traumatic stress  | 1 🔾 | 0 🔾 | D 🔾 |
| k. Counseling resources or referrals to Employee Assistance Programs  | 1 🔾 | 0 🔾 | D 🔾 |
| l. Additional floaters or support staff  | 1 🔾 | 0 🔾 | D 🔾 |
| m. Permanent wage or salary increase  | 1 🔾 | 0 🔾 | D 🔾 |
| n. Additional paid leave  | 1 🔾 | 0 🔾 | D 🔾 |
| o. Bonuses or other monetary incentives  | 1 🔾 | 0 🔾 | D 🔾 |
| p. Increase in other employee benefits (e.g., health insurance)  | 1 🔾 | 0 🔾 | D 🔾 |
| q. Other *(*specify- STRING 150*)*  | 1 🔾 | 0 🔾 | D 🔾 |

|  |
| --- |
| IF C14x=1PROGRAMMER NOTE: If the aligned C14x=1, ask C15x immediately after. |

**C15. Did you use or receive this support from your program in the past year?**

|  |
| --- |
| PROGRAMMER BOX C15: set up hover for text “SECONDARY TRAUMATIC STRESS” that will pop up to provide the following definition:ACF defines secondary traumatic stress, also referred to as compassion fatigue, as a set of observable reactions to working with people who have been traumatized. Symptoms of secondary traumatic stress mirror the symptoms of post-traumatic stress disorder (PTSD), such as feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances. It may also be associated with a sense of confusion, helplessness, and a sense of isolation. |

|  |  |  |  |
| --- | --- | --- | --- |
| *Select one per row.* | YES | NO | DON’T KNOW |
| a. Regular check-ins with supervisor, coach/mentor, or center or program leadership  | 1 🔾 | 0 🔾 | D 🔾 |
| b. Professional mental health consultations  | 1 🔾 | 0 🔾 | D 🔾 |
| c. Virtual or in-person staff social events  | 1 🔾 | 0 🔾 | D 🔾 |
| d. Resources to support your personal health and safety (e.g., social distancing, use of masks and gloves)  | 1 🔾 | 0 🔾 | D 🔾 |
| e. Resources to support your physical health (e.g., exercise and nutrition, yoga room)  | 1 🔾 | 0 🔾 | D 🔾 |
| f. Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room)  | 1 🔾 | 0 🔾 | D 🔾 |
| g. Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs)  | 1 🔾 | 0 🔾 | D 🔾 |
| h. A physically and mentally safe work environment (e.g., staff feel they can raise concerns such as job stress and safety with program leadership; staff feel their physical and mental health matters to program leadership)  | 1 🔾 | 0 🔾 | D 🔾 |
| i. Opportunities to take breaks during the day  | 1 🔾 | 0 🔾 | D 🔾 |
| j. Training or resources on secondary traumatic stress  | 1 🔾 | 0 🔾 | D 🔾 |
| k. Counseling resources or referrals to Employee Assistance Programs  | 1 🔾 | 0 🔾 | D 🔾 |
| l. Additional floaters or support staff  | 1 🔾 | 0 🔾 | D 🔾 |
| m. Permanent wage or salary increase  | 1 🔾 | 0 🔾 | D 🔾 |
| n. Additional paid leave  | 1 🔾 | 0 🔾 | D 🔾 |
| o. Bonuses or other monetary incentives  | 1 🔾 | 0 🔾 | D 🔾 |
| p. Increase in other employee benefits (e.g., health insurance)  | 1 🔾 | 0 🔾 | D 🔾 |
| q. [FILL C15j]  | 1 🔾 | 0 🔾 | D 🔾 |

|  |
| --- |
| IF ANY C14x=1 EXCEPT C14c, C14h, and C14i |

**C16. Were the supports for staff wellness and overall well-being offered by your program in the past year offered at a convenient location?**

🔾 Yes 1

🔾 No 0

NO RESPONSE M

NOTE TO PROGRAMMER: C16 should only be asked of respondents if C14x=1 for at least one C14x except in cases where C14c, C14h, and/or C14i=1 and no other C14x=1.

|  |
| --- |
| IF ANY C14x=1 EXCEPT C14c, C14h, and C14i |

**C17. Were the supports for staff wellness and overall well-being offered by your program in the past year offered at a convenient time?**

🔾 Yes 1

🔾 No 0

NO RESPONSE M

NOTE TO PROGRAMMER: C17 should only be asked of respondents if C14x=1 for at least one C14x except in cases where C14c, C14h, and/or C14i=1 and no other C14x=1.

|  |
| --- |
| ALL |

**C18. Were there supports for staff wellness and overall well-being that would have been useful to you and were not offered by your program in the past year?**

🔾 Yes 1

🔾 No 0 GO TO C20

NO RESPONSE M

|  |
| --- |
| IF C18=1  |

**C19. Which of the following supports for staff wellness and overall well-being would have been useful to you and were not offered by your program in the past year?**

|  |
| --- |
| PROGRAMMER BOX C19: set up hover for text “SECONDARY TRAUMATIC STRESS” that will pop up to provide the following definition:ACF defines secondary traumatic stress, also referred to as compassion fatigue, as a set of observable reactions to working with people who have been traumatized. Symptoms of secondary traumatic stress mirror the symptoms of post-traumatic stress disorder (PTSD), such as feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances. It may also be associated with a sense of confusion, helplessness, and a sense of isolation. |

*Select all that apply*

🞏 Regular check-ins with supervisor, coach/mentor, or center or program leadership 1

🞏 Professional mental health consultations 2

🞏 Virtual or in-person staff social events 3

🞏 Resources to support your personal health and safety (e.g., social distancing, use of masks and gloves) 4

🞏 Resources to support your physical health (e.g., exercise and nutrition, yoga room) 5

🞏 Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room) 6

🞏 Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs) 7

🞏 A physically and mentally safe work environment (e.g., staff feel they can raise concerns such as job stress and safety with program leadership; staff feel their physical and mental health matters to program leadership) 8

🞏 Opportunities to take breaks during the day 9

🞏 Training or resources on secondary traumatic stress 10

🞏 Counseling resources or referrals to Employee Assistance Programs 11

🞏 Additional floaters or support staff 12

🞏 Permanent wage or salary increase 13

🞏 Additional paid leave 14

🞏 Bonuses or other monetary incentives 15

🞏 Increase in other employee benefits (e.g., health insurance) 16

🞏 Other *(*Specify- STRING 150*)* 99

|  |
| --- |
| IF AT LEAST ONE C14x=1 |

**C20. To what extent do you agree with the following statement?**

 **Over the past year, the supports for staff wellness and overall well-being I received from my program met my needs.**

🔾 Strongly agree 1

🔾 Agree 2

🔾 Disagree 3

🔾 Strongly disagree 4

NO RESPONSE M

The next questions are about trauma-informed care.

|  |
| --- |
| ALL |

|  |
| --- |
| PROGRAMMER BOX **SET UP HYPERLINK FOR TEXT “TRAUMA-INFORMED CARE” THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:** SAMHSA defines a trauma-informed approach—using the 4R's—as one that (1) **realizes** the widespread impact of trauma and pathways to recovery; (2) **recognizes** trauma signs and symptoms; (3) **responds** by integrating awareness about trauma into all facets of the system; (4) **resists** re-traumatization of trauma impacted individuals by decreasing the occurrence of unnecessary triggers. |

C21. Have you received training on providing trauma-informed care in the past year?

🔾 Yes 1

🔾 No 0 GO TO C12

NO RESPONSE M

|  |
| --- |
| IF C21=1 |

C22. You indicated that you have received training on trauma-informed care. Who provided this training?

PROGRAMMER: CODE ALL SELECTED

*Select all that apply*

🞏 Mentor or master teacher in your program 1

🞏 Other Head Start teachers in your program 2

🞏 Your program’s health or disability coordinator 3

🞏 Staff from another Head Start program 4

🞏 Professors or instructors from a college or university 6

🞏 Head Start regional training and technical assistance provider 7

🞏 Social worker 14

🞏 Psychologist 15

🞏 LEA special education staff 16

🞏 Counselor or therapist 17

🞏 Behavior specialist 18

🞏 Other *(*specify- STRING 150*)* 8

NO RESPONSE M

**The last question in this section asks about your health.**

|  |
| --- |
| ALL |

C12. In general, would you say your health is…?

🔾 Excellent 1

🔾 Very good 2

🔾 Good 3

🔾 Fair 4

🔾 Poor 5

🔾 Don’t know d

🔾 REFUSED r

D. BACKGROUND INFORMATION

**The last set of questions is about you.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D1. In total, how many years have you been teaching (including all grades, preschool, or infant and toddler care)? Please round up to the nearest year.

 YEARS (RANGE 0-70)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D1=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF D1 > 50; **You have entered [D1] as the number of years you have been teaching all grades. Is that correct?** |
| RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 70.** |
| DECIMAL HARD CHECK; **No decimals allowed, please round to the nearest whole number. Please review.** |
| COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.** |

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D2. How many of those years have you been teaching or a home visitor for Head Start or Early Head Start? Please round up to the nearest year.

Please count time spent as either a lead or assistant teacher. Lead teachers are the head or primary teachers in the classroom.

 YEARS (RANGE 0-50)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D2=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF D2 > 30: **You have entered [D2] as the number of years you have been teaching Head Start. Is that correct?** |
| HARD CHECK: IF D2 > D1 [SOFT D2] **You indicated that you have been teaching at Head Start for more years (D2) than total years you have been teaching (D1). If you would like to change your answer to the prior question, click the “Back” button, or change your answer to this question, and click the “Next” button.** |
| RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 50.** |
| DECIMAL HARD CHECK; **No decimals allowed, please round to the nearest whole number. Please review.** |
| COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**  |

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D2a. In what month and year did you start working for this Head Start program?

MONTH YEAR

(RANGE 01-12) (RANGE 1965-2022)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D2a=NO RESPONSE FOR MONTH AND/OR YEAR; **Please enter Month and Year to continue.** |
| SOFT CHECK IF MONTH/YEAR COMBINATION ENTERED IS LATER THAN CURRENT MONTH/YEAR; **You entered a date in the future. Please enter the correct date to continue.**  |

 ALL

D5. What is the highest grade or year of school that you completed?

🔾 Up to 8th grade 1 GO TO D11

🔾 9th to 11th grade 2 GO TO D11

🔾 12th grade, but no diploma 3 GO TO D11

🔾 High school diploma/equivalent 4 GO TO D11

🔾 Vocational/technical program after high school but no diploma 5 GO TO D11

🔾 Vocational/technical diploma after high school 6 GO TO D11

🔾 Some college, but no degree 7 GO TO D7

🔾 Associate degree 8

🔾 Bachelor’s degree 9

🔾 Graduate or professional school, but no degree 10

🔾 Master’s degree (MA, MS) 11

🔾 Doctorate degree (Ph.D., Ed.D) 12

🔾 Professional degree after Bachelor’s degree (Medicine/MD; Dentistry/ DDS; Law/JD, etc.) 13

NO RESPONSE M GO TO D11

|  |
| --- |
| SOFT CHECK: IF D5=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF D5 = 8,9,10,11,12,13 AND WAVE=1 OR (WAVE=2 AND PREVINT=0)

D6. In what field did you obtain your highest degree?

*Select one only*

🔾 Child Development or Developmental Psychology 1

🔾 Early Childhood Education 2

🔾 Elementary Education 3

🔾 Special Education 4

🔾 Curriculum Development 6

🔾 Administration 7

🔾 Bilingual Education 8

🔾 Reading or Literacy 9

🔾 Psychology, Counseling, Social Work 10

🔾 Other *(*specify- STRING 150*)* 5

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D6=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF D6Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

IF D5 = 7,8,9,10,11,12 OR 13 AND WAVE=1 OR (WAVE=2 AND PREVINT=0)

D7. Did your schooling include 6 or more college courses in early childhood education or child development?

🔾 Yes 1 GO TO D8a

🔾 No 0 GO TO D8

NO RESPONSE M GO TO D8

|  |
| --- |
| SOFT CHECK: IF D7 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF D7 = 0 or M AND WAVE=1 OR (WAVE=2 AND PREVINT=0)

D8. Have you completed 6 or more college courses in early childhood education or child development since you left school or finished your degree?

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D8 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF D5 = 7, 8, 9, 10, 11, 12, OR 13

D8a. Have you completed an entire course on working with children who speak a language other than English?

 *(Click here for “SPEAK A LANGUAGE OTHER THAN ENGLISH” definition)*

|  |
| --- |
| PROGRAMMER BOX D8aset up hyperlink for text “here” that will pop up to provide the following definition:**These children may be learning two (or more) languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language. These children are also often referred to as limited English proficient (LEP), dual language learners (DLLs), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).**  |

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D8a = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D11. Do you have a Child Development Associate (CDA) credential?

🔾 Yes 1

🔾 No 0

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D11 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D12r. Do you have a state-awarded preschool certificate or license?

 *A teaching certificate or license is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.*

🔾 Yes 1

🔾 No 0

🔾 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D12= NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D13r. Do you have a state-awarded teaching certificate or license for ages/grades other than preschool?

 *A teaching certificate or license is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.*

🔾 Yes 1

🔾 No 0

🔾 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D13 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

ALL

D17. What is your total annual salary (before taxes) as a teacher for the current school year? Please do not include commas in your answer.

 PER YEAR

 (RANGE (0-999,999)

🔾 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D17 = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK IF D17 > $99,999; **You have entered [D17] as your total annual salary. Is that correct?** |
| RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 999,999.** |
| DECIMAL HARD CHECK; **The answer has too many decimals. Please review.** |
| COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**  |

ALL

D17a. How many weeks per year does this salary cover?

 WEEKS PER YEAR

 (RANGE (0-52)

🔾 Don’t know D

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D17a = NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 52.** |
| DECIMAL HARD CHECK; **The answer has too many decimals. Please review.** |
| COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**  |

ALL

D18. How many hours per week does this salary cover (not including overtime)?

 HOURS PER WEEK

(RANGE 0 to 80)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D18=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF D18 > 40 HOURS; **You have entered [D18] as the number of hours per week your salary covers. Is that correct?**  |
| RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 80.** |
| DECIMAL HARD CHECK; **The answer has too many decimals. Please review.** |
| COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.** |

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D19r. How do you describe yourself?

*Select all that apply*

🞏 Male 1

🞏 Female 2

🞏 Another gender identity (Specify – STRING 255) 3

* Prefer not to answer 4

NO RESPONSE M

**PROGRAMMER: SOFT CHECK IF NO RESPONSE.**

**PROGRAMMER: REMOVE OTHER: SPECIFY SOFT CHECK FOR THIS ITEM**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D20. In what year were you born?

 YEAR

(DROP DOWN RANGE 1914-2004)

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D20=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF D20 < 1927 OR > 2000; **You have entered [D20] as the year you were born. Is that correct?** |

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D21. Are you of Spanish, Hispanic, Latino/a/x, or Chicano/a/x origin?

🔾 Yes 1

🔾 No 0 GO TO D23

NO RESPONSE M GO TO D23

|  |
| --- |
| SOFT CHECK: IF D21=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |

IF WAVE=1 OR (WAVE=2 AND PREVINT=0) AND D21=1

D22. Which do you describe yourself as?

*Select all that apply*

🞏 Mexican, Mexican American, Chicano/a/x 1

🞏 Puerto Rican 2

🞏 Cuban 3

🞏 Another Spanish/Hispanic/Latino/a/x group *(*specify- STRING 150*)* 4

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D22=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| SOFT CHECK: IF D22Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D23. What is your race?

PROGRAMMER: CODE ALL THAT APPLY

*Select all that apply*

🞏 White 11

🞏 Black or African American 12

🞏 American Indian or Alaska Native 13

🞏 Asian Indian 14

🞏 Chinese 15

🞏 Filipino 16

🞏 Japanese 17

🞏 Korean 18

🞏 Vietnamese 19

🞏 Other Asian 20

🞏 Native Hawaiian 21

🞏 Guamanian or Chamorro 22

🞏 Samoan 23

🞏 Other Pacific Islander *(*specify- STRING 150*)* 24

🞏 Another race *(*specify- STRING 150*)* 25

NO RESPONSE M

|  |
| --- |
| SOFT CHECK: IF D23=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.** |
| CHECK: IF D23Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the “Next” button to move to the next question.**   |

ADDITIONAL SCREENS

TRANSITION TO SECOND CLASSROOM

**Now, please answer some questions about your second class, that is the [FILL SECOND CLASSROOM] class.**

**There are fewer questions about the second class.**

**Please click the “Next” button below to continue.**

PROGRAMMER: REPEAT QUESTIONS WITH UNIVERSE STATEMENT SECOND IF TEACHER HAS A SECOND CLASS.

|  |
| --- |
| FINAL ALL |
| END3 (RECEIPT PAGE) |

Thank you very much for participating in FACES!

Your answers have been submitted and you may close this window.

|  |
| --- |
| IF CLICKS ON “CONTACT THE HELPDESK” |
| HELPDESK SCREEN |

If you have any questions regarding the FACES survey, please call 833-961-2895 or send an e-mail to FACES@mathematica-mpr.com.

|  |
| --- |
| IF CASE INDICATED AS COMPLETE |
| COMPLETE CASE SCREEN |

Our records indicate that your survey is already completed. Please call [IF SURVEY\_VERSION=1: 833-961-2895] if you believe you are receiving this message in error.