



**American Indian and  
Alaska Native**

*family and child experiences survey*

**American Indian and Alaska Native  
Head Start Family and Child Experiences Survey  
(AIAN FACES)**

**Teacher Survey  
Spring 2022**

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## INTRODUCTION

Mathematica is conducting the American Indian and Alaska Native Head Start Family and Child Experiences Survey (AIAN 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 this 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 this survey. Questions are not always numbered sequentially, so please answer questions in the order they appear, regardless of the question number. Additionally, you may be told to skip some questions because they do not apply to you. There are no right or wrong answers to the questions. The Teacher Survey will take about 57 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 AIAN 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.



OMB Number: 0970-0151  
Expiration Date: 12/31/2023

**American Indian and Alaska Native  
Head Start Family and Child Experiences Survey  
(AIAN FACES)  
Teacher Child Report and Teacher Survey Consent Form**

**Who is the study for?** Mathematica is conducting the American Indian and Alaska Native Head Start Family and Child Experiences Survey (AIAN FACES) under contract with the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS).

**About the Teacher Child Report (TCR) and Teacher Survey:** The TCR asks you to report on the current language, learning, and social skills; classroom conduct; and approaches to learning that you have observed in the children in the study who are from your class. The Teacher Survey asks about your classroom and your background, as well as your thoughts about teaching and your Head Start program.

**Privacy Statement:** All information collected as part of AIAN 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.

By signing below, I agree that I understand the purposes of this study, including any 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## INTRODUCTION

**SC0. Are you the teacher listed on the front of the survey?**

- 1  Yes → **GO TO S1b**
- ← 2  Yes, but my name is misspelled
- 0  No, this is not my name

**SC0a. Please enter the correct spelling of your name.**

Name: \_\_\_\_\_

**Home visitors: in this survey, the term “classroom” or “class” refers to all of the children in your caseload.**

**If you have more than one class selected for this study, please answer these questions thinking only about the class session listed on the label on the front of this survey. After you have completed the survey, you will be asked a few additional questions about your second class in the Second Classroom Survey.**

**S1b. When did you become the teacher of this class for this program year?**

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

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
MONTH DAY YEAR

**IF YOU WERE THE TEACHER ON OR BEFORE JULY 1, 2021, SKIP TO AA1INTRO. IF YOU BECAME THE TEACHER AFTER JULY 1, 2021, CONTINUE TO S3.**

**S3. Before you became the teacher of this class, were you teaching in Head Start?**

- 1  Yes
- 0  No → **GO TO AA1Intro, PAGE 2**

**S4. Where were you teaching before you came to this class?**

*Select one only*

- 1  In the same classroom as an assistant teacher
- 2  In a different classroom at the same Head Start center
- 3  At a different Head Start center operated by the same program
- 4  At a Head Start center operated by a different program
- 5  Somewhere else (*specify*) \_\_\_\_\_

## AA. CLASSROOM SESSION TYPE

**AA1Intro:** 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.

**AA1.** 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.*

- 1  Yes  
0  No → **GO TO AA3**

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

- 1  Yes  
0  No → **GO TO AB1, PAGE 4**

**AA3.** Do you teach . . .

*Select one only*

- 1  A full-day class → **GO TO AA4**  
2  A morning class only → **GO TO AA4**  
3  An afternoon class only → **GO TO AA4**  
4  Multiple classes → **GO TO AA5, PAGE 3**

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

Classroom Name: \_\_\_\_\_

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

*Select all that apply*

- 1  Monday  
2  Tuesday  
3  Wednesday  
4  Thursday  
5  Friday

**GO TO AB1, PAGE 4**

**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.**

First Classroom Name: \_\_\_\_\_

**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 this class . . .**

*Select one only*

- 1  A morning class only
- 2  An afternoon class only
- 3  A full-day class

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

Second Classroom Name: \_\_\_\_\_

**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 this class . . .**

*Select one only*

- 1  A morning class only
- 2  An afternoon class only
- 3  A full-day class

## AB: NATIVE CULTURE/ LANGUAGE IN CLASSROOM

These next questions are about use of Native culture and language in the classroom.

If you have more than one class selected for this study, please answer these questions thinking only about the class session listed on the label on the front of this survey.

**AB1. Do you have a cultural/language elder or specialist that works in this class with children?**

*By cultural/language elder or specialist we mean someone that you may rely on or consult with in regard to culture or language. Though culture and language are interrelated, sometimes an elder or specialist might only be consulted on one or the other, and not both.*

- 1  Yes  
0  No → **GO TO AB6**

**AB2. Who is your cultural/language elder or specialist?**

*Select all that apply*

- 1  A spiritual leader  
2  An influential member of the tribal or cultural community  
3  A member of the tribal or cultural community  
4  Other (*specify*) \_\_\_\_\_

**AB6. Is this class a full immersion classroom?**

*A full immersion classroom is one where **only** Native language is used for all interactions and activities every day, without English or another language being used.*

- 1  Yes → **GO TO AB4**  
0  No

**AB3. Do children in this class receive Native language lessons?**

- 1  Yes  
0  No → **GO TO AB7, PAGE 6**

**AB4. What languages are children taught through Native language lessons? Please list all the Native languages taught:**

- 1  \_\_\_\_\_  
2  \_\_\_\_\_  
3  \_\_\_\_\_  
4  \_\_\_\_\_  
5  \_\_\_\_\_

**AB5. Who teaches the Native language lessons?**

*Select all that apply*

- 1  I do
- 2  Assistant classroom teachers
- 3  Paid aides
- 4  Cultural/language elder or specialist
- 5  Other (*specify*) \_\_\_\_\_



**IF THIS IS A FULL-IMMERSION CLASS, GO TO AB17 ON PAGE 7.  
OTHERWISE, CONTINUE TO AB11 BELOW.**

**AB11. How often do children receive Native language instruction or lessons?**

*Select one only*

- 1  Daily
- 2  3-4 times a week
- 3  1-2 times a week
- 4  Less than once a week

**AB12. When children receive Native language instructions or lessons, how long are those lessons?**

*Select one only*

- 1  Less than 5 minutes
- 2  5-10 minutes
- 3  11-15 minutes
- 4  16-20 minutes
- 5  More than 20 minutes



**AB7. How do you integrate Native culture and/or language activities into this class, whether as a whole class, in small groups, or in individualized arrangements? I...**

*Select all that apply*

- 1  Integrate Native culture/language items and activities throughout the day
- 2  Offer separate Native culture/language activities/areas within the classroom
- 3  Conduct a pull-out program
- 5  No Native culture/language activities offered as part of the classroom day

**AB13. How often do children speak a Native language in this class? Please include formal language use (as part of a lesson) and informal use (as part of a conversation).**

*Select one only*

- 1  Daily
- 2  3-4 times a week
- 3  1-2 times a week
- 4  Less than once a week

**AB14. How often do teachers speak a Native language in this class? Please include formal language use (as part of a lesson) and informal use (as part of a conversation).**

*Select one only*

- 1  Daily
- 2  3-4 times a week
- 3  1-2 times a week
- 4  Less than once a week

**AB15. How often do children and teachers converse together in a Native language?**

*Select one only*

- 1  Daily
- 2  3-4 times a week
- 3  1-2 times a week
- 4  Less than once a week

**AB16. How frequently throughout the day do children incorporate Native language words into English language sentences?**

*Select one only*

- 1  Never
- 2  Rarely
- 3  Sometimes

4  Always

**AB17. How frequently throughout the day do children speak full sentences in a Native language?**

*Select one only*

1  Never

2  Rarely

3  Sometimes

4  Always

**AB8. Do you use a cultural curriculum?**

1  Yes

0  No

**AB9. Do you use a locally designed tool to assess children's Native language development specific to your Native language?**

1  Yes

0  No

**AB10. Are you receiving any training or technical assistance (T/TA) related to culture from the Administration for Native Americans (ANA) or some other organization?**

1  Yes

0  No

d  Don't know

The next question asks about how the COVID-19 pandemic might have continuing effects on children's experiences in the classroom.

**AB18. Has the way that children experience Native language and culture in your classroom changed due to the COVID-19 pandemic?**

1  Yes

0  No →

**GO TO A0-1Intro, PAGE 8**

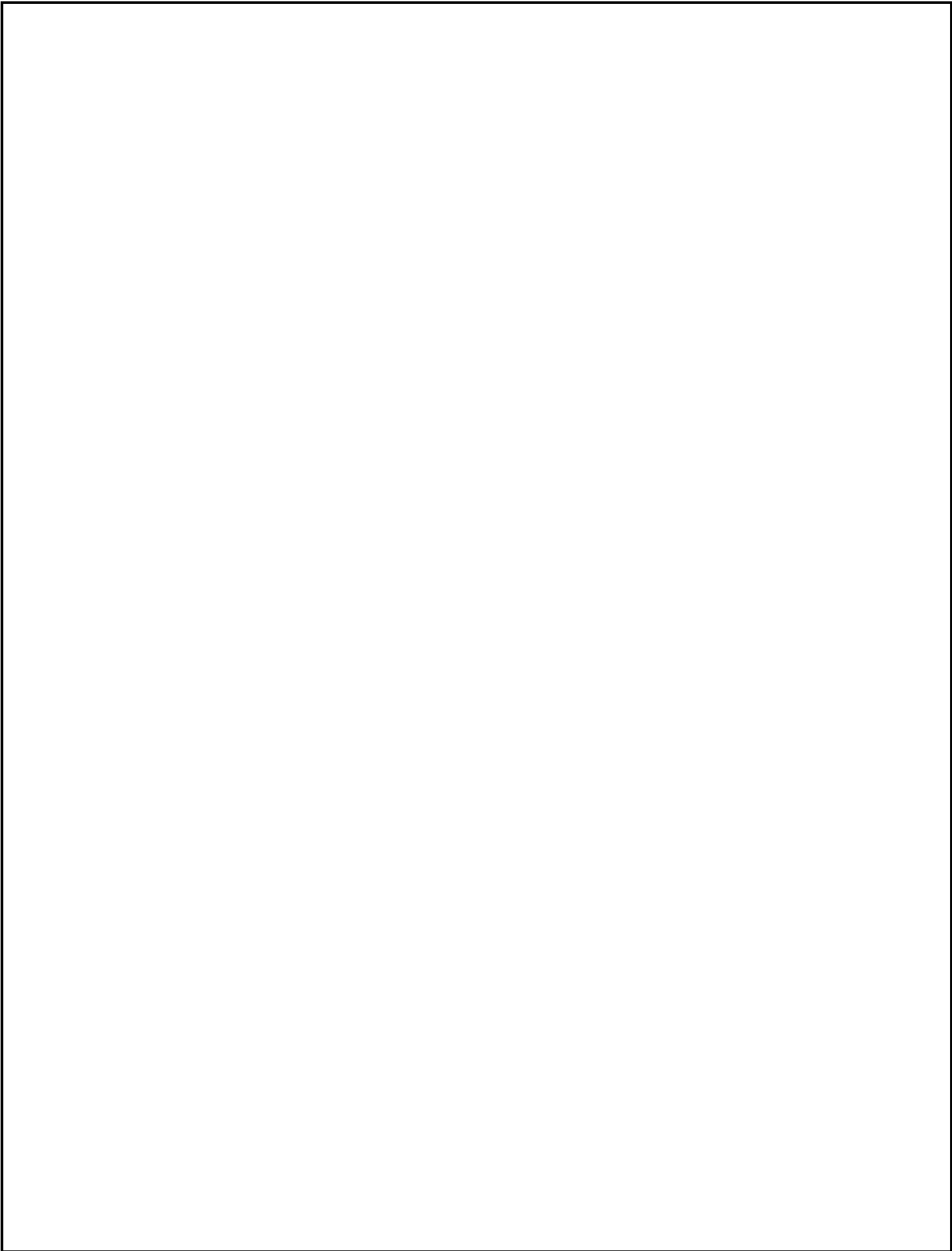
d  Don't know → **GO TO A0-1Intro, PAGE 8**

**AB19. How has the way that children experience Native language and culture in your classroom changed due to the COVID-19 pandemic?**

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## A: CLASSROOM ACTIVITIES

**A0-1Intro.** The next questions are about your classroom activities and the children in your class.

If you have more than one class selected for this study, please answer these questions thinking only about the class session listed on the label on the front of this survey.

**A0-1x.** As of today's date, how many children in this class are each of the following ages?

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

*The total number of 3 year olds (or younger), 4 year olds, and 5 year olds (or older) entered here should equal the total number of children enrolled in this class.*

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

**A01d.** As of today's date, how many children in this class are...

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

	NUMBER OF CHILDREN
1. American Indian or Alaska Native.....	_ _
6. Asian.....	_ _
7. Native Hawaiian, or other Pacific Islander.....	_ _
3. Black, non-Hispanic.....	_ _
4. Hispanic.....	_ _
5. White, non-Hispanic.....	_ _

**A0-xy. How many of each of the following staff are usually with this class? And how many of these staff members are American Indian or Alaska Native (AIAN)?**

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

	NUMBER OF STAFF	NUMBER WHO ARE AIAN
2. Lead teachers..... <i>(Lead teachers are the head or primary teachers in the classroom. If teachers are co-teachers count them here.)</i>	_ _	_ _
3. Assistant teachers.....	_ _	_ _
4. Paid aides.....	_ _	_ _

**A0-5. How many days a week does this class meet?**

|\_| DAYS PER WEEK

**A0-6. How many hours a week does this class meet?**

|\_|\_| HOURS PER WEEK

**A1. Please describe how a typical day is spent in your classroom. Not including lunch or nap breaks, how much time do the children spend in the following kinds of activities?**

	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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Teacher-directed small group activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Teacher-directed individual activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Child-selected activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**A1e. How often in a typical week do children in your class usually work on activities in the following areas, whether as a whole class, in small groups, or in individualized arrangements?**

	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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2. Mathematics.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Social Studies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4. Science.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5. Arts (e.g., painting with berries, creating dream catchers).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**A2. How often do children in your class do each of the following reading and language activities?**

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Practice writing the letters of the alphabet.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Discuss new words.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Dictate stories to a teacher, aide, or volunteer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Listen to a teacher, aide, or volunteer read stories where they see the print (e.g., Big Books).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Listen to a teacher, aide, or volunteer read stories but they don't see the print.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. Retell stories.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
m. Listen to a teacher, aide, volunteer, or Elder tell a story.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. Learn about conventions of print (such as left to right orientation, book holding, pointing to individual word).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
j. Write their own name.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
k. Learn about rhyming words or word families.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
l. Learn about common prepositions, such as over and under, up and down.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
n. Work on letter-sound relationships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**IF CHILDREN IN YOUR CLASS NEVER LISTEN TO A TEACHER, AIDE, VOLUNTEER, OR ELDER TELL A STORY, GO TO A3, PAGE 11.**

**ANSWER A2m1 AND A2m2 BELOW IF CHILDREN IN YOUR CLASS LISTEN TO A TEACHER, AIDE, VOLUNTEER, OR ELDER TELL A STORY.**

**A2m1. You indicated that children in your class listen to a teacher, aide, volunteer, or Elder tell a story. Is the storytelling following Native oral tradition in a formal (as part of a lesson plan) or informal, occurring spontaneously, way?**

Select all that apply

- 1  Formal
- 2  Informal

**A2m2. What language(s) does the storytelling occur in?**

Select all that apply

- 1  English
- 2  Native language
- 3  Spanish
- 4  Other language (specify) \_\_\_\_\_

**A3. How often do children in your class do each of the following math activities?**

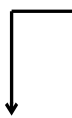
SELECT ONE PER ROW

	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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Work with geometric manipulatives (for example, pattern, tangrams, unit, or parquetry blocks or shape puzzles).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Play math-related games.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Work with rulers, measuring cups, spoons, or other measuring instruments.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. Engage in calendar-related activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. Engage in activities related to telling time.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
j. Engage in activities that involve shapes and patterns.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
k. Work on comparing quantities (least, most, less, more).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
l. Work on ordinal numbers (first, second, third).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
m. Use 10 frames to help teach math concepts.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

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

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

- 1  Yes  
 0  No → GO TO A3e, PAGE 12



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

Select all that apply

- 33  Your Native language (specify) \_\_\_\_\_
- 34  Other Native language(s) (specify) \_\_\_\_\_
- 2  Spanish
- 9  Other language (specify) \_\_\_\_\_

**A3e. How many children in your class speak a language other than English?**

*By a language other than English, we mean any language other than English, including Native and non-Native languages.*

*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

Don't know

**IF THERE ARE NO CHILDREN IN YOUR CLASS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH, GO TO A4, PAGE 14.**



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

SELECT ONE PER ROW

	YES	NO
a. Communicate only in English.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Use an informal interpreter or a formal translator, like a staff member or parent.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Use physical cues or hand gestures.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Use translated materials.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Use any other ways ( <i>specify</i> ) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**A3f. Thinking about all children in your 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.*

*Select all that apply*

- 1  English
- 35  Native language(s) (*specify*) \_\_\_\_\_
- 2  Spanish
- 9  Other language (*specify*) \_\_\_\_\_

**A3g. Of the languages selected above at A3f, approximately how many children speak these languages?**

*You only need to enter a response for the language(s) spoken by children in this class.*

	NUMBER OF CHILDREN
a. English.....	_ _
b. Native language(s) ( <i>specify</i> ) _____	_ _
c. Spanish.....	_ _
d. Other language ( <i>specify</i> ) _____	_ _

**A4. What languages are used for instruction in your class by you or another adult, not including language lessons?**

Select all that apply

- 1  English
- 35  Native language(s) (specify) \_\_\_\_\_
- 2  Spanish
- 9  Other language (specify) \_\_\_\_\_

**A4a. Who speaks each language you selected above at A4? Is it you/the lead teacher, an assistant teacher, a classroom aide, a volunteer, or a cultural/language elder or specialist?**

You only need to select a response for the language(s) used for instruction in your class.

SELECT ALL THAT APPLY PER ROW

	YOU/LEAD TEACHER	ASSISTANT TEACHER	CLASSROOM AIDE	VOLUNTEER/ NON STAFF	CULTURAL/ LANGUAGE ELDER OR SPECIALIST
a. English.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Native language(s)..... (specify)_____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Spanish.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Other language (specify)..... _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**A5a. What language do you use most often when you read to children in your class?**

Select one only

- 1  English
- 35  Native language(s)
- 2  Spanish
- 9  Other language (specify) \_\_\_\_\_

**A5b. Are there any other languages you use when you read to children in your class?**

- 1  Yes  
0  No → **GO TO A5d**

**A5c. What other languages are used when you read to children in this class?**

*Select all that apply*

- 1  English  
35  Native language(s)  
2  Spanish  
9  Other language (*specify*) \_\_\_\_\_

**A5d. What language do you use most often when you speak to a group of children to present information or give directions in your class?**

*Select one only*

- 1  English  
35  Native language(s)  
2  Spanish  
9  Other language (*specify*) \_\_\_\_\_

**A5e. Are there any other languages you use when you speak to a group of children in your class?**

- 1  Yes  
0  No → **GO TO A5g**

**A5f. What other languages are used when you speak to a group of children in this class?**

*Select all that apply*

- 1  English  
35  Native language(s)  
2  Spanish  
9  Other language (*specify*) \_\_\_\_\_

**A5g. In what languages are printed materials like children's books available in your class?**

*Select all that apply*

- 1  English  
35  Native language(s)  
2  Spanish  
9  Other language (*specify*) \_\_\_\_\_

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

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

- 1  Yes, specific curriculum ←
- 2  Yes, combination
- 3  No curriculum →
- d  Don't know
- GO TO A21, PAGE 19**

**A8. What is your main curriculum?**

Select one only

- 11  Creative Curriculum (*Teaching Strategies*)
- 25  Building Blocks math curriculum (*McGraw-Hill*)
- 17  Creating Child Centered Classrooms – Step By Step
- 26  DLM Early Childhood Express (*McGraw-Hill*)
- 27  Everyday Mathematics (*McGraw-Hill*)
- 24  Frog Street
- 28  Foundations (*Wilson Language Training*)
- 29  Handwriting without Tears
- 12  HighScope
- 30  Learn Every Day
- 14  Let's Begin with the Letter People (*Abrams Learning Trends*)
- 15  Montessori
- 31  Number Worlds (*McGraw-Hill*)
- 32  Open Circle
- 33  Opening World of Learning (OWL) (*Pearson*)
- 34  Preschool PATHS (Promoting Alternative Thinking Strategies) (*Channing Bete Company*)
- 35  Pyramid Model for Supporting Social Emotional Competence
- 18  Scholastic Curriculum
- 36  Second Step
- 37  Tools of the Mind
- 38  Zoophonics
- 19  Locally designed curriculum
- 21  Other (*specify*) \_\_\_\_\_
- 22  Other (*specify*) \_\_\_\_\_
- 23  Use more than one curriculum equally
- d  Don't know

**A13. Which types of support have you received to help you use your main curriculum? You may select more than one.**

*Select all that apply*

- 1  Help understanding the curriculum
- 2  Opportunities to observe someone implementing the curriculum
- 3  Refresher training on the curriculum
- 4  Help implementing the curriculum
- 5  Help planning curriculum-based activities
- 6  Help individualizing the curriculum for children
- 7  Help identifying and/or receiving additional resources to expand the scope of the curriculum and activities
- 11  Help implementing the curriculum for children with developmental concerns
- 8  Feedback on implementing the curriculum
- 12  Help adapting the curriculum to your cultural context
- 13  Feedback about the results of a checklist about how you use the curriculum
- 9  Other (*specify*) \_\_\_\_\_
- 10  No support → **GO TO A21, PAGE 19**

**GO TO  
A14,  
PAGE  
18**

**A14. From whom did you receive support?**

*Select all that apply*

- 1  Mentor or master teacher
- 2  Other Head Start teachers in program
- 3  Supervisor/education coordinator
- 4  Staff from another Head Start Program
- 5  Staff or consultant(s) from curriculum developers/certified trainers (e.g., HighScope, Teaching Strategies, Montessori, etc.)
- 6  Professors or instructors from a school of education at a college or university
- 13  Professors or instructors from a school other than a school of education at a college or university
- 10  Tribal College, university, or community college faculty contributing to early childhood education and programs
- 7  Head Start state training and technical assistance provider
- 11  Head Start AIAN training and technical assistance provider
- 12  Cultural/language elder or specialist
- 8  Other (*specify*) \_\_\_\_\_

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

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

Select one only

- 1  Teaching Strategies GOLD assessment (formerly known as The Creative Curriculum Developmental Continuum Assessment Toolkit for ages 3-5)
- 2  HighScope Child Observation Record (COR)
- 3  Galileo
- 4  Ages and Stages Questionnaires: A Parent Completed, Child-Monitoring System
- 5  Desired Results Developmental Profile (DRDP)
- 6  Work Sampling System for Head Start
- 7  Learning Accomplishment Profile Screening (LAP including E-LAP, LAP-R and LAP-D)
- 8  Hawaii Early Learning Profile (HELP)
- 9  Brigance Preschool Screen for three and four year old children
- 10  Assessment designed for this program
- 14  State developed tools (e.g., CIRCLE)
- 12  Other (*specify*) \_\_\_\_\_
- 13  Do not use a child assessment tool

**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.*

	SELECT ONE PER ROW		
	YES	NO	DON'T KNOW
1. Regular meetings with supervisors to talk with them about my work and progress.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
16. Support/funding to attend regional, state, or national early childhood conferences.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
3. Paid substitutes to allow you time to prepare, train, and/or plan.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
4. Mentoring or coaching.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
5. Workshops/trainings sponsored by the program.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
6. Workshops/trainings provided by other organizations.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
7. Visits to other classrooms or centers.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
8. A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
13. Time during the regular work day to participate in Office of Head Start T/TA webinars.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
14. Tuition assistance.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
15. Onsite Associate or Bachelor's courses.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
17. Collaboration/joint trainings with other tribal services/offices.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
18. Cultural or language training.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
10. Other ( <i>specify</i> ) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>



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

1  Yes →

0  No **GO TO A32d, PAGE 22**

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

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

*Select one only*

1  Formal

2  Informal

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

*Select one only*

1  Another teacher

2  Education coordinator/specialist

3  The center director/manager

6  The program director

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

8  Another specialist on the program or center staff

4  Someone from outside the program

9  A cultural/language elder or specialist

5  Other (*specify*) \_\_\_\_\_

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

*Select one only*

1  Once a week or more

2  Once every 2 weeks

3  Once a month

4  Less than once a month

**A29a.** How long does your mentor or coach stay in your class when he or she visits?

|\_|\_| MINUTES

d  Don't know

**A32d. Have you participated in training or technical assistance activities with AIAN T/TA specialists? Training and technical assistance (T/TA) is provided by AIAN TA specialists. These could be either early childhood education (ECE) specialists or grantee specialists.**

- 1  Yes
- 0  No
- d  Don't know

**The next questions are about meeting with parents of children in your class(es). Please think about all of the classes that you teach.**

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

*Select one only*

- 0  Never
- 2  Once every 6 months or less often
- 3  Once every 2 to 6 months
- 4  Once a month
- 5  More than once a month
- 1  I don't have any concerns with any children in the class

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

*Select one only*

- 0  Never
- 1  Once every 6 months or less often
- 2  Once every 2 to 6 months
- 3  Once a month
- 4  More than once a month

**The next question is about the children in your class listed on the label on the front of this survey.**

**A35. At this point in the Head Start year, how would you rate the behavior of children in your class?**

*Select one only*

- 1  The group misbehaves very frequently and is almost always difficult to handle
- 2  The group misbehaves frequently and is often difficult to handle
- 3  The group misbehaves occasionally
- 4  The group behaves well
- 5  The group behaves exceptionally well

## B. TEACHER EXPERIENCES

The next questions are about your experiences as a teacher.

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

SELECT ONE PER ROW

	STRONGLY DISAGREE	DISAGRE E	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. I really enjoy my present teaching job.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I am certain I am making a difference in the lives of the children I teach.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. If I could start over, I would choose teaching again as my career.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B4. The next questions are about the level of support for interactions between Head Start staff and parents.**

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

SELECT ONE PER ROW

	STRONGLY DISAGREE	DISAGRE E	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
n. Promotes cooperation between Head Start staff and parents.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Ensures that parents do not feel isolated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. Encourages parents to supplement classroom learning at home.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. Supports staff in their efforts to engage parents...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

Select one only

- 1  Very likely
- 2  Somewhat likely
- 3  Somewhat unlikely
- 4  Very unlikely

**GO TO B8, PAGE 23**



**IF YOU SAID “SOMEWHAT UNLIKELY” OR “VERY UNLIKELY” ON B5, PLEASE GO TO B7. IF YOU SAID “SOMEWHAT LIKELY” OR “VERY LIKELY” ON B5, PLEASE GO TO B8.**

**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*

- 1  Family reasons (e.g., new baby or moving)
- 2  Pay or benefits are too low
- 3  Pursue my education
- 4  No longer wanted to work in early childhood education or feeling burned out (e.g., feeling worn out, exhausted, or negative about my job)
- 5  Work environment (e.g., relationships with coworkers, flexibility in work hours)
- 6  Transportation needs (e.g., it is difficult for me to get to my job)
- 7  The program’s leadership
- 8  The program’s values or goals did not match mine
- 9  Concerns about vaccine or mask requirements (including reluctance to get vaccinated)
- 10  Concerns about personal health and safety due to COVID-19 (including concern about being around unvaccinated individuals)
- 99  Other reason (*specify*) \_\_\_\_\_

**IF YOU COMPLETED B7, SKIP B8 AND GO TO B6, PAGE 25**

**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*

- 1  Pay or benefits are sufficient
- 2  Work environment (e.g., relationships with coworkers, flexibility in work hours)
- 3  The program’s leadership
- 4  Head Start’s values or goals match mine
- 5  Do not want to find a new job
- 99  Other reason (*specify*) \_\_\_\_\_

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

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Each curriculum area should be taught as a separate subject at separate times.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Children should work silently and alone on seatwork.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Children in Head Start classrooms should learn through active explorations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Head Start teachers should use treats, stickers, or stars to encourage appropriate behavior.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Head Start teachers should use punishments or reprimands to encourage appropriate behavior.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Children should be involved in establishing rules for the classroom.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Children should learn to color within predefined lines.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Children in Head Start classrooms should learn to form letters correctly on a printed page.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Children should dictate stories to the teacher.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Children should know their letter sounds before they learn to read.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Children should form letters correctly before they are allowed to create a story.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

## 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.

**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.

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 THE TIME IN THE PAST WEEK
a. Bothered by things that usually don't bother you.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. You did not feel like eating, your appetite was poor.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. That you could not <u>shake off the blues</u> , even with help from your family and friends..... <i>Not being able to "shake off the blues" refers to feeling sad, unhappy, miserable, or down in the dumps for short periods.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. You had trouble keeping your mind on what you were doing.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Depressed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. That everything you did was an effort.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Fearful.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Your sleep was restless.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. You talked less than usual.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Lonely.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Sad.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. You could not get "going".....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**C2.** Please indicate if you felt this way at work in the past week. There are no right or wrong answers.

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 THE TIME IN THE PAST WEEK
a. Overwhelmed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Frustrated.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Not feeling valued or supported.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**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...	SELECT ONE PER ROW			
	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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Not being able to stop or control worrying?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Worrying too much about different things?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Trouble relaxing?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Being so restless that it is hard to sit still?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Becoming easily annoyed or irritable?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Feeling afraid as if something awful might happen?.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

\* 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.

**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	DISAGRE E	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. You are under too many pressures to do your job effectively.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Staff members often show signs of stress and strain.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The heavy workload at this center reduces effectiveness.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Staff frustration is common at this center.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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.

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

	SELECT ONE PER ROW		
	YES	NO	DON'T KNOW
a. Regular check-ins with supervisor, coach/mentor, or center or program leadership.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Professional mental health consultations.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Virtual or in-person staff social events.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Resources to support your personal health and safety (e.g., social distancing, use of masks and gloves).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Resources to support your physical health (e.g., exercise and nutrition, yoga room).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
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 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
i. Opportunities to take breaks during the day.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
j. Training or resources on secondary traumatic stress..... <i>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.</i>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
k. Counseling resources or referrals to Employee Assistance Programs.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
l. Additional floaters or support staff).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
m. Permanent wage or salary increase.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
n. Additional paid leave.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
o. Bonuses or other monetary incentives.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>



- p. Increase in other employee benefits (e.g., health insurance)..... 1  0  d
- q. Other (specify) \_\_\_\_\_ 1  0  d

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

SELECT ONE PER ROW

YES	NO	THIS SUPPORT WAS NOT OFFERED BY MY PROGRAM	DON'T KNOW
-----	----	--	------------

- |  |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Regular check-ins with supervisor, coach/mentor, or center or program leadership  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| b. Professional mental health consultations  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| c. Virtual or in-person staff social events  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| d. Resources to support your personal health and safety (e.g., social distancing, use of masks and gloves)   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| e. Resources to support your physical health (e.g., exercise and nutrition, yoga room).....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| f. Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room)...  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| g. Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs).....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| 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 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| i. Opportunities to take breaks during the day   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| j. Training or resources on secondary traumatic stress.....<br>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. | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| k. Counseling resources or referrals to Employee Assistance Programs.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| l. Additional floaters or support staff.....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| m. Permanent wage or salary increase).....   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| n. Additional paid leave.....  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| o. Bonuses or other monetary incentives  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| p. Increase in other employee benefits (e.g., health insurance)  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |
| q. Other (specify) _____   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | n <input type="checkbox"/> | d <input type="checkbox"/> |

**IF YOUR PROGRAM DID NOT OFFER ANY SUPPORTS FOR STAFF WELLNESS AND OVERALL WELL-BEING IN THE PAST YEAR, GO TO C18, PAGE 30.**

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

- 1  Yes
- 0  No

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

- 1  Yes
- 0  No

**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?**

- 1  Yes
- 0  No → **GO TO C20, PAGE 31**



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

*Select all that apply*

- 1  Regular check-ins with supervisor, coach/mentor, or center or program leadership
- 2  Professional mental health consultations
- 3  Virtual or in-person staff social events
- 4  Resources to support your personal health and safety (e.g., social distancing, use of masks and gloves)
- 5  Resources to support your physical health (e.g., exercise and nutrition, yoga room)
- 6  Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room)
- 7  Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs)
- 8  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)
- 9  Opportunities to take breaks during the day
- 10  Training or resources on secondary traumatic stress  
*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.*
- 11  Counseling resources or referrals to Employee Assistance Programs
- 12  Additional floaters or support staff
- 13  Permanent wage or salary increase
- 14  Additional paid leave
- 15  Bonuses or other monetary incentives
- 16  Increase in other employee benefits (e.g., health insurance)

99  Other (specify) \_\_\_\_\_

**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.**

*Select one only*

- 1  Strongly agree
- 2  Agree
- 3  Disagree
- 4  Strongly disagree
- 5  My program did not offer supports for staff wellness and overall well-being.

**The next questions are about trauma-informed care.**

*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?**

- 1  Yes
- 0  No → **GO TO C12, PAGE 32**

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

*Select all that apply*

- 1  Mentor or master teacher in your program
- 2  Other Head Start teachers in your program
- 3  Your program's health or disability coordinator
- 4  Staff from another Head Start program
- 6  Professors or instructors from a college or university
- 7  Head Start regional training and technical assistance provider
- 14  Social worker
- 15  Psychologist
- 16  LEA special education staff
- 17  Counselor or therapist
- 18  Behavior specialist
- 99  Other (specify) \_\_\_\_\_

The last question in this section asks about your health.

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

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor
- d  Don't know

## D. BACKGROUND INFORMATION

The last set of questions is about you.

**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

**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

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

|\_|\_| MONTH      |\_|\_|\_| YEAR

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

*Select one only*

- 1  Up to 8th Grade
- 2  9th to 11th Grade
- 3  12th Grade, but no diploma
- 4  High school diploma/equivalent
- 5  Vocational/technical program after high school but no diploma
- 6  Vocational/technical program after high school
- 7  Some college, but no degree → **GO TO D7, PAGE 34**
- 8  Associate degree
- 9  Bachelor's degree
- 10  Graduate or professional school, but no degree
- 11  Master's degree (MA, MS)
- 12  Doctorate degree (Ph.D, Ed.D)
- 13  Professional degree after Bachelor's degree (Medicine/MD, Dentistry/DDS, Law/JD, etc.)

**GO TO  
D11,  
PAGE 34**

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

*Select one only*

- 1  Child Development or Developmental Psychology
- 2  Early Childhood Education
- 3  Elementary Education
- 4  Special Education
- 6  Curriculum Development
- 7  Administration
- 8  Bilingual Education
- 9  Reading or Literacy
- 10  Psychology, Counseling, Social Work

5  Other (specify) \_\_\_\_\_

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

1  Yes → **GO TO D11**

0  No

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

1  Yes

0  No

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

1  Yes

0  No

**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.*

1  Yes

0  No

d  Don't know

**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.*

1  Yes

0  No

d  Don't know



**D14. Including your post-secondary degree, graduate degree, and certification programs, etc., are you currently enrolled in any additional training or education?**

- 1  Yes
- 0  No →

**GO TO D17**

**D15. What kind of training or education program are you enrolled in?**

*Select all that apply*

- 1  Child Development Associate (CDA) Degree Program
- 2  Teaching Certificate Program
- 3  Special Education Teaching Degree Program
- 4  Associate Degree Program
- 5  Bachelor's Degree Program
- 6  Graduate Degree Program (MA, MS, Ph.D, or Ed.D)
- 7  Continuing Education Units (CEUs)
- 9  Other (*specify*) \_\_\_\_\_

**D17. What is your total annual salary (before taxes) as a teacher for the current school year?**

\$ |\_\_|\_\_| , |\_\_|\_\_|\_\_| PER YEAR

- d  Don't know

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

|\_\_|\_\_| WEEKS PER YEAR

- d  Don't know

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

|\_\_|\_\_| HOURS PER WEEK

**D19r. How do you describe yourself?**

*Select all that apply*

- 1  Male
- 2  Female
- 3  Another gender identity (*specify*) \_\_\_\_\_
- 4  Prefer not to answer

**D20. In what year were you born?**

|\_|\_|\_|\_| YEAR

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

1  Yes

0  No

**D23. What is your race?**

*Select all that apply*

11  White

12  Black or African American

13  American Indian or Alaska Native

27  Asian

28  Native Hawaiian or other Pacific Islander

25  Another race (*specify*) \_\_\_\_\_

**Thank you for your participation in AIAN FACES!**