**Instrument 2—HS Program Director Protocol 2**

 RECORD DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECORD START TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 INTERVIEWER’S INITIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTETAKER’S INITIALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Interviewer Instructions:*** *DO NOT READ TO RESPONDENT. Throughout the protocol text in italics are suggested content you can read to the respondent, or you can say in your own words, please review a few times before interviews so you feel comfortable with these scripts. Text in brackets* [ ] *are instructions for you, and should not be read aloud. In the interviewer instructions, “R” refers to the respondent or person answering the survey.*

**STEP 1:  WELCOME AND INTRODUCTION SCRIPT**

Hello, my name is **[your name]** and I work for **[Organization].**  It’s nice to meet you. Thanks for speaking with me today.

Before we begin, I would like to note that all information we collect from you and all others today and in the future will be kept private. Your responses today will be used to help improve surveys we are developing to better understand how Head Start programs and elementary schools are supporting children and families as they transition into kindergarten. We estimate our conversation today to last approximately one hour and thirty minutes. 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 0970-0355 and the expiration date is 08/31/2024. I can repeat that if you would like to keep it for reference.

We are having a conversation today to help test a newly developed survey on kindergarten transition practices, policies, professional supports in Head Start programs and centers, and perspectives of Head Start program and center staff.

A survey is a set of questions about your experiences. I will ask you to answer the questions as if you were taking a real survey. There are no “right” or “wrong” answers, and it’s ok if you do not know some of the answers. In fact, we are not using the answers you provide; we’re more interested in what you think the questions are asking you. So, as you are answering the questions, I will stop you once in a while and ask questions to see what these questions mean to you and if you are having difficulty answering them. Your responses will help us make the survey better and clearer for other people who may take it in the future. I should also share that I didn’t write these questions, so I won’t take it personally if you say something is not clear. I’m only here to learn how to improve them.

Because the information you provide is so important, I am going to be taking notes while you are working and while we’re talking [INSERT IF THERE IS A NOTE TAKER: and my colleague will also be taking notes on our session today].

This interview will also be recorded so the team can go back to specific places where I may not have been able to write down enough detail in the notes. We will not use any personal information, such as your name or program in our reports. And, as I mentioned before, we’re not really interested in what you answer. Instead, we will only use the answers to improve the survey.

As a thank you for your time and effort, you will receive $40 at the end of today’s interview.

If at any time you want to stop, just let me know. [*If, for any reason, the participant wants to end the interview, thank them for their his/her time and end the interview.*]

Before we continue, do you have any questions about what I just said? [*Answer any questions the participant may ask.*]

Do you agree to participate in the interview?

CONSENT TO PARTICPATE OBTAINED: YES NO

Do you agree to this interview being recorded?

CONSENT TO RECORD INTERVIEW OBTAINED: YES NO

*[If yes, start the recording]*

Can you confirm for the recording that you consent to this interview being recorded?

Were you able to review the consent form we sent you via email? [Email again if needed.] As the form explains, your participation in this discussion is completely voluntary, and we will keep your answers private. Your responses will be combined with responses from others we talk to, and they will be kept in a secure electronic place. We may use quotes from our discussions in written internal reports, though we will not include your name or any personal information that can be used to identify you. The results might be discussed at a high level in public reports, but direct quotes will not be included.

Do you have any questions or concerns before we get started?

**STEP 2: PRACTICE THINK ALOUD**

When I ask you to complete this survey, I would like you to read out loud everything you would read to yourself if you were completing the survey by yourself. I’d also like you to “think aloud” as you answer the questions. This means I would like to hear your thought process and how you figure out or think through your answers to the questions. This helps me understand how to make the survey better.

“Thinking aloud” is different from anything you may have done before, so we are going to do a practice question. Before we do that, I’d like to share the type of information we’re looking for. So that we can learn from you, it is important that you tell me when something in a question does not make sense to you or seems weird to you in any way. Please tell me if:

* + a question seems hard to answer.
	+ the words in the question are hard to understand.
	+ you have a hard time coming up with an answer.
	+ the words in the question are not the ones that Head Start Program Directors would use.
	+ you think other Head Start Program Directors may not understand.
	+ you don’t have the information to answer the question or if you think other Head Start Program Directors would not be able to answer.
	+ the response categories don’t match the question to you.
	+ you don’t think any of the response categories represents your experiences.

I’ll do a practice run with the sample question “How many windows do you have in your apartment or house?”

[*Interviewer, to demonstrate an example:  Answer the question about your own home using the “think aloud” technique. Include detail about panes of glass in doors, etc.]*

Okay, now it’s your turn, I’ll ask you to answer the practice question on the survey we sent you and “think aloud” as you decide your answer.

*[If R only gives a number, ask them to do it again, but this time to say more about how they are arriving at their answer so that you can understand how they came up with the number.]*

If needed: What are you including?

Great, thank you. That’s the kind of detail I am looking for throughout our session. I will remind you to continue to “think aloud” if you forget while you’re answering questions.

**Probe Bank:**

*[If R forgets to “think aloud” please nudge them to continue. You can use suggestions from the following probe bank.]*

* Please keep sharing what you’re thinking.
* What are you thinking (about)?
* How did you arrive at your answer?
* Can you share more about that (thought)?
* How did you choose [answer] for that one?
* [If you pick up on a visual cue of thoughtfulness]: You seem to be thinking, can you share what you are thinking right now?
* [If you pick up on a visual cue that indicates confusion like going to previous pages or rereading instructions]: “I’m interested in what just happened. Can you tell me about what you were just doing?”

**STEP 3: COMPLETION OF THE QUESTIONNAIRE**

Now we’re ready to begin. *[Refers R to a copy of the questionnaire, provided online.]*

Remember that I’d like you to “think aloud” while you are reading and deciding on your answer. Also, remember to, please, read aloud anything you would have read to yourself if I were not here.

**Question-by-Question Follow-Ups**

# Professional Supports

*In this section, we ask questions about the professional supports related to kindergarten transitions your Head Start center offers to Head Start center directors and administrators, teachers, family service workers, or other staff related to kindergarten transitions. Professional supports may include, but are not limited to, training, professional development, coaching, professional learning communities, higher education courses, paid time to engage in transition activities, and financial support for engaging in these activities.* ***Shared professional supports*** *are those activities that are engaged in jointly across Head Start and receiving elementary schools and LEAs/school districts.*

20. During a typical program year, please indicate which staff, if any, at your program or center were offered the following opportunities for professional learning related to kindergarten transitions. Please select all that apply.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Program administrators (e.g., joint with LEA admins, principals)** | **Center** **directors and/or managers (e.g., joint with principals)** | **Teachers (e.g., joint with kindergarten teachers, other elementary staff)** | **Head Start Family Engagement Staff** | **Other Head Start staff** | **No staff** | **Unsure / Don’t Know** |
| 1. One-time sessions or workshops
 |  |  |  |  |  |  |  |
| 1. Training series or set of sessions
 |  |  |  |  |  |  |  |
| 1. Coaching, mentoring, or ongoing consultation with specialist(s)
 |  |  |  |  |  |  |  |
| 1. Meeting(s) of a professional organization (e.g., Zero-to-Three, National Association for Education of Young Children, etc.)
 |  |  |  |  |  |  |  |
| 1. Higher education course (from 2- or 4-year institution)
 |  |  |  |  |  |  |  |
| 1. Professional Learning Communities (PLCs)
 |  |  |  |  |  |  |  |

**PROBES:**

* **DO YOU HAVE THE INFORMATION NEEDED TO ANSWER THESE QUESTIONS? IF NOT, WHO WOULD BE THE BEST PERSON?**
* **ARE THERE OTHER TYPES OF PROFESSIONAL DEVELOPMENT THAT SHOULD BE LISTED?**
* **ARE THERE OPTIONS THAT SEEM LESS RELEVANT BASED ON YOUR EXPERIENCE?**
* **HOW WOULD YOU EXPLAIN THE TERM “SHARED PROFESSIONAL DEVELOPMENT”? WHAT DOES THIS TERM MEAN TO YOU?**
* **DO THESE EXAMPLES OF SHARED PROFESSIONAL DEVELOPMENT MAKE SENSE TO YOU FROM YOUR EXPERIENCE?**

22. You indicated previously that some of your Head Start program staff participated in the following opportunities. *(Reference only the selections the respondent indicated “yes” for program administrations in Q20)*

b. What topics do these professional supports cover? (Check all that apply)

|  |
| --- |
| a. Data Sharing b. Child Assessmentsc. Curriculad. Standards Alignmente. Equitable Transition Practicesf. Family engagement generallyg. Kindergarten Transition plansh. School Readiness Goalsi. Differentiated transition practices for particular populations (check all that apply)* 1. African American, Black,
	2. Latino, Hispanic,
	3. Indigenous, American Indian Alaskan Native,
	4. Asian Americans and Pacific Islanders
	5. Other persons of color
	6. Children who identify as LGBTQ+
	7. Children with special needs/disabilities
	8. Children who are dual language learners
	9. Children experiencing homelessness
	10. Other (please specify)

j. Other: please specify |

**PROBES:**

* **ARE THERE OTHER TOPICS THAT SHOULD BE INCLUDED IN THIS LIST?**
* **HOW DO YOU UNDERSTAND THE MEANING OF THE “TOPICS COVERED” IN PROFESSIONAL SUPPORTS?**
* **HOW CONFIDENT ARE YOU ABOUT YOUR ANSWERS TO THESE QUESTIONS ABOUT “TOPICS COVERED”?**

23. You indicated that your program did not have the opportunity to engage in the following professional supports. What prevented you from accessing these professional supports? *(reference only those options the respondent answered ‘no’ to “This opportunity was available” in Q20)*

|  |  |
| --- | --- |
| **Professional Supports that were not selected** | **Barrier to participation (select all that apply)** |
| 1. One-time Training(s) [skip if response to initial one-time training prompt in previous question was ‘yes’]
 | * We were not aware of availability of this opportunity
* Not a priority for our program
* Unable to obtain required approvals
* Location (e.g., not nearby)
* Lack of or insufficient equipment (laptop, cameras, etc.)
* Time constraints (not enough time for activities)
* Lack of support staff (e.g., substitute staff)
* Not enough funds for supplies and activities
* Insufficient Program PD funds
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Unsure/Don’t Know
 |
| 1. Training series or set of sessions [skip if response to initial training series prompt in previous question was ‘yes’]
 | * [above list repeated]
 |
| 1. Higher education course (from 2- or 4-year institution) [skip if response to initial higher education course prompt in previous question was ‘no’]
 | * [above list repeated]
 |
| 1. Coaching [skip if response to initial training prompt in previous question was ‘yes’]
 | * [above list repeated]
 |
| 1. PLC [skip if response to initial PLC prompt in previous question was ‘yes’]
 | * [above list repeated]
 |

**PROBES:**

* **ARE THERE OTHER BARRIERS THAT SHOULD BE INCLUDED IN THIS LIST?**
* **WERE THERE ANY LISTED BARRIERS TO PARTICIPATION THAT DIDN’T MAKE SENSE TO YOU?**
* **WOULD YOU HAVE ANSWERED THIS QUESTION DIFFERENTLY IF IT WAS WORDED AS FOLLOWS: T**hinking of the opportunities your program was not able to offer, what made it difficult or not possible for you to offer them?

24. You indicated that your program did not have the opportunity to engage in the following ***shared*** professional supports with elementary school and/or school district colleagues. What prevented you from accessing these ***shared*** professional supports? *(reference only those options the respondent answered ‘no’ to “At least one instance was a shared or joint opportunity with elementary school staff” in Q20)*

|  |  |
| --- | --- |
| **Shared Professional Supports that were not selected** | **Barrier to participation (select all that apply)** |
|  | [*Barriers replicated from question prior, with the addition of two specific to shared professional supports.*]* Lack of opportunities to collaborate with elementary/district staff
* Do not have relationships with contacts at elementary schools and/or school district central offices
* Difficulty scheduling mutually acceptable times for joint activities
 |

**PROBES:**

* **ARE THERE OTHER BARRIERS THAT SHOULD BE INCLUDED IN THIS LIST?**
* **WERE THERE ANY LISTED BARRIERS TO PARTICIPATION THAT DIDN’T MAKE SENSE TO YOU?**

25. Does your Head Start program provide any of the following financial supports to program- or center-level staff to participate in training, coaching, or other supports for kindergarten transitions? (check all that apply)

|  |  |  |
| --- | --- | --- |
|  | **Program-Level Staff** | **Center-Level Staff** |
| 1. Reimburse for training expenses, travel, and/or child care
 |  |  |
| 1. Assistance with direct costs, such as tuition or registration fees
 |  |  |
| 1. Paid time to participate in the activity
 |  |  |
| 1. Pay for preparation/planning time
 |  |  |
| 1. Provide incentives for participation
 |  |  |
| 1. Pay for substitute staffing
 |  |  |
| 1. Time to engage in curricular planning with colleagues
 |  |  |
| 1. Other (specify)
 |  |  |
| 1. My program does none of these
 |  |  |

PROBE: DO YOU HAVE THE INFORMATION NEEDED TO ANSWER THIS QUESTION? IF NOT, WHO COULD YOU GET THIS INFORMATION FROM?

26. Do you have line items in your program budget for kindergarten transition planning and supports?

* + 1. Yes
		2. No
		3. Don’t know

27. Do you have line items in your program budget for data systems to enter, store, and securely transfer data to elementary schools for children entering kindergarten?

1. Yes
2. No
3. Don’t know

# PROBES:

* WERE ANY OF THESE QUESTIONS DIFFICULT TO UNDERSTAND OR ANSWER? IF SO, PLEASE EXPLAIN.

**Perspectives**

***Perspectives*** *about kindergarten transitions are the beliefs, visions, and values about transitions to kindergarten held by those involved in the process (families, teachers, administrators). This includes perspectives about their and others’ roles in supporting transitions to kindergarten.* ***Shared perspectives*** *are those that are common or complementary across individuals involved, including across Head Start and K-12. In this section, we ask you to reflect on your own perspectives about engaging in kindergarten transition practices and those expressed by your Head Start program through communications with internal and external collaborators.*

*The following questions ask you to reflect on* ***your own*** *perspectives on kindergarten transition practices.*

50. In your opinion, who is most responsible for supporting kindergarten transitions? Please rank in order of **most** responsible to **least** responsible, from 1 to 11.

* + - 1. Head Start Program Director
			2. Head Start Program Managers/Coordinators
			3. Head Start Center Directors
			4. Head Start teachers
			5. Head Start Family Engagement staff
			6. K-12 district administrators
			7. Elementary school administrators
			8. Kindergarten teachers
			9. District or school family engagement staff
			10. Family members
			11. Community partners (e.g., librarians, business owners)
			12. Nobody is responsible

[Survey logic: if respondent selects option ‘l,’ they will not be able to rank order the other options.]

**PROBES:**

* **WHAT DOES “MOST RESPONSIBLE” FOR SUPPORTING KINDERGARTEN TRANSITIONS MEAN TO YOU?**
* **PLEASE WALK ME THROUGH WHAT YOU WERE THINKING WHEN YOU RANKED IN THIS QUESTION.**
* **DID YOU HAVE DIFFICULTY RANKING YOUR RESPONSES? WHAT DID YOU DO IF YOU FELT RSPONSIBILITIES WERE EQUAL ACROSS INDIVIDUALS?**

51. To what extent do you agree or disagree with the following statements...

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly agree** | **Agree** | **Neither agree nor disagree** | **Disagree** | **Strongly disagree** | **Don’t know** |
| a. Head Start should support whole child development |  |  |  |  |  |  |
| c. Literacy and math are the most important skills for children to acquire in order to be prepared for kindergarten and elementary school |  |  |  |  |  |  |
| d. Social and emotional skills are the most important skills for children to acquire in order to be prepared for kindergarten and elementary school |  |  |  |  |  |  |
| e. For children in Head Start, a substantial amount of instructional time should be preserved for child-directed and play-based learning |  |  |  |  |  |  |
| g. Head Start programs should support family engagement in their child's transition to kindergarten |  |  |  |  |  |  |
| i. Head Start program leaders should adjust kindergarten transition practices to better meet families’ and children’s hopes and desires |  |  |  |  |  |  |
| k. Developing relationships with families is essential for child success in kindergarten |  |  |  |  |  |  |
| l. Differentiated kindergarten transition practices are essential for child success in kindergarten |  |  |  |  |  |  |
| m. Head Start programs should adjust policies, practices, and/or professional supports based on staff feedback |  |  |  |  |  |  |

**PROBES:**

* **WERE ANY OF THESE QUESTIONS DIFFICULT TO UNDERSTAND OR ANSWER?**
* **WHAT CAME TO MIND WHEN YOU READ “Differentiated kindergarten transition practices are essential for child success in kindergarten”**
	+ **Would using the term “Individualized kindergarten transition practices” make more sense to you?**
* **WHAT DOES “SUPPORTING FAMILY ENGAGEMENT” MEAN TO YOU?**

*The following questions ask you to reflect on your beliefs regarding kindergarten transitions.*

52. Which kindergarten transition practices do you believe are the most beneficial for **children**? Please rank the practices in order, with the top choice being the one you believe is most beneficial.

1. Differentiating transition supports for the specific needs of individual children (e.g., children with special needs, children experiencing homelessness, dual language learners, children of immigrants)
2. Sharing information with families (e.g., kindergarten requirements, registration materials)
3. Working directly with families (e.g., helping families fill out kindergarten registration forms, meeting with individual families, conducting home visits)
4. Consulting families on what supports they would like for a smooth transition to kindergarten
5. Coordinating with your local LEAs or elementary schools to **share information about Head Start** **children** who are starting kindergarten (e.g., identifying which students will enroll in their kindergarten program, sharing child records and other data)
6. Coordinating with your local LEAs or elementary schools on **joint** **kindergarten transition practices** (e.g., curriculum planning, co-teaching lessons, shared professional development)
7. Inviting elementary staff to the Head Start centers to meet and observe students
8. Arranging visits to kindergarten classrooms for Head Start children and families

**PROBES:**

* **HOW DIFFICULT WAS IT FOR YOU TO RANK ORDER THESE PRACTICES?**
* **WHAT COMES TO MIND WHEN YOU THINK “MOST BENEFICIAL” FOR CHILDREN?**
* **ARE THERE ANY PRACTICES THAT DIDN’T MAKE SENSE TO YOU TO BE INCLUDED?**

58. By engaging in kindergarten transition practices, what do you believe is the most important outcome you are supporting for **children**? (Choose only one option)

1. Initial adjustment to elementary school (e.g., likes going to school, likes teacher)
2. Readiness to learn in a kindergarten setting
3. Social & behavioral adjustment (e.g., peer connections within and outside of school)
4. Other (please describe)

59. By engaging in kindergarten transition practices, what do you believe is the most important outcome you are supporting for **families**? (Choose only one option)

1. Families are prepared to support children emotionally as they enter a new environment
2. Families are prepared to continuously support a child's learning in the home while the child moves into a new learning environment
3. Families can advocate for their child's needs
4. Families understand the logistics of kindergarten registration processes
5. Families understand the educational choices they have when enrolling their child in kindergarten, including the choice in schools they may have
6. Families become familiar with the elementary school
7. Families see themselves as welcomed partners
8. Other (please describe)

60. By engaging in kindergarten transition practices, what do you believe is the most important outcome you are supporting for **Head Start teachers**? (Choose only one option)

1. Their ability to support families
2. Their ability to nurture relationships with families
3. Their ability to implement transition practices and activities
4. Their knowledge of children's developmental needs
5. Their ability to nurture relationships with educators from K-12 settings and systems
6. Knowledge of evidence-based kindergarten transition practices
7. Knowledge of kindergarten transition policies (e.g., requirements in Head Start Performance Standards)
8. Other (please describe)

**PROBES:**

* **IN YOUR OWN WORDS, WHAT DO YOU THINK THESE QUESTIONS ARE ASKING ABOUT?**
* **ARE THERE OTHER OUTCOMES THAT SHOULD BE INCLUDED IN THESE LISTS?**

# Closing

Thank you for your time and thoughtful responses. The information you have provided is invaluable to improving kindergarten transitions for Head Start children, their families, and their educators.

If you have any questions about this survey or the broader study, please contact [**INSERT NAME**] at [**INSERT EMAIL**].

Now that we’ve finished, I’m happy to forward a $40 gift card to thank you for your time sharing your expertise. Which email or phone number would you like me to send it to?

Excellent. I will send that as soon as we hang up. Thank you!