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## **Video Recorder Feedback**

Thank you for your role in making the Office of Head Start’s (OHS) video pilot a success! To help OHS better understand your experience with the video pilot, please complete the brief questions below. It will take you approximately five minutes to provide your feedback. All data will be kept private and only shared with OHS at an aggregated level. However, the OHS Video Pilot team may follow up with you for more information based upon your responses if you consent. Please read each question carefully. Again, thank you for supporting the video pilot!

1. What is the name of your program?
2. Please indicate your role within your Head Start organization:
   1. Program Director
   2. Assistant Director
   3. Coordinator
   4. Instructional Coach
   5. Educator
   6. Other [text box]
3. How many classrooms were assigned to you for video observations? (numerical value)
4. For each classroom, how many video observations did you complete? (numerical value)
5. How much time (in hours), on average, was needed to complete each observation? (numerical value)
6. What benefits do video observations provide for your programs? (Select all that apply)
   1. Ease of scheduling and rescheduling
   2. Flexibility to support educators in advance of the observation taking place
   3. Allowing programs to select which video would be scored by Teachstone CLASS Observers
   4. Ability to engage with educators on times/days observed.
   5. Less disruption to the classroom than a live observer
   6. Other [text box]
7. Did you experience issues with technology?
   1. Yes
   2. No
8. What challenges did you experience during the video pilot? (Select all that apply)
   1. Internet access and ability to upload videos
   2. Pairing Bluetooth microphone
   3. Accessing online platform with videos
   4. Ability to watch / view videos to select one for submission
   5. Submitting a video for each classroom
   6. Setting up the camera in classrooms
   7. Ensuring the video met all of the protocol requirements (i.e., length of time)
   8. Gaining family / parental consent
   9. Other [text box]
9. To what extent were the available supports helpful in resolving your technology issues?
   1. Very helpful
   2. Somewhat helpful
   3. Not very helpful
   4. Not helpful
10. Did your issues with technology cause you to reschedule a video observation?
    1. Yes
    2. No
11. Were you able to attend the OHS Video Pilot Technology Training?
    1. Yes (go to Q11)
    2. No (go to Q12)
12. To what extent did you feel prepared for the video pilot after attending the technology training?
    1. Very prepared
    2. Somewhat prepared
    3. Not very prepared
    4. Not at all prepared
13. To what extent did the video observation cause classroom disruptions?
    1. No disruption
    2. Some disruption
    3. Major disruption
14. What recommendations do you have for improving the process for obtaining video observations? [Open text field with limit of 1500 characters]
15. Thank you for providing your feedback. If you are comfortable with the OHS Video Pilot team following up with you about your responses, please provide your contact information below
    1. Email
    2. Phone number

Thank you for your role in making the OHS video pilot a success!