

Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

**Study of Disability Services Coordinators and Inclusion  
in Head Start, 2019-2024**

**Instrument 2 Phase 2**

**Survey of EHS/HS Disability Services Coordinators**

**September 27, 2021**

NOTE: This questionnaire is annotated to show (1) headers for each module and the objective for that section; and (2) question numbers and instructions to the online survey programmer (in red). This text will not appear in the online survey.

Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

### Introduction

Thank you for agreeing to participate in the Survey of EHS/HS Disability Services Coordinators (DSCs).

We recognize that programs talk about this role in different ways. We use 'DSC' throughout the survey but please know that this refers to any staff member that oversees disability services in your program, although you may have a different title.

In the survey, you will be asked to answer questions on the following topics:

- Roles and responsibilities of DSCs
- Recruitment, screening, referral, evaluation, and ongoing assessment of children with disabilities and suspected delays, including 504 plans and IFSP/IEPs
- Collaborating with families of children with disabilities and suspected delays
- Services for children with disabilities or suspected delays in your program
- Collaborating with Part C, LEA, and community partners
- Training program staff to support the inclusion of children with disabilities and suspected delays
- Transitioning children with disabilities from your program to other settings
- Disability and inclusion-related trainings and other professional development opportunities
- Personal characteristics of DSCs

We recognize that you may be new to your role as a DSC. Your input is still valuable to us! Please do your best to provide as much information as you can about disability services in HS. You are welcome to consult with other program staff, if needed, prior to submitting your responses.

At the end of the survey, you will have the opportunity to share any additional information about your role as a DSC that we did not capture or to elaborate on your survey responses.

Please remember that your responses will not be used for monitoring purposes and will not be shared with your supervisor. ACF funding for your program will not be impacted by your responses.

#### SURVEY TIPS:

- See a PDF of the full survey attached the invitation email you received from [HeadStartDSCStudy@norc.org](mailto:HeadStartDSCStudy@norc.org).
- While we are primarily interested in your perspective, you are welcome to confer with colleagues, as needed, to get answers to the survey questions.
- You can save your progress and complete the survey at a later time.

Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

**Definitions of Terms Used in Survey**

**Programmer's note:** Include these definitions as a pop-up or roll-over that it accessible on every page of the survey. (If we are unable to program floating definitions, then every time we mention EHS, HS, or EHS/HS, we will have to note that they support children from birth to 3 years old, 3 to 5 years old, and birth to 5 years old, respectively.)

- **Program:** refers to a grantee or delegate of Early Head Start (EHS), Head Start (HS), and combination EHS/HS programs
- **Option:** refers to the location where children and families receive EHS or HS services, including center-based classrooms, family child care (FCC) homes, and families' homes or places within their community where home visits are conducted
- **Disability services:** refers to activities related to the identification of children's developmental, physical, behavioral, or health care needs and the coordination and provision of services for children with identified disabilities or suspected delays, regardless of whether they qualify for disability services under the Individuals with Disabilities Education Act (IDEA)

**MODULE 1. Role of Disability Services Coordinators**

**Instructions on screen.** This first set of questions asks about disability services in Early Head Start (EHS) and Head Start (HS), including staffing and management of disability services and inclusion, training and education opportunities provided to staff, and composition of and interactions with the disabilities or inclusion team.

As a reminder, while we are primarily interested in your perspective, you are welcome to confer with colleagues, as needed, to get answers to the survey questions.

DSCR 1. Besides Disability Services Coordinator (DSC), what other roles, if any, do you fulfill within your program? **Select all that apply.**

- Teacher
- Teacher's aide/instructional aide
- Education coordinator/manager
- Coach/trainer (topics not about disability, inclusion)
- Family service worker/family support worker
- Home visitor
- Outreach staff/recruiter/enrollment coordinator
- Counselor
- Health manager
- Family services coordinator/Family services manager
- Mental health coordinator/consultant
- Nutrition coordinator
- Culinary or food services staff

Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

- n. Receptionist/office/administrative staff
- o. Bus driver or related transportation
- p. Center director, associate center director, or another program manager
- q. Facilities manager
- r. Other (specify): \_\_\_\_\_
- s. None of the above **Programmer note:** If selected, do not allow R to select any other response options.

DSCR 2. Counting this program year, how many years of experience do you have working as a DSC at your *current* EHS/HS program?

- a. Less than 1 year
- b. 1-2 years
- c. 3-5 years
- d. 6-10 years
- e. 11-24 years
- f. 25 or more years

DSCR 3. Counting this program year, how many years of experience do you have working as a DSC at your *other* EHS/HS program(s)?

- a. Less than 1 year
- b. 1-2 years
- c. 3-5 years
- d. 6-10 years
- e. 11-24 years
- f. 25 or more years
- g. Not applicable - I've only worked as a DSC for my current EHS/HS program.

DSCR 4. In your role as a DSC, what ACF Regions do you serve? **Select all that apply.**

- a. Region I
- b. Region II
- c. Region III
- d. Region IV
- e. Region V
- f. Region VI
- g. Region VII
- h. Region VIII
- i. Region IX
- j. Region X
- k. Region XI (AIAN)
- l. Region XII (MSHS)

Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

DSCR 5. In which U.S. state(s), district, and/or territories are the EHS/HS programs you serve as a DSC? **Select all that apply.**

STATES	DISTRICT	TERRITORIES
<input type="radio"/> Alabama	District of Columbia (DC)	American Samoa
<input type="radio"/> Alaska		Guam
<input type="radio"/> Arizona		Northern Mariana Islands
<input type="radio"/> Arkansas		Puerto Rico
<input type="radio"/> California		U.S. Virgin Islands
<input type="radio"/> Colorado		
<input type="radio"/> Connecticut		Republic of Palau (independent affiliate)
<input type="radio"/> Delaware		
<input type="radio"/> Florida		
<input type="radio"/> Georgia		
<input type="radio"/> Hawaii		
<input type="radio"/> Idaho		
<input type="radio"/> Illinois		
<input type="radio"/> Indiana		
<input type="radio"/> Iowa		
<input type="radio"/> Kansas		
<input type="radio"/> Kentucky		
<input type="radio"/> Louisiana		
<input type="radio"/> Maine		
<input type="radio"/> Maryland		
<input type="radio"/> Massachusetts		
<input type="radio"/> Michigan		
<input type="radio"/> Minnesota		
<input type="radio"/> Mississippi		
<input type="radio"/> Missouri		
<input type="radio"/> Montana		
<input type="radio"/> Nebraska		
<input type="radio"/> Nevada		
<input type="radio"/> New Hampshire		
<input type="radio"/> New Jersey		
<input type="radio"/> New Mexico		
<input type="radio"/> New York		
<input type="radio"/> North Carolina		
<input type="radio"/> North Dakota		
<input type="radio"/> Ohio		
<input type="radio"/> Oklahoma		

Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

DSCR 6. In your role as a DSC, **what age children are served** by your Office of Head Start (OHS)-funded program(s)? **Programmer's note: Allow selection of only one response. Use responses to this question to determine which program-specific questions to administer throughout the survey.**

- a. Birth to 3 years old
- b. 3 to 5 years old
- c. Birth to 5 years old

**Programmer's note:** If **DSCR06 = c** include the following instructions on screen:

You have indicated that you serve both EHS and HS children. For the purpose of this survey, we ask you to concentrate on the DSC work that you do for [(infants/toddlers in your EHS programs) or (preschoolers in your HS programs)]. This option was randomly selected so you do not have to respond to questions about both EHS and HS disability services.

DSCR 7. How many **weeks per year** do you work (in total, across all roles) for the EHS and/or HS program?

\_\_\_\_\_ weeks per year

DSCR 8. How many **hours per week** do you usually work (in total, **across all roles**) for the EHS and/or HS program?

\_\_\_\_\_ hours per week

DSCR 9. How many **hours per week** do you usually work **as a DSC** for the EHS and/or HS program?

\_\_\_\_\_ hours per week











Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

xi. Make information on disability services available in families' home languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xii. Invite families to participate in inclusion-related community events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xiii. Create opportunities for families of children with disabilities to share their experiences with other families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xiv. Include topics related to inclusion in family educational activities, social activities, and other program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Which of the following types of program staff are involved in the **family collaboration** tasks related to disabilities that are done in your program? **Select all that apply.**

- i.  Education manager/coordinator
- ii.  Family services manager/coordinator
- iii.  Family services staff
- iv.  Health manager/coordinator
- v.  EHS/HS program director
- vi.  Center director
- vii.  Mental health coordinator/professional
- viii.  Other DSCs
- ix.  Education staff (teachers, home visitors, other direct service staff)
- x.  Administrative staff
- xi.  Other program staff not listed above
- xii.  Don't know **Programmer note:** If selected, do not allow R to select any other response options.



Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

who provide services outside of the program setting(s)							
viii. Assess the physical accessibility of all settings where services are provided (for example, determining whether they meet Americans with Disabilities Act (ADA) requirements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Work with broader community to promote and support inclusion of children with disabilities in community activities that are geared toward children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Which of the following types of program staff are involved in the **collaboration and teaming** tasks related to disabilities that are done in your program? **Select all that apply.**

- i.  Education manager/coordinator
- ii.  Coach/trainer
- iii.  Family services manager/coordinator
- iv.  Family services staff
- v.  Health manager/coordinator
- vi.  EHS/HS program director
- vii.  Center director
- viii.  Mental health coordinator/professional
- ix.  Other DSCs
- x.  Education staff (teachers, home visitors, other direct service staff)
- xi.  Administrative staff
- xii.  Other program staff not listed above
- xiii.  Don't know **Programmer note:** If selected, do not allow R to select any other response options.

Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

DSCR 14. **Teacher training and support tasks**

a. Who is responsible for the following **teacher training and support** tasks?

	I am <i>solely responsible</i>	I <i>share responsibility</i> with others:		I'm <i>not responsible</i> ; it is done by others:		Task not done	Don't know
i. Develop resource materials for staff about the inclusion of young children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Disseminate resource materials to staff about the inclusion of young children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Assess teachers' needs for training/resources to provide services for children with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Which of the following types of program staff are involved in the **teacher training and support** tasks related to disabilities that are done in your program? **Select all that apply.**

- i.  Education manager/coordinator
- ii.  Coach/trainer
- iii.  Family services manager/coordinator
- iv.  Family services staff
- v.  Health manager/coordinator
- vi.  EHS/HS program director
- vii.  Center director
- viii.  Mental health coordinator/professional
- ix.  Other DSCs
- x.  Education staff (teachers, home visitors, other direct service staff)
- xi.  Administrative staff
- xii.  Other program staff not listed above
- xiii.  Don't know **Programmer note:** If selected, do not allow R to select any other response options.



Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

- b. Which of the following types of program staff are involved in the **transition** tasks that are done in your program? **Select all that apply.**
- i.  Education manager/coordinator
  - ii.  Family services manager/coordinator
  - iii.  Family services staff
  - iv.  Health manager/coordinator
  - v.  EHS/HS program director
  - vi.  Center director
  - vii.  Mental health coordinator/professional
  - viii.  Other DSCs
  - ix.  Education staff (teachers, home visitors, other direct service staff)
  - x.  Transportation manager
  - xi.  Staff in the receiving program
  - xii.  Other program staff not listed above
  - xiii.  Don't know **Programmer note:** If selected, do not allow R to select any other response options.





Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

e. Availability of disability services providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Families prefer other early childhood education (ECE) programs or other child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Families refuse services labeled as "disabilities"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Families refuse disability services for other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RSEA 3. Which of the following strategies does your program use to recruit children with disabilities or suspected delays to your program? **Select all that apply.**

- a.  Outreach to or referrals from hospitals and/or neonatal providers
- b.  Outreach to or referrals from pediatricians
- c.  Outreach to or referrals from Part C
- d.  Outreach to or referrals from Local Education Agencies (LEAs or school systems)
- e.  Outreach to or referrals from local social services or mental health providers
- f.  Outreach to or referrals from local disability services providers (e.g., speech/language therapists, occupational therapists, physical therapists)
- g.  Child Find Events
- h.  Program website and/or social media
- i.  Word of mouth (families or HS staff recommend other families participate)
- j.  Walk-ins (families walk into your center or program)

RSEA 4. Of the strategies your program uses to recruit children with disabilities or suspected delays, which are the most successful? **Select up to three strategies.** *Programmer note: Populate response options per selections in RSEA 03. Allow respondent to select up to three.*

- a.  Outreach to or referrals from hospitals and/or neonatal providers
- b.  Outreach to or referrals from pediatricians
- c.  Outreach to or referrals from Part C
- d.  Outreach to or referrals from Local Education Agencies (LEAs or school systems)
- e.  Outreach to or referrals from local social services or mental health providers
- f.  Outreach to or referrals from local disability services providers (e.g., speech/language therapists, occupational therapists, physical therapists)

Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

- g.  Child Find Events
- h.  Program website and/or social media
- i.  Word of mouth (families or HS staff recommend other families participate)
- j.  Walk-ins (families walk into your center or program)

<b>Module 2, Section 2: Referral and Evaluation of Children</b>
---

**Programmer's note:** Administer the next set of questions (RSEA05 to RSEA09) only if DSCR06 = a or c.

**Instructions on Screen:** The next set of questions is about the process of referring children with suspected disabilities for Part C evaluation in your **Early Head Start (EHS) program**.

- RSEA 5. Which of the following methods do you use to refer children in your **EHS program** to Part C for evaluation? **Select all that apply.**
- a.  We use a form/online system developed by Part C to refer children to Part C
  - b.  We use an internal program form or our own system to refer children to Part C
  - c.  We use a phone call or email to refer children
  - d.  Other methods not listed above
  - e.  I don't know **Programmer note:** If selected, do not allow R to select any other response options.
- RSEA 6. For children enrolled in your **EHS program**, who usually initiates the referral process to Part C for evaluation?
- a. DSC
  - b. Other program staff
  - c. Others outside the program (for example, health care provider or social worker)
  - d. Families
  - e. Don't know
- RSEA 7. In your **EHS program**, how often do families ask the DSC or other program staff to make the referral to Part C for evaluation?
- a. Never
  - b. Rarely
  - c. Sometimes
  - d. Often
  - e. Always
  - f. Don't know

Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

RSEA 8. In your **EHS program**, how often do you or other program staff engage in the following referral and evaluation activities?

	Never	Rarely	Sometimes	Often	Always	Don't know
a. Attend the evaluation for Part C eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Attend eligibility meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Review results of Part C evaluation with the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Support communication and logistics with Part C (for example, scheduling, transportation, follow-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RSEA 9. How often has the Part C agency's level of culturally and linguistically responsiveness posed a challenge to completing the evaluation process?

- a. Never Challenging
- b. Rarely Challenging
- c. Sometimes Challenging
- d. Often Challenging
- e. Always Challenging
- f. Don't know

RSEA 09a. In what ways, do you and your Part C agency, work to be responsive to the culture and language of families of children with disabilities in your program? Please describe challenges and/or solutions that you have.

[TEXT BOX]

**Programmer's note:** Administer the next set of questions (RSEA10 to RSEA14) only if DSCR06 = b or c.

**Instructions on Screen:** *Programs vary in how they refer children for evaluation.* The next set of questions is about the process of referring children with suspected disabilities to the Local Education Agency (LEA) for evaluation in your **HS program**.

RSEA 10. Which of the following methods do you use to refer children in your **HS program** to LEA for evaluation? **Select all that apply.**

- a. We use a form/online system developed by an LEA to refer children to the LEA



Instrument 2 Phase 2 Survey of EHS/HS Disability Services Coordinators  
Study of Disabilities Services and Inclusion in Head Start

RSEA 14. How often has the LEA's level of cultural and linguistic responsiveness posed a challenge to completing the evaluation process?

- a. Never Challenging
- b. Rarely Challenging
- c. Sometimes Challenging
- d. Often Challenging
- e. Always Challenging
- f. Don't know

RSEA 14a. In what ways, if at all, do you and your LEA agency, work to be responsive to the culture and language of families of children with disabilities in your program? Describe challenges and/or solutions that you have.

**Module 2, Section 3: Ongoing Assessment of Children with Disabilities and Suspected Delays**

**Instructions on screen.** Now we would like you to think about the **ongoing assessment of children's learning and development** in your program.

RSEA 15. Some DSCs are involved in *engaging families in the ongoing assessment* process and others are not. (NOTE: Now we are asking about *ongoing assessment* of the children's progress, not the Part C/LEA evaluation).

To help us better understand the variations in DSC roles, please indicate the frequency with which you conduct the following activities in your program:

	Never	Rarely	Sometimes	Often	Always
a. Explain the ongoing assessment process to families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gather families' reports/observations on children's behavior, skills, and development to share with staff and/or service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Solicit families' input on ongoing assessment findings and child's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Engage families when individualizing IFSP/IEP goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RSEA 16. How do you support staff in their ongoing assessment of learning and development of children with identified disabilities or possible delays? **Select all that apply.**

- a. I integrate IFSP/IEP goals into the child ongoing assessment process and collaborate with teachers/home visitors to implement it.
- b. I adapt assessment tools based on children's individualized needs.
- c. I train staff to individualize their own assessment practices.
- d. I connect with service providers to check children's progress towards IFSP/IEP goals
- e. I give feedback to teacher/home visitors' based on observation of their individualized assessments.
- f. I train staff on communicating with families about the child's individualized assessment and results.
- g. I communicate directly with families about individualizing, and the child assessment process and results.

RSEA 17. How does your program track activities related to IFSPs and/or IEPs, such as timelines, meetings, and due dates? **Select all that apply.**

- a. We enter information into a data management system (e.g. Child Plus, PROMIS, MyHeadStart)
- b. We enter information into an Excel file or other spreadsheet program
- c. We give data to a data manager at my program
- d. We use paper documentation/files
- e. Another tracking system not listed above
- f. I don't know **Programmer note:** If selected, do not allow R to select any other response options.

RSEA 18. How easy or difficult is it to access the following types of data reports?

	Very difficult	Difficult	Easy	Very easy	N/A
a. Tracking of activities related to individual children's IFSPs and/or IEPs (for example, timelines, meetings, due dates)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Individual children's progress on 504 plan goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You Part C/LEA evaluation results/reports and decisions on the disability status of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Program reports from data management systems (e.g., Child Plus, PROMIS, MyHeadStart)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### MODULE 3: Family Collaboration

**Instructions on screen.** We are interested in how programs vary in their collaboration with families. The next questions are about the ways that you work with families of children with identified or suspected disabilities. We may also ask about children who were not found eligible under IDEA, but who need additional supports.

As a reminder, while we are primarily interested in your perspective, you are welcome to confer with colleagues, as needed, to get answers to the survey questions.

#### Module 3, Section 1: Communicating and Relationship-Building with Families

For this section, please think about the way that you communicate with the average family of a child with disabilities or suspected delays.

FAMCLB 1. On average, how frequently do you **have scheduled meetings** (meaning intentionally, pre-planned appointments) with a family of a child with disabilities or suspected delays?

- a. Never (SKIP TO FAMCLB 04)
- b. Once per year
- c. Twice per year
- d. Quarterly
- e. Every other month
- f. 1-2 times per month
- g. 3-4 times per month
- h. More than 4 times per month

FAMCLB 2. On average, how frequently do you use each of the following methods of communication for the **scheduled**, pre-planned meetings with a family of a child with disabilities or suspected delays?

	Never	Rarely	Sometimes	Often	Always
a. In person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Virtual meeting (for example, Zoom, FaceTime, Skype)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMCLB 3. How often do families of children with disabilities or suspected delays typically attend their scheduled, pre-planned meetings with you?

- a. Never
- b. Rarely

- c. Sometimes
- d. Often
- e. Always

FAMCLB 4. On average, how frequently do you have an **unscheduled meeting** or check-in meeting with a family of a child with disabilities or suspected delays?

- a. Never (SKIP TO FAMCLB 06)
- b. Once per year
- c. Twice per year
- d. Quarterly
- e. Every other month
- f. 1-2 times per month
- g. 3-4 times per month
- h. More than 4 times per month

FAMCLB 5. On average, how frequently do you use the following methods for **unscheduled** meetings or check-ins with a family of a child with disabilities or suspected delays?

	Never	Rarely	Sometimes	Often	Always
a. In person (at pick up/drop off, family meeting, family classroom visit, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Virtual meeting (for example, Zoom, FaceTime, Skype)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMCLB 6. On average, how frequently do you communicate with a family in other ways besides a meeting, such as email, text, or sending notes home with the child?

- a. Never (SKIP TO FAMCLB 08)
- b. Less than once per year
- c. 1-2x per year
- d. 1x every 1-2 months
- e. 2-3x per month
- f. 1x per week
- g. 2-4x per week
- h. Daily

FAMCLB 7. On average, how frequently do you use the following methods to communicate with a family of a child with disabilities or suspected delays?

	Never	Rarely	Sometimes	Often	Always
a. Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Notes going home with child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chat/instant messaging system (for example, Facebook Messenger, What's App, Telegram app)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DSCB 8. FAMCLB 08. What languages do you use when working with families with children with disabilities or suspected delays? (select all that apply)

- a. English
- b. French/Francés
- c. Spanish/Español
- d. Cambodian (Khmer)/Camboyano (Khmer)
- e. Chinese/Chino
- f. Haitian Creole/Creole Haitiano
- g. Hmong/Hmong
- h. Japanese/Japonés
- i. Korean/Coreano
- j. Vietnamese/Vietnamita
- k. Arabic/Arabe
- l. African Language (e.g., Somali, Swahili, Hausa, Yoruba, Laal, Shabo, Afrikaans, Awing, Bargu, Tumbuku, Teso, and Daholo)/Lengua African (por ejemplo, Somali, Swahili, Hausa, Yoruba, Laal, Shabo, Africaans, Awing, Bargu, Tumbuku, Teso, Y Daholo)
- m. Native American or Alaskan language/lengua de Native Americano o de Alaska
- n. A Filipino language/un idioma Filipino
- o. Other (please specify): \_\_\_\_\_

FAMCLB 9. How comfortable are you using the following strategies for working with families?

	Not comfortable	Somewhat comfortable	Very comfortable	Not applicable
a. Having informal discussions with families about topics that are <u>not</u> directly related to their child's disability or needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Visiting the family at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c. Visiting the family in a community setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Talking with families about their concerns and goals for their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discussing with families their children's strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Discussing classroom adaptations and individualization options with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Discussing with families their children's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Providing families with emotional/crisis support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMCLB 10. To what extent do you agree or disagree with the following statements about communicating with families of children with disabilities or suspected delays?

	Strongly agree	Agree	Disagree	Strongly disagree
a. Families have my work contact information so they can reach me as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Families reach out to me with their questions or concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I meet each family with a child with disabilities or suspected delay (in person or by phone/online).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Families' lack of internet access makes it challenging to keep in contact with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Families' frequently changing contact information (e.g., phone numbers, email addresses) makes it challenging to keep in contact with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Families with a child with disabilities know my name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Families with a child with suspected delays know my name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I initiate most contacts with families of children with disabilities or suspected delays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My program has sufficient dual-language resources (e.g., translated materials, staff capabilities, translators) to communicate effectively with families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My program has written resources available at appropriate reading levels to communicate effectively with families about disability services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMCLB 11. To what extent do you agree or disagree with each of the following statements about the role of families in advocating for children with disabilities or suspected delays?

	Strongly agree	Agree	Disagree	Strongly disagree
a. Families are the best advocates for their children with disabilities or suspected delays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Families don't need all the details about the processes and systems that are serving their child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Families should have an active voice at every meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is valuable for a child with disabilities or suspected delays to have families that are informed about the services they are receiving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Families must fully understand their children's disabilities/delays and educational needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Families have too high expectations regarding services for their children with disabilities or suspected delays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Each family of a child with disabilities or suspected delays must be fully informed about inclusion and its importance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Families of children with disabilities or suspected delays should be informed about the individualization and inclusion practices occurring for their children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Families must adjust their expectations for their child given the system's limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Families of children with disabilities or suspected delays should be regularly informed about their children's progress on their IFSP/IEP or 504 plan goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. One goal for my program is to ensure all families are prepared to be advocates for their children's education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. IFSP/IEP or 504 plan meetings with families always include a portion where families are asked about their concerns and opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMCLB 12. How easy or difficult is it for you to get support and guidance on the cultural beliefs, practices, customs, and traditions of all the diverse families of children with disabilities and suspected delays served?

- a. Very difficult
- b. Difficult
- c. Easy
- d. Very easy

FAMCLB 13. Who provides your program with guidance on cultural beliefs, practices, customs, and traditions to help you be more culturally and linguistically responsive to diverse families of children with disabilities or suspected delays? **Select all that apply.**

- a. Teachers
- b. Other program staff
- c. Families of children in our program
- d. External consultants
- e. Community leaders and/or elders
- f. Parent Policy Council members
- g. Someone else
- h. None of the above **Programmer note:** If selected, do not allow R to select any other response options.

## MODULE 4. Services for Children

**Instructions on screen.** The next section asks about the services that are provided to **children who are found eligible under the Individuals with Disabilities Education Act (IDEA)**. We are interested in services that are provided at your program, as well as services provided elsewhere.

As a reminder, while we are primarily interested in your perspective, you are welcome to confer with colleagues, as needed, to get answers to the survey questions.

### Module 4, Section 1. Services for Children Found Eligible under IDEA

**Instructions on screen:** DSCs can work in a variety of ways with children found **eligible for services under the Individuals with Disabilities Education Act (IDEA)**. We are interested in learning about the services provided to IDEA-eligible children in your program.

**Programmer's note:** Ask SVCS01 only if DSCR06=a or c.

SVCS 1. For children with disabilities in your program found eligible under IDEA, how often are **Part C** services provided in their **EHS** classrooms or in their home visiting settings?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

**Programmer's note:** Ask SVCS02 only if DSCR06=b or c.

SVCS 2. For children with disabilities in your program found eligible under IDEA, how often are **LEA** services provided in their **HS** classrooms or in their home visiting settings?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know





disability services to children and families						
j. Internal communication protocols to ensure streamlined, non-duplicative services within the program setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Demands on program staff time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Module 4, Section 2. Services for Children Found Ineligible under IDEA**

**Instructions on screen.** Programs vary in their services for children who are not found eligible under the Individuals with Disabilities Education Act (IDEA). For these next questions, please think about services that are provided by your program to children with suspected delays who are **not eligible under IDEA** but who do have service needs.

SVCS 5. For children in your program on a 504 plan or with accommodations under the Americans with Disabilities Act (ADA), how often are services provided in their classrooms or in their home visiting settings?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always
- f. Don't know

SVCS 6. In the last 12 months, which services were provided to children with suspected delays found **ineligible** under IDEA in your program? **Select all that apply.**

	Provided by EHS/HS staff	Provided by external partners or consultants	Needed but not available	Not currently needed	Don't know
a. 504 Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Occupational Therapy (OT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical Therapy (PT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Classroom Behavioral Support Services/ Infant or Early Childhood Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Parenting Skills training/Behavioral Support Services for Family/Family Mental Health Services					



## MODULE 5. Collaboration and Teaming

**Instructions on screen.** This next set of questions asks about collaboration within your program and collaboration with external partners such as Part C providers, Local Education Agencies (LEAs), and other community partners to meet the needs of children with disabilities and their families.

As a reminder, while we are primarily interested in your perspective, you are welcome to confer with colleagues, as needed, to get answers to the survey questions.

### Module 5, Section 1. External Collaboration with Part C and LEA

EXTCLB 1. Which of the following topics are typically included in the Memoranda of Understanding (MOUs) or Interagency Agreements your program has in place with **Part C** partners? **Select all that apply.** **Programmer's note:** Include only if DSCR06 = a or c.

- a.  EHS participation in Child Find
- b.  Joint training available for staff and families
- c.  Procedures for referral for evaluation
- d.  Procedures for Individualized Family Service Plan (IFSP) meetings
- e.  Procedures to determine where services will be provided
- f.  Coordination of services provided at the EHS setting/families' homes
- g.  Transition planning as children with disabilities deemed eligible under IDEA move from EHS to other setting
- h.  Sharing resources
- i.  Procedures for developmental screening
- j.  Financial responsibility
- k.  We don't have any MOUs or Interagency Agreements with Part C
- l.  Don't know **Programmer note:** If selected, do not allow R to select any other response options.

EXTCLB 2. Which of the following topics are typically included in MOUs or Interagency Agreements your program has in place with **LEA** partners? **Select all that apply.** **Programmer note:** Include only for DSCs who support HS programs (DSCR06 = b or c).

- a.  HS participation in Child Find
- b.  Joint training available for staff and families
- c.  Procedures for referral for evaluation
- d.  Procedures for IFSP/IEP meetings
- e.  Procedures for placement decisions
- f.  Coordination of services provided at the HS setting/families' homes

- g.  Transition planning as children with disabilities deemed eligible to receive services under IDEA move from HS to kindergarten
- h.  Sharing resources
- i.  Procedures for developmental screening
- j.  Financial responsibility
- k.  We don't have any MOUs or Interagency Agreements with Part C
- l.  Don't know **Programmer note:** If selected, do not allow R to select any other response options.

EXTCLB 3. Our program's MOUs/Interagency Agreements with Part C and/or LEA are:

- a. All formally reviewed on a **regular** basis (e.g., annually, semi-annually, etc.)
- b. Some formally reviewed on **regular** basis/some reviewed and updated only **as needed**
- c. All reviewed and updated on an **as-needed** basis
- d. Don't know

EXTCLB 4. To what degree are you involved in identifying, developing, or establishing the MOUs/Interagency Agreements with the LEA and/or Part C related to children with disabilities or suspected delays?

- a. Not at all involved
- b. Somewhat involved
- c. Highly involved

EXTCLB 5. Are **Part C** partners meeting the needs of your program's IDEA-eligible children?

**Programmer's note:** Ask this question only if DSCR06 = a or c.

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. Seldom
- e. Never
- f. Don't know

EXTCLB 6. Are **LEA** partners meeting the needs your program's IDEA-eligible children?

**Programmer's note:** Ask this question only if DSCR06 = b or c.

- a. All of the time
- b. Most of the time
- c. Some of the time
- d. Seldom
- e. Never
- f. Don't know

EXTCLB 7. In the past 12 months, how often has your program engaged in the following activities with **Part C** partners? **Programmer's note:** Ask this question only if DSCR06 = a or c.

	Never	Once	Twice	Three or more times	Don't Know
a. Setup/coordinated trainings on Part C services for EHS program staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Invited Part C staff to participate in EHS program trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EXTCLB 8. Are your Part C partners able to meet with your program when needed? **Programmer's**

**note: Ask this question only if DSCR06 = a or c).**

- a. Yes
- b. No
- c. Don't know

EXTCLB 9. In the past 12 months, how often has your program engaged in the following activities with LEA partners? **Programmer's note: Ask this question only if DSCR06= b or c.**

	Never	Once	Twice	Three or more times	Don't Know
a. Setup/coordinated trainings on LEA services for HS program staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Invited LEA staff to participate in HS program trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

EXTCLB 10. Are LEA partners able to meet with your program when needed? **Programmer's note:**

**Ask this question only if DSCR06 = b or c.**

- a. Yes
- b. No
- c. Don't know

<b>Module 5, Section 2. Community Collaboration (aside from Part C and LEA)</b>
---

**Instructions on screen.** The next few questions are about your program's community partners aside from the Part C and Local Education Agencies (LEAs) or school systems in your area. These partners would provide services to children found ineligible under the Individuals with Disabilities Education Act (IDEA) but still need services. We are interested in if your program pursues such partnerships.

EXTCLB 11. In the last 12 months, please indicate whether you have collaborations or partnerships with the following entities and service providers (for serving children who are **not eligible** under IDEA). **Select all that apply.**

- a. Community health centers and/or local hospitals
- b. Community behavioral or mental health center
- c. Behavioral/mental health providers
- d. Speech therapists
- e. Physical therapists
- f. Occupational therapists
- g. Colleges or universities
- h. Foundations
- i. Community boards supporting children with disabilities and their families
- j. Other parent and caregiver supports (for example, Parent Training and Information Centers (PTICs); Community Parent Resource centers)
- k. Other types of entities or providers not listed above
- l. None **Programmer note:** If selected, do not allow R to select any other response options.

EXTCLB 12. Please indicate whether your program could benefit from additional collaborations or partnerships with the following entities and service providers (for serving children who are not eligible under IDEA), regardless of what is available. **Select all that apply.**

- a. Community health centers and/or local hospitals
- b. Community behavioral or mental health center

- c. Behavioral/mental health providers
- d. Speech therapists
- e. Physical therapists
- f. Occupational therapists
- g. Colleges or universities
- h. Foundations
- i. Community boards supporting children with disabilities and their families
- j. Other parent and caregiver supports (for example, Parent Training and Information Centers (PTICs); Community Parent Resource centers)
- k. Other types of entities or providers not listed above

## MODULE 6. EHS/HS Program Staff Training and Supports for Inclusion

**Instructions on screen.** This section asks about the training and supports provided to staff in your program **to support the inclusion of children with disabilities and suspected delays.**

As a reminder, while we are primarily interested in your perspective, you are welcome to confer with colleagues, as needed, to get answers to the survey questions.

SPRT 1. Which of the following methods, if any, do you use to provide feedback, guidance, and/or support to teachers/home visitors?

- a. In-person
- b. Email
- c. Web-based audio or telephone
- d. Web-based videoconferencing / online face-to-face
- e. Sharing documents / videos
- f. Other methods not listed above

SPRT 2. When a new child with disabilities is enrolled in your program, how often do you do each of the following?

	Never	Rarely	Sometimes	Often	Always
a. I inform the teacher/home visitor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I coordinate communication with families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I share the IFSP/IEP with the child's teacher/home visitor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I coordinate a meeting between the child's teacher/home visitor and the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I discuss initial adaptations with the child's teacher/home visitor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I attend the class/home visit during the first week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPRT 3. What kinds of support does your program provide to the staff responsible for children's developmental screening and ongoing assessment? **Select all that apply.**

- a. Training on conducting the screening
- b. Training on conducting the ongoing assessment
- c. Training on interpretation and use of the results of the screening/assessment
- d. Training in communicating with families regarding children's screening/assessment results
- e. Supervision and/or support from the Education Coordinator, DSC, or Coach



- f. Other kinds of support not listed above
- g. None of the above
- h. Don't know **Programmer note:** If selected, do not allow R to select any other response options.

SPRT 4. In the past 12 months, has your program **arranged for or provided training to other program staff** on the following disability and inclusion-related topics?

	No	Yes, I solely provided the training	Yes, I provided the training with others	Yes, others provided the training	Don't know
a. Recruitment of children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Screening of children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ongoing assessment of young children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Referral of children with suspected delays to evaluation by Part C/LEA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Meeting the needs of children who are not eligible for IDEA services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Curriculum modifications and adaptations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Adult training/professional development/coaching techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Communication/collaboration with families of a child with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Culturally-responsive practices for working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

with children with disabilities and their families					
j. Working with high-need families of children with disabilities (for example, homeless, teen mothers, substance misuse, intimate partner violence, or incarceration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Embedded learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Individualizing assessment and/or instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Assessment and adaptation of the accessibility of children's environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Development and/or implementation of IFSP/IEPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Practices to support children with disabilities in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Practices for children with specific disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Benefits of inclusion for children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Specific routine health procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Social-emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Supporting children who have experienced trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Behavior management/addressing challenging behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. HS Program Performance Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

w. Understanding Part C/LEA process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Supporting families through the Part C/LEA evaluation process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPRT 5. In the previous question, you indicated that in the past 12 months, your program did not arrange for or provide training to other program staff on the following disability and inclusion-related topics. For each, please indicate whether this is because the training was not needed or the training was needed but not available.

**Programmer's note:** Populate response options if SPRT04 = No. Allow respondent to select only one response.

	Not needed	Needed but training not available (insufficient funds, time, or training doesn't exist)
a. Recruitment of children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>
b. Screening of children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>
c. Ongoing assessment of young children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>
d. Referral of children with suspected delays to evaluation by Part C/Location Education Agency (LEA)	<input type="checkbox"/>	<input type="checkbox"/>
e. Meeting the needs of children who are not eligible for IDEA services	<input type="checkbox"/>	<input type="checkbox"/>

f. Curriculum modifications and adaptations	<input type="checkbox"/>	<input type="checkbox"/>
g. Adult training/professional development/coaching techniques	<input type="checkbox"/>	<input type="checkbox"/>
h. Communication/collaboration with families of a child with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>
i. Culturally-responsive practices for working with children with disabilities and their families	<input type="checkbox"/>	<input type="checkbox"/>
j. Working with high-need families of children with disabilities (for example, homeless, teen mothers, substance misuse, intimate partner violence, or incarceration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
k. Embedded learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>
l. Individualizing assessment and/or instruction	<input type="checkbox"/>	<input type="checkbox"/>
m. Assessment and adaptation of the accessibility of children's environments	<input type="checkbox"/>	<input type="checkbox"/>
n. Development and/or implementation of IFSP/IEPs	<input type="checkbox"/>	<input type="checkbox"/>
o. Practices to support children with disabilities in general	<input type="checkbox"/>	<input type="checkbox"/>
p. Practices for children with specific disabilities	<input type="checkbox"/>	<input type="checkbox"/>
q. Benefits of inclusion for children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>
r. Specific routine health procedures	<input type="checkbox"/>	<input type="checkbox"/>
s. Social-emotional health	<input type="checkbox"/>	<input type="checkbox"/>
t. Supporting children who have experienced trauma	<input type="checkbox"/>	<input type="checkbox"/>
u. Behavior management/addressing challenging behaviors	<input type="checkbox"/>	<input type="checkbox"/>
v. HS Program Performance Standards	<input type="checkbox"/>	<input type="checkbox"/>
w. Understanding Part C/LEA process	<input type="checkbox"/>	<input type="checkbox"/>
x. Supporting families through the Part C/LEA evaluation process	<input type="checkbox"/>	<input type="checkbox"/>

SPRT 6. You indicated that, in the past 12 months, for at least one disability and inclusion-related training, you “provided training with others”. Please indicate which types of people were involved in providing the training. **Select all that apply.**

**Programmer's note:** Only ask if SPRT04 = Yes, I provided the training with others.

- a. Program staff
- b. LEA
- c. Part C
- d. Consultant(s)
- e. Other

SPRT 7. You indicated that, in the past 12 months, for at least one disability and inclusion-related training “others provided training”. Please indicate which types of people were involved in providing the training. **Select all that apply.**

**Programmer’s note:** Only ask if SPRT04 = Yes, others provided training.

- a. Program staff
- b. LEA
- c. Part C
- d. Consultant(s)
- e. Other

SPRT 8. Overall, for your program, how supportive of inclusion (such as providing disability services in the classroom or the home visit) for children with disabilities and suspected delays are each of the following:

	Not at all supportive	A little supportive	Somewhat supportive	Very supportive	Extremely supportive
a. Program leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Teaching staff / home visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other staff at your EHS/HS program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Families of children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Part C service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. LEA service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MODULE 7. Transitions

### Module 7, Section 1. Transitions from EHS Programs

**Instructions on Screen:** This set of questions asks about how you or your program facilitate successful transitions for children with disabilities or suspected delays. This includes transitions from Part C to LEA when a child turns 3 years old as well as transition from your EHS program to an HS program or another setting.

As a reminder, while we are primarily interested in your perspective, you are welcome to confer with colleagues, as needed, to get answers to the survey questions.

**Programmer's note:** Field this section only if DSCR06= a or c

TRANS 1. When transitioning a child with disabilities or suspected delays from **your EHS program**, how **challenging is it to collaborate** with each of the following receiving program?

	Never Challenging	Rarely Challenging	Sometimes Challenging	Often Challenging	Always Challenging	N/A
a. Other EHS programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other options for infants/ toddlers (for example, family child care (FCC) or home visiting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. HS programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other (non-HS) preschool/Pre-K programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANS 2. When transitioning a child with disabilities or suspected delays from **Part C to the LEA**, how **challenging is it?**

- a. Never challenging
- b. Rarely challenging
- c. Sometimes challenging
- d. Often challenging
- e. Always challenging
- f. I don't know because I'm a new DSC.













**Module 7, Section 2. Transitions from HS to Kindergarten**

**Instructions on screen:** This section of the survey asks questions about how your program supports children with disabilities and their families in the transition from HS to another program. **Programmer's note:** Field this section only if DSCR06 = b or c.

TRANS 9. When transitioning a child with disabilities or suspected delays from **your HS program**, how **challenging is it to collaborate** with each of the following receiving programs?

	Never Challenging	Rarely Challenging	Sometimes Challenging	Often Challenging	Always Challenging	N/A
a. Kindergartens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other HS programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other (non-HS) Pre-K programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other options for preschoolers (for example, family child care (FCC) or home visiting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANS 10. Sometimes families are not involved in planning the transition from your HS program to receiving programs. What are the reason(s) that families in your **HS program** are not involved in planning the transition for their children with disabilities? Choose all that apply.

- a. Families' lack of availability
- b. Cultural barriers
- c. Linguistic barriers
- d. Families' lack of understanding about their role in the transition process
- e. Families' opinions about the importance of transition
- f. Insufficient time for DSC/program staff to coordinate with family
- g. Other reasons not listed above
- h. Don't know





--	--	--	--	--	--	--	--





m. Skills or experience of receiving teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Receiving teacher's/program's attitude towards inclusion and accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Alignment of policies between your HS program and receiving program/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Alignment of curricula between your HS program and receiving program/school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Receiving program's and/or teacher's responsiveness to families' culture and language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. LEA's responsiveness to families' culture and language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Accessing materials translated into families' native language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MODULE 8: DSC Training and Other Professional Development**

**Instructions on screen.** The next questions are about the orientation you received to your role as a DSC, including any training, in the first 6 months.

As a reminder, while we are primarily interested in your perspective, you are welcome to confer with colleagues, as needed, to get answers to the survey questions.

PDV 1. We are interested in how your program oriented you to your role as a DSC. Please indicate (yes/no) whether you received the following types of information and observational

opportunities within your first 6 months as a DSC. Note: If you have been a DSC for fewer than 6 months, please respond based on the information and observational opportunities you've received to-date.

	Yes	No	I don't remember
<i>Materials/Information Shared</i>			
a. Orientation materials and links to resources describing my role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. HS Program Performance Standards for disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Definition of disabilities/eligibility requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Inclusion practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Information regarding Part C/LEA for your state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Opportunities to review Memoranda of Understanding (MOUs)/Interagency Agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Overview of Individualized Family Service Plans (IFSP)/Individualized Education Plans (IEPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Culturally and linguistically responsive practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Social/emotional supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Behavior management/addressing challenging behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Observational Opportunities</i>			
k. Opportunities to shadow other DSC(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Opportunities to shadow other program staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Observation of classroom/home visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Invitation to observe inclusion practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PDV 2. Did you want or need additional information or training within your first 6 months as a DSC? **Select all that apply.**

- a. Orientation materials and links to resources describing my role
- b. HS Program Performance Standards for disabilities
- c. Definition of disabilities/eligibility requirements
- d. Inclusion practices
- e. Information regarding Part C/LEA for your state
- f. Opportunities to review MOUs/IAs
- g. Overview of IFSP/IEPs
- h. Culturally and linguistically responsive practices
- i. Social/emotional supports
- j. Behavior management/addressing challenging behaviors
- k. Opportunities to shadow other DSC(s)

- l. Opportunities to shadow other program staff
- m. Observation of classroom/home visits
- n. Invitation to observe inclusion practices
- o. Other (specify): \_\_\_\_\_
- p. I don't remember **Programmer note:** If selected, do not allow R to select any other response options.
- q. No additional training needed within first 6 months **Programmer note:** If selected, do not allow R to select any other response options.

PDV 3. Please indicate whether you **currently** need additional training on the following topics.

	Currently Needed	Not Needed
a. Recruitment of children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>
b. Screening and ongoing assessment of children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>
c. Referral of children with disabilities to evaluation and appropriate services under IDEA	<input type="checkbox"/>	<input type="checkbox"/>
d. Curriculum modifications and adaptations	<input type="checkbox"/>	<input type="checkbox"/>
e. Adult training/professional development/coaching techniques	<input type="checkbox"/>	<input type="checkbox"/>
f. Communication/collaboration with families	<input type="checkbox"/>	<input type="checkbox"/>
g. Culturally-responsive practices for working with children with disabilities and their families	<input type="checkbox"/>	<input type="checkbox"/>
h. Supporting families through the Part C/LEA evaluation process	<input type="checkbox"/>	<input type="checkbox"/>
i. Embedded learning opportunities	<input type="checkbox"/>	<input type="checkbox"/>
j. Assessment and adaptation of children's environments	<input type="checkbox"/>	<input type="checkbox"/>
k. Development of IFSP/IEPs	<input type="checkbox"/>	<input type="checkbox"/>
l. Benefits of inclusion for children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>
m. Individualizing assessment and instruction	<input type="checkbox"/>	<input type="checkbox"/>
n. Routine specific health procedures	<input type="checkbox"/>	<input type="checkbox"/>
o. Social/emotional supports	<input type="checkbox"/>	<input type="checkbox"/>
p. Behavior management/addressing challenging behaviors	<input type="checkbox"/>	<input type="checkbox"/>
q. Supporting children who have experienced trauma	<input type="checkbox"/>	<input type="checkbox"/>
r. Practices to support children with disabilities in general	<input type="checkbox"/>	<input type="checkbox"/>
s. Practices to support children with specific disabilities	<input type="checkbox"/>	<input type="checkbox"/>
t. Linguistically responsive practices	<input type="checkbox"/>	<input type="checkbox"/>
u. Understanding and developing MOUS/IAs		
v. HS Program Performance Standards	<input type="checkbox"/>	<input type="checkbox"/>

w. Understanding Part C/LEA process	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

PDV 4. Are there any other DSC-related trainings you are interested in receiving at this time?

[SHORT TEXT BOX]

PDV 5. Which of the following resources do you use for support and information for your work as a DSC? **Select all that apply.**

- i. MyPeers forum
- ii. National TA center website
- iii. Early Childhood Learning and Knowledge Center website (ECLKC; Office of Head Start website)
- iv. Early Childhood Technical Assistance Center (ECTA; Department of Education)
- v. State or national professional association (for example, National Head Start Association, State Head Start Association, National Association for the Education of Young Children, Division for Early Childhood of the Council for Exceptional Children, National Indian Head Start Directors Association, or National Family Child Care Association)
- vi. State TA Network or Child Care Resource and Referral Agency
- vii. Parent Training and Information Centers (PTICs)
- viii. Colleges or universities
- ix. Conferences
- x. Consultants
- xi. Other resources not listed above

PDV 06. What language do you prefer for trainings and materials to support you in your DSC role?

- a. English
  - b. French/Francés
  - c. Spanish/Español
  - d. Cambodian (Khmer)/Camboyano (Khmer)
  - e. Chinese/Chino
  - f. Haitian Creole/Creole Haitiano
  - g. Hmong/Hmong
  - h. Japanese/Japonés
  - i. Korean/Coreano
  - j. Vietnamese/Vietnamita
  - k. Arabic/Arabe
  - l. African Language (e.g., Somali, Swahili, Hausa, Yoruba, Laal, Shabo, Afrikaans, Awing, Bargu, Tumbuku, Teso, and Daholo)/Lengua African (por ejemplo, Somali, Swahili, Hausa, Yoruba, Laal, Shabo, Africaans, Awing, Bargu, Tumbuku, Teso, Y Daholo)
  - m. Native American or Alaskan language/lengua de Native Americano o de Alaska
  - n. A Filipino language/un idioma Filipino
  - o. Other (please specify): \_\_\_\_\_
- xii.

## MODULE 9: Disability Services Coordinator's Background

**Instructions on screen.** These next questions ask about your background including education and work experience.

- DSCB 1. What is the highest level of education that you have completed?
- a. Some high school/equivalent (GED)
  - b. High school diploma/GED
  - c. Some vocational/technical program but no certification
  - d. Vocational/technical certification
  - e. Some college, but no degree
  - f. Associate's degree
  - g. Bachelor's degree
  - h. Some graduate or professional school but no degree
  - i. Master's degree (e.g., MA, MS, MPH, MSN, MBA)
  - j. Doctorate degree (e.g., Ph.D., Ed.D.)
  - k. Other Postgraduate Degree (e.g., MD, DDS, JD)



Head Start (MSHS) programs (Region XII) in any role							
f. Working with migrant and seasonal farmworkers' young children in non-Region XII settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DSCB 3. Please indicate how confident you are in your ability to do the following:

	Not at all confident	A little confident	Somewhat confident	Very confident	Extremely confident
a. Coach/train teachers effectively on disability services and inclusion practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Develop classroom adaptations (curriculum, assessment and environment) for children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicate with families regarding concerns about a child's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Support families through the Part C/LEA screening/evaluation process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work directly with children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Work with evaluation or assessment professionals in support of children with disabilities or suspected delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Coordinate with service providers for children with disabilities and suspected delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DSCB 4. To what extent do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. Disability services provided in the classroom/home visiting setting are <u>not</u> as effective as services provided outside the classroom/home visiting setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Inclusion is not always beneficial for a child with disabilities or suspected delays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is more effective to provide disability services to children outside the classroom/home visiting setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Inclusion is a basic right of children with identified disabilities or suspected delays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Inclusion is essential for a child with disabilities or suspected delays.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There are clear benefits to providing disability services within the classroom/home visiting setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Children who receive disability services in the classroom/home visiting setting tend to achieve higher outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Providing inclusion services for children with disabilities will negatively impact the children without disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. For children without disabilities, there is no benefit from inclusion of a child with disabilities in their classroom.				

DSCB 5. Are you Hispanic, Latino/a, or of Spanish origin? **Select all that apply.**

- a. Yes, Mexican, Mexican American, Chicano/a
- b. Yes, Puerto Rican
- c. Yes, Cuban
- d. Yes, another Hispanic, Latino/a or Spanish origin
- e. No
- f. Don't know
- g. Prefer not to answer



DSCB 6. What is your race? **Select all that apply.**

- a. White
- b. Black or African American
- c. American Indian or Alaska Native
- d. Asian
- e. Native Hawaiian or other Pacific Islander

DSCB 7. What is your annual income (before taxes) from EHS/HS?

- a. Less than \$10,000
- b. \$10,000 - \$20,000
- c. \$20,001 - \$30,000
- d. \$30,001 - \$40,000
- e. \$40,001 - \$50,000
- f. \$50,001 - \$60,000
- g. \$60,001 - \$70,000
- h. \$70,001 - \$80,000
- i. \$80,001 - \$90,000
- j. More than \$90,001
- k. Prefer not to answer

DSCB 8. Please indicate the degree to which you agree or disagree with the following statements about your role as a DSC.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I am satisfied with my current job as a DSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that the families I serve appreciate the job I do as a DSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would like to find a job doing something else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel that my EHS/HS center director appreciates the job I do as DSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I do not do my DSC job as well as it could be done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Serving children with disabilities is a priority for my program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I find my DSC job to be frustrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Being a DSC is important work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I receive enough professional development support and training to do my job as DSC well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Being a DSC is stressful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I am an excellent DSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I see myself doing this same job in 5 years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I can consult with other DSCs and experts as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

needed.				
n. I receive sufficient supervision for my job as DSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. There are not enough hours in the week for me to do my job well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I do not have sufficient support from my program to do my job as DSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Expectations for the DSC role are fully defined and clear to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. My fellow staff are supportive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. My program leadership understands the challenges of being a DSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Teachers/home visitors appreciate the work I do as a DSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<p>i. Challenges finding Part C providers who meet Head Start's COVID vaccination requirements</p> <p><b>Programmer's Note:</b> Include only if DSCR06=a or c.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>j. Challenges finding LEA providers who meet Head Start's COVID vaccination requirements</p> <p><b>Programmer's Note:</b> Include only if DSCR06=b or c.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>k. Coordinating with service providers to schedule IFSP or IEP meetings</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>l. Connecting with PART C/LEA to share children's progress or concerns</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DSCB 10. Please share any example you have of how you worked to overcome one of these challenges you experienced.

[TEXT BOX]

Please use the text box below to provide any additional information about your role as a DSC that we did not capture or to elaborate on your survey responses.

[TEXT BOX]

## FOLLOW UP

**Instructions on screen:** We will be conducting telephone interviews with a small number of DSCs who completed this survey. As such, we may want to contact you to invite you to participate in the interview portion of the study. If you are selected, you will have an opportunity at that time to decide whether or not you would like to participate.

FUP01. We reached you at [email address]. Is this the best email address to reach you? If no, please enter your preferred email address.

- a. Yes
- b. No → [                      @                      ]

FUP02. What is the best phone number to reach you during business hours?

(      ) - \_\_\_\_\_

FUP03. What is the best time of day for our study staff member to call you? **Select all that apply.**

- a. 8 to 10 am
- b. 10 am to 12 pm
- c. 12 to 2 pm
- d. 2 to 4 pm
- e. 4 to 6 pm

**Display on screen:** Thank you for completing this survey. We appreciate the time and thought you put into your responses.