**Instrument 4—HS2K LEA Administrator Protocol** **1**

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 school districts, and perspectives of district and school 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 district 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 LEA administrators would use.
  + you think other LEA administrators may not understand.
  + you don’t have the information to answer the question or if you think other LEA administrators 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**

# Personal Background

*The following questions ask you to share information about your role and experience.*

1. What is your title?
   1. Superintendent
   2. Associate/Assistant Superintendent
   3. Executive Director/ Director
   4. Associate/Assistant Director
   5. Early Childhood Administrator
   6. Other [Please specify]

**PROBE: ARE THERE OTHER TITLES THAT YOU USE OR BETTER FIT YOUR POSITION?**

1. [if option other than Superintendent in Q1]: Are you part of the superintendent’s cabinet?
   * 1. Yes
     2. No
     3. Not applicable
2. On which grade levels are your job responsibilities primarily focused on? Select all that apply.
   * 1. All grades
     2. Pre-kindergarten
     3. Kindergarten
     4. Early elementary grades (K – 2)
     5. Elementary grades (3 – 5)
     6. Middle grades (6 – 8)
     7. High school grades (9 – 12)
     8. Other [ please specify]
3. In total, how many years have you worked in this role at **this** district?
4. | | | | | Years
5. Don’t know
6. In total, how many years have you worked in this role at **any** school district?

[*Programming note: responses should be rounded to the nearest whole number of years*]

1. | | | | Years
2. Don’t know
3. What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*
4. Some high school, no diploma
5. High school graduate, diploma or the equivalent (for example: GED)
6. Some college credit, no degree
7. Trade/technical/vocational training
8. Associate degree
9. Bachelor’s degree
10. Master’s degree
11. Professional degree
12. Doctorate degree
13. In what field did you obtain your highest degree?
14. Elementary education
15. Secondary education
16. Special education
17. Education leadership, business administration / management & supervision
18. Curriculum and instruction/teaching and learning
19. Child development or developmental psychology
20. Early childhood education
21. Other field (specify)

**PROBE: ARE THERE OTHER TRAININGS YOU HAVE RECEIVED IN PREPARATION FOR YOUR POSITION NOT LISTED HERE?**

1. To which gender identity do you most identify?
2. Man/male
3. Woman/female
4. Nonbinary
5. Prefer not to answer
6. Are you of Hispanic, Latino/a, or Spanish origin? *Select one or more.*
7. No, not of Hispanic, Latino/a, or Spanish origin
8. Yes, Mexican, Mexican American, Chicano/a
9. Yes, Puerto Rican
10. Yes, Cuban
11. Yes, Another Hispanic, Latino/a or Spanish origin
12. Don’t know
13. Prefer not to answer
14. What is your race? You may name more than one if you like. *Select all that apply.*
    * 1. American Indian or Alaska native (please specify)
      2. Asian Indian
      3. Black or African American
      4. Chinese
      5. Filipino
      6. Guamanian or Chamorro
      7. Japanese
      8. Korean
      9. Native Hawaiian
      10. Samoan
      11. Vietnamese
      12. White
      13. Other Asian (please specify)
      14. Other Pacific Islander (please specify)
      15. Another race (please specify)
      16. Don’t know
      17. Prefer not to share

**PROBE: Ask the respondent to try the PIR version that combines these last two questions into a single question.**

# Policies

***Policies*** *are written statements that codify/standardize procedures or expectations. In this section, we ask questions about your district’s policies related to kindergarten transitions, and the extent to which these policies are aligned or coordinated with policies of Head Start programs who send students to kindergarten in your district.* ***Alignment of policies*** *across systems is the extent to which Head Start and K-12 systems have explicit, substantive policies about transitions that complement each other.*

17. During a typical year, does your district issue written policy documents or provide guidance about any of the following topics related to kindergarten transitions? This may include guidance on kindergarten transition practices and procedures.

**PROBE: WHAT DOES THE TERM, “WRITTEN POLICY DOCUMENTS” MEAN TO YOU?**

**Check all that apply (respondent can choose to not check any option):**

1. Best practices for sharing data between Head Start and elementary schools/districts for all students
2. How to receive/process IEP or IIIP records of students who receive special education services from Head Start programs and sharing with school or district staff
3. How to support students and families who receive special education services
4. How to support students and families who speak languages other than English at home
5. How to support students and families of color
6. How to support students and their family members who identify as LGBTQ+
7. How to support students and families experiencing homelessness
8. Best practices for supporting school readiness as defined by your state, if applicable
9. How to coordinate transition practices and meetings between Head Start centers and elementary schools

j. Best practices for meetings with families of students transitioning to kindergarten

**PROBES:**

* **WERE ANY OF THE OPTIONS LISTED UNCLEAR?**
* **ARE THERE OTHER TYPES OF DOCUMENTS OR GUIDANCE YOUR OR OTHER PROGRAMS USE THAT ARE NOT LISTED?**
* **WERE THERE ANY OPTIONS LISTED THAT SEEMED LESS RELEVANT FROM YOUR EXPERIENCE?**
* **?**

20. In your opinion, how **aligned are the regulations and guidance on kindergarten transition practices** *across* Head Start and K-12 systems? Please respond using the following scale, with 1 indicating not at all aligned and 10 indicating extremely well aligned. [provide Likert scale: 1-10]

**PROBES:**

* **HOW EASY OR DIFFICULT WAS IT TO CHOSE A NUMBER FROM 1 – 10 TO REPORT ON HOW ALIGNED THE SYSTESM ARE?**
* **WOULD IT BE EASIER OR BETTER TO USE A SCALE OF 1 – 10 OR THE FOLLOWING OPTIONS: VERY WELL ALIGNED, ALIGNED, SOMEWHAT ALIGNED, NOT AT ALL ALIGNED?**
  + **CAN YOU TELL ME WHY YOU PREFER THAT ONE?**

21. In your opinion, what is the **quality of kindergarten transition policy implementation** *across* Head Start and K-12 systems? Please respond using the following scale, with 1 indicating extremely low quality and 10 indicating extremely high quality. [provide Likert scale: 1-10]

**PROBE: WHAT DID YOU THINK OF WHEN YOU ANSWERED ABOUT THE “QUALITY” OF THE POLICY?**

22. During a typical year, do you provide information about implementing state and/or federal laws and regulations related to kindergarten transitions to any of the following? Please specify which type of guidance is provided in the table below.

**Select all that apply (respondent can choose not to select any option)**

|  |  |  |  |
| --- | --- | --- | --- |
| I provided information to… | **State policies related to kindergarten transitions** | **Federal policies related to kindergarten transitions** | **No information on state/federal policies related to kindergarten transitions** |
| a. Families |  |  |  |
| b. School board |  |  |  |
| c. Other LEA / District Administrators |  |  |  |
| d. Elementary school principals/assistant principals |  |  |  |
| e. Elementary school counselors, psychologists, social workers |  |  |  |
| f. Elementary support staff (e.g., paraprofessionals) |  |  |  |
| g. Kindergarten teachers |  |  |  |
| h. District-employed Pre-K teachers |  |  |  |
| i. Head Start Program administrators |  |  |  |
| j. Head Start managers / coordinators |  |  |  |
| k. Head Start Center Directors |  |  |  |
| l. Head Start teachers |  |  |  |
| m. Head Start assistant teachers and support staff |  |  |  |
| n. Other (include brief description) |  |  |  |
| o. Other (include brief description) |  |  |  |
| p. Other (include brief description) |  |  |  |

**PROBE:**

* **CAN YOU TELL ME IN YOUR OWN WORDS WHAT THIS QUESTION IS ASKING?**

23. Each year, from how many different Head Start programs do your kindergarten students transition?

**Drop Down Menu ––** 0 |1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+ | Don’t know

**PROBES:**

* **CAN YOU EXPLAIN HOW YOU GOT TO YOUR ANSWER?**
* **HOW CERTAIN ARE YOU OF THIS ANSWER?**
* **WAS IT AN ESTIMATE OR MORE OF AN EXACT NUMBER?**

24. Of those [fill in response from Q#23], with how many do you have formal agreements, often referred to as memoranda of understanding (MOU) ––intended to support children’s transition into kindergarten?

**Drop Down Menu ––** 0 |1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+ | Don’t know

[Survey logic*: If 0, then skip question 25*]

*The next few questions require you to reflect on the formal agreement or memoranda of understanding (MOUs) that your district has in place with* ***the Head Start program from which you receive the******most students****.*

***It may be helpful to have a copy of the MOU on hand to best answer these questions.***

25. Does the formal agreement or MOU contain…

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| 1. Statement(s) (e.g., Goals, Purposes, Guiding Principles) saying that a smooth transition to kindergarten is a shared responsibility between the Head Start program and LEA/school district? |  |  |  |
| 1. Statement(s) that kindergarten transitions require meaningful partnerships, joint practices, and/or shared responsibilities between Head Start and the K-12 system? |  |  |  |
| 1. Statement(s) that successful kindergarten transitions require meaningful engagement of families as partners in the process? |  |  |  |
| 1. Details about specific, collaborative kindergarten transition-related professional supports for teachers, staff, and administrators (e.g., training, professional learning)? |  |  |  |
| 1. Details about accountability (e.g., reporting back to an interagency council regarding transition policies)? |  |  |  |
| 1. Specific implementation structures to support kindergarten transitions (e.g., assigned transitions coordinator)? |  |  |  |
| 1. Specific procedures for sharing data and records about students? |  |  |  |
| 1. Specific procedures for communication between Head Start and kindergarten teachers? |  |  |  |
| 1. Specific procedures to support continuity of services and programs for special populations (e.g., students receiving special education services, multi-language learners)? |  |  |  |
| 1. Specific procedures for communication between Head Start and kindergarten teachers to discuss educational, developmental, and other needs of students and families? |  |  |  |
| 1. Specific procedures for coordination of special education services and data, including transferring IEP records? |  |  |  |
| 1. Specific procedures for joint professional development opportunities that include both Head Start and kindergarten teachers? |  |  |  |
| 1. Specific procedures for curriculum coordination between Head Start programs and kindergarten classrooms? |  |  |  |

**PROBES:**

* **THIS QUESTION SUGGESTED THAT YOU HAVE A COPY OF A MOU, DID YOU USE ONE OR DID YOU RECALL FROM MEMORY?**
  + **IF USED A COPY OF AN MOU: DO YOU USE ONE STANDARD MOU OR DOES IT SOMETIMES CHANGE?** 
    - **IF IT CHANGES: HOW DID YOU DECIDE WHICH MOU TO REPORT ON?**
  + **IF RECALLED FROM MEMORY: WERE THERE ANY OPTIONS THAT YOU WERE NOT SURE OF? HOW DID YOU HANDLE THOSE QUESTIONS?**
* **WERE THERE ANY OPTIONS THAT YOU SKIPPED? IF SO, CAN YOU EXPLAIN THE REASON FOR SKIPPING?**
* **WERE THERE ANY OPTIONS YOU FELT THAT YOU DIDN’T HAVE THE NEEDED INFORMATION TO ANSWER?**
  + **IF SO: IS THERE ANOTHER PERSON WHO WOULD HAVE THIS INFORMATION?**
* **WERE THERE ANY OPTIONS THAT WERE NOT CLEAR TO YOU?**

# 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 district through communications with internal and external collaborators.*

*The following questions ask you to reflect on* ***your district’s*** *perspectives on kindergarten transition practices.*

55. [Skip if response to Q53 is a. or b.] In a typical year, with whom does your district communicate a vision or purpose for engaging in kindergarten transition practices and activities? **Check all that apply.**

1. Elementary school leaders/administrators
2. Kindergarten teachers
3. District or school family engagement staff
4. Head Start Program administrators
5. Head Start Program Managers/Coordinators
6. Head Start center directors
7. Head Start teachers
8. Head Start Family Engagement staff
9. Family members
10. Community members (e.g., librarians, business owners)
11. We do not communicate with anyone
12. Other (include option to add short description)
13. Other (include option to add short description)
14. Other (include option to add short description)

**PROBES:**

* **WHAT DID YOU THINK “VISION OR PURPOSE” MEANT HERE?**
* **WERE THESE RESPONSE OPTIONS EASY OR DIFFICULTTO USE? WOULD YOU RECOMMEND ANY OTHER RESPONSE OPTIONS?**
* **IS THERE ANYTHING THAT WOULD MAKE THIS QUESTION EASIER TO UNDERSTAND OR RESPOND TO?**

*The following questions ask you to reflect on your beliefs about kindergarten transition practices.*

56. 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 leaders/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?**

57. 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** |
| b. Kindergarten should support whole child development |  |  |  |  |  |  |
| c. Literacy and math are the most important skills for students to acquire in order to be prepared for kindergarten and elementary school |  |  |  |  |  |  |
| d. Social and emotional skills are the most important skills for students to acquire in order to be prepared for kindergarten and elementary school |  |  |  |  |  |  |
| f. For students in kindergarten, a substantial amount of instructional time should be preserved for child-directed and play-based learning |  |  |  |  |  |  |
| h. Kindergarten programs should support family engagement in their child's transition to kindergarten |  |  |  |  |  |  |
| j. Elementary schools should ask families for feedback on kindergarten transition practices and adjust practices to better meeting families’ and students’ hopes and desires |  |  |  |  |  |  |
| l. Differentiated kindergarten transition practices are critical for child success essential for student success in kindergarten |  |  |  |  |  |  |
| n. Elementary schools should ask kindergarten teachers for feedback on kindergarten transition practices and adjust policies, practices, and/or professional supports based on their 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?**

58. Which kindergarten transition practices do you believe are the most beneficial for **students**? Please rank the top 5 practices in order, with the top choice being the one you believe is most beneficial.

a. Differentiating transition supports for the specific needs of individual students (e.g., students with special needs, children experiencing homelessness, dual language learners, children of immigrants)

b. Sharing information with families (e.g., kindergarten requirements, registration materials

c. Working directly with families (e.g., helping families fill out kindergarten registration forms, meeting with individual families, conducting home visits)

d. Consulting families on what supports they would like for a smooth transition to kindergarten

e. Coordinating with Head Start programs on joint kindergarten transition practices (e.g., curriculum planning, co-teaching lessons, shared professional development)

f. Sending our staff to the Head Start centers to meet and observe students

g. Arranging visits for Head Start students and families to kindergarten classrooms

**PROBES:**

* **WHAT COMES TO MIND WHEN YOU THINK “MOST BENEFICIAL” FOR STUDENTS?**
* **SHOULD OTHER PRACTICES BE INCLUDED IN THIS LIST?**
* **ARE THERE ANY PRACTICES THAT SHOULD BE DROPPED?**
* **IN GENERAL, HOW MANY OPTIONS DO YOU THINK IS THE MOST TO OFFER ON A SURVEY.**

64. By engaging in kindergarten transition practices, what do you believe is the most important outcome you are supporting for **students**? (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)

65.. 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 students 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)

66. By engaging in kindergarten transition practices, what do you believe is the most important outcome you are supporting for **kindergarten 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 students’ 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:**

* **ARE THERE OTHER OUTCOMES THAT SHOULD BE INCLUDED IN THESE LISTS?**
* **CAN YOU WALK ME THROUGH THE MAIN DIFFERENCE IN SUPPORTING CHILDREN, FAMILIES, AND HEAD START TEACHERS?**

# Closing

Thank you for your time and thoughtful responses. The information you have provided is invaluable to improving kindergarten transitions for Head Start students, 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!