

< F A C E S =

THE HEAD START FAMILY AND CHILD EXPERIENCES SURVEY

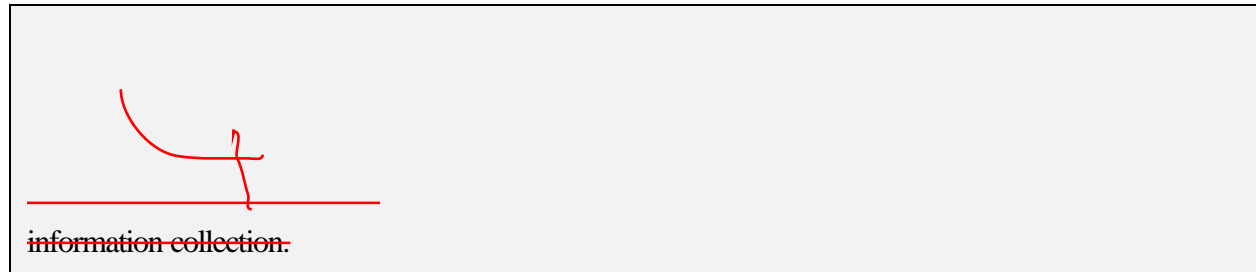
CLASSROOM TEACHER INTERVIEW

Spring, 1998

The purpose of FACES is to learn how the Head Start program helps families around the country get services for their children. I want to talk with you so we can understand how Head Start interacts with families from your point of view. I will ask questions about your background and how your center works with parents and children. Information from this study will be used to help Head Start improve its understanding of the families that are served by the program and to improve services provided to families.

I will ask you questions and write down your answers. You may stop me at any time, and you may go back to earlier questions to change your answers. No one else from the Head Start program will see or hear your answers. The things you tell me are very important, so please be as complete as possible. Our interview should take approximately 40 minutes. Do you have any questions?

Before we begin, let me read the following to you:



At the end of the interview, I will give you some addresses and phone numbers in case you would like more information. Do you have any questions before we begin?

Date: ____ / ____ / ____
mo day yr

Interviewer: _____

Interviewer ID #: ____ _

Program Name: _____

Program #: ____ _

Center Name: _____

Center #: ____

Interviewee Job Title: **Head Start Teacher** _____

Interviewee Name: _____ Interviewee ID #: ____ _

If Home-Based Teacher, Check Here ____ (Interviewer: Complete Pages 1-10 and 15-17 of this form and proceed to the Home-Based Teacher Interview Supplement).

I. EMPLOYMENT AND EDUCATIONAL BACKGROUND

I'd like to start by asking you some questions about your professional background and your job with Head Start.

I.A. HEAD START EMPLOYMENT

I.A.1.a. How long have you been *employed by this Head Start program*? _____
(ROUND RESPONSE TO NEAREST # OF YEARS.) years

I.A.1.b. In total, how many years have you worked with *any Head Start Program*? _____
(ROUND RESPONSE TO NEAREST # OF YEARS.) years

I.A.1.c. Before you started working with Head Start, did you have any work or volunteer experience with *early childhood education, health, or family support programs*?

- No 01 ! I.A.2.a
- Yes 02

I.A.1.d. How many *years experience* did you have with such programs before you joined Head Start? (ROUND RESPONSE TO NEAREST # OF YEARS.) _____
years

I.A.2.a. How many *hours per week* are you *paid* to work for Head Start? _____
hrs./wk.

I.A.2.b. How many *hours per week* do you *actually work* for Head Start? _____
hrs./wk.

I.A.2.c. How many *months per year* are you paid to work for Head Start?
(INTERVIEWER: IF RESPONSE IS IN WEEKS OR DAYS PER YEAR, ENTER IN SPACE PROVIDED.
WRITE "NA" IN OTHER SPACES.) _____
mos./yr.

or _____
wks./yr.

or _____
days/yr.

I.A.3.a. What **positions/job titles** do you have with Head Start **now**, **how long** have you held each position, and **how much time** would you say each position takes **each month**? (ROUND TO NEAREST NUMBER OF HEAD START YEARS)

(PROMPT: BEST ESTIMATE?)

RESPONSIBILITIES/JOB TITLES	# OF YEARS IN THIS POSITION	% OF WORK TIME PER MONTH
Head Start Teacher		

I.A.3.b. **What other positions/job titles**, if any, have you held over your entire experience with Head Start?

RESPONSIBILITIES/JOB TITLES

I.A.3.c. In your **current Head Start position(s)**, do any of the following **make it harder** for you to do your job well?

(READ LIST AND CIRCLE ONE FOR EACH. USE STEM, AS NEEDED:

□Is (are) there _____ that make(s) it harder for you?□)

	NO	YES
a. Time constraints (not enough time to do all that is required).....	01	02
b. An undefined role (unclear guidelines on job responsibilities)	01	02
c. Not a high enough salary for job demands	01	02
d. Lack of support staff.....	01	02
e. Not enough training for secondary responsibilities	01	02
f. Not enough support and communication from administration	01	02

- g. Not enough funds for supplies and activities 01 02
- h. Other (SPECIFY) _____ 01 02

I.A.4. Does your Head Start program provide the following **benefits**?
(READ LIST AND CIRCLE ONE FOR EACH ITEM.)

	NO	YES	DK
a. Paid vacation time	01	02	99
b. Paid sick leave.....	01	02	99
c. Paid maternity leave.....	01	02	99
cc. Unpaid maternity leave.....	01	02	99
d. Paid family leave.....	01	02	99
e. Paid health insurance.....	01	02	99
f. Paid dental insurance.....	01	02	99
g. Tuition reimbursement.....	01	02	99
h. Retirement plan.....	01	02	99
i. Other (Specify _____).....	01	02	99

Response Card

I.A.5. Now I'd like to read you a list of reasons people continue in a job. How important is each of these to you **in continuing to work for Head Start**? (READ LIST AND CIRCLE ONE FOR EACH. REPEAT STEM AS NEEDED:

□How important is/are _____ to you in continuing to work for Head Start?□

	NOT IMPORTANT	SOMEWHAT IMPORTANT	VERY IMPORTANT	NA
a. Job security	01	02	03	98
b. The pleasure of working with young children.....	01	02	03	98
c. The professional respect of this job/career.....	01	02	03	98
d. Your salary	01	02	03	98
e. The benefits (e.g., health or life insurance).....	01	02	03	98
f. The ability to have your own children at your workplace	01	02	03	98
g. Your work schedule (e.g., length of day, summers off).....	01	02	03	98
h. The working conditions (e.g., clean, well-organized).....	01	02	03	98
I. The opportunity to work with other adults (teachers, parents).	01	02	03	98
j. The opportunity to use your experience and/or education in child development.....	01	02	03	98
k. The significance or importance of working with children and	01	02	03	98

- families
- l. [REMOVED]
- m. The opportunity for professional advancement..... 01 02 03 98
- n. Other (*SPECIFY*) _____ 01 02 03 98

I.A.6. **How satisfied** are you with your **present position**? Would you say you are:
(*READ LIST AND CIRCLE ONE.*)

- a. Very satisfied 01
- b. Satisfied 02
- c. Neither satisfied nor dissatisfied 03
- d. Dissatisfied..... 04
- e. Very dissatisfied 05

I.A.7. **How satisfied** are you with **working in the field of early childhood education**? Would you say you are:
(*READ LIST AND CIRCLE ONE.*)

- a. Very satisfied 01
- b. Satisfied 02
- c. Neither satisfied nor dissatisfied 03
- d. Dissatisfied..... 04
- e. Very dissatisfied 05

I.A.8. **How likely** are you **to continue** working for Head Start through the next Head Start year (through 1998-99)? (*CIRCLE ONE.*)

- a. Very likely 01
- b. Somewhat likely 02
- c. Somewhat unlikely 03
- d. Very unlikely 04
- e. Don't know/not sure 05

I.A.9. Do you have any **children** living in your household who **attend Head Start now**?

- No 01
- Yes 02

I.A.10. Did any *children* who lived in your household *in the past* attend Head Start?

- No 01
- Yes 02

I.B. EDUCATIONAL BACKGROUND

I.B.1. What is the *last or highest grade of school* you have completed?
 (DO NOT READ LIST. CIRCLE **ONLY ONE** RESPONSE.)

- | | | | |
|--|----|--|----|
| <u>No formal schooling</u> | 01 | <u>Vocational, Trade, or Business School After</u> | |
| <u>Elementary School</u> | | <u>High School Graduation/GED</u> | |
| Less than 6th grade | 02 | Less than one year..... | 10 |
| Grades 6-8 | 03 | One to two years | 11 |
| <u>High School</u> | | Two years or more | 12 |
| 9th grade | 04 | <u>College After High School Graduation/GED</u> | |
| 10th grade | 05 | 1 year..... | 13 |
| 11th grade | 06 | 2 years | 14 |
| 12th grade | 07 | 3 years | 15 |
| Adult High School or GED classes | 08 | 4 years | 16 |
| [REMOVED]..... | 09 | Graduate school years | 17 |
| | | Other (SPECIFY) | 18 |
| | | _____ | 18 |

I.B.2. WHAT DIPLOMAS, CERTIFICATES, OR DEGREES DO YOU HAVE?
 (CIRCLE ALL THAT APPLY.
 PROBE FOR: HIGH SCHOOL DIPLOMA, GED, AND CDA.)

- a. High school diploma..... 01
- aa. GED certificate..... 02
- b. Associate's degree..... 03
- bb. CDA (Child Development Associate)..... 04
- c. Nursing degree..... 05
- d. Bachelor's degree 06
- e. Graduate degree 07
- f. Other (SPECIFY) _____..... 08
- g. Other (SPECIFY) _____..... 09

**I.B.3. IF [a] OR [e] (BACHELOR'S OR GRADUATE DEGREE), ASK:
 IN WHAT FIELD(S) IS/ARE YOUR DEGREES?**

_____ / _____	degree	field
_____ / _____	degree	field
_____ / _____	degree	field

! I.B.3
! I.B.3

I.B.4. Do you have any (other) job-related licenses or certificates?

- No 01
- CPR (Cardiopulmonary Resuscitation) 02
- Social Work..... 03
- Registered Nurse 04
- Teaching Certificate or License (Other than CDA)..... 05
- Other (SPECIFY) _____..... 06

I.B.5. Are you *currently working on a degree, certificate or license?*

- No 01
- Yes 02

I.C. IN-SERVICE TRAINING

The next questions are about training that your Head Start program has provided or made available to you in the past year. If you have a record of your training activities, you might find it useful to refer to it. (SITE MANAGERS -- REQUEST RECORD OF TRAINING OFFERED FROM PROGRAM, IF AVAILABLE.)

Response Card Listing Topics

I.C.1. How many hours of training, in total, do you estimate Head Start has provided to you in the past program year including this past summer?

(TOTAL SHOULD = I.C.2 TOTAL) _____ total hrs.

I.C.2.

FOR EACH OF THESE TOPICS, ABOUT HOW MANY HOURS OF TRAINING HAS BEEN PROVIDED OR MADE AVAILABLE TO YOU BY HEAD START IN THE PAST PROGRAM YEAR INCLUDING THIS PAST SUMMER? (READ LIST AND RECORD NUMBER HOURS FOR EACH.) TOPIC	I.C.2. # HOURS RECEIVED	I.C.3. THREE TOPICS YOU WANT MORE TRAINING IN? (CIRCLE THREE RESPONSES ONLY.)
a. Child development		02
b. Educational programming		02
c. Child assessment and evaluation		02
d. Children's health issues (e.g., immunizations, childhood diseases).....		02
e. Family health issues (e.g., AIDS, asthma).....		02
f. Mental health issues		02
g. Bilingual education		02
h. Multicultural sensitivity		02
i. Domestic violence/family violence		02
j. Child abuse and neglect.....		02
k. Substance abuse		02
l. Family needs assessment and evaluation		02
m. Providing services for children with special needs.....		02
n. Providing case management services to families		02
o. Working with other agencies to assist families		02
p. Involving parents in program activities		02
q. Behavior management		02
r. Providing supervision to staff.....		02
s. Administration and program management		02
t. Head Start principles and practices		02
u. CPR (Cardiopulmonary Resuscitation).....		0
v. Other (LIST AND SPECIFY NUMBER OF TRAINING HOURS)	_____	02
		02
		02

Response Card

I.C.4. This is *a list of methods* some Head Start programs use in providing *in-service training* to their staff. Please tell me which types of training you have received by or through Head Start. (READ LIST. CIRCLE NO [1] OR YES [2] OR DN [99] FOR EACH.)

	NO	YES	DK
a. Training sessions and workshops held within your Head Start agency.....	01	02	99
b. Training sessions and workshops held outside the agency.....	01	02	99
c. Courses and classes made available at community or four-year colleges.....	01	02	99
d. A resource library available at your agency for independent study (print, computers, multimedia).....	01	02	99
e. Ongoing supervision and feedback by Head Start staff.....	01	02	99
f. Follow-up training to help put training ideas into practice.....	01	02	99
g. Other (SPECIFY).....	01	02	99
	01	02	99
	01	02	99
	01	02	99

I.C.5.a. Which item from the above list is *most characteristic* of the training offered by or through your Head Start agency?

 (ENTER ONE LETTER ONLY.)

I.C.5.b. Which method from the above list is *least characteristic* of the training offered by or through your Head Start agency?

 (ENTER ONE LETTER ONLY.)

I.C.6. Overall, *how helpful* in doing your job is the training provided by or made available by Head Start? Would you say it is
 (READ LIST AND CIRCLE ONE.)

a. Not very helpful.....	01
b. Somewhat helpful.....	02
e. Very helpful.....	03

II. NA (PROGRAM OPERATIONS)

III. PARENT INVOLVEMENT

III.A. CENTER GOALS AND PHILOSOPHY

Now I'd like to talk with you about your work with the Head Start families in your center and the ways in which parents are involved.

Response Card

III.A.1.

FROM THIS LIST, TELL ME YOUR **THREE MOST IMPORTANT GOALS** IN WORKING WITH PARENTS AT YOUR CENTER, IN ORDER OF IMPORTANCE, WITH 1 BEING THE **MOST IMPORTANT**.

INDICATE
1, 2 AND 3
**(MARK ONLY
THREE!)**

III.A.2.

HOW SUCCESSFUL DO YOU THINK YOU'VE BEEN IN ACHIEVING **EACH OF THESE THREE GOALS** IN YOUR WORK WITH PARENTS? TELL ME IF YOU THINK YOU'VE BEEN NOT VERY SUCCESSFUL, SOMEWHAT SUCCESSFUL, OR VERY SUCCESSFUL IN _____

(READ EACH OF THREE SELECTED AND CODE BELOW.)

	NOT VERY SUCCESSFUL	SOMEWHAT SUCCESSFUL	VERY SUCCESSFUL
a. To teach parents about child development and parenting	01	02	03
b. To inform parents about their own child's development.....	01	02	03
c. To teach parents about health and nutrition...	01	02	03
d. To inform parents about the support services in their community and help them to use them...	01	02	03
e. To help parents develop a social support network of other parents and families in the program and community	01	02	03
f. To have parents plan and organize events and activities	01	02	03
g. To have parents participate in policy and program decisions	01	02	03
h. To help parents become economically self-sufficient (i.e., get further education and employment).....	01	02	03
i. To help parents improve their literacy skills	01	02	03
j. To help parents identify their personal goals and ways in which to achieve them.....	01	02	03
k. To explain Head Start principles and practices to parents	01	02	03
l. Other (<i>SPECIFY</i>) _____	01	02	03

III B. NA (PARENT ORIENTATION)

III C. NA (INVOLVING PARENTS IN PROGRAM DECISION MAKING)

III D. NA (PARENT ACTIVITIES/WORKSHOPS)

III E. PARENT PARTICIPATION

Response Card

III.E.1. Some things *keep parents from participating* in Head Start activities. How often are these things problems for the parents of children in your classes: never or rarely, sometimes, or often?

(STEM: HOW OFTEN DO YOU THINK _____ KEEPS PARENTS FROM PARTICIPATING IN HEAD START ACTIVITIES?)	NEVER OR RARELY	SOMETIMES	OFTEN	DK
a. Lack of child care	01	02	03	99
b./c. Parents' work or school/training schedule	01	02	03	99
d. Lack of transportation.....	01	02	03	99
e. [REMOVED].....				
f. Health problems	01	02	03	99
g. Parents don't seem to feel welcome or comfortable	01	02	03	99
h. [REMOVED].....				
i. [REMOVED].....				
j. Language or cultural barriers	01	02	03	99
k. Safety concerns about getting there or the Head Start neighborhood.....	01	02	03	99
l. Lack of interest.....	01	02	03	99
m. Family issues (e.g., husband objects).....	01	02	03	99
n. Lack of information and notice about activities	01	02	03	99
o. Other (SPECIFY) _____	01	02	03	99

(FOR HOME-BASED TEACHERS SKIP TO SECTION IV, PAGE 15)

III.E.2. Which of the following are *problems in planning or having parent activities* at your center or program? (READ EACH ITEM AND CIRCLE YES OR NO.)

(Prompt: Is _____ a problem in planning and having parent activities?)

	NO	YES	DK
a. Not enough money for parent activities	01	02	99
b. Finding an alternate site when the center is not available or appropriate	01	02	99
c. Lack of cooperation or support of staff	01	02	99
d. Difficulty getting outside resources (e.g., guest speakers).....	01	02	99
e. Lack of agreement among staff on parents' needs and interests	01	02	99
f./g. Not enough of the right staff or staff time to plan/conduct the activity	01	02	99
h. Not having interpreters available	01	02	99
i. Difficulty notifying parents of upcoming activities	01	02	99
j. Little ability to offer activities at times convenient for parents	01	02	99
k. Difficulty getting parents to participate.....	01	02	99*
l. Other (SPECIFY) _____	01	02	99*

III.E.3. E.6. NA

III.F. NA (MALE INVOLVEMENT)

III.G. PARENT OBSERVERS IN THE CLASSROOM

Now I'd like to ask you about parents observing in the classroom.

III.G.1. Does your center follow a prescribed *policy* on parent observers in the classroom?

No	01	! III.H.1
Yes	02	

III.G.1.a. **When** are parent observations *permitted*?
(CIRCLE ONE.)

- a. Whenever they would like 01
- b. At prearranged times 02
- c. Other (SPECIFY) _____ 03

III.H. PARENT VOLUNTEERS

I'd like to ask you a few questions about parent volunteer activities in your classroom. **LT**

III.H.1. Did parents serve as *volunteers* in your classroom *during the past Head Start year*?

- No 01 **! III.J.1**
- Yes 02

III.H.2. *During this past Head Start year did parent volunteers in your classroom serve as: (READ LIST AND CIRCLE ONE RESPONSE FOR EACH.)*

	NO	YES	DK
a. Classroom aides?.....	01	02	99
b. Consultants or workshop leaders?.....	01	02	99
c. Advisors or guides on ethnic customs, traditions and values?	01	02	99
d. Home visitors?.....	01	02	99
e. Interpreters in the classroom for non-English speaking or limited English-speaking families?	01	02	99

DO PARENT VOLUNTEERS IN YOUR CLASSROOM:

f. Assist classroom staff during meal times (e.g., serving, eating with children)?	01	02	99
g. Prepare a newsletter for parents?.....	01	02	99
h. Contact parents to notify them of meetings and other Head Start activities?.....	01	02	99
i. Clean up the classroom?	01	02	99
j. Prepare educational materials?.....	01	02	99
k. Help with special events?.....	01	02	99
l. Contribute supplies?.....	01	02	99
m. Help with curriculum planning?	01	02	99
n. Do chores or maintenance?	01	02	99

III.H.2. During this past Head Start year did parent volunteers in your classroom serve as: (READ LIST AND CIRCLE ONE RESPONSE FOR EACH.)

	NO	YES	DK
o. Other (SPECIFY) _____	01	02	99

III.H.3. During this past Head Start year **how often** did you generally have parent volunteers in your classroom activities? (READ LIST AND CIRCLE ONE.) LT

- a. Every day..... 01
- b. Once a week or more 02
- c. Once or twice a month 03
- d. A few times a year..... 04
- e. Never..... 05

(FOR III.H.4-6, TEACHERS WITH 1/2 DAY CLASSES SHOULD REPORT ON ONE 1/2 DAY CLASS ONLY)

III.H.4. During the past Head Start year, **how many parent volunteers** were in your classroom **in an average week**? _____

III.H.5. During the past Head Start year, of all the parents of children in your class(es), about **how many individual parents volunteered regularly** in your classroom (once a week or even once a month)? _____

III.H.6. Of the individual parents who volunteered regularly in your classroom during the past Head Start year, (SEE QUESTION ABOVE III.H.5) about **how many were male**? _____

III.H.7. In general, **how often** do you and the parent volunteers **discuss** the activity/experience afterward? (Do NOT READ LIST, CIRCLE ONE)

- a. Frequently 01
- b. Sometimes..... 02
- c. Rarely 03
- d. Never..... 05

III.I. NA (EVALUATIONS OF PARENT INVOLVEMENT)

Response Card

III.J.1. These are some *ways* that *teachers use to keep in touch with parents.* **LT**

During the last Head Start year, *about how often* did you use each of these?
 Would you say, once a month or more, monthly, 2-6 times a year, once a year, or never? (READ LIST AND CIRCLE ONE RESPONSE FOR EACH.)

	MORE THAN ONCE A MONTH	MONTHLY	A FEW (2-6) TIMES A YEAR	ABOUT ONCE A YEAR	NEVER
a. General parent meetings	01	02	03	04	05
b. Scheduled meetings with individual parents at the center	01	02	03	04	05
c. Informal parent-staff conferences	01	02	03	04	05
d. Phone calls home	01	02	03	04	05
e. Home visits	01	02	03	04	05
f. At Head Start parent or family activities and workshops	01	02	03	04	05
g. Send notes home	01	02	03	04	05
h. Chat when parents drop off or pick up their children	01	02	03	04	05
i. Other (SPECIFY) _____	01	02	03	04	05

III.J.2. What are the *minimum number of individual meetings* you schedule either at the Head Start Center or at home with the *parents of each child* in your class *during a Head Start year* to discuss their child's individual needs and progress?

_____ meetings/yr

III.J.3. Do you *keep a record* of each conference or home visit or phone call?

No01
 Yes02

Response Card

III.J.4. How often do you do the following among the parents of children in your class?

	NEVER	RARELY	SOMETIMES	FREQUENTLY	DK/NA
a. Introduce or refer parents to one another.....	01	02	03	04	99
b. Encourage parents to call other parents ..	01	02	03	04	99
c. Find out what skills parents have that they may be willing to share	01	02	03	04	99
d. Encourage parents to orient newer parents to the center.....	01	02	03	04	99

(FOR HOME-BASED TEACHERS, RESUME INTERVIEW HERE)

IV. CURRICULUM AND CLASSROOM ACTIVITIES

Now I'd like to ask a few questions about the curriculum used in your class(es).

IV.A.1. Is a *specific curriculum or combination of curricula* used in your program?

No	01	! IV.A.4
Yes	02	
DON'T KNOW	99	! IV.A.4

IV.A.2. If your *principal curriculum* has a name, what is it?
(MARK [YES] OR [NO] FOR EACH.)

	NO	YES
a. High Scope.....	01	02
b. A Statewide Head Start Curriculum.....	01	02
c. The Creative Curriculum.....	01	02
d. Other (SPECIFY) _____	01	02
e. Don't know.....	01	02

IV.A.3. If your *additional curricula* have names, what are they?
(RECORD NAMES BELOW OR NOTE BELOW IF [NONE] OR [DON'T KNOW].)

DON'T KNOW 99
 NA, NO ADDITIONAL CURRICULA90

IV.A.4. [REMOVED]

IV.A.5. Does the *curriculum* used by your program specify the following?
 (READ LIST.) (STEM: DOES IT SPECIFY.....?)

	NO	YES	DK
a. Goals for children's learning and development.....	01	02	99
b. Specific activities for children	01	02	99
c. Suggested teaching strategies	01	02	99
d. Suggested teaching materials	01	02	99
e. Ways to involve parents in their child's learning activities	01	02	99

IV.A.6. Is the *curriculum a formal, written plan* like a manual or syllabus?

No01
 Yes02

IV.A.7. *Who developed* the curricula used by your program?
 (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

- a. The local program or center Head Start staff01
- b. Regional Head Start training centers.....02
- c. The National Head Start program office
- d. A college or university
- e. The school system.....05
- f. A commercial publisher.....06
- g. A curriculum training organization.....07
- h. Other (SPECIFY) _____.....08
- i. DON'T KNOW99

IV.A.8. Are *most of the teaching materials* created by local Head Start staff or by someone else? (READ LIST AND CIRCLE ONE)

- a. Local program or center Head Start staff01
- b. State, Regional or National Head Start02
- c. Someone else (e.g., commercial publisher)03

IV.B.1. Who makes *most* of the *decisions about the day-to-day instructional plans for children*, such as the calendar or sequence of activities?
(CIRCLE ONE.)

- a. Head Start program administrators01
- b. Individual center directors and staff02
- c. Individual teachers03
- d. Other (SPECIFY) _____04

Response Card

IV.B.2. *How often* are the following *concepts or activities* offered to the children in your class(es)?
Would you say these activities are offered less or more than once a month, once a week, or almost daily or daily? (READ EACH ITEM AND RECORD RESPONSE.)

	NOT OFFERED/ NOT DONE	LESS THAN ONCE A MONTH	ONCE A MONTH OR MORE	ABOUT ONCE A WEEK	DAILY OR ALMOST DAILY	DK
a. Letters of the alphabet or words.....	01	02	03	04	05	99
b. Reading stories	01	02	03	04	05	99
c. Naming colors	01	02	03	04	05	99
d. Number concepts or counting.....	01	02	03	04	05	99
e. Solving puzzles, playing with geometric forms	01	02	03	04	05	99
f. Cooking.....	01	02	03	04	05	99
g. Free play including dressing up or making believe, etc.....	01	02	03	04	05	99
h. Block building or other construction work.....	01	02	03	04	05	99
i. Indoor physical activities such as tumbling or dancing.....	01	02	03	04	05	99
j. Outdoor physical activities.....	01	02	03	04	05	99
k. Trips to the local library	01	02	03	04	05	99
l. Other field trips.....	01	02	03	04	05	99
m. Computer time	01	02	03	04	05	99
n. Visual arts such as drawing, painting, modeling, play dough, sandplay.....	01	02	03	04	05	99
o. Performing arts such as music, movement, dance, etc.	01	02	03	04	05	99

p.	Health, hygiene, or nutrition.....	01	02	03	04	05	99
q.	Science or nature	01	02	03	04	05	99
r.	Other (SPECIFY) _____	01	02	03	04	05	99

(FOR HOME BASED TEACHERS, GO TO HOME-BASED TEACHER SUPPLEMENT)

IV.B.3. **In your class, how many hours in an average week** are spent reading to children individually or in a small group? _____
 (FOR TEACHERS WITH A DIFFERENT MORNING AND AFTERNOON CLASS,
 WE WANT THE NUMBER OF HOURS FOR **ONE CLASS**)
 (ROUND TO THE NEAREST NUMBER OF HOURS) hrs./wk.

IV.B.4. **How important** a priority **is reading** to children in your class?
 Would you say it is essential, very important, sort of important, or not important?
 (CIRCLE ONE RESPONSE.)

- a. Essential..... 01
- b. Very important 02
- c. Sort of important..... 03
- d. Not important 04

IV.B.5. In your opinion, what are the **main benefits** that Head Start provides to children?
 (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

- a. School readiness 01
- b. Social skills with children 02
- c. Social interactions with adults 03
- d. Safe haven from home/neighborhood..... 04
- e. Improved child health..... 05
- f. Other (SPECIFY) _____ 06

V. HOME VISITS

I'd like to ask you some questions about home visits.

V.A.1. Are home visits to families of **center-based children** required of teaching staff?

- No 01
- Yes 02 ! V.A.3

V.A.2. Do teaching staff make regular home visits to families of **center-based** children even though they are not required?

- No 01 ! IV.B.1
- Yes 02

V.A.3. What are the **minimum number of home visits** you (or your assistant) make to the family of **each child** who is in your **center-based** class during the Head Start year?
(DO NOT READ LIST. CIRCLE ONLY ONE.)

- a. None 01 **! VLB**
- b. One per year 02
- c. Two per year 03
- d. Three to six per year 04
- e. DON'T KNOW 99

V.B.1. [REMOVED]

V.B.2. [REMOVED]

V.B.3. [REMOVED]

Response Card Listing Staff

V.C.1. Looking at this card, what would you say is **your main goal during home visits?**
(RECORD RESPONSE for V.C.1 BELOW, THEN ASK V.C.2.)

V.C.2. WHAT TWO OTHER SERVICES DO YOU MOST OFTEN PERFORM DURING HOME VISITS?	V.C.1 MAIN GOAL (CIRCLE ONLY ONE.)	V.C.2 OTHER (CIRCLE ONLY TWO.)
a. Providing educational experiences to the Head Start child.....	01	01
b. Providing educational experiences or assistance to other children in the household	02	02
c. Providing instructions to the caregiver on parenting, education, or child development	03	03
d. Addressing issues of family health and nutrition	04	04
e. Providing informal counseling or addressing personal issues (e.g., marital stress/family relations).....	05	05
f. Providing education information or referral for caregivers	06	06
g. Providing assistance with basic needs (e.g., food/housing/clothing/medical care).....	07	07
h. Informing parents about Head Start and the services it offers.....	08	08
i. Informing parents about the progress of their own child.....	09	09
j. Other (SPECIFY) _____	10	10

VI.A. NA (COMMUNITY RESOURCES)

VI.B. ASSESSMENT OF CHILDREN'S FUNCTIONING AND CAPABILITIES LT

Now, I'd like to ask you about the children in your classroom.

VI.B.1. What is the total number of children who are enrolled in your class(es)?

(FOR SPLIT DAYS, RECORD AM AND PM CLASSES IF BOTH ARE IN THE STUDY.

RECORD A NUMBER OR NA IN EACH SPACE.)

- a. A.M. (# in morning session if half-day sessions & class is in the study)..... _____
- b. P.M. (# in afternoon session if half-day sessions & class is in the study)..... _____
- c. Full Day Program (same children in classroom a.m. & p.m.)..... _____
- d. Home based..... _____

VI.B.2. How many children in your class(es) have special needs for which they receive services or have an Individual Education Plan (IEP) (e.g., language and speech, emotional, hearing, learning, or physical)? _____ #

(RECORD TOTAL FOR A.M. & P.M. IF BOTH ARE IN THE STUDY)

DON'T KNOW99

VI.B.3-6 NA

VI.B.7. On an average day how many children are absent from your class(es)?

(RECORD TOTAL FOR A.M. AND P.M. CLASSES IF BOTH IN THE STUDY)

(DO NOT READ LIST. CIRCLE ONE.)

- a. None 01
- b. One or two 02
- c. Three or four 03
- d. Five or six..... 04
- e. Seven or more 05

VI.B.8. About how many individual children are consistently absent from your class(es)?

(FOR A TEACHER WITH TWO HALF-DAY SESSIONS, ADD A.M. AND P.M. IF BOTH CLASSES ARE IN THE STUDY)

(DO NOT READ LIST. CIRCLE ONE.)

- a. None 01
- b. One or two 02
- c. Three or four 03
- d. Five or more..... 04

VI.B.9. For how many children in your class(es) have you had to schedule **extra parent conferences** due to **behavioral or disciplinary** problems? LT
 (FOR A TEACHER WITH TWO HALF-DAY SESSIONS, ADD AM AND PM. IF BOTH IN STUDY)
 (DO NOT READ LIST. CIRCLE ONE.)

- a. None 01
- b. One or two 02
- c. Three or four 03
- d. Five or more 04

VII. NA (KINDERGARTEN TRANSITION)

VIII. OVERVIEW OF CLASS(ES)

Now, please think about your Head Start class(es) and all the experiences and services you are providing to children and their families.

VIII.A. If you could **change one thing** (including staff, administration, classroom practices, and facilities) that you think would **significantly improve** the services you are providing, what would it be?
 (FORCE TO CHOOSE ONLY ONE.)

VIII.B. Finally, what **two things** do you think **your class does really well** for children and their families?
 (FORCE TO CHOOSE ONLY TWO.)

1. _____

2. _____

Thank you very much for your cooperation. You've been very helpful!

If you have any questions about the study or the interview, you can call or write to any of these people.
(TEAR OFF BACK SHEET OF INTERVIEW AND HAND TO RESPONDENT.)

FACES: THE HEAD START FAMILY AND CHILD EXPERIENCES SURVEY

Thank you very much for your cooperation. If you have any questions about the study or the interview, you may call the following numbers:

Louisa Tarullo, Ed.D.
Administration on Children, Youth and Families
(202) 205-9632

David Connell, Ph.D.
Abt Associates Inc.
(617) 349-2804

Nicholas Zill, Ph.D.
Westat, Inc.
(301) 294-4448

You may send your comments regarding the interview burden or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Reports Clearance Officer
Administration for Children and Families
U.S. Department of Health and Human Services
370 L'Enfant Promenade, S.W.
Washington, DC 20447

Office of Management and Budget
Paperwork Reduction Project
OMB Control No. (new request)
Washington, DC 20503