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.

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.
- 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.

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)

<div style="background-color:#d4c5e2; text-align:center;">MODULE 1. Role of Disability Services Coordinators</div>

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 <u>your</u> 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.*
   a. Teacher
   b. Teacher's aide/instructional aide
   c. Education coordinator/manager
   d. Coach/trainer (topics not about disability, inclusion)
   e. Family service worker/family support worker
   f. Home visitor
   g. Outreach staff/recruiter/enrollment coordinator
   h. Counselor
   i. Health manager
   j. Family services coordinator/Family services manager
   k. Mental health coordinator/consultant
   l. Nutrition coordinator
   m. Culinary or food services staff

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)

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

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

DSCR 10.   How much time, on average, do you spend traveling from your primary location or office to your other program locations each week?

_____ hour(s) per week

Instructions on screen: The next set of questions asks about a range of disability services coordination tasks that might be done by DSCs, other EHS/HS management or staff, or an outside consultant. We want to understand how disability services coordination tasks vary across programs. For each set of tasks, we will ask you to indicate who is responsible.

DSCR 11.   ***Recruitment, screening, referral, and ongoing assessment tasks***

a.   <u>Who is responsible</u> for these ***recruitment, screening, referral, and ongoing assessment*** tasks?

	I am *solely* responsible	I *share responsibility* with others		I'm *not responsible*; it is done by others		Task not done	Don't know
i. Recruit children with identified or suspected disabilities for EHS/HS services	☐	☐	☐	☐	☐	☐	☐
ii. Enroll children with identified or suspected disabilities for EHS/HS services	☐	☐	☐	☐	☐	☐	☐
iii. Screen children for suspected disabilities	☐	☐	☐	☐	☐	☐	☐
iv. Refer children with suspected disabilities to Part C/Local Education Agency (LEA) for evaluation	☐	☐	☐	☐	☐	☐	☐
v. Document data related to children's identified special needs	☐	☐	☐	☐	☐	☐	☐
vi. Facilitate communication between Part C/LEA representatives and families (for example, sharing family input with Part C/LEA, sharing process	☐	☐	☐	☐	☐	☐	☐

information with families)							
vii. Attend IFSP meetings for children with disabilities in my **EHS program centers** Programmer's note: Include only if DSCR06=a or c	☐	☐	☐	☐	☐	☐	☐
viii. Attend Individualized Family Service Plan (IFSP)/Individualized Education Plan (IEP) meetings for children with disabilities in my **HS program centers** Programmer's note: Include only if DSCR06=b or c	☐	☐	☐	☐	☐	☐	☐
ix. Attend IFSP/IEP meetings for children with disabilities in my **home visiting options**	☐	☐	☐	☐	☐	☐	☐
x. Attend IFSP/IEP meetings for children with disabilities in my **Family Child Care (FCC) options**	☐	☐	☐	☐	☐	☐	☐
xi. Review children's ongoing learning assessment data to confirm progress on IFSP/IEP goals	☐	☐	☐	☐	☐	☐	☐
xii. Maintain communication with service providers and teachers/home visitors about the children's progress (for example, progress in classroom, physical therapy, speech, etc.)	☐	☐	☐	☐	☐	☐	☐

b. Which of the following types of program staff are involved in the ***recruitment, screening, and ongoing assessment*** 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.

DSCR 12. ***Family collaboration tasks***

a. <u>Who is responsible</u> for ***family collaboration*** tasks?

	I am *solely responsible*	I *share responsibility* with others	I'm *not responsible*; it is done by others		Task not done	Don't know
i. Prepare families for IFSP/IEP meetings	☐	☐	☐	☐	☐	☐
ii. Work with families to include goals specific to the child in IFSP/IEP	☐	☐	☐	☐	☐	☐
iii. Coordinate transportation to and from services related to children's special needs	☐	☒	☐	☐	☐	☐
iv. Ensure families are informed about rights and services under the Individuals with Disabilities Education Act (IDEA)	☐	☐	☐	☐	☐	☐
v. Plan educational or	☐	☐	☐	☐	☐	☐

social opportunities for families of children with disabilities or suspected delays							
vi. Maintain communication with families about their child's progress in provided services (for example, in the classroom, physical therapy, speech, other community-based services not covered by IDEA)	☐	☐	☐	☐	☐	☐	☐
vii. Discuss/distribute informational materials with families in the program about the benefits of inclusion	☐	☐	☐	☐	☐	☐	☐
viii. Discuss/distribute informational materials to families about how to navigate the systems that serve children with disabilities (for example, understanding the roles of everyone involved)	☐	☐	☐	☐	☐	☐	☐
ix. Coordinate with parent training and information centers (PTICs) and other family support programs	☐	☐	☐	☐	☐	☐	☐
x. Communicate procedures to staff regarding how to connect families to parent training and information centers (PTIs) or other family support programs	☐	☐	☐	☐	☐	☐	☐

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

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.

DSCR 13. ***Collaboration and teaming tasks***

a. <u>Who is responsible</u> for ***collaboration and teaming*** tasks?

	I am *solely* responsible	I *share responsibility* with others		I'm *not responsible*; it is done by others		Task not done	Don't know
i. Collaborate with teachers to develop inclusive supports that meet children's identified needs	☐	☐	☐	☐	☐	☐	☐
ii. Participate in program-wide planning with the management team to implement specific initiatives, such as behavioral interventions and supports, curricula, ongoing child assessment, and/or family engagement.	☐	☐	☐	☐	☐	☐	☐
iii. Establish Memoranda of Understanding (MOUs) or Interagency Agreements with Part C or LEA providers	☐	☐	☐	☐	☐	☐	☐
iv. Coordinate purchase of materials needed to support inclusion (for example, adaptive technology, materials, or supplies)	☐	☐	☐	☐	☐	☐	☐
v. Support implementation of materials needed to support inclusion (for example, adaptive technology, materials, or supplies)	☐	☐	☐	☐	☐	☐	☐
vi. Coordinate/schedule with external service providers who provide services <u>within the program setting(s)</u>	☐	☐	☐	☐	☐	☐	☐
vii. Coordinate/schedule with external service providers	☐	☐	☐	☐	☐	☐	☐

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

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.

DSCR 14.   *Teacher training and support tasks*

a.   <u>Who is responsible</u> for the following *teacher training and support* tasks?

	I am *solely responsible*	I *share responsibility* with others:		I'm *not responsible*; 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	☐	☐	☐	☐	☐	☐	☐
ii. Disseminate resource materials to staff about the inclusion of young children with disabilities	☐	☐	☐	☐	☐	☐	☐
iii. Assess teachers' needs for training/resources to provide services for children with disabilities	☐	☐	☐	☐	☐	☐	☐

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.

DSCR 15.   *Transition tasks*

Note: By transition tasks we mean how your program supports children with disabilities and their families in the transition from your program to another program. Receiving programs may include other EHS programs, other non-EHS infant/toddler care settings, HS programs, or other non-HS preschools/Pre-K programs.

a. <u>Who is responsible</u> for *transition* tasks?

	I am *solely* responsible	I *share responsibility* with others		I'm *not responsible*; it is done by others		Task not done	Don't know
i. **Develop** transition plans for children with disabilities who transition from their current setting to another setting	☐	☐	☐	☐	☐	☐	☐
ii. **Implement** transition plans for children with disabilities who transition from their current setting to another setting	☐	☐	☐	☐	☐	☐	☐
iii. Communicate with families to initiate transition processes	☐	☐	☐	☐	☐	☐	☐
iv. Collaborate with IFSP or IEP team across current placement and the receiving site to establish transition plan	☐	☐	☐	☐	☐	☐	☐
v. Share records and/or other materials about children with disabilities with the receiving program	☐	☐	☐	☐	☐	☐	☐

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.

MODULE 2: Recruitment, Screening, Referral, Evaluation, and Ongoing Assessment

Instructions on screen. To help us better understand how programs vary in DSC activities, please let us know the ways your program identifies, recruits, screens, and refers for evaluation, children with disabilities.

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

Module 2, Section 1: Recruitment of Children with Disabilities

Instructions on screen: First we would like you to think about how your program recruits children with disabilities or suspected delays.

RSEA 1.   How easy or difficult is it for your program to meet the EHS/HS 10 percent requirement for the enrollment of children with disabilities?
  a. Very difficult
  b. Difficult
  c. Easy
  d. Very Easy
  e. Don't know

RSEA 2.   To what extent do the following factors make it challenging for your program to meet the 10 percent requirement?

	Not at all Challenging	A little Challenging	Somewhat Challenging	Very Challenging	Extremely Challenging	Don't Know	N/A
a. Collaboration with or referrals from Part C	☐	☐	☐	☐	☐	☐	☐
b. Collaboration with or referrals from the LEA	☐	☐	☐	☐	☐	☐	☐
c. Collaboration with or referrals from community agencies, health care providers, or others	☐	☐	☐	☐	☐	☐	☐
d. Distance or time families or children have to travel to your program	☐	☐	☐	☐	☐	☐	☐

e. Availability of disability services providers	☐	☐	☐	☐	☐	☐	☐
f. Families prefer other early childhood education (ECE) programs or other child care	☐	☐	☐	☐	☐	☐	☐
g. Families refuse services labeled as "disabilities"	☐	☐	☐	☐	☐	☐	☐
h. Families refuse disability services for other reasons	☐	☐	☐	☐	☐	☐	☐

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)

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)

Module 2, Section 2: Referral and Evaluation of Children

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

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	☐	☐	☐	☐	☐	☐
b. Attend eligibility meetings	☐	☐	☐	☐	☐	☐
c. Review results of Part C evaluation with the family	☐	☐	☐	☐	☐	☐
d. Support communication and logistics with Part C (for example, scheduling, transportation, follow-up)	☐	☐	☐	☐	☐	☐

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

    b. We use an internal program form or our own online system to refer children to the LEA

    c. We use emails or a phone call to refer children to the LEA

    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 11. For the children enrolled in your **HS program**, who usually initiates the referral process to the LEA 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 12. In your **HS program**, how often do families ask the DSC or other program staff to make the referral to the LEA for evaluation?

    a. Never

    b. Rarely

    c. Sometimes

    d. Often

    e. Always

    f. Don't know

RSEA 13. In your **HS program**, how often do you or other program staff engage in each of the following referral and evaluation activities?

	Never	Rarely	Sometimes	Often	Always	Don't know
a. Attend the evaluation for LEA eligibility	☐	☐	☐	☐	☐	☐
c. Attend eligibility meetings	☐	☐	☐	☐	☐	☐
d. Review results of evaluation with the family	☐	☐	☐	☐	☐	☐
e. Support communication and logistics with LEA (e.g., scheduling, transportation, follow-up)	☐	☐	☐	☐	☐	☐

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	☐	☐	☐	☐	☐
b. Gather families' reports/observations on children's behavior, skills, and development to share with staff and/or service providers	☐	☐	☐	☐	☐
c. Solicit families' input on ongoing assessment findings and child's progress	☐	☐	☐	☐	☐
d. Engage families when individualizing IFSP/IEP goals and objectives	☐	☐	☐	☐	☐

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)	☐	☐	☐	☐	☐
b. Individual children's progress on 504 plan goals	☐	☐	☐	☐	☐
c. You Part C/LEA evaluation results/reports and decisions on the disability status of children	☐	☐	☐	☐	☐
d. Program reports from data management systems (e.g., Child Plus, PROMIS, MyHeadStart)	☐	☐	☐	☐	☐

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 <u>your</u> 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

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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	☐	☐	☐	☐	☐
b. Telephone	☐	☐	☐	☐	☐
c. Virtual meeting (for example, Zoom, FaceTime, Skype)	☐	☐	☐	☐	☐

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.)	☐	☐	☐	☐	☐
b. Telephone	☐	☐	☐	☐	☐
c. Virtual meeting (for example, Zoom, FaceTime, Skype)	☐	☐	☐	☐	☐

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	☐	☐	☐	☐	☐
b. Text	☐	☐	☐	☐	☐
c. Notes going home with child	☐	☐	☐	☐	☐
d. Chat/instant messaging system (for example, Facebook Messenger, What's App, Telegram app)	☐	☐	☐	☐	☐

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	☐	☐	☐	☐
b. Visiting the family at home	☐	☐	☐	☐

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

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

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

FAMCLB 12.   How easy or difficult is it for you to get support and guidance on the cultural beliefs, practices, customs, and traditions of <u>all</u> 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.

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

SVCS 3.   Which factors affect your program's ability to provide disabilities-related services within the classroom or home visiting setting? ***Select all that apply.***

☐ a. Space
☐ b. Equipment or lack of accessibility
☐ c. Noise or distractions
☐ d. Insufficient number of staff support
☐ e. Service provider availability, skills, or preference
☐ f. Family preference
☐ g. Teacher/home visitor abilities or skills
☐ h. Teacher/home visitor reluctance
☐ i. Other factors not listed above
☐ j. Don't know **Programmer note:** If selected, do not allow R to select any other response options.

SVCS 4.   In the past 12 months, to what extent have the following factors made it challenging to deliver disability and inclusion-related services or provide supports to children who <u>are eligible</u> under IDEA?

	Not at all challenging	A little challenging	Somewhat challenging	Very challenging	Extremely challenging	Don't know
Accessing services in the IFSP/IEP						
a. Transportation to disability services	☐	☐	☐	☐	☐	☐
b. Availability of disability services in the community	☐	☐	☐	☐	☐	☐
c. Availability of disability services at convenient times	☐	☐	☐	☐	☐	☐
d. Funding for disability services	☐	☐	☐	☐	☐	☐
Coordination with external partners						
e. Limits in Part C support for providing inclusive services in the program setting **Programmer's Note:** Include only if DSCR06=a or c.	☐	☐	☐	☐	☐	☐
f. Limits in LEA support for providing inclusive services in the program setting **Programmer's Note:** Include only if DSCR06=b or c.	☐	☐	☐	☐	☐	☐
g. Communication with external partners about service delivery and child progress	☐	☐	☐	☐	☐	☐
Coordination with internal team						
h. Coordination of services	☐	☐	☐	☐	☐	☐
i. Definition of roles and responsibilities for staff providing	☐	☐	☐	☐	☐	☐

disability services to children and families						
j. Internal communication protocols to ensure streamlined, non-duplicative services within the program setting	☐	☐	☐	☐	☐	☐
k. Demands on program staff time	☐	☐	☐	☐	☐	☐

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	☐	☐	☐	☐	☐
b. Occupational Therapy (OT)	☐	☐	☐	☐	☐
c. Physical Therapy (PT)	☐	☐	☐	☐	☐
d. Classroom Behavioral Support Services/ Infant or Early Childhood Mental Health Services	☐	☐	☐	☐	☐
e. Parenting Skills training/Behavioral Support Services for Family/Family Mental Health Services					

f. Speech/ Language Therapy	☐	☐	☐	☐	☐
g. Vision/ Hearing Services	☐	☐	☐	☐	☐

SVCS 7.   In the last 12 months, how have the following factors impacted service delivery (for example, private speech therapy) for children in your program who are ***not*** **eligible** under IDEA? ***Select one response per row.***

	Never challenging	Rarely challenging	Sometimes challenging	Often challenging	Always challenging	Don't know
Accessing service for children non-eligible under IDEA						
a. Transportation to disability services	☐	☐	☐	☐	☐	☐
b. Availability of disability services in the community	☐	☐	☐	☐	☐	☐
c. Availability of disability services at convenient times	☐	☐	☐	☐	☐	☐
d. Funding for disability services	☐	☐	☐	☐	☐	☐
Coordination with external partners for services for children non-eligible under IDEA						
e. Communication with external partners about service delivery and child progress	☐	☐	☐	☐	☐	☐
Coordination with internal team for services for children non-eligible under IDEA						
f. Coordination of services	☐	☐	☐	☐	☐	☐
g. Definition of roles and responsibilities for staff providing disability services to children and families	☐	☐	☐	☐	☐	☐
h. Communication protocols with internal team and systems to ensure streamlined, non-duplicative services within the program setting	☐	☐	☐	☐	☐	☐
i. Demands on program staff time	☐	☐	☐	☐	☐	☐

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 <u>your</u> 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 of 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	☐	☐	☐	☐	
b. Invited Part C staff to participate in EHS program trainings	☐	☐	☐	☐	

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	☐	☐	☐	☐	
b. Invited LEA staff to participate in HS program trainings	☐	☐	☐	☐	

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

Module 5, Section 2. Community Collaboration (aside from Part C and LEA)

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 <u>collaborations or partnerships</u> with the following entities and service providers (for serving children who are **<u>not eligible</u>** 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 <u>benefit from additional collaborations or partnerships</u> 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 <u>your</u> 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.	☐	☐	☐	☐	☐
b. I coordinate communication with families.	☐	☐	☐	☐	☐
c. I share the IFSP/IEP with the child's teacher/home visitor.	☐	☐	☐	☐	☐
d. I coordinate a meeting between the child's teacher/home visitor and the family.	☐	☐	☐	☐	☐
e. I discuss initial adaptations with the child's teacher/home visitor.	☐	☐	☐	☐	☐
f. I attend the class/home visit during the first week	☐	☐	☐	☐	☐

SPRT 3. What kinds of support does your program provide to the staff responsible for children's <u>developmental screening and ongoing assessment</u>? *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	☐	☐	☐	☐	☐
b. Screening of children with disabilities or suspected delays	☐	☐	☐	☐	☐
c. Ongoing assessment of young children with disabilities or suspected delays	☐	☐	☐	☐	☐
d. Referral of children with suspected delays to evaluation by Part C/LEA	☐	☐	☐	☐	☐
e. Meeting the needs of children who are not eligible for IDEA services	☐	☐	☐	☐	☐
f. Curriculum modifications and adaptations	☐	☐	☐	☐	☐
g. Adult training/professional development/coaching techniques	☐	☐	☐	☐	☐
h. Communication/ collaboration with families of a child with disabilities or suspected delays	☐	☐	☐	☐	☐
i. Culturally-responsive practices for working	☐	☐	☐	☐	☐

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.)	☐	☐	☐	☐	☐
k. Embedded learning opportunities	☐	☐	☐	☐	☐
l. Individualizing assessment and/or instruction	☐	☐	☐	☐	☐
m. Assessment and adaptation of the accessibility of children's environments	☐	☐	☐	☐	☐
n. Development and/or implementation of IFSP/IEPs	☐	☐	☐	☐	☐
o. Practices to support children with disabilities in general	☐	☐	☐	☐	☐
p. Practices for children with specific disabilities	☐	☐	☐	☐	☐
q. Benefits of inclusion for children with disabilities or suspected delays	☐	☐	☐	☐	☐
r. Specific routine health procedures	☐	☐	☐	☐	☐
s. Social-emotional health	☐	☐	☐	☐	☐
t. Supporting children who have experienced trauma	☐	☐	☐	☐	☐
u. Behavior management/addressing challenging behaviors	☐	☐	☐	☐	☐
v. HS Program Performance Standards	☐	☐	☐	☐	☐

w. Understanding Part C/LEA process	☐	☐	☐	☐	☐
x. Supporting families through the Part C/LEA evaluation process	☐	☐	☐	☐	☐

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	☐	☐
b. Screening of children with disabilities or suspected delays	☐	☐
c. Ongoing assessment of young children with disabilities or suspected delays	☐	☐
d. Referral of children with suspected delays to evaluation by Part C/Location Education Agency (LEA)	☐	☐
e. Meeting the needs of children who are not eligible for IDEA services	☐	☐

f. Curriculum modifications and adaptations	☐	☐
g. Adult training/professional development/coaching techniques	☐	☐
h. Communication/collaboration with families of a child with disabilities or suspected delays	☐	☐
i. Culturally-responsive practices for working 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.)	☐	☐
k. Embedded learning opportunities	☐	☐
l. Individualizing assessment and/or instruction	☐	☐
m. Assessment and adaptation of the accessibility of children's environments	☐	☐
n. Development and/or implementation of IFSP/IEPs	☐	☐
o. Practices to support children with disabilities in general	☐	☐
p. Practices for children with specific disabilities	☐	☐
q. Benefits of inclusion for children with disabilities or suspected delays	☐	☐
r. Specific routine health procedures	☐	☐
s. Social-emotional health	☐	☐
t. Supporting children who have experienced trauma	☐	☐
u. Behavior management/addressing challenging behaviors	☐	☐
v. HS Program Performance Standards	☐	☐
w. Understanding Part C/LEA process	☐	☐
x. Supporting families through the Part C/LEA evaluation process	☐	☐

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.**

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

SPRT 8. Overall, for your program, how <u>supportive of inclusion</u> (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	☐	☐	☐	☐	☐
b. Teaching staff / home visitors	☐	☐	☐	☐	☐
c. Other staff at your EHS/HS program	☐	☐	☐	☐	☐
d. Families of children with disabilities or suspected delays	☐	☐	☐	☐	☐
e. Other families	☐	☐	☐	☐	☐
f. Part C service providers	☐	☐	☐	☐	☐
g. LEA service providers	☐	☐	☐	☐	☐

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 <u>your</u> 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	☐	☐	☐	☐	☐	☐
b. Other options for infants/ toddlers (for example, family child care (FCC) or home visiting)	☐	☐	☐	☐	☐	☐
c. HS programs	☐	☐	☐	☐	☐	☐
d. Other (non-HS) preschool/Pre-K programs	☐	☐	☐	☐	☐	☐

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.

TRANS 3.   Sometimes families are not involved in planning the transition from your EHS program to receiving programs. What are the reason(s) that families in your **EHS 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

TRANS 4.   How often does your **EHS program** engage in the following activities with receiving programs to transition a child with disabilities or suspected delays?
Note: Receiving programs may include other EHS programs, other non-EHS infant/toddler care settings, HS programs, or other non-HS preschools/Pre-K programs.

	Never	Rarely	Sometimes	Often	Always	Don't know	N/A
a. Facilitate family and child visits to/with the receiving program/teacher	☐	☐	☐	☐	☐	☐	☐
b. DSC or other program staff establishes communication with receiving teacher	☐	☐	☐	☐	☐	☐	☐
c. DSC or other program staff visits the receiving program/teacher	☐	☐	☐	☐	☐	☐	☐
d. Share relevant data and reports about the child with receiving program/teacher	☐	☐	☐	☐	☐	☐	☐
e. Share how your program adapted curriculum, classroom organization, and/or activities for the child	☐	☐	☐	☐	☐	☐	☐

TRANS 5.   How does your program **support a family** whose child with disabilities or suspected delays is transitioning from **your EHS program** to another program?

	Never	Rarely	Sometimes	Often	Always	Don't know
a. Send letters home with children, or mail/email letters to families providing information on the transition	☐	☐	☐	☐	☐	☐
b. Invite families to attend meetings with EHS staff about the transition	☐	☐	☐	☐	☐	☐
c. Give families information about the new program their child will attend	☐	☐	☐	☐	☐	☐
d. Run family support groups/workshops about transitions from EHS to other programs specifically for children with disabilities	☐	☐	☐	☐	☐	☐
e. Support families during the IEP development process such as by answering questions or assisting with communications (if transitioning to HS or preschool)	☐	☐	☐	☐	☐	☐

TRANS 6.   How satisfied are you with the transition of IDEA-eligible children with disabilities from your **EHS program** into each of the following receiving settings?

	Not at all satisfied	A little satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Don't know	N/A
a. Other EHS programs	☐	☐	☐	☐	☐	☐	☐
b. Non-EHS infant/toddler child care	☐	☐	☐	☐	☐	☐	☐
c. HS programs	☐	☐	☐	☐	☐	☐	☐
d. Non-HS Pre-K programs	☐	☐	☐	☐	☐	☐	☐
e. Home with their family	☐	☐	☐	☐	☐	☐	☐

TRANS 7. How satisfied are you with the transition of children found <u>ineligible</u> **by Part C** from your **EHS program** into each of the following receiving programs?

	Not at all satisfied	A little satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Don't know	N/A
a. Other EHS programs	☐	☐	☐	☐	☐	☐	☐
b. Non-EHS infant/toddler child care	☐	☐	☐	☐	☐	☐	☐
c. HS programs	☐	☐	☐	☐	☐	☐	☐
d. Non-HS Pre-K programs	☐	☐	☐	☐	☐	☐	☐

TRANS 8. To what extent do each of the following factors make it challenging to implement a transition plan for **EHS** children with disabilities and suspected delays?

	Not at all challenging	A little challenging	Somewhat challenging	Very challenging	Extremely Challenging	Don't know
a. High number and variety of receiving programs	☐	☐	☐	☐	☐	☐
b. Number of transitions	☐	☐	☐	☐	☐	☐
c. Timing of families informing EHS program about upcoming transition	☐	☐	☐	☐	☐	☐
d. Family concerns with the transition	☐	☐	☐	☐	☐	☐
e. Communication with receiving program	☐	☐	☐	☐	☐	☐
f. Getting data or reports from service providers	☐	☐	☐	☐	☐	☐
g. Getting evaluation or assessment reports from Part C	☐	☐	☐	☐	☐	☐
h. Sharing data and reports about the child with receiving program/teacher	☐	☐	☐	☐	☐	☐

i.	Sharing how your program adapted curriculum, classroom organization, and/or activities for the child	☐	☐	☐	☐	☐	☐
j.	Scheduling challenges	☐	☐	☐	☐	☐	☐
k.	Availability of Part C representative	☐	☐	☐	☐	☐	☐
l.	Availability of LEA representative	☐	☐	☐	☐	☐	☐
m.	Availability of interpreter(s)	☐	☐	☐	☐	☐	☐
n.	Skills or experience of receiving teacher	☐	☐	☐	☐	☐	☐
o.	Receiving teacher's/program's attitude towards inclusion and accommodation	☐	☐	☐	☐	☐	☐
p.	Alignment of policies and/or curricula between the EHS program and receiving programs	☐	☐	☐	☐	☐	☐
q.	The receiving program's and/or teacher's responsiveness to families' culture and language	☐	☐	☐	☐	☐	☐
r.	Part C's responsiveness to families' culture and language	☐	☐	☐	☐	☐	☐
s.	LEA's responsiveness to families' culture and language	☐	☐	☐	☐	☐	☐
t.	Accessing materials translated into families' native language	☐	☐	☐	☐	☐	☐

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	☐	☐	☐	☐	☐	☐
b. Other HS programs	☐	☐	☐	☐	☐	☐
c. Other (non-HS) Pre-K programs	☐	☐	☐	☐	☐	☐
d. Other options for preschoolers (for example, family child care (FCC) or home visiting)	☐	☐	☐	☐	☐	☐

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

TRANS 11.   How often does your **HS program** engage in the following activities with receiving programs to transition a child with disabilities or suspected delays?
Note: *Receiving programs may include other HS programs, other non-HS preschools/Pre-K programs, or kindergartens.*

	Never	Rarely	Sometimes	Often	Always	Don't know	N/A
a. Facilitate family and child visits to/with the receiving program/teacher	☐	☐	☐	☐	☐	☐	☐
b. DSC or other program staff establishes communication with receiving teacher	☐	☐	☐	☐	☐	☐	☐
c. DSC or other program staff visit the receiving program/teacher	☐	☐	☐	☐	☐	☐	☐
d. Share relevant data and reports about the child with receiving program/teacher	☐	☐	☐	☐	☐	☐	☐
e. Share how your program adapted curriculum, classroom organization, and/or activities for the child	☐	☐	☐	☐	☐	☐	☐

TRANS 12.   How does your program **support a family** whose child with disabilities or suspected delays is transitioning from **your HS program** to another program?

	Never	Rarely	Sometimes	Frequently	Always	Don't know
a. Send letters home with children or mail letters to families providing information on the transition.	☐	☐	☐	☐	☐	☐
b. Invite families to attend informational	☐	☐	☐	☐	☐	☐

	Never	Rarely	Sometimes	Frequently	Always	Don't know
meetings or discussions with HS staff about transitions to HS or another preschool program.						
c. Give families information about the new program their child will attend.	☐	☐	☐	☐	☐	☐
d. Run family support groups/workshops about transitions from EHS to other programs specifically for children with disabilities.	☐	☐	☐	☐	☐	☐
e. Support families during the IEP development process such as by answering questions or assisting with communications	☐	☐	☐	☐	☐	☐

TRANS 13.   How satisfied are you with the transition of **IDEA-eligible** children with disabilities from your **HS program** into each of the following receiving settings?

	Not at all satisfied	A little satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Don't know	N/A
a. Other HS programs	☐	☐	☐	☐	☐	☐	☐
b. Child Care	☐	☐	☐	☐	☐	☐	☐
c. Non-HS Pre-K programs	☐	☐	☐	☐	☐	☐	☐
d. Kindergartens	☐	☐	☐	☐	☐	☐	☐
e. Home with their families	☐	☐	☐	☐	☐	☐	☐

TRANS 14.   How satisfied are you with the transition of children with disabilities with **504 plans or accommodations to meet requirements of the Americans with Disabilities Act (ADA)** (i.e., <u>not</u> IDEA-eligible) from your HS program into each of the following receiving programs?

	Not at all satisfied	A little satisfied	Somewhat satisfied	Very satisfied	Extremely satisfied	Don't know	N/A
a. Other HS programs	☐	☐	☐	☐	☐	☐	☐
b. Child Care	☐	☐	☐	☐	☐	☐	☐
c. Non-HS Pre-K programs	☐	☐	☐	☐	☐	☐	☐
d. Kindergartens	☐	☐	☐	☐	☐	☐	☐

TRANS 15.   To what extent do each of the following factors make it challenging to implement a transition plan for **HS** children with disabilities and suspected delays?

	Not at all challenging	A little challenging	Somewhat challenging	Very challenging	Extremely challenging	Don't know
a. Number and variety of receiving programs	☐	☐	☐	☐	☐	☐
b. Frequency of transitions	☐	☐	☐	☐	☐	☐
c. Timing of families informing HS program about upcoming transition	☐	☐	☐	☐	☐	☐
d. Family concerns with the transition	☐	☐	☐	☐	☐	☐
e. Communication with receiving program	☐	☐	☐	☐	☐	☐
f. Getting data or reports from service providers	☐	☐	☐	☐	☐	☐
g. Getting evaluation or assessment reports from Part C	☐	☐	☐	☐	☐	☐
h. Sharing data and reports about the child with receiving program/teacher	☐	☐	☐	☐	☐	☐
i. Sharing how your program adapted curriculum, classroom organization, and/or activities for the child	☐	☐	☐	☐	☐	☐
j. Scheduling challenges	☐	☐	☐	☐	☐	☐
k. Availability of LEA representative	☐	☐	☐	☐	☐	☐
l. Availability of interpreter(s)	☐	☐	☐	☐	☐	☐

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

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 <u>within your first 6 months</u> 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
Materials/Information Shared			
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 Memoranda of Understanding (MOUs)/Interagency Agreements	☐	☐	☐
g. Overview of Individualized Family Service Plans (IFSP)/Individualized Education Plans (IEPs)	☐	☐	☐
h. Culturally and linguistically responsive practices	☐	☐	☐
i. Social/emotional supports	☐	☐	☐
j. Behavior management/addressing challenging behaviors	☐	☐	☐
Observational Opportunities			
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	☐	☐	☐

PDV 2.   Did you want or need additional information or training <u>within your first 6 months</u> 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	☐	☐
b. Screening and ongoing assessment of children with disabilities or suspected delays	☐	☐
c. Referral of children with disabilities to evaluation and appropriate services under IDEA	☐	☐
d. Curriculum modifications and adaptations	☐	☐
e. Adult training/professional development/coaching techniques	☐	☐
f. Communication/collaboration with families	☐	☐
g. Culturally-responsive practices for working with children with disabilities and their families	☐	☐
h. Supporting families through the Part C/LEA evaluation process	☐	☐
i. Embedded learning opportunities	☐	☐
j. Assessment and adaptation of children's environments	☐	☐
k. Development of IFSP/IEPs	☐	☐
l. Benefits of inclusion for children with disabilities or suspected delays	☐	☐
m. Individualizing assessment and instruction	☐	☐
n. Routine specific health procedures	☐	☐
o. Social/emotional supports	☐	☐
p. Behavior management/addressing challenging behaviors	☐	☐
q. Supporting children who have experienced trauma	☐	☐
r. Practices to support children with disabilities in general	☐	☐
s. Practices to support children with specific disabilities	☐	☐
t. Linguistically responsive practices	☐	☐
u. Understanding and developing MOUS/IAs		
v. HS Program Performance Standards	☐	☐

w. Understanding Part C/LEA process	☐	☐

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

[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 <u>you</u> 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)

DSCB 02. What language do <u>you</u> prefer for trainings and materials to support you in your DSC role?

p. English
q. French/Francés
r. Spanish/Español
s. Cambodian (Khmer)/Camboyano (Khmer)
t. Chinese/Chino
u. Haitian Creole/Creole Haitiano
v. Hmong/Hmong
w. Japanese/Japonés
x. Korean/Coreano
y. Vietnamese/Vietnamita
z. Arabic/Arabe
aa. 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)
bb. Native American or Alaskan language/lengua de Native Americano o de Alaska
cc. A Filipino language/un idioma Filipino
dd. Other (please specify): _____

DSCB 2. Counting this program year, how many years of experience do you have working in the following roles and with the following populations?

	None	Less than 1 year	1-2 years	3-5 years	6-10 years	11-24 years	25 or more years
a. Working with people with disabilities of any age who are *not* in EHS/HS programs	☐	☐	☐	☐	☐	☐	☐
b. Working with young children with disabilities (ages 5 and under) who are *not* in EHS/HS programs	☐	☐	☐	☐	☐	☐	☐
c. Working in EHS/HS programs in any role *other* than a DSC	☐	☐	☐	☐	☐	☐	☐
d. Working at American Indian or Alaska Native (AIAN) EHS/HS programs (Region XI) in any role	☐	☐	☐	☐	☐	☐	☐
e. Working at Migrant and Seasonal	☐	☐	☐	☐	☐	☐	☐

	Head Start (MSHS) programs (Region XII) in any role						
f.	Working with migrant and seasonal farmworkers' young children in non-Region XII settings	☐	☐	☐	☐	☐	☐	☐

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	☐	☐	☐	☐	☐
b. Develop classroom adaptations (curriculum, assessment and environment) for children with disabilities or suspected delays	☐	☐	☐	☐	☐
c. Communicate with families regarding concerns about a child's development	☐	☐	☐	☐	☐
d. Support families through the Part C/LEA screening/evaluation process	☐	☐	☐	☐	☐
e. Work directly with children with disabilities or suspected delays	☐	☐	☐	☐	☐
f. Work with evaluation or assessment professionals in support of children with disabilities or suspected delays	☐	☐	☐	☐	☐
g. Coordinate with service providers for children with disabilities and suspected delays	☐	☐	☐	☐	☐

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.	☐	☐	☐	☐
b. Inclusion is not always beneficial for a child with disabilities or suspected delays.	☐	☐	☐	☐
c. It is more effective to provide disability services to children outside the classroom/home visiting setting	☐	☐	☐	☐
d. Inclusion is a basic right of children with identified disabilities or suspected delays.	☐	☐	☐	☐
e. Inclusion is essential for a child with disabilities or suspected delays.	☐	☐	☐	☐
f. There are clear benefits to providing disability services within the classroom/home visiting setting.	☐	☐	☐	☐
g. Children who receive disability services in the classroom/home visiting setting tend to achieve higher outcomes.	☐	☐	☐	☐
h. Providing inclusion services for children with disabilities will negatively impact the children without disabilities.	☐	☐	☐	☐
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.	☐	☐	☐	☐
b. I feel that the families I serve appreciate the job I do as a DSC.	☐	☐	☐	☐
c. I would like to find a job doing something else.	☐	☐	☐	☐
d. I feel that my EHS/HS center director appreciates the job I do as DSC.	☐	☐	☐	☐
e. I do not do my DSC job as well as it could be done.	☐	☐	☐	☐
f. Serving children with disabilities is a priority for my program.	☐	☐	☐	☐
g. I find my DSC job to be frustrating.	☐	☐	☐	☐
h. Being a DSC is important work.	☐	☐	☐	☐
i. I receive enough professional development support and training to do my job as DSC well.	☐	☐	☐	☐
j. Being a DSC is stressful.	☐	☐	☐	☐
k. I am an excellent DSC.	☐	☐	☐	☐
l. I see myself doing this same job in 5 years.	☐	☐	☐	☐
m. I can consult with other DSCs and experts as	☐	☐	☐	☐

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

DSCB 9.   During the **COVID pandemic** (since March 2020), what challenges have you experienced in your role as a DSC?

	Not at all challenging	A little challenging	Somewhat challenging	Very challenging	Extremely challenging	Don't know
a. Recruiting new families	☐	☐	☐	☐	☐	☐
b. Retaining current families	☐	☐	☐	☐	☐	☐
c. Communicating with families about developmental concerns	☐	☐	☐	☐	☐	☐
d. Providing disability-related trainings to EHS/HS staff	☐	☐	☐	☐	☐	☐
e. Communicating with staff about children with disabilities or suspected delays	☐	☐	☐	☐	☐	☐
f. Obtaining referrals and evaluations for children	☐	☐	☐	☐	☐	☐
g. LEA report that they are understaffed to provide evaluations and services **Programmer's Note**: Include only if DSCR06=b or c.	☐	☐	☐	☐	☐	☐
h. PART C report that they are understaffed to provide evaluations and services **Programmer's Note:** Include only if DSCR06=a or c.	☐	☐	☐	☐	☐	☐

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

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.