Instrument 5—HS2K LEA Administrator 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 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

District Information

The following questions ask you to reflect on the people responsible for supporting students and families in the transition to kindergarten.

11. How many elementary schools does your district have?

Drop Down Menu — 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+

12. How many of these elementary schools have on-site pre-kindergarten classrooms?

Drop Down Menu — 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+ | Don't know

13. Of these, how many pre-kindergarten classrooms receive funding from Head Start?

Drop Down Menu — 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+ | Don't know

14. In a typical year, how many students attend **kindergarten** across all elementary schools in your district?

a. | _ | _ | _ | students

b. Don’t Know

15. What proportion of students who attend pre-kindergarten in your district transition into kindergarten in your district? If you are unsure of the exact percentage, we encourage you to provide your best guess.

Drop Down Menu — 0-10% | 11-20% | 21-30% | 31-40% | 41-50% | 51-60% | 61-70% | 71-80% | 81-90% | 91-100% | Not sure

16. What proportion of students who attend Head Start—in both district-based or community-based classrooms—transition into Kindergarten in your district? If you are unsure of the exact percentage, we encourage you to provide your best guess.

Drop Down Menu — 0-10% | 11-20% | 21-30% | 31-40% | 41-50% | 51-60% | 61-70% | 71-80% | 81-90% | 91-100% | Not sure

Practices

*Kindergarten transition **practices** are concrete activities designed to directly engage students and families during the kindergarten transition. Staff in Head Start or kindergarten can enact transition practices separately or jointly through **coordinated** transition practices. In this section, we ask questions about your district's engagement in district-specific and joint kindergarten transition practices.*

35. Below is a list of several types of kindergarten transition practices. Please indicate which kindergarten transition practices, if any, your district engages in with the **Head Start program from which you receive most students in a typical year**. Please select "Yes," "No, or "Don't know" for each below.

a. Head Start program helps us identify Head Start students who will enroll in our kindergarten program
[Alternative] Receive notification that Head Start students will be attending our program
b. Arrange visits to kindergarten classrooms for Head Start students prior to the start of the school year
c. Arrange meeting(s) with kindergarten teacher(s) for Head Start families at elementary schools
d. Arrange meeting(s) between Head Start staff and elementary school staff to discuss kindergarten transition activities
e. Arrange for staff from our elementary schools to go to Head Start centers to meet and observe students
f. Arrange for Head Start teacher(s) co-teach lessons with kindergarten teacher(s) at either the Head Start program or at our elementary schools
g. Share information about rules and program policies regarding the kindergarten transition across both Head Start and district staff
h. Receive students' Head Start records from the sending program

i. Kindergarten and Head Start teachers collaborate with families on transition plans
j. Connect students who are dual language learners with ESL services at the receiving elementary school
k. Staff from the elementary school and the Head Start program meet to discuss students with Individualized Educational Plans (IEP) or Individualized Interagency Intervention Plans (IIIP).
l. Staff from your district meet with Head Start staff to discuss students from other high-priority student groups (e.g., Dual language learners, homeless, students with disabilities, students in foster care)
ALTERNATIVE: Head Start program provides information to us about individual students (e.g., child assessment information, disability awareness).
ALTERNATIVE: Head Start staff participate in the development of IEPs for students with disabilities.
ALTERNATIVE: Head Start staff meet with elementary staff to discuss strategies that support individual students who may need them (e.g., behavior plans, trauma-informed approaches, school scheduling modifications).
m. Coordinate which entity shares information about kindergarten rules, expectations, and policies with Head Start families
n. Coordinate kindergarten registration and/or kindergarten round up with Head Start

PROBES:

- **WERE ANY OF THESE PRACTIVES UNCLEAR?**
- **ARE THERE OTHER TRANSITION PRACTICES THAT YOUR PROGRAM USES THAT ARE NOT LISTED HERE?**
- **ARE THERE TRANSITION PRACTICES THAT ARE NOT AS RELEVANT AND THAT YOU WOULD DROP?**
- **CAN YOU WALK ME THROUGH WHICH LEA/ ELEMENTARY SCHOOL YOU THOUGHT ABOUT WHEN ANSWERING THE QUESTIONS?**

- **IF NEEDED: DO MOST STUDENTS TYPICALLY ATTEND ONE LEA/ELEMENTARY SCHOOL? OR DOES IT VARY?**
  - **IF VARIES: WHAT DID YOU HAVE IN MIND WHEN ANSWERING THE QUESTIONS?**

36. Are any of the above-mentioned kindergarten transition practices written into any district staff job descriptions? (If answer is "no" or "don't know," skip to Q#39; if answer yes, proceed to next question)

a. Yes
b. No
c. Don't know

PROBE: WHAT DID YOU THINK THE QUESTION WAS ASKING?

37. Please indicate which staff are required to carry out kindergarten transition practices as written into their job descriptions (check all that apply)

a. District administrators
b. District managers/coordinators
c. School principals
d. School assistant principals
e. School managers/coordinators
f. School counselors

g. Kindergarten teachers
h. School family engagement staff
i. District family engagement staff
j. Other district staff (please specify):

PROBE: DO YOU FEEL YOU HAVE THE INFORMATION TO ANSWER THIS QUESTION?

IF NOT:

- **PLEASE EXPLAIN HOW YOU HANDLED THIS QUESTION?**
- **WHO MAY BE THE RIGHT PERSON TO ANSWER THIS QUESTION?**

50. In a typical program year, how many of each of the following Head Start entities does your district *jointly* engage in kindergarten transition practices with?

	0	**1-2**	**3 or more**	**Don't know**	**Not applicable**
a. Head Start programs / grantees (may encompass multiple centers)					
b. Individual Head Start centers					

52. Earlier, you reported that there were [XX – populate with response to Q11] elementary schools in your district. How many of these schools participate in *joint* kindergarten practices with Head Start programs?

# of Schools	Don't Know

Drop Down Menu — 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10+

Professional Supports

In this section, we ask questions about the professional supports related to kindergarten transitions your district offers to principals and school administrators, teachers, school counselors, and 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.*

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

	District administrators (e.g., joint with Head Start program admins)	**Principals (e.g., joint with center directors)**	**Teachers (e.g., joint with Head Start teachers, other Head Start staff)**	**School family engagement staff**	**Other district staff**	**No staff**	**Unsure/Don't Know**
a. One-time training(s) or workshops							
b. Training series							

or set of workshops							
c. Coaching, mentoring, or ongoing consultation with specialist(s)							
d. Meeting(s) of a professional organization (e.g., AASA, NAESP, etc.)							
e. Higher education course (from 2- or 4-year institution)							
f. Professional Learning Communities (PLCs)							

PROBES:

- **ARE THERE OTHER TYPES OF PROFESSIONAL DEVELOPMENT THAT SHOULD BE LISTED?**
- **SHOULD OTHER TYPES OF STAFF ROLES BE LISTED IN TERMS OF WHO HAS ACCESS TO SHARED PROFESSIONAL DEVELOPMENT?**

28. You indicated that some of your district staff participated in the following opportunities. *(Reference only the selections the respondent indicated "yes" for district administrators in Q26)*

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

a. Data Sharing
b. Child Assessments
c. Curricula
d. Standards Alignment
e. Equitable Transition Practices
f. Family engagement generally
g. g. Kindergarten Transition plans
h. School Readiness Goals
i. 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. Students who identify as LGBTQ+
    7. Students with special needs/disabilities
    8. Students who are dual language learners
    9. Students experiencing homelessness
    10. Other (please specify)
    j. Other: please specify

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?**
- **HOW WOULD YOU EXPLAIN THE TERM "SHARED PROFESSIONAL DEVELOPMENT"?**
- **DO THESE EXAMPLES OF SHARED PROFESSIONAL DEVELOPMENT MAKE SENSE TO YOU FROM YOUR EXPERIENCE?**

29 . You indicated that your district 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 Q26)*

Professional Supports that were not selected	**Barrier to participation (select all that apply)**
a. One-time Training(s) [skip if response to initial one-time training prompt in previous question was 'no']	• We were not aware of availability of this opportunity • Not a priority for our district • Unable to obtain required approvals • Location (e.g., not nearby) • Lack of or insufficient equipment (laptops, cameras, etc.) • Time constraints (not enough time for activities) • Not negotiated paid time/responsibilities in teacher contracts

	• Lack of support staff (e.g., substitute staff) • Not enough funds for supplies and activities • Insufficient District PD funds • Other (specify): _____ • Other (specify): _____ • Unsure/Don't Know
b. Training series or set of workshops [skip if response to initial training series prompt in previous question was 'yes']	• [above list repeated]
c. Coaching [skip if response to initial training prompt in previous question was 'no']	• [above list repeated]
d. 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]
e. PLC [skip if response to initial training prompt in previous question was 'no']	• [above list repeated]

PROBES:

- **ARE THERE OTHER BARRIERS THAT SHOULD BE INCLUDED IN THIS LIST?**
- **HOW DO YOU UNDERSTAND THE PHRASE, "LACK OF REQUIRED APPROVALS?"**

30. You indicated that your district did not have the opportunity to engage in the following ***shared*** professional supports with Head Start colleagues. What prevented you from accessing these ***shared*** professional supports? *(reference only those options the respondent answered 'no' in the 'shared or joint' column in Q26/Q29)*

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 Head Start staff • Do not have relationships with contacts at Head Start centers and/or Head Start programs • Difficulty scheduling mutually acceptable times for joint activities

31. Does your district provide any of the following financial supports to district- or school-level staff to participate in training, coaching, or other supports for kindergarten transitions? (check all that apply)

	District-Level Staff	**School-Level Staff**
a. Reimburse for training expenses, travel, and/or child care		
b. Assistance with direct costs, such as tuition or		

registration fees		
c. Paid time to participate in the activity		
d. Pay for preparation/planning time		
e. Provide incentives for participation		
f. Pay for substitute staffing		
g. Time to engage in curricular planning with colleagues		
h. Other (specify)		
i. My district does none of these		

PROBE:

- **PROBE: DO YOU HAVE THE INFORMATION NEEDED TO ANSWER THIS QUESTION? IF NOT, WHO IS A BETTER PERSON TO ANSWER THIS QUESTION?**

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

d. Yes
e. No
f. Don't know

33. Do you have line items in your district budget for data systems to enter, store, and securely transfer data from early childhood programs for students entering kindergarten?

g. Yes
h. No
i. Don’t know

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!