



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

Spring 1998

INTRODUCTION

Westat, Abt Associates, and the CDM Group are conducting 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

Lead Teacher Background Information

1. In total, how many years have you been teaching (including all grades and preschool)?
Number of years: _____

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

3. 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

4. Which of the following best describes the highest level of education you have completed?

Eighth grade or less	01
Beyond eight grade, but not high school graduation	02
High School Equivalency (GED)	03
High School graduation.....	04
Vocational/Technical Diploma (after high school).....	05
Associate degree	06
Some college (but no degree)	07
Bachelors degree	08
Some graduate school (but no degree).....	09
Graduate degree (M.A, Ph.D.).....	10

5. (*If you attended or graduated from college or graduate school*) What was your major field of study?

	In college	In grad school
a. Early Childhood Education/Child Development.....	1	1
b. Psychology/Sociology/Education.....	2	2
c. Social Work/Social Services.....	3	3
d. Nursing/Health Care	4	4
e. Business/Management/Administrative.....	5	5
f. Other (<i>specify</i>) _____	6	6

6. Do you have a Child Development Associate (CDA) credential or a state-awarded preschool certificate?

Yes.....	1
No.....	2
Currently working on it	3

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

- Child Development Associate (CDA) degree program..... 1
- Teaching Certificate 2
- Special Education teaching degree..... 3
- Graduate degree (Master's or Ph.D) 4
- Other (*specify*) _____ 5

8. Have you participated in any of the following types of early childhood training activities during the past year? (*Answer Yes or No for each activity.*) For each Yes, indicate how many times during the past school year you attended.

		Participate?		Number of times
		Yes	No	
a.	In-service workshops/technical assistance seminars	1	2	_____
b.	Visits to other child care classes	1	2	_____
c.	Workshops in the county	1	2	_____
d.	Professional meetings/conferences at county- or state- levels	1	2	_____
e.	Professional meetings/conferences at national level.....	1	2	_____
f.	Courses in high school or vocational school.....	1	2	_____
g.	Courses in a community college	1	2	_____
h.	Courses in a four-year college.....	1	2	_____

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

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

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

\$__ __, __ __ __ per year

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

Number of months: _____

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

Hours per week: _____

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

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

14. What is your year of birth? 19_____

15. What is your gender?

- Male 1
- Female 2

16. What is your racial/ethnic background? (*Circle only one.*)

- American Indian or Alaskan Native 1
- Asian or Pacific Islander 2
- Black, non-Hispanic 3
- Hispanic 4
- White, non-Hispanic 5
- Other (*specify*)_____ 6

BELIEFS ABOUT TEACHING

17. We would like to know what you believe Head Start teachers *should do* in their classrooms. Please indicate what *you think* should be done, even if this is *not what is currently being done* in your program. Using the following scale — 1 = Strongly disagree; 2 = Disagree; 3 = Neither Agree nor Disagree; 4 = Agree; 5 = Strongly Agree — please indicate how much you agree or disagree with each statement. (*Circle one for each.*)

Head Start teachers should:	Strongly disagree	Disagree	Neither agree nor agree	Agree	Strongly agree
a. Assume that children are motivated to learn without concrete rewards	1	2	3	4	5
b. Show more interest in <i>how</i> children work and play than in what they <i>produce</i>	1	2	3	4	5
c. Give readiness tests to all children early in the year	1	2	3	4	5
d. Have formal instruction in pre-reading skills	1	2	3	4	5
e. Require children to complete all tasks and activities	1	2	3	4	5
f. Provide major parts of each day for free play.....	1	2	3	4	5
g. Require all children to take part in every activity.....	1	2	3	4	5
h. Teach children to be quiet in the classroom.....	1	2	3	4	5
i. Read stories to the class every day.....	1	2	3	4	5
j. Use manipulative materials to teach children pre-math skills	1	2	3	4	5
k. Let children solve problems on their own	1	2	3	4	5
l. Use different materials requiring fine-motor skills...	1	2	3	4	5
m. Plan time for gross-motor activities every day	1	2	3	4	5
n. Use worksheets to help children learn skills such as pre-math and pre-reading.....	1	2	3	4	5
o. Have a daily music activity.....	1	2	3	4	5
p. Allow children to be alone when they want	1	2	3	4	5
q. Have children spend most of the day in large group activities with the whole class.....	1	2	3	4	5
r. Involve parents in decisions about the daily program	1	2	3	4	5
s. Promote the language and values of children's cultures	1	2	3	4	5

BELIEFS ABOUT CLASSROOM ACTIVITIES

18. Please indicate how important you consider each of these *for your class?* (Circle one for each.)

	Not at all important	Slightly important	Somewhat important	Fairly important	Very important
a. Academic skills development	1	2	3	4	5
b. Affective or emotional development.....	1	2	3	4	5
c. Motor skills development	1	2	3	4	5
d. Social skills development	1	2	3	4	5
e. Child selected activities.....	1	2	3	4	5
f. Teacher directed activities	1	2	3	4	5
g. Parent Involvement	1	2	3	4	5

YOUR CENTER

19. We would like your opinion about the quality of the learning environment at your center. Please read the following statements and then indicate the extent to which you agree or disagree with each statements. (Circle one for each.)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Does not apply
a. Classrooms have enough space for typical learning activities	1	2	3	4	5	6
b. Classroom equipment is of good quality.....	1	2	3	4	5	6
c. Teachers have enough time to complete paperwork	1	2	3	4	5	6
d. Teachers have good quality resource materials	1	2	3	4	5	6
e. Teachers have a comfortable place to relax during breaks and to prepare instructional materials	1	2	3	4	5	6
f. The program day is long enough to provide children with enough time for learning activities.....	1	2	3	4	5	6

A DAY IN HEAD START

20. 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 classroom 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 classtime, 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

PARENT INVOLVEMENT IN HEAD START

21. How well do each of the following statements describe the *parents of the children in your class*?

Using the following scale — 1 = Does not apply to any parents; 2 = Applies to some;

3 = Applies to half the parents; 4 = Applies to most parents; 5= Applies to all parents.

	Does not apply to <i>any</i> parents in my class	Applies to <i>some</i> parents	Applies to about <i>half</i> of the parents	Applies to <i>most</i> parents	Applies to <i>all</i> parents in my class
a. Parents want to be involved in Head Start ..	1	2	3	4	5
b. Parents have the time to be involved.....	1	2	3	4	5
c. Parents work with their child on learning activities at home.....	1	2	3	4	5
d. Parents have a positive attitude about Head Start.....	1	2	3	4	5
e. Parents are easy to motivate	1	2	3	4	5
f. Parents think early education is important...	1	2	3	4	5
g. Parents feel responsible for their child's education.....	1	2	3	4	5
h. Parents believe they can help their children.....	1	2	3	4	5
i. Parents are able to help their child learn	1	2	3	4	5
j. Parents ask for your help with their children.....	1	2	3	4	5
k. Parents are honest with you	1	2	3	4	5
l. Parents trust Head Start Staff	1	2	3	4	5

PARENT PARTICIPATION IN HEAD START ACTIVITIES

22. Now, we would like to know how much *parents of children in your class* participated in Head Start activities *since school started last fall*? Please indicate whether or not the following statements apply to any, a few, half, most or all the parents in your class? (*Circle one for each.*)

	Does not apply to <i>any</i> parents in your class	Applies to <i>few</i> parents	Applies to about <i>half</i> the parents	Applies to <i>most</i> parents	Applies to <i>all</i> parents in your class	Does not apply to class/ center
a. Attended an open house.....	1	2	3	4	5	6
b. Attended a parent/teacher conference	1	2	3	4	5	6
c. Helped prepare classroom materials..	1	2	3	4	5	6
d. Helped with field trips	1	2	3	4	5	6
e. Helped with parties/served snacks	1	2	3	4	5	6
f. Helped in the library or computer lab	1	2	3	4	5	6
g. Helped in the office, cafeteria, or playground.....	1	2	3	4	5	6
h. Worked with children in the classroom	1	2	3	4	5	6
i. Helped with fundraising.....	1	2	3	4	5	6
j. Helped with newsletter	1	2	3	4	5	6
k. Helped involve other parents	1	2	3	4	5	6
l. Ate a meal in their child's class	1	2	3	4	5	6

THANK YOU FOR YOUR PARTICIPATION IN FACES!