



OMB # 0970-0581

Expiration date: 11/30/23

Kindergarten Family Interview Protocol

Good morning/afternoon. My name is [INSERT NAME] and I am a researcher at [NAME OF ORGANIZATION]. I'm joined by [INSERT NAME], who is [also] a researcher at [NAME OF ORGANIZATION], who will be taking notes during our discussion. We are conducting a study of children's transitions from Head Start to kindergarten. We are hoping to get a better understanding of how to improve those transitions for everyone involved.

Preamble

Before we begin, there are a few important things for us to go over briefly. I want to remind you about the purpose of this interview and give you some important information about your participation in this research.

Purpose of the Project

One of the purposes of this research project is to understand the experiences of parents and families of Head Start children as they transition to kindergarten. Researchers, teachers, and administrators are paying more and more attention to this transition period, and we want to understand how parents and families are preparing for and experiencing the shift to new settings, expectations, and relationships as they enter kindergarten. We want to understand your experiences because we believe doing so is important to improving the quality of children's educational and developmental opportunities, as well as maintaining the social-emotional and academic progress they've made while in Head Start.



Your responses today will be used to help better understand how Head Start programs, elementary schools, and community organizations are supporting children and families as they transition into kindergarten. We may use the information you provide for future research studies. We will not ask for your additional informed consent for these studies. We will store the research data at a trusted repository. Before being made available to other researchers, the data will be reviewed to make sure it cannot be used to identify you in any way. Additionally, federal law states that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this data collection is 0970-0581 and the expiration date is 11/30/2023. I can repeat that, if you'd like to keep it for reference.

Participation and Privacy

Thank you again for agreeing to participate in this interview. I want to take a moment to remind you of a few important things before we begin.

- First, your participation in this interview is completely voluntary and does not involve any risks other than what you would encounter in daily life. However, we may discuss sensitive topics that may be difficult to talk about. You do not have to participate in any part of our conversation that makes you uncomfortable. You are free to stop at any time, and you can decline to answer any of the questions without any consequences. We will take approximately 45 minutes of your time for our conversation today. As a thank you for your participation, we have a \$50 gift card that we will be sending to you at the end of our conversation.

- Second, the discussion we have in this interview today is private. No one outside of the research group will know what we discuss today. No **[INSERT HEAD START CENTER]** or public school employee will have access to this conversation. The only situation in which we would consider breaking that privacy would be if we had reason to believe someone was being harmed or in danger of being harmed. By law, we are mandated to report that.
- Third, we would like to record this conversation to help us make the most of what we learn from you today by making sure we capture everything correctly. We will use this recording to create a transcript. No names or identifying information will be included in this transcript and it will be securely stored. No one outside the research team will have access to it. We will delete the recording as soon as it has been transcribed.
- If at any time you have questions about our conversation today or your role in the study, please feel free to contact Dr. Stacy Ehrlich Loewe, the NORC Project Director, at (773) 256-6087; or via email at ehrllich-stacy@norc.org. If you have any questions about your rights as a participant in this research study, please call the NORC IRB Manager toll-free at (866) 309-0542.

Are there any questions or concerns before we begin?

Are you comfortable with me recording this conversation so we can accurately capture the conversation? **[If yes, TURN ON AUDIO RECORDER]**

I. Warm Up

To start, you participated in a focus group last school year, so I'd like to make sure that I have the correct information. Can you please tell me:

1. Your first name and your child's first name?
2. Which kindergarten classroom/teacher your child is in?
 - a. What Head Start classroom was your child in last year?
3. Remind me, is this the first time you have a child who transitioned into kindergarten?

II. How Transition Went for Families and Children

Thank you for that information. Next, I'd like to learn about how you and your child did during the first few weeks of kindergarten.

4. We know that the transition to kindergarten is a big one for families. How was the first week or so for your child?
 - a. What were they excited about?
 - b. What, if anything, were they nervous about?
5. How has your child adjusted to kindergarten socially? Academically?
 - a. What went well with their adjustment?
 - b. In what ways are they still adjusting?
6. Please think about what it is like for your child to be in their kindergarten classroom now compared to their Head Start classroom last year. What do think are the biggest differences in expectations for your child? For you?
 - a. *Probe, examples: child- or teacher-directed learning, small or large group activities, academic content, parent outreach and engagement)*
7. Who do you mainly talk to about how your child is doing in kindergarten?

- a. Who do you talk to about questions YOU have about kindergarten? Can you give me some examples?
 - i. *Probe for: Head Start teacher, other Head Start staff, other Head Start parents, community provider(s) such as library or community center staff, family, friends, special education teacher and/or advocates, pediatrician*
8. How often do you reach out to your child's kindergarten teacher or other school staff about your child's or family's needs and concerns?
 - a. Can you give me an example of what you talked about during these conversations?
9. How often does your child's kindergarten teacher reach out to you to talk about how your child is doing?
 - a. Can you give me an example of what you talked about during these conversations?
10. How important have your child's teachers (Head Start and kindergarten) been in helping you and your child prepare for and do well during the transition to kindergarten?
 - a. Are there other people who have helped you through this process?

III. Transition Supports, Information, and Resources

I'd like to next ask a few questions to learn more about the kinds of transition supports, information, and resources you may have received as your child transitioned from Head Start into kindergarten.

11. During this transition process (including last year when your child was in Head Start all the way through today), what kinds of questions have you had for your child's school or the district?
- How did you go about getting answers to these questions?
 - Probe for whether they reached out to school or district personnel and whether they got their questions answered*
 - Probe for ease of navigating the system to get questions answered*
12. Did you receive any information or resources from your child's kindergarten teacher or elementary school about helping your child transition into kindergarten? If so, please explain.
- Probe for when they received that information, what format they were shared in*
 - Can you give me an example of some of the things your child's school/teacher gave you or suggested?
 - Did you use this information? What did you do? Please describe.
 - In your opinion, were there any activities that you found particularly helpful?
 - Were there any that you did not find helpful or found hard to do? Please explain.
13. Did you receive any information or resources from your child's Head Start teacher or center staff about helping your child transition into kindergarten? If so, please explain.
- Probe for when they received that information, what format they were shared in. particularly probe for information shared prior to and after leaving HS.*
 - Do you still communicate with your child's Head Start teacher? If so, what do you communicate about?

- c. Were you ever asked to provide information about your child to their elementary school?
 - i. What kind of information did the school ask for?
14. In what ways, if any, have your relationships with your child's kindergarten teacher and other elementary school staff made you feel more comfortable as you and your child have been adjusting to kindergarten?
 - a. *Probe for: feeling connected to school community, confidence in being an advocate for their child*
15. What, if any, types of things have you done in *collaboration with your child's kindergarten teacher* to help your child be prepared for kindergarten and adjust to their new classroom/school?
16. What things, if any, did you do *on your own* to help your child be prepared for the transition into kindergarten and adjust to a new classroom/school?
 - a. What help do you get from others, if any?
 - b. Have you shared what you are doing with your child's kindergarten teacher or others at the elementary school?
 - c. Do you do things with other parents to help your child's adjustment to kindergarten? If so, what?
17. Of the activities you just mentioned, which ones have been most useful to you and your child?
 - a. How did they help your child?
 - b. How did they help you?

18. Do you know if your child's Head Start program worked together with your child's elementary school or kindergarten teacher?
- If yes, in what ways?
 - In what ways, if any, did this coordination help to better support your child's transition to kindergarten?

IV. Wrap Up

Lastly, I have a couple of wrap up questions.

19. Overall, how prepared do you think YOU were for that transition? How prepared was your CHILD? Please explain.
20. How, if at all, have the supports you received from your child's Head Start program and elementary school helped you be ready for your child's transition?
21. What else could teachers and other staff on either the Head Start and/or elementary school sides have done to better support you and your child?

Those are all the questions I have. Is there anything else you would like to share with me about your child's transition from Head Start into kindergarten?