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**Head Start Family and Child Experiences Survey
Self-Administered Questionnaire
For Head Start Teachers**

Spring 1999

INTRODUCTION

The Family and Child Experiences Survey (FACES) is a multi-year study of Head Start families and children and their experiences with the Head Start program. A very important part of the study is to find out about staff and their experiences in Head Start. Your answers will be completely confidential. The survey will take about 20 minutes of your time to complete.

LABEL

1. We would like you to tell us how a *typical day* is spent in your classroom. (Please round to nearest 1/2 hour throughout.)

a. Total number of hours in the class day?..... _____ hours

Number of hours spent in each of the following activities:

b. Routine caregiving (including meals, snacks, naps, toileting, etc.) _____ hours

c. Teacher directed learning activities _____ hours

d. Free-play/free-choice child activities (both indoor and outdoors) _____ hours

e. Transition activities (cleaning-up, getting ready to go outside, etc.)..... _____ hours

Outside of class time, on a typical school day, how many hours do you spend on:

f. Involvement with parents (greetings, home visits, talking about kids, etc) ... _____ hours

g. Program administration/curriculum planning, etc. _____ hours

2. From this list, indicate your **five most important goals** in working with **children** at your center, in order of importance, with "1" being the *most important*.

*Indicate 1, 2, 3, 4, and 5
(Mark only FIVE)*

a. To improve children's health and health behaviors..... _____

b. To provide a comforting, stimulating environment with exposure to new experiences _____

c. To expose children to numerical and mathematical concepts..... _____

d. To provide a safe haven from the home/neighborhood..... _____

e. To enhance children's social skills with other children and adults (including cooperation, sharing, problem solving, decision making, conflict resolution, etc.)..... _____

f. To expose children to books and reading concepts _____

g. To identify special needs in children and initiate services..... _____

h. To improve children's self-esteem and self-confidence _____

i. To improve children's language and communication skills _____

j. To provide support services for children's basic needs (e.g., food, housing, safety, transportation)..... _____

k. To enhance self management skills in children (self discipline, responsibility, structure, independence, self-help, etc.)..... _____

l. To provide visual and performance art opportunities to enhance creativity and role-playing..... _____

m. To provide physical activities that enhance gross and fine motor skills _____

n. To expose children to science experiences and concepts..... _____

3. **How often** are the following **concepts or activities** offered to the children in your class(es)? Would you say these activities are offered about once a month, several times a month, about once a week, several times a week, or daily or almost daily? (*Circle one in each line.*)

Concept/activity	Not offered/ not done	About once a month or less	Several times a month	About once a week	Several times a week	Daily or almost daily
a. Letters of the alphabet or words	0	1	2	3	4	5
b. Reading stories.....	0	1	2	3	4	5
c. Naming colors	0	1	2	3	4	5
d. Number concepts or counting	0	1	2	3	4	5
e. Solving puzzles, playing with geometric forms	0	1	2	3	4	5
f. Indoor physical activities such as tumbling or dancing	0	1	2	3	4	5
g. Outdoor physical activities	0	1	2	3	4	5
h. Field trips (including library).....	0	1	2	3	4	5
i. Performing arts such as music, movement, dance, etc.	0	1	2	3	4	5
j. Health, hygiene, or nutrition.....	0	1	2	3	4	5
k. Visual arts such as drawing, painting, modeling, play dough, sandplay.....	0	1	2	3	4	5
l. Science or nature activities	0	1	2	3	4	5

4. How often do children have access to a working computer in your classroom? (*Circle one below.*)

Not offered/not done	0
About once a month or less	1
Several times a month.....	2
About once a week.....	3
Several times a week.....	4
Daily or almost daily	5

5. From this list, indicate 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)*

- | | | |
|----|---|-------|
| a. | To teach parents about child development and parenting | _____ |
| b. | To inform parents about their own child’s development..... | _____ |
| c. | To teach parents about health and nutrition..... | _____ |
| d. | To inform parents about support services in their community and help them to use them | _____ |
| e. | To have parents participate in policy and program decisions | _____ |
| f. | To help parents become economically self-sufficient (i.e., get further education and employment)..... | _____ |
| g. | To help parents improve their literacy skills..... | _____ |
| h. | To help parents identify their personal goals and ways in which to achieve them | _____ |
| i. | To explain Head Start principles and practices to parents | _____ |

BACKGROUND INFORMATION

6. In total, how many years have you been teaching (including all grades and preschool)?

Number of years: _____

7. How many of those years have you been teaching Head Start (as either lead or assistant teacher)?

Number of years: _____

8. In what languages are you able to teach?

	Yes	No
a. English.....	1	2
b. Spanish.....	1	2
c. Other (<i>specify</i>) _____	1	2

9. What is the *last or highest grade of school* you have *completed*? (Circle one.)

Secondary school

- 8th grade or less 01
- 9th grade 02
- 10th grade 03
- 11th grade 04
- 12th grade (including diploma or GED) 05

Vocational, trade, or business school after high school or GED

- Less than one year 06
- One to two years 07
- Two years or more 08

College after high school graduation or GED

- 1 year of college 09
- 2 years of college 10
- 3 years of college 11
- 4 years of college 12

Graduate school after college graduation

- 1 year of graduate school 13
- 2 years of graduate school 14
- 3 years of graduate school 15
- 4 years or graduate school or more 16

10. Do you have a *teaching certificate or license*?

- Yes 1
- No 2

11. Do you have a *Child Development Associate (CDA)* credential?

- Yes 1
- No 2

12. What **degrees** have you completed? (Circle all that apply.)

- a. Associate's degree 1
- b. Nursing degree 2
- c. Bachelor's degree 3
- d. Master's degree 4
- e. Doctorate or equivalent 5
- f. Other advanced degree (*specify*) _____ 6

13. How many college courses have you completed in the following areas? (*Circle one number on each line.*)

- a. Early childhood education 0 1 2 3 4 5 6+
- b. Elementary education..... 0 1 2 3 4 5 6+
- c. Special education..... 0 1 2 3 4 5 6+
- d. English as a Second Language (ESL).... 0 1 2 3 4 5 6+
- e. Child development..... 0 1 2 3 4 5 6+
- f. Methods of teaching reading..... 0 1 2 3 4 5 6+
- g. Methods of teaching mathematics 0 1 2 3 4 5 6+
- h. Methods of teaching science..... 0 1 2 3 4 5 6+

14. Are you currently enrolled in any additional teacher-related training or education, including post-secondary school degrees, graduate degrees, etc.? (*Circle only one.*)

- Not currently enrolled 0
- Child Development Associate (CDA) degree program 1
- Teaching Certificate 2
- Special Education teaching degree..... 3
- Graduate degree (Master's or Ph.D or Ed.D.)..... 4
- Other (*specify*) _____ 5

15. Are you currently a member of a professional association for early childhood education? (e.g., NAEYC, NHSA, NEA)

- Yes..... 1
- No..... 2

16. What is your total annual salary (before taxes) as a teacher for the current school year?

\$__ __, __ __ __ per year

17. How many months of the year does this salary cover?

Number of months: _____

18. How many hours per week does this salary cover (not including overtime)?

Hours per week: _____

19. Currently, is your Head Start class center-based or home-based?

Center-based..... 1
Home-based..... 2

20. What is your gender?

Male 1
Female 2

21. In what year were you born? 19_____

22. Are you of Hispanic or Latino origin? (*Circle one number.*)

Yes 1
No..... 2

23. Which best describes your race? (*Circle one or more.*)

a. American Indian or Alaskan Native 1
b. Asian..... 2
c. Black or African American..... 3
d. Native Hawaiian or Other Pacific Islander... 4
e. White..... 5

THANK YOU FOR YOUR PARTICIPATION IN FACES!