

ENGLISH INTERVIEWS

from the MSHS Research Design
Development Project: Parent Interview,
Center/Staff Interview, and Teacher Interviews



ENGLISH



**Migrant and Seasonal Head Start Research Design
Development Project**

Parent Interview (Full)

Child ID number: _____

Child name: _____

Birth date: ____/____/____

Child gender (*circle*): F M

Name of Agency/Program: _____

Name of MSHS Center: _____ Address: _____

Parent Name/ID: _____ Child Name/ID: _____

Interview Location (CIRCLE ONE.): MSHS Center Home Other (SPECIFY) _____

Date(s): _____ Interviewer: _____

Complete

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SC. ELIGIBILITY

SC1. INDICATE WHO IS PRESENT DURING THE INTERVIEW, IN ADDITION TO RESPONDENT.
(CIRCLE ALL THAT APPLY).

- NO ONE 0
- MOTHER 1
- FATHER 2
- FOCAL CHILD..... 3
- SIBLINGS 4
- OTHER CHILDREN..... 5
- OTHER ADULTS..... 6

SC2. LANGUAGE OF INTERVIEW:

- ENGLISH..... 1
- SPANISH..... 2
- OTHER (SPECIFY) _____ 3

SC3. WILL THE INTERVIEW BE COMPLETED IN WHOLE OR IN PART WITH AN INTERPRETER?

- YES 1
- NO 2 (GO TO INTRO)

IF YES: HAVE INTERPRETER SIGN CONFIDENTIALITY FORM BEFORE
INTERVIEW

INTRODUCTION

The Migrant and Seasonal Head Start Study Design Project is a project funded by the U.S. Department of Health and Human Services (DHHS), which sponsors Migrant and Seasonal Head Start (MSHS). The project is aimed at learning about farmworker families and how Migrant and Seasonal Head Start programs are helping them meet their needs. A very important part of the study is to find out from parents about their children.

It is important to tell you that in this study we are only looking at how to study Migrant and Seasonal Head Start programs, and we can learn this by asking you some questions. But at any time if you feel that the questions we ask you do not make sense, or, that we are missing something important, please tell us. At the end of the interview, we will ask what you thought about the interview so that we can learn how to ask questions in a future study.

We assure you that all the information we collect from you and about your child will be strictly confidential. Whether or not you take part in the study will not affect the way you or your child is treated by your Migrant and Seasonal Head Start program. None of the information ever will be connected with you or your child's name. We will only divulge the information that you give us permission to and those that are required by law, such as if we learn that a child has been abused or is endangered we are obligated to report this to the appropriate authorities, which might result in official action in accordance with State Law. This interview will take about 60 minutes of your time.

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

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 0970-0262 (expires March 2007). The time required to complete this information collection is estimated to average 60 minutes per respondent, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Do you have any questions before we begin?

SC. ELIGIBILITY

First, I need to confirm the information we already have about you and [CHILD].

SC4. I have [CHILD]'s full name as _____. Is this correct? (CONFIRM SPELLING)

- YES 1 (GO TO SC6)
- NO 2 (GO TO SC5)

SC5. What is your child's correct name? (CONFIRM SPELLING)

NAME: _____

SC6. We want to interview the parent or guardian living with [CHILD] who knows the most about (his/her) care and education. Are you that person?

- YES 1 (GO TO SC8)
- NO 2 (GO TO SC7)

SC7. Who is the parent or guardian living with [CHILD] who knows the most about (his/her) care and education?

Name: _____

Address: _____

Phone: _____

TERMINATE INTERVIEW

SC8. Would you like to do this interview by yourself or with your spouse, as we would like to hear from both of you? [IF RESPONDENT SAYS "WITH SPOUSE", ASK: Is your spouse available to do it now or should we reschedule?]

- BY MYSELF 1 (GO TO SC10)
- WITH SPOUSE, NOW..... 2 (GO TO SC10)
- WITH SPOUSE, RESCHEDULE..... 3 (GO TO SC9)

SC9. When would be a convenient time for both you and your spouse?

TIME: _____ DATE: _____

THANK YOU VERY MUCH.

TERMINATE INTERVIEW

SC10. Is [CHILD] of Spanish, Hispanic, or Latino origin?

YES 1
NO 2

SC11. What is [CHILD'S] race? You may name more than one if you like. (CIRCLE ALL THAT ARE MENTIONED.)

- a. WHITE 01
- b. BLACK OR AFRICAN AMERICAN..... 02
- c. AMERICAN INDIAN OR ALASKA NATIVE 03
(SPECIFY) _____
- d. ASIAN OR PACIFIC ISLANDER 04
(SPECIFY) _____
- e. ANOTHER RACE 05
(SPECIFY) _____

A. RELATIVES AND FAMILY MEMBERS, HOUSEHOLD COMPOSITION

We want to find out about your relatives and family members, those who are living with you and [CHILD] those who are not living with you and [CHILD].

A1. First, please list the name [FIRST NAME ONLY] of the child enrolled in Migrant and Seasonal Head Start.

Second, list yourself (RESPONDENT) and the names of all family members who share INCOME and expenses and are currently living with you.

Third, list the names of all immediate family members who are living elsewhere. This should include your spouse, as well as any natural, adopted, and other children whom you support.

FOR EACH MEMBER LISTED IN QUESTION A1, ASK THE FOLLOWING QUESTIONS SUBSTITUTING THE WORD "NAME" WITH THE NAME OF THE FAMILY MEMBER.

A2. NAME is:

Male..... 0
Female..... 1

A3. What is the relationship of NAME to the [CHILD]?

Parent (birth)..... 01
Parent (adoptive)..... 02
Parent (step)..... 03
Parent (foster)..... 04
Parent's partner..... 05
Grandparent 06
Great grandparent 07
Sibling (full, half, adopted, foster)..... 08
Godparent..... 09
Aunt/uncle..... 10
Non-relative 11
Other (SPECIFY)..... 12

A4. What is (your/her/his) current marital status? [ASK ONLY FOR RESPONDENT AND SPOUSE]

MARRIED (INCL. "COMMON LAW") 1
SEPARATED 2
DIVORCED..... 3
WIDOWED 4

A5. How old is (NAME/are you) (FOR ALL LISTED IN HOUSEHOLD)?

- A6. In what month and year was [CHILD] born?
- A7. Where were (you/was NAME) born? WRITE COUNTRY AND STATE. IF FOREIGN COUNTRY, ENTER COUNTRY AND STATE/PROVINCE OR DEPARTMENT OR CITY.
- A8. IF FOREIGN BORN: In what year did (you/ NAME) first enter the U.S.A. to live or work? (IF BORN in U.S.A., mark N/A; if never entered the U.S.A., mark N/E).
- A9. Is NAME currently living with [CHILD]?
- Yes 1
No (If not, where is NAME right now? 2
RECORD LOCATION (ENTER COUNTRY AND STATE.
IF FOREIGN COUNTRY, ENTER COUNTRY AND STATE/PROVINCE
OR DEPARTMENT OR CITY.)
- A10. Have (you/has NAME) ever attended MSHS?
- Now 1
Past 2
Never 3
- A11. What is the highest grade level (you have/ NAME has) completed? [ASK ONLY FOR RESPONDENT AND SPOUSE]
- A12. In what country did (you/NAME) complete highest grade? [ASK ONLY FOR RESPONDENT AND SPOUSE]

RELATIVE AND FAMILY GRID (CONTINUED)
[INCLUDE ALL MSHS CHILD'S HOUSEHOLD MEMBERS:
NUCLEAR FAMILY AND RELATIVES, CURRENTLY RESIDING OR NOT WITH MSHS CHILD]

A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12
NAME [CONTINUATION. ALL OTHER MEMBERS. FIRST NAME ONLY]	GENER	RELATION TO MSHS CHILD [CODE]	MARITAL STATUS	AGE	BIRTH DATE (DD/MM/YY) [ONLY FOR MSHS CHILD]	PLACE OF BIRTH (COUNTRY AND STATE)	FIRST ENTERED THE U.S.A (MM/YY)	CURRENTLY LIVING WITH CHILD? IF NOT, WHERE? [COUNTRY/STATE]	HAS (EVER) ATTENDED MSHS?	HIGHEST GRADE LEVEL?	COUNTRY SCHOOL
	M F								NOW 01 PAST 02 NEVER.....03		
	M F								NOW 01 PAST 02 NEVER 03		
	M F								NOW 01 PAST 02 NEVER 03		
	M F								NOW 01 PAST 02 NEVER 03		
	M F								NOW 01 PAST 02 NEVER 03		
	M F								NOW 01 PAST 02 NEVER 03		
CODES FOR A3 RELATIONSHIP: 01=PARENT (BIRTH) 05=PARENT'S PARTNER 09=GODPARENT10=AUNT/UNCLE 02=PARENT (ADOPTIVE) 06=GRANDPARENT07=GRE 11=NON-RELATIVE 03=PARENT (STEP) ATGRANDPARENT 12= OTHER: SPECIFY 04=PARENT (FOSTER) 08=SIBLING (FULL, HALF, ADOP, FOST)								CODES FOR A11 (TYPE OF EDUCATION): 0= DID NOT ATTEND 4=UNIVERSITY 1=PUBLIC SCHOOL 5=ADULT EDUCATION 2=MIGRANT EDUCATION 6=OTHER: SPECIFY 3=MIGRANT/HEAD START			

B. HOUSING AND LIVING ARRANGEMENTS

Now I would like to ask you about other people who live in the same house with [NAME OF MSHS CHILD] but who do not share the income or expenses with you.

B. HOUSEHOLD INFORMATION. OTHERS <u>NOT LISTED</u> IN SECTION A (HOUSEHOLD AND FAMILY GRID) WHO LIVE WITH MSHS CHILD			
B1. Other than those you have already mentioned, how many other people live in the same house with [NAME OF MSHS CHILD]?			
_____ (individuals)			
Out of those [TOTAL ABOVE], how many...		B2.	B3.
		How many are [MSHS CHILD]'s relatives	How many attend MSHS?
(a) ...are adults?	_____	_____	
(b) ...6 yrs old or younger?	_____	_____	_____
(c) ...you do not know their ages?	_____	_____	

B4. Currently in what type of living quarters does [CHILD] live now (housing structure at this location)? *[READ CHOICES. MARK ONLY ONE]:*

... Is it a ...

- Mobile home? 01
 - Single-family home [detached]? 02
 - Town home, duplex, etc. [attached]? 03
 - Apartments [two or more in a building]? 04
 - Dormitory or barracks? 05
 - Campsite or tent? 06
 - Motel or hotel? 07
 - Without shelter ["homeless." Includes "sleeping in a car"]? 08 (SKIP TO SECTION C)
 - Other 09
- (SPECIFY) _____

B5. What type of payment arrangement do you have for your living quarters? (PROBE: How do you pay?) [IF PAYMENT IS ONLY FOR UTILITIES, CONSIDER IT FREE. DO NOT READ CHOICES. MARK ONLY ONE]:

- I RECEIVE FREE HOUSING FROM MY EMPLOYER 01
- I PAY FOR HOUSING PROVIDED BY MY EMPLOYER. (I PAY DIRECTLY OR THROUGH WAGE DEDUCTION) 02
- I PAY FOR HOUSING PROVIDED BY THE GOVERNMENT, A CHARITY, OR NON-WORK RELATED INSTITUTION 03
- FREE HOUSING. (I OR FAMILY MEMBER OWN THE HOUSE OR LIVE FOR FREE WITH FRIENDS OR RELATIVES) 04
- I RENT FROM NON-EMPLOYER (RELATIVE OR NON-RELATIVE)..... 05
- I AM BUYING MY HOUSE 06
- OTHER 07
(SPECIFY) _____

B6. Where are your living quarters located? [READ CHOICES. MARK ONLY ONE]: ...

- Off farm?..... 01
- On farm?..... 02
- Other? 03
(SPECIFY)_____

B7. In your current living quarters, how many rooms are used for sleeping?

|_|_|
ROOMS

B8. How many people in total sleep in these rooms?

|_|_|
PERSONS

VERIFY RESPONSE BY ADDING TOTAL NUMBER GIVEN IN HOUSEHOLD GRID PLUS TOTAL IN B1. IF ANSWERS DO NOT MATCH, MAKE APPROPRIATE CHANGES

B9. Do you have access to working kitchen facilities in this house/these living quarters, such as: (READ CHOICES, CIRCLE ALL THAT APPLY)

- Kitchen sink with piped water ... 1
- Refrigerator?..... 2
- Range or cook stove? 3
- None? 4

B10 Do you have access to working bathing facilities in this house/these living quarters, such as: (CIRCLE ALL THAT APPLY)

- Bathroom sink with piped water? 1
- Shower or tub with piped water? 2
- Toilet with piped water? 3
- None? 4

B11. At this location how much do you pay for housing (including housing for you and your family, if they live with you)?

\$|_|_|_| DAY / WEEK / MONTH

- DON'T KNOW, TAKEN OUT OF MY PAYCHECK 92
- DON'T KNOW/DON'T REMEMBER, BUT NOT
TAKEN OUT OF MY PAYCHECK..... 93
- OTHER (SPECIFY) _____ 94

C. LANGUAGE USAGE AND LITERACY

- C1. LANGUAGES LIST
- C2. How well do you speak English?
1 = Not at all
2 = Somewhat
3 = Well
- C3. How well do you read English?
1 = Not at all
2 = Somewhat
3 = Well
- C4. When you were a child, in what languages did adults speak to you at home?
[MARK/CHECK RESPONSES FROM LANGUAGES LISTED IN C1]
- C5. Now, as an adult, what languages do you speak?
[MARK/CHECK RESPONSES FROM LANGUAGES LISTED IN C1]
- C6. How well do you speak it? [LANGUAGE MARKED/CHECKED IN C5]
1= A little
2= Somewhat
3= Well
- C7. How well do you read it? [LANGUAGE MARKED/CHECKED IN C5]
1= A little
2= Somewhat
3= Well
- C8. At home, including all your relatives, what languages are spoken to [CHILD]? [CHECK ALL THAT APPLY FROM C1]
- C9. At MSHS, in what languages do teachers and aides speak to [MSHS CHILD]? [CHECK ALL THAT APPLY FROM C1]
- C10. At MSHS Center, is someone ALWAYS available and able to speak to you in (Languages in C5. C6= Well)?

C. PARENT DEMOGRAPHICS, LANGUAGE USAGE AND LITERACY

	C1.	C2.	C3.	C4.	C5.	C7.	C8.	C9.	C10.
		How well do you speak English?	How well do you read English?	When you were a child, in what languages did adults speak to you at home? [CHECK ALL THAT APPLY]	And now, as an adult, what languages do you speak? [CHECK ALL THAT APPLY]	How well do you read it (in C14)? 1= A little 2= Somewhat 3= Well	At home, including all your relatives, what languages are spoken to (MSHS CHILD)? [CHECK ALL THAT APPLY]	At MSHS, in what languages do teachers and aides speak to [MSHS CHILD]? [CHECK ALL THAT APPLY]	At MSHS Center, is someone ALWAYS available and able to speak to you in (Languages in C5. C6= Well)?
					C6 [EACH CHECKED, ASK]: How well do you speak <u>it</u> ?				
1	English	1= Nothing 2= Somewhat 3= Well	1= Nothing 2= Somewhat 3= Well	English		1= A little 2= Somewhat 3= Well	1=Nothing 2= A little 3= Somewhat 4= Well		1 = YES 2 = NO
2	Spanish			Spanish		1= A little 2= Somewhat 3= Well	1=Nothing 2= A little 3= Somewhat 4= Well		1 = YES 2 = NO
3	Creole			Creole		1= A little 2= Somewhat 3= Well	1=Nothing 2= A little 3= Somewhat 4= Well		1 = YES 2 = NO
5	Mixtec			Mixtec		1= A little 2= Somewhat 3= Well	1=Nothing 2= A little 3= Somewhat 4= Well		1 = YES 2 = NO
6	Kanjobal			Kanjobal		1= A little 2= Somewhat 3= Well	1=Nothing 2= A little 3= Somewhat 4= Well		1 = YES 2 = NO
7	Zapotec			Zapotec		1= A little 2= Somewhat 3= Well	1=Nothing 2= A little 3= Somewhat 4= Well		1 = YES 2 = NO
9	Other: (ESPECIFY)			Other: (ESPECIFY)		1= A little 2= Somewhat 3= Well	1=Nothing 2= A little 3= Somewhat 4= Well		1 = YES 2 = NO

D. PARENT EMPLOYMENT

Now, I'd like to learn about the work that (you/father/mother) have done during the past year, that is, since (month) of 2003. Let's start with (month) 2003 and work up to right now.

D1. When did you first do any farm work in the U.S. that is, what MONTH and YEAR?

|_|_|_| / |_|_|_|
MONTH YEAR

D2. Approximately how many total years have you done more than two weeks (per year) of farmwork in the U.S.?

|_|_|_|
YEARS

D3. With your current employer, do you work by season or year-round?

- ALL YEAR..... 1 (GO TO D5)
- BY SEASONS..... 2
- DON'T KNOW (FIRST TIME) 8 (GO TO D5)

D4 Does the employer keep in contact with (you/NAME IN D1) about working again next season? (READ ITEMS AND CIRCLE ALL THAT APPLY.)

- a. Yes, before leaving this location at the end of the season 01
- b. Yes, by letter 02
- c. Yes, by phone 03
- d. Yes, by someone else 04
- e. No, you contact employer 05
- f. Do not know; have not worked for this employer before 06
- g. Other 07
(SPECIFY) _____

D5. Last year - in **2003** – what was **YOUR TOTAL INCOME** from all types of work **YOU** did in the U.S., in U.S. dollars? (U.S. EARNINGS ONLY FOR **FW** AND **NF**) (READ OR SHOW CHOICES. MARK ONLY ONE.)

\$ _____

OR

- DID NOT WORK AT ALL IN **2003** 00
- less than 500 01
- 500 to 999..... 02
- 1,000 to 2,499..... 03
- 2,500 to 4,999..... 04
- 5,000 to 7,499..... 05
- 7,500 to 9,999..... 06
- 10,000 to 12,499..... 07
- 12,500 to 14,999..... 08
- 15,000 to 17,499..... 09
- 17,500 to 19,999..... 10
- 20,000 to 24,999..... 11
- 25,000 to 29,999..... 12
- 30,000 to 34,999..... 13
- 35,000 to 39,999..... 14
- Over 40,000 15
- DON'T REMEMBER (DON'T KNOW)..... 98

D6. How much of that income was from AGRICULTURAL EMPLOYMENT? (U.S. EARNINGS ONLY) (READ/SHOW CHOICES. MARK ONLY ONE.)

\$ _____

OR

- DID NOT WORK IN **FW** in **2003** 00
- Under 500 01
- 500 to 999..... 02
- 1,000 to 2,499..... 03
- 2,500 to 4,999..... 04
- 5,000 to 7,499..... 05
- 7,500 to 9,999..... 06
- 10,000 to 12,499..... 07
- 12,500 to 14,999..... 08
- 15,000 to 17,499..... 09
- 17,500 to 19,999..... 10
- 20,000 to 24,999..... 11
- 25,000 to 29,999..... 12
- 30,000 to 34,999..... 13
- 35,000 to 39,999..... 14
- Over 40,000 15
- DON'T REMEMBER (DON'T KNOW)..... 98

D7. Last year - in **2003** - what was your **family's total income** earned in the U.S., in U.S. dollars? (U.S. EARNINGS **FW** AND **NF** FOR ALL IN "FAMILY GRID") (READ OR SHOW CHOICES. MARK ONLY ONE.)

\$ _____

OR

- WE DID NOT WORK AT ALL IN **2003** 00
- Under 500 01
- 500 to 999 02
- 1,000 to 2,499 03
- 2,500 to 4,999 04
- 5,000 to 7,499 05
- 7,500 to 9,999 06
- 10,000 to 12,499 07
- 12,500 to 14,999 08
- 15,000 to 17,499 09
- 17,500 to 19,999 10
- 20,000 to 24,999 11
- 25,000 to 29,999 12
- 30,000 to 34,999 13
- 35,000 to 39,999 14
- Over 40,000 15
- DON'T REMEMBER (DON'T KNOW) 98

D8. Does any disability or health problem keep you from **doing farm work**?

- YES 1
- NO 2

D9. Does any disability or health problem keep your spouse/partner from **doing farm work**?

- YES 1
- NO 2

INTERVIEWER

IF RESPONDENT HAS ANY DISABILITY (YES ON D8)
THAT KEEPS HIM/HER FROM WORKING,
COMPLETE THE NEXT SECTION (WORK AND MIGRATION GRID)
IN REFERENCE TO THE SPOUSE OR PARTNER.]

**E. WORK AND MIGRATION ONE YEAR PRIOR
(ONE YEAR PRIOR TO DATE OF INTERVIEW)**

COMPLETE ATTACHED GRID, LISTING ALL TIME PERIODS AND PLACES.
WHERE RESPONDENT WORKED, NOT WORKED OR TRAVEL ABROAD,
ANSWER THE FOLLOWING QUESTIONS FOR EACH PERIOD.

AFTER COMPLETING RESPONDENT'S SECTION (SHADED AREA)
IF RESPONDENT HAS ANY DISABILITY (YES ON D8)
THAT KEEPS HIM/HER FROM WORKING, COMPLETE THIS SECTION
(WORK AND MIGRATION GRID) IN REFERENCE TO THE SPOUSE.

Now, let's talk about all the places and times **you** [MAIN RESPONDENT] have worked, not worked or travel abroad in the past year, beginning with right now and working back.

- E1. Period [USED BY INTERVIEWER TO ORDER CHRONOLOGICAL TIME-PERIODS]
- E2. Type of work. FW=Farm Work; NF=Non-Farm Work; NW=No Work
- E3. What is the name of the employer? [For FW and NF in E2]
- E4. (If FW) What crop are/were you working in?
- E5A. What date did you start? (Month/Year) [FW, NF, NW or AB]
- E5B. Date stop/leave (Month/Year)
- E6. City and State (FW, NW, NF). If AB, ask for COUNTRY AND STATE. IF FOREIGN COUNTRY, ENTER COUNTRY AND STATE/PROVINCE OR DEPARTMENT OR CITY.
- E7. (At this location) Was MSHS Child with you?
- N = Never
P = Partial
A = Always
- E8. [IF NEVER IN E7], Where was [CHILD]? [CITY AND STATE. IF AB, ASK FOR COUNTRY AND STATE. IF FOREIGN COUNTRY, ENTER COUNTRY AND STATE/PROVINCE OR DEPARTMENT OR CITY.]
- E9a. In this location, was [CHILD] enrolled in MSHS?
- E9b. IF YES IN E9a, ASK: How did you find out about it? (USE CODES)
- E9c. While you were (at location) (did you/do you have) (other) kinds of childcare arrangements? (USE CODES) While you were (at location) what kind of child care did [CHILD] receive? [USE CODES]

WORK AND MIGRATION GRID

CENTER ID PARENT ID

[DOCUMENT ONLY 12 MONTHS OF WORK HISTORY COVERING FROM ONE YEAR AGO TO TODAY'S DATE]

MAIN RESPONDENT

E1	E2	E3	E4	E5		E6	E7	E8	E9a	E9b	E9c
PERIOD	FW NF NW AB	EMPLOYER (FOR ALL JOBS: FW, NF AND AB)	IF "FW" IN D3: LIST CROP	DATES FOR PERIODS OF FW, NF, NW, AB		CITY/STATE FOR FW, NF AND NW [IF AB, ASK FOR STATE AND COUNTRY]	MSHS CHILD WITH YOU? N=NEVER P=PARTIAL A=ALWAYS	(IF N IN E7, ASK) WHERE WAS MSHS CHILD? [ENTER CITY/STATE. IF AB, STATE AND COUNTRY]	CHILD ENROLLED IN MSHS?	IF YES IN D9. HOW DID R FOUND OUT ABOUT IT (SEE CODES)	(OTHER) KIND OF CHILD CARE (SEE CODES)
				A	B						
				FROM:	TO:						
	FW NF NW AB						N P A		Y N		
	FW NF NW AB						N P A		Y N		
	FW NF NW AB						N P A		Y N		
	FW NF NW AB						N P A		Y N		
	FW NF NW AB						N P A		Y N		
	FW NF NW AB						N P A		Y N		
	FW NF NW AB						N P A		Y N		

CODES FOR E9b	CODES FOR E9c
1= ON MY OWN 2= THROUGH STAFF AT THE PREVIOUS MSHS CENTER 3= THROUGH MSHS STAFF AT CURRENT LOCATION 4= THROUGH ORGANIZATIONS AT THIS LOCATION 5= THROUGH FRIENDS OR RELATIVES 6= THROUGH EMPLOYER (GROWER, CONTRACTOR, CREW CHIEF) 7= OTHER (SPECIFY: _____) 8= NOT APPLICABLE – NOT AWARE OF MSHS CENTER OR NO CENTER IN CURRENT LOCATION	01= AT HOME, CARED FOR BY PARENT(S) 02= AT HOME, CARED BY RELATIVE 03= AT HOME, CARED BY NON-RELATIVE 04= RELATIVE'S HOME 05= FRIEND'S/NEIGHBOR'S HOME 06= FAMILY DAY CARE HOME 07= ABROAD (SPECIFY LOCATION: _____) 08= OTHER (SPECIFY)

E10. And the year before last (YEAR BEFORE THE ONE COVERED IN THE PREVIOUS GRID), from (MONTH AND YEAR) until (month) of last year, how many times did you travel or move...and to what locations?

NAME OF CITY	NAME OF STATE [IF AB, ENTER NAME OF COUNTRY]	TYPE OF WORK [CIRCLE ALL THAT APPLY]
		FW NF NW AB
		FW NF NW AB
		FW NF NW AB
		FW NF NW AB

INTERVIEWER

ASK E11 TO E13 ONLY IF RESPONDENT MIGRATED WITH MSHS CHILD TO DO FARM WORK AT THIS LOCATION. ELSE, GO TO E14.

E11. What type of transportation did you and your family use to travel to this location? (CIRCLE ALL THAT APPLY)

- Personal vehicle 1
- Contractor (Crew Leader)..... 2
- Rode with friend or relative..... 3
- Bus..... 4
- Train..... 5
- Airplane..... 6
- Other (SPECIFY: _____) 7

E12. Who did you travel with? (CIRCLE ALL THAT APPLY)

- Family members 1
- Contractor (Crew Leader)..... 2
- Other coworkers 3
- By myself 4
- Other (SPECIFY: _____) 5

E13. How much did you spend to travel to this location?

\$ _____

E14. Are you planning to move or travel to another location?

- YES..... 1
- NO 2 (GO TO E22)
- DK..... 8 (GO TO E22)

**E15. FUTURE WORK AND MIGRATION
(SIX MONTHS AFTER DATE OF INTERVIEW)**

COMPLETE ATTACHED GRID, LISTING ALL TIME PERIODS AND PLACES. WHERE RESPONDENT WORKED, NOT WORKED OR TRAVEL ABROAD, ANSWER THE FOLLOWING QUESTIONS FOR EACH PERIOD.

Now, let's talk about all the places and times YOU [MAIN RESPONDENT] may move or travel to do farm work, non-farm work or abroad in the next six months.

E15. Period [USE BY INTERVIEWER TO ORDER CHRONOLOGICAL TIME-PERIODS]

E16A-B. From what dates to what dates will you be in another location? Date of arrival and departure (DD/MM)

E17. Type of work. FW=Farm Work; NF=Non-Farm Work; NW=No Work AB=Abroad

E18. City and State (FW, NW, NF). If AB, ask for COUNTRY AND STATE. IF FOREIGN COUNTRY, ENTER COUNTRY AND STATE/PROVINCE OR DEPARTMENT OR CITY.

E19. At this location, will child attend MSHS?

E20 [IF YES IN E20], How will you contact MSHS Center at this location? (USE CODES)

E21. [IF NO IN E20], What kind of child care will [CHILD] receive? (USE CODES)

FUTURE WORK AND MIGRATION GRID

CENTER ID PARENT ID
**[DOCUMENT WORK HISTORY FROM DAY OF INTERVIEW OR TODAY'S DATE FORWARD TO UP
 TO SIX MONTHS]**

E15	E16		E17	E18	E19	E20	E21
PERIOD	DATES FOR PERIODS OF FW, NF, NW, AB		FW NF NW AB	CITY/STATE FOR FW, NF AND NW [IF AB, ASK FOR STATE AND COUNTRY]	WILL MSHS CHILD ATTEND MSHS?	HOW WILL YOU CONTACT MSHS CENTER AT [THIS] NEXT LOCATION? [SEE CODES]	(IF "NO" TO "E19," ASK) WHAT KIND OF CHILD CARE? [SEE CODES]
	A	B					
	FROM	TO:					
			FW NF NW AB		YES		
					NO		
					DK		
			FW NF NW AB		YES		
					NO		
					DK		
			FW NF NW AB		YES		
					NO		
					DK		
			FW NF NW AB		YES		
					NO		
					DK		
CODES FOR E20				CODES FOR E21			

1=	ON MY OWN	01=	AT HOME. CARED BY PARENT(S)
2=	THROUGH STAFF AT THE CURRENT MHS CENTER	02=	AT HOME, CARED BY RELATIVE
3=	THROUGH ORGANIZATIONS IN PRIOR LOCATION	03=	AT HOME, CARED BY NON-RELATIVE
4=	THROUGH ORGANIZATIONS IN NEW LOCATION	04=	RELATIVE'S HOME
5=	THROUGH FRIENDS OR RELATIVES	05=	FRIEND'S/NEIGHBOR'S HOME
6=	THROUGH EMPLOYER (GROWER, CONTRACTOR, CREW CHIEF)	06=	FAMILY DAY CARE HOME
7=	I WILL WAIT FOR SOMEONE TO CONTACT ME	07=	ABROAD.
8=	WILL NOT CONTACT SPECIFY REASON:	08=	DO NOT KNOW
9=	OTHER SPECIFY:	09=	OTHER. SPECIFY

E22. HEALTH INSURANCE

E22. Who has Health Insurance in your family (in the U.S.A.)? ... How about...	E22b. Health insurance?	E22c. Who pays for it? [USE CODES. MARK ALL THAT APPLY]	E22d. Why not (insurance)? [SEE CODES]
...you?	YES 1 NO 2 DON'T KNOW 3	I pay 1 My spouse 2 My employer 3 My spouse's employer 4 Government 5 Other 6	
...your spouse/ partner?	YES 1 NO 2 DON'T KNOW 3	I pay 1 My spouse 2 My employer 3 My spouse's employer 4 Government 5 Other 6	
...[MSHS CHILD]?	YES 1 NO 2 DON'T KNOW 3	I pay 1 My spouse 2 My employer 3 My spouse's employer 4 Government 5 Other 6	
...other children?	YES 1 NO 2 DON'T KNOW 3	I pay 1 My spouse 2 My employer 3 My spouse's employer 4 Government 5 Other 6	
CODES FOR E22d			
1= DO NOT HAVE PAPERS (NO U.S.A. LEGAL STATUS) 2 = TOO EXPENSIVE, CANNOT AFFORD IT 3 = DO NOT KNOW HOW TO OBTAIN IT		4 = APPLIED TO GOVERNMENT INSURANCE, BUT WAS DENIED. 5 = OTHER. SPECIFY	

F. PARTICIPATION IN MIGRANT AND SEASONAL HEAD START

Now let's talk about Migrant and Seasonal Head Start.

F1. How did you and [CHILD] first find out about **this** Migrant and Seasonal Head Start program?
(CIRCLE ONLY ONE ANSWER.)

- ON MY OWN 01
 - THROUGH REFERRAL FROM PREVIOUS MSHS CENTER 02
 - FAMILY/FRIEND/OTHER PARENTS 03
 - REFERRAL FROM ANOTHER AGENCY 04
 - MIGRANT AND SEASONAL HEAD START CAME TO VISIT
THE FIELD 05
 - MIGRANT AND SEASONAL HEAD START CAME TO VISIT
AT OUR HOME 06
 - THROUGH EMPLOYER 07
 - FLYER/MAILING 08
 - OTHER (SPECIFY) 09
-

F2. Was there a waiting period before [CHILD] was able to enroll in that Migrant Head Start program?

- YES 01
- NO 02 (GO TO F6)
- DON'T KNOW..... 08 (GO TO F6)

F3. Why was there a waiting period before [CHILD] was able to enroll?

- ARRIVED BEFORE THE PROGRAM STARTED 01
- ALL SLOTS WERE FULL (I.E., TOO MANY CHILDREN
ALREADY IN PROGRAM) 02
- STAFF WAS CHECKING MY ELIGIBILITY 03
- OTHER (SPECIFY): _____ 04
- DON'T KNOW..... 08

F4. How long was the waiting period?

-
- DAYS..... 01
 - WEEKS..... 02
 - MONTHS 03
 - YEARS 04

F5. During the waiting period, who provided child care for [CHILD]?

- HOME ALONE..... 01
 - CARED FOR AT HOME BY PARENT OR SIBLING 18 YEARS OR OLDER 02
 - CARED FOR BY SIBLING 17 YEARS OR YOUNGER 03
 - TAKEN TO WORK WITH PARENT 04
 - CARED FOR BY RELATIVES OR NEIGHBOR/BABY-SITTER 05
 - ATTENDING ANOTHER DAY CARE PROGRAM 06
 - OTHER 07
- SPECIFY: _____

F6. When did [CHILD] start attending this Migrant and Seasonal Head Start Center?

|_|_| / |_|_|
MONTH YEAR

F7. Is this [CHILD'S] first time in Migrant and Seasonal Head Start?

- YES 01 (GO TO F11)
- NO 02
- DK..... 08

F8. Do you remember the name of the first place (he/she) attended Migrant and Seasonal Head Start and where it was located?

NAME OF CENTER: _____

ADDRESS OF CENTER: _____

F9. When did [CHILD] first go to **any** Migrant and Seasonal Head Start program—what month and year?
[PROBE IF NEEDED: How old was (he/she) then?]

|_|_| / |_|_|
MONTH YEAR

F10. Approximately how long altogether has [CHILD] gone to any Migrant and Seasonal Head Start program—how many months or years altogether?

|_|_| / |_|_|
MONTHS YEARS

DON'T KNOW 98

F11. Before enrolling [CHILD] at this MSHS Center, had you ever applied to any other MSHS but could not enroll [CHILD]?

- YES 01
- NO 02 (GO TO F13)
- DK..... 08 (GO TO F13)

F12. Why were you not able to enroll [CHILD]?

- CENTER DID NOT HAVE "SPACE" 01
- WE DID NOT QUALIFY, EXCEEDED (LOW) INCOME REQUIREMENT 02
- WE DID NOT MIGRATE..... 03
- WE DID NOT DO FW OR ENOUGH FW 04
- OTHER 05
- (SPECIFY): _____

F13. How does [CHILD] usually get to and from the Migrant Head Start center? (CIRCLE UP TO 2 RESPONSES.)

- MIGRANT HEAD START BUS..... 01
- MIGRANT HEAD START STAFF PERSON DRIVES HIM/HER (PRIVATELY) 02
- FATHER OR MOTHER DRIVES HIM/HER 03
- FRIEND OR RELATIVE DRIVES HIM/HER..... 04
- MY OR MY SPOUSE'S EMPLOYER (CONTRACTOR, GROWER) DRIVES HIM/HER 05
- PUBLIC TRANSPORTATION (BUS, TROLLEY) 06
- WALK..... 07
- OTHER 08
- SPECIFY: _____
- DON'T KNOW..... 98

F14		(IF YES, ASK and check) How often does that happen?					
Do you receive information from the MSHS Center about (MSHS Child) or programs activities...							
		a	b	c	d	e	f
		Daily	>2 per Week	Weekly	Every other week	Monthly	Other? (SPECIFY):
A	... in person at the Center? YES1 NO2						
B	... in person at home? YES1 NO2						
C	...by telephone? YES1 NO2						
D	...in writing? YES1 NO2						

F15. Since [CHILD] started attending this Migrant and Seasonal Head Start program, have you (or [CHILD]'s (other parent/guardian)... (FIRST ASK FIRST COLUMN, AND THEN GO BACK AND ASK HOW MANY DAYS FOR EACH YES)

	YES	NO	IF YES, How many days?
a. Attended a general Migrant and Seasonal Head Start meeting, for example, an open house or a meeting of a parent-teacher organization?	1	2	# OF DAYS _____
b. Gone to a regularly scheduled parent-teacher conference with (child)'s teacher?.....	1	2	# OF DAYS _____
c. Attended a Migrant and Seasonal Head Start program or class event, such as a play, fair, or sports event because of (child)?	1	2	# OF DAYS _____
d. Acted as a volunteer in a Migrant and Seasonal Head Start classroom or served on a committee or parent policy council?	1	2	# OF DAYS _____
e. Chaperoned a field trip of [CHILD]'s class	1	2	# OF DAYS _____
f. Helped with facility: repair, gardening, and painting....	1	2	# OF DAYS _____
g. Helped in kitchen or menu-planning.....	1	2	# OF DAYS _____
h. Helped in a fundraising drive for MSHS program.....	1	2	# OF DAYS _____
i. Donated money, materials or goods to the MSHS program	1	2	# OF DAYS _____

F16. CHILD CARE ARRANGEMENTS

Now I'd like to ask you some questions about any child care arrangements, other than Migrant and Seasonal Head Start, that you use for [CHILD]. This does not include babysitting used for social activities like going out in the evening.

F16. Do you use any child care arrangements, other than Migrant and Seasonal Head Start, for [CHILD]?

YES 0
NO 0 (GO TO F18)

F17. (CHILD CARE ARRANGEMENTS OTHER THAN MSHS) Please tell me about these other child care arrangements and who takes care of [CHILD].

PROBE: Where do you go? How do you pay for it? How much do you pay? How many hours in the last month was [MSHS CHILD] in this care?

a		b.	c.	d.	e.
ARRANGEMENT		LOCATION	TYPE OF PAYMENT	AMOUNT (\$)	TOTAL # HOURS LAST MONTH?
01=RELATIVE OTHER THAN PARENT 02=NON-RELATIVE 03=GROUP DAYCARE HOME	04=DAYCARE CENTER, CHILDCARE CENTER, or PRESCHOOL 05=DO NOT USE 06=OTHER	01=CHILD HOME 02=RELATIVE HOME 03=FRIEND OR NEIGHBOR'S HOME 04=MIGRANT AND SEASONAL HEAD START 05=OTHER	01= PER HOUR 02= PER DAY 03= PER WEEK 04=PER MONTH 05=FREE		
01=RELATIVE OTHER THAN PARENT 02=NON-RELATIVE 03=GROUP DAYCARE HOME	04=DAYCARE CENTER, CHILDCARE CENTER, or PRESCHOOL 05=DO NOT USE 06=OTHER	01=CHILD HOME 02=RELATIVE HOME 03=FRIEND OR NEIGHBOR'S HOME 04=MIGRANT AND SEASONAL HEAD START 05=OTHER	01= PER HOUR 02= PER DAY 03= PER WEEK 04=PER MONTH 05=FREE		
01=RELATIVE OTHER THAN PARENT 02=NON-RELATIVE 03=GROUP DAYCARE HOME	04=DAYCARE CENTER, CHILDCARE CENTER, or PRESCHOOL 05=DO NOT USE 06=OTHER	01=CHILD HOME 02=RELATIVE HOME 03=FRIEND OR NEIGHBOR'S HOME 04=MIGRANT AND SEASONAL HEAD START 05=OTHER	01= PER HOUR 02= PER DAY 03= PER WEEK 04=PER MONTH 05=FREE		

F18. During the time [CHILD] has been enrolled at the MSHS center, how many **days** has [CHILD] been taken to the **field** (work) because you could not make arrangements for child care?

DAYS

F19. In the **last month**, how many days did (you/[CHILD'S] mother (or father?)) have to **stay home** from work because there was nobody to take care of (him/her).

|_|_|
DAYS

G. ACTIVITIES WITH YOUR CHILD

Now I have some questions about activities you may do with [CHILD]. Before I begin, I just want to remind you that, as was stated on the Parental Consent Form, the information that we collect from you is strictly confidential, with the one exception that if we learn that a child has been abused or endangered, we are required to report this to the appropriate authorities.

**ASK G1-G2-G3 IF CHILD IS AGE 1 OR OLDER;
ELSE GO TO G4.**

G1. How many times have you or someone in your family *read* to [CHILD] in the past *week*? Would you say... (Circle one response)

PROBE: Just family reading—i.e., not including any reading done at Migrant and Seasonal Head Start.

(SHOW RESPONSE CARD A)

- Not at all, 01
- Once or twice,..... 02
- Three or more times, or..... 03
- Every day?..... 04

G2. About how much time do you or other family members spend reading to [CHILD] in *Spanish*?

PROBE: About how many minutes per sitting?

|_|_|_|_|
MINUTES IN SPANISH

G3. About how much time do you or other family members spend reading to [CHILD] in *English*?

PROBE: About how many minutes per sitting?

|_|_|_|_|
MINUTES IN ENGLISH

G4. *In the past week, have you or someone in your family done the following things with [CHILD]?*

READ EACH ITEM BELOW. BOLDED ITEMS ARE TO BE ASKED ONLY OF PARENTS OF CHILDREN 2 OR OLDER

In the past week, have you or someone in your family....

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>NA</u>	<u>ONE OR TWO TIMES</u>	<u>THREE OR MORE</u>
a. Played with toys or indoor games?.....	1	2	8	9	1	2
b. Played any game or sport together?	1	2	8	9	1	2
c. Sung to or with (him/her) songs or music?	1	2	8	9	1	2
d. Told (him/her) a story?	1	2	8	9	1	2
e. Helped (him/her) learn letters, words, or numbers?	1	2	8	9	1	2
f. Played counting games like singing songs with numbers or reading books with numbers?	1	2	8	9	1	2
g. Talked about TV, radio programs, or videos?	1	2	8	9	1	2
h. Talked about what happened in Head Start?	1	2	8	9	1	2
i. Cooked or prepared a meal together?	1	2	8	9	1	2
j. Watched a children's movie together?	1	2	8	9	1	2

G5. What other activities have you or anyone in your family done with [CHILD] in the past month?

(SPECIFY) _____

(SPECIFY) _____

(SPECIFY) _____

**ASK G6 IF CHILD IS AGE 3 OR OLDER;
 ELSE GO TO G7.**

G6. In the past month, that is since [(MONTH)/(DAY)], has anyone in your family done the following things with [CHILD]?

	<u>YES</u>	<u>NO</u>
a. Talked with [CHILD] about (his/her) family history or stories about the family?	1	2
b. Attended family functions or events such as a quinceañera, a birthday party, a wedding, or a christening?	1	2
c. Attended an event sponsored by a community or ethnic group?	1	2
d. Taken [CHILD] to watch sports or a game such as soccer?..	1	2
e. Attended a church activity or church school?	1	2

G7. Which of the following do you have in the residence where you are staying now?

	SPANISH		ENGLISH	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
a. Comic books	1	2	1	2
b. Books or magazines for children	1	2	1	2
c. Magazines for adults, like <i>Vanidades</i> , <i>Selecciones</i>	1	2	1	2
d. Newspapers	1	2	1	2
e. Religious books like a bible or prayer book	1	2	1	2
f. Other books like novels or biographies or non-fiction.....	1	2	1	2
g. Adult comic books / Fotonovelas	1	2	1	2

G8. HOUSEHOLD RULES

ASK G8 TO G11 IF CHILD IS AGE 2 OR OLDER; ELSE GO TO SECTION H

Now I'd like to ask you a few questions about rules and routines for [CHILD] where you are currently living.

G8. Does your child watch Spanish and/or English TV programs? (CIRCLE ALL THAT APPLY.)

- SPANISH..... 1
- ENGLISH..... 2
- OTHER 3
(SPECIFY)_____
- DOES NOT WATCH TV..... 4 (GO TO G10)

IF CHILD DOES NOT WATCH TV AT ALL, GO TO G10

G9. In your home, are there rules or routines about. . .

YES NO

- a. What TV programs [CHILD] can watch? 1 2
- b. How many hours [CHILD] can watch TV? 1 2

G10. Do you have rules or routines about....

- c. What kinds of food [CHILD] eats? 1 2
- d. What time [CHILD] goes to bed? 1 2
- e. What chores [CHILD] does? 1 2

G11. Sometimes children behave pretty well and sometimes they don't. Which of the following do you do to discipline or punish [CHILD]? [FIRST COMPLETE ASKING ALL OPTIONS ON "A"]

	A	B	C
	[FIRST READ ALL OPTIONS, THEN ASK "C" FOR EACH YES ON "B"]	YES [[FOR EACH "YES" RESPONSE, ASK]: On average, how many times a week do you ...("Yes" item on "A") (TIMES PER WEEK)
1	Send child to corner?		
2	Send child to room?		
2	"Time out?"		
3	Spanking?		
4	Cut TV time?		
5	Withdraw toys (all kinds, including video games)?		
6	Scream or yell?		

7	Any other? Specify:		
---	---------------------	--	--

H. YOUR CHILD'S ACCOMPLISHMENTS

**ADMINISTER ONLY TO PARENTS OF CHILDREN 3 AND OVER
 IF MSHS CHILD IS YOUNGER THAN 3 YEARS SKIP TO SECTION I**
 FOR ITEMS WITH DUAL "ENGLISH" AND "SPANISH" RESPONSE
 CATEGORIES, ASK ONLY ABOUT LANGUAGE(S) PARENT SPEAKS:

These next questions are about things that different children do at different ages. These things may or may not be true for [CHILD].

H1.	Can [CHILD] recognize...	<u>ENGLISH</u>	<u>SPANISH</u>
	(SHOW RESPONSE CARD B)		
	All of the letters of the alphabet,.....	01	01
	Most of them,.....	02	02
	Some of them, or.....	03	03
	None of them?.....	04	04
	DK.....	08	08

H2.	How high can [CHILD] count? Would you say...	<u>ENGLISH</u>	<u>SPANISH</u>
	(SHOW RESPONSE CARD C)		
	Not at all,	01	01
	Up to five,	02	02
	Up to ten,	03	03
	Up to twenty,.....	04	04
	Up to fifty, or.....	05	05
	Up to 100 or more?.....	06	06
	DK.....	08	08

H3.	Can [CHILD] button (his/her) clothes?		
	YES	01	
	NO	02	
	DK.....	08	

H4.	Does [CHILD] hold a pencil properly?		
	YES	01	
	NO	02	
	DK.....	08	

H5. How often does [CHILD] like to write or pretend to write? Would you say...

(SHOW RESPONSE CARD D)

- Never, 01 (GO TO H8)
- Has done it once or twice, 02
- Sometimes, or 03
- Often? 04
- DK..... 08 (GO TO H8)

H6. Does [CHILD] mostly write and draw rather than scribble?

- YES 01
- NO 02
- DK..... 08

H7. Can [CHILD] write (his/her) first name even if some of the letters are backwards?

- YES 01
- NO 02
- DK..... 08

H8. Does [CHILD] trip, stumble, or fall easily?

- YES 01
- NO 02
- DK..... 08

H9. When [CHILD] speaks, is (he/she) understandable to a stranger? ENGLISH SPANISH

- | | | |
|-------------|----|----|
| YES.. | 01 | 01 |
| NO | 02 | 02 |
| DK..... | 08 | 08 |

H10. Did [CHILD] start speaking later than other children you know? (REFERS TO PRIMARY LANGUAGE)

- YES 01
- NO 02
- DK..... 08

H11. Does [CHILD] stutter or stammer?

- YES 01
- NO 02
- DK..... 08

H12. Does [CHILD] ever look at a book with pictures and pretend to read? [ANY LANGUAGE]

YES 01
NO 02
DK..... 08

H13. Does [CHILD] recognize (his/her) own first name in writing or in print?

YES 01
NO 02
DK..... 08

H14. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say...

(SHOW RESPONSE CARD E)

	<u>ENGLISH</u>	<u>SPANISH</u>
All of them,.....	01	01
Some of them, or.	02	02
None of them?	03	03
DK.....	08	08

I. CHILD HEALTH AND DISABILITIES

Now I have a few questions about [CHILD]'s health.

I-1. Overall, would you say [CHILD]'s health is...

(SHOW RESPONSE CARD F)

- Excellent, 01
- Very Good, 02
- Good, 03
- Fair, or. 04
- Poor? 05
- DK..... 08

I-2. Does [CHILD] have an illness or condition that requires regular, ongoing health care?

- YES 01
- NO 02
- DK..... 08

I-3. Is there a particular clinic, health center, doctor's office, or other place that you (or other parent/guardian) can take [CHILD] if (he/she) is sick?

- YES 01
- NO 02 (GO TO I-5)
- DK..... 08 (GO TO I-5)

I-4. About how long has it been since [CHILD] last saw a medical doctor or other health professional for a checkup, or other routine care? Would you say...

(SHOW RESPONSE CARD G)

- Less than 1 year 01
- Between 1 and 2 years..... 02 (GO TO I-6)
- 2 years or more 03 (GO TO I-6)
- DK..... 08 (GO TO I-6)

I-5. About how many times have you taken [CHILD] for routine check-ups or care in the past year?

 |_|_|
NUMBER OF TIMES

**ASK I-6 AND I-7 IF CHILD IS AGE 2 OR OLDER;
ELSE GO TO I-8**

I-6. Has [CHILD] ever been to a dentist or dental hygienist for dental care?

- YES 01
- NO 02 (GO TO I-8)
- DK..... 08 (GO TO I-8)

I-7. About how long has it been since [CHILD] last saw a dentist or dental hygienist for dental care?
Would you say...

(SHOW RESPONSE CARD H)

- Less than 1 year 01
- 1 year, but less than 2 years 02
- 2 years or more 03
- DK..... 08

I-8. Has a doctor, other health or education professional, or someone from MSHS ever told you that [CHILD] has any physical or learning disability?

- YES 01
- NO 02 (GO TO I-10)
- DK..... 08 (GO TO I-10)

I-9. What kind of physical or learning disability does [CHILD] have?

Now I want to ask you some questions about your household's exposure to pesticides in the fields and/or in your home/community.

I-10. In the last 12 months, have you or any other household member (not including [CHILD]) received any medical attention by a doctor, nurse, or other medical specialist due to exposure to pesticides?

- YES 01
- NO 02

I-11. In the last 12 months, has [CHILD] received any medical attention by a doctor, nurse, or other medical specialist due to exposure to pesticides?

- YES 01
- NO 02

I-12. In the last 12 months, has anyone from your household been given any training or instructions in the safe use of pesticides (through video, audio cassette, classroom lectures, written materials, informal talks, or by an other way).

- YES 01

NO 02

Now I want to ask you some questions about any injuries [CHILD] may have had in a Migrant and Seasonal Head Start program, the home, the neighborhood, or in the fields.

I-13. In the **last 12 months**, how many times has [CHILD] seen a doctor or other medical professional or visited a clinic or emergency room because of an **injury**?

- NEVER 00 (GO TO J1)
- ONCE 01
- TWICE 02
- THREE OR MORE TIMES 03

I-14. What was the nature of [this/the most serious] injury?

- FALL 01
- CHOKING 02
- AUTO/TRUCK ACCIDENT: CHILD IN CAR..... 03
- AUTO/TRUCK ACCIDENT: CHILD NOT IN CAR 04
- ANIMAL/INSECT BITE 05
- FIRE, HOT WATER, OR ELECTRICITY 06
- CUT OR PIERCE BY SHARP OBJECT 07
- OTHER (SPECIFY): _____ 08

I-15. Where did this injury occur?

- AT CHILD'S PRIMARY HOME 01
- AT CHILD'S TEMPORARY DOMICILE..... 02
- AT ANOTHER PRIVATE HOME 03
- IN A GROWER'S FIELD..... 04
- IN MSHS CENTER 05
- IN OTHER CHILD CARE FACILITY 06
- PLAYGROUND/RECREATION AREA..... 07
- OTHER (SPECIFY) _____ 08

J. FAMILY HEALTH AND NUTRITION

Now let's talk about your family's health and nutrition. These first few questions are about food...

J1. In the last 12 months, was there ever a time that you and your household members did not have enough food because there wasn't **enough money** to buy food?

- YES 01
- NO 02 (GO TO J3)
- DK..... 08 (GO TO J3)
- REFUSED 07 (GO TO J3)

J2. How often did this happen? Would you say...

(SHOW RESPONSE CARD J)

- Almost every month..... 01
- Some months 02
- Only one or two months? 03
- DK..... 08
- REFUSED 07

J_INTRO2. Now let's talk about your family's health.

J3. Would you say (your/[CHILD'S]) mother's health in general is ...

(SHOW RESPONSE CARD F)

- Excellent, 01
- Very Good, 02
- Good, 03
- Fair, or 04
- Poor? 05

**IF FATHER IS NOT HOUSEHOLD [FROM A1]
MEMBER, SKIP TO J5.**

J4. What about (you/[CHILD's] father)? Would you say (your/his) health in general is ...

(SHOW RESPONSE CARD F)

- Excellent, 01
- Very Good, 02
- Good, 03
- Fair, or 04
- Poor? 05

J5. Does anyone in your household, other than [CHILD], have an illness or condition that requires regular ongoing care?

YES 1
NO 2

J6. (Do you/[CHILD'S] mother) smoke tobacco such as cigarettes or cigars?

YES 1
NO 2

**IF FATHER IS NOT HOUSEHOLD
MEMBER [FROM A1], SKIP TO J8.**

J7. How about [CHILD]'s father? (Do you/Does he) smoke tobacco, like cigarettes or cigars?

YES 1
NO 2

J8. Is there (anyone/anyone else) in your household that smokes tobacco, like cigarettes or cigars?

YES 1
NO 2

K. PARENT BELIEFS

K1. Here are some statements that parents of young children may say about themselves. I'm going to read the statements, and after each one, please tell me if it is very much like you, somewhat like you, nothing like you.

(SHOW RESPONSE CARD L)

	Very much <u>like you</u>	Somewhat <u>like you</u>	Nothing <u>like you</u>
a. I control my child by warning (him/her) about the bad things that can happen to (him/her).....	1	2	3
b. There are times I just don't have the energy to make my child behave as (he/she) should	1	2	3
c. My child and I have warm intimate moments together.....	1	2	3
d. I teach my child that misbehavior or breaking the rules will always be punished one way or another.	1	2	3
e. I encourage my child to be curious, to explore, and to question things.....	1	2	3
f. I do not allow my child to get angry with me	1	2	3
g. I am easygoing and relaxed with my child...	1	2	3
h. I make sure my child knows that I appreciate what (he/she) tries to accomplish.....	1	2	3
i. I encourage my child to be independent of me	1	2	3
j. Once I decide how to deal with a misbehavior of my child, I follow through on it.....	1	2	3
k. I have little or no difficulty sticking with my rules for my child even when close relatives (including grandparents) are there.	1	2	3
l. I believe physical punishment to be the best way of disciplining	1	2	3

L. SOCIAL SUPPORT

L1. Many people and groups can be helpful to members of a family raising a young child. We want to know how helpful different people and groups are to your family.

Please name up to three people, groups or organizations who have been most helpful to you in raising [CHILD] over the past month? (PROBE FOR TYPE OF RELATIONSHIP TO CHILD AND WHAT THEY HAVE DONE TO HELP.)

	A	B
	WRITE ONLY RELATIONSHIP TO CHILD OR TYPE OF GROUP OR ORGANIZATION	TYPE OF HELP RECEIVED
1		
2		
3		

L2. Since last (he/she) began Migrant and Seasonal Head Start, have you (or [CHILD]'s (other parent/guardian) gone to...

	<u>YES</u>	<u>NO</u>
a. Any support groups to help with parenting?	1	2
b. A parenting class?	1	2

M. ACCESS TO AND UTILIZATION OF SERVICES

Now I have some questions about your household's experiences with various community agencies. I would like to know about services your household has needed since [CHILD] began Migrant and Seasonal Head Start, including those services that people in the household have been receiving since before [CHILD] was enrolled in Migrant and Seasonal Head Start.

M1. (Are you aware of) or... do you know about social services such as ...	M2. IF YES IN M1: Are you or anyone in your household receiving this service?		M3. IF YES IN M2: Did Migrant and Seasonal Head Start help with this in any way?		M4. IF YES IN M1 AND "NO" IN M2: Why aren't you or anyone in your household receiving this service? [SEE CODES]		
	YES	NO	YES	NO	YES	NO	
INCOME ASSISTANCE							
a. Income assistance--like welfare TANF, SSI,	1	2	1	2	1	2	
b. Payments for unemployment or disability (disability ins. or workers compensation - includes pregnancy disability)	1	2	1	2	1	2	
c. Food and nutrition assistance-- like food Stamps or WIC	1	2	1	2	1	2	
d. Help with housing	1	2	1	2	1	2	
e. Help with utilities (running water, hot water, heat, telephone service) ...	1	2	1	2	1	2	
EMPLOYMENT ASSISTANCE?							
f. Job training	1	2	1	2	1	2	
EDUCATIONAL ASSISTANCE?							
g. English as a second language training	1	2	1	2	1	2	
h. Adult Education (GED, College Selection).....	1	2	1	2	1	2	
CODES FOR M4:							
1 = DO NOT HAVE PAPERS (NO LEGAL U.S.A. RESIDENCE)				4 = APPLY FOR IT, STILL WAITING'			
2 = DO NOT KNOW WHERE TO APPLY				5 = APPLY, BUT WAS DENIED BECAUSE OF (SPECIFY)			
3 = NO TIME TO APPLY FOR IT				6 = OTHER: SPECIFY			

M1 (CONTINUED). (Are you aware of) or... do you know about social services such as ...		M2. IF YES IN M1: Are you or anyone in your household receiving this service?		M3. IF YES IN M2: Did Migrant and Seasonal Head Start help with this in any way?		M4. IF YES IN M1 AND "NO" IN M2: Why aren't you or anyone in your household receiving this service? [SEE CODES]	
	YES	NO	YES	NOs	YES	NO	
HEALTH CARE?							
i. Other government provided Health Insurance (e.g. county or local funded, or other)	1	2	1	2	1	2	
j. Medical or dental care for [CHILD]	1	2	1	2	1	2	
k. Medical or dental care for adults	1	2	1	2	1	2	
l. Prenatal care	1	2	1	2	1	2	
SOCIAL SERVICES?							
m. Legal aid.....	1	2	1	2	1	2	
CODES FOR M4:							
1 = DO NOT HAVE PAPERS (NO LEGAL U.S.A. RESIDENCE)				4 = APPLY FOR IT, STILL WAITING'			
2 = DO NOT KNOW WHERE TO APPLY				5 = APPLY, BUT WAS DENIED BECAUSE OF (SPECIFY)			
3 = NO TIME TO APPLY FOR IT				6 = OTHER: SPECIFY			

N. YOUR FEELINGS

	<u>YES</u>	<u>NO</u>
N1. During the past 12 months ...		
a. Was there ever a time when you felt sad, blue or depressed for <u>two weeks or more</u> ?	1	2
b. Was there ever a time lasting <u>two weeks or more</u> when you lost interest in most things like hobbies, work or activities that usually give you pleasure?	1	2
c. Did you feel sad or depressed most of the time, even if there were some days when you felt okay?	1	2
d. Did you ever have a period lasting one month or longer when most of the time you felt worried, tense or anxious?	1	2
e. Was there ever a time when you worried a lot more than most people would in your situation? [PROBE: People are different in how much they worry about things but would you say you worried more than most would in your situation?}.	1	2

**IF YES TO ANY OF THE QUESTIONS IN N1, GO TO
N2.
OTHERWISE GO TO SECTION O**

N2. About how many weeks altogether did you feel this way during the past 12 months?

WEEKS

N3. Did you tell a doctor about these problems? (PROBE: By doctor I mean either a medical doctor or osteopath or a student in training to be either a medical doctor or osteopath)

YES 1
NO 2

N4. Did you tell any other professional, such as a psychologist, social worker, counselor, nurse, clergy or other helping professional?

YES 1
NO 2

N5. Did you take medication or use drugs or alcohol more than once for these problems?

YES 1
NO 2

N6. How much did these problems interfere with your life or activities -- a lot, some, a little or not at all?

(SHOW RESPONSE CARD M)

- A Lot 01
- Some 02
- A Little..... 03
- Not At All..... 04

O. SATISFACTION WITH MIGRANT AND SEASONAL HEAD START

O1. What are the major ways you think Migrant and Seasonal Head Start helped your family this year?

PROBE: Did they help your family in any other areas besides educating [CHILD]? (MAKE SURE RESPONDENT UNDERSTANDS THAT THIS QUESTION IS ABOUT **FAMILY**) PROBE: What else?

O2. What are the major ways you feel Migrant and Seasonal Head Start helped [CHILD] this year? (MAKE SURE RESPONDENT UNDERSTANDS THAT THIS QUESTION IS ABOUT **THE CHILD**) PROBE: What else?

O3. Now, I would like to ask you some questions about [CHILD]'s Migrant and Seasonal Head Start program. Based on what has happened at Migrant and Seasonal Head Start since [CHILD] started the Migrant and Seasonal Head Start program, how satisfied are you with how well Migrant and Seasonal Head Start is doing in each of the following areas:

(SHOW RESPONSE CARD N)

	<u>Not satisfied</u>	<u>Some- what satisfied</u>	<u>Satisfied</u>
a. Helping [CHILD] to grow and develop.....	1	2	3
b. Being open to your ideas and participation.....	1	2	3
c. Supporting and respecting your family's culture and background.....	1	2	3
d. Identifying and helping to provide services that help your family—for example, public assistance, transportation, or job training	1	2	3
e. Maintaining a safe program—for example, secure play-grounds, clean and tidy classrooms.....	1	2	3
f. Preparing [CHILD] to enter kindergarten	1	2	3
g. Helping you become more involved in groups that are active in your community	1	2	3

O4. Now I'm going to ask you about [CHILD]'s and your experience in Migrant and Seasonal Head Start. Please let me know which answer best describes [CHILD]'s and your Migrant and Seasonal Head Start experience.

(SHOW RESPONSE CARD O)

	<u>Never</u>	<u>Sometimes</u>	<u>Always</u>
a. [CHILD] feels safe and secure in Migrant and Seasonal Head Start.....	1	2	3
b. [CHILD] gets lots of individual attention	1	2	3
c. [CHILD]'s teacher is open to new information and learning.	1	2	3
d. [CHILD] has been happy in the program	1	2	3
e. The teacher is warm and affectionate towards [CHILD]	1	2	3
f. [CHILD] is treated with respect by teachers.....	1	2	3
g. The teacher takes an interest in [CHILD].....	1	2	3
h. [CHILD] feels accepted by the teacher	1	2	3
i. The teacher is supportive of you as a parent.....	1	2	3
j. You feel welcomed by the teacher.....	1	2	3
k. The teacher handles discipline matters easily without being harsh	1	2	3
l. The teacher seems happy and content.....	1	2	3
m. The assistant teacher/aide is warm and affectionate towards [CHILD].....	1	2	3

O5. If you could change anything about Migrant and Seasonal Head Start that you think would help it better serve children and their families, what would it be?

P. DEBRIEFING

We are now finished with the interview. Now I would like to get your feedback to the interview and the kinds of questions we asked you.

P1. Were there any questions that you thought were especially important for us to ask?

P2. Were there any questions that you thought were not important for us to ask?

P3. Was there any information that we did not ask, that you think would be important to ask?

P4. Do you have any comments about the interview or anything else that you would like to say?

**SUMMARY OF UNMET NEEDS CHECKLIST: CHECK BOXES BELOW
IN ACCORDANCE WITH CORRESPONDING LOGICAL CONDITIONS.**

- HEALTH INSURANCE: CHECK IF E22d IS CODED "3" OR "5".
- CHILD CARE: CHECK IF F18 OR F19 IS CODED "02" OR HIGHER.
- MEDICAL/DENTAL HEALTH CARE: CHECK IF I3 IS "NO" OR I6 IS "NO"
OR IF ANY M4i-I IS CODED "2".
- FOOD SUFFICIENCY ASSISTANCE: CHECK IF J2 IS CODED "1" OR "2".
- INCOME ASSISTANCE: CHECK IF ANY M4a-e IS CODED "2".
- EMPLOYMENT ASSISTANCE: CHECK IF M4f IS CODED "2".
- EDUCATIONAL ASSISTANCE: CHECK IF M4g OR M4h IS CODED "2".
- SOCIAL SERVICES: CHECK IF M4m IS CODED "2".

**IF ANY BOX IS CHECKED, GO TO P5. OTHERWISE
SKIP TO END OF INTERVIEW.**

- P5. Lastly, we would like to discuss with you a couple of things that came up during the interview. You mentioned that you did not use _____ services (REFER TO ALL SERVICES CHECKED IN INTERVIEWER BOX) and that you weren't sure how to find out about these services. We would like to make sure that you have information about these services. The center has staff ready to help you in learning about these services, and here is a list of these staff and the types of services they know about. (HAND LETTER TO RESPONDENT AND POINT OUT THE STAFF WHO WILL KNOW ABOUT THE SPECIFIC SERVICES THE RESPONDENT MAY NEED). Do you have any questions about this?

Q. TRACKING INFORMATION

Thank you for spending this time with me. As we explained to you earlier, we plan to interview you again in a few months and we need to know how to get in touch with you. (ACCEPT INFORMATION FROM THE UNITED STATES OR ANOTHER COUNTRY)

Q1. What is your telephone number?

(COUNTRY) (CITY/AREA CODE)

____ - _____
(TELEPHONE NUMBER) (GO TO Q4)

NO TELEPHONE 1 (GO TO Q2)
REFUSED..... 7 (GO TO Q2)

Q2. Can you give me a number where you can be reached?

(country) (city/area code)

____ - _____
(telephone number)

NO TELEPHONE 1 (GO TO Q4)
REFUSED..... 7 (GO TO Q4)

Q3. Whose telephone is that?

Name: _____

REFUSED..... 7

Q4. Do you have another phone number like a beeper number or cell phone number?

No beeper or cell phone number 1

Beeper: _____
(country) (city/area code)

____ - _____
(telephone number)

Cellular: _____
(country) (city/area code)

____ - _____
(telephone number)

Q5. Please give me your permanent address.

Address: _____

Street Apt.

Town/City State Zip Code

Country

Q6. Where are you employed?

NOT EMPLOYED 1 (GO TO Q8a)

Q7. What is your work telephone phone number?

_____-_____-_____-_____-_____

(country) (city/area code)

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

(telephone number)

Q8a. Would you please tell me the names, addresses, telephone numbers, and work information of three people who will know how to contact you in 6 months from now? It is okay if one or two are out of the country.

What is the name of the first person? _____

Q8b. How is this person related to [CHILD]? RELATIVE (SPECIFY) 1

NON RELATIVE 2

Q8c. What is his/her telephone number?

_____-_____-_____-_____-_____

(country) (city/area code)

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____

(telephone number)

Q8d. Does he/she have another phone number, like a beeper number or a cell phone number?

No beeper or cell phone number 1

Beeper: _____
(country) (city/area code)

(telephone number)

Cellular: _____
(country) (city/area code)

(telephone number)

O8e. What is his/her address?

Address: _____
Street Apt.

Town/City State Zip Code

Country

Q8f. Where is this person employed? _____

NOT EMPLOYED 1 (GO TO Q9a)

Q8g. What is his/her work telephone number?

(country) (city/area code)

(telephone number)

Q9a. What is the name of the second person? _____

Q9b. How is this person related to [CHILD]? RELATIVE (SPECIFY) 1

NON RELATIVE 2

Q9c. What is his/her telephone number?

_____ (country) _____ (city/area code)
_____ - _____
(telephone number)

Q9d. Does he/she have another phone number, like a beeper number or a cell phone number?

No beeper or cell phone number 1

Beeper: _____ (country) _____ (city/area code)
_____ - _____
(telephone number)

Cellular: _____ (country) _____ (city/area code)
_____ - _____
(telephone number)

Q9e. What is his/her address?

Address: _____
 Street Apt.

 Town/City State Zip Code

 Country

Q9g. Where is this person employed? _____

NOT EMPLOYED 1 (GO TO Q10a)

Q9h. What is his/her work telephone number?

_____ (country) _____ (city/area code)
_____ - _____
(telephone number)

Q10a. What is the name of the third person? _____

Q10b. How is this person related to [CHILD]? RELATIVE (SPECIFY) 1

NON RELATIVE 2

Q10c. What is his/her telephone number?

_____-_____-_____-_____-_____-_____-
(country) (city/area code)

_____-_____-_____-_____-_____-_____-
(telephone number)

Q10d. Does he/she have another phone number, like a beeper number or a cell phone number?

No beeper or cell phone number 1

Beeper: _____
(country) (city/area code)

_____-_____-_____-_____-_____-_____-
(telephone number)

Cellular: _____
(country) (city/area code)

_____-_____-_____-_____-_____-_____-
(telephone number)

Q10e. What is his/her address?

Address: _____

Street Apt.

Town/City State Zip Code

Country

Q10f. Where is this person employed? _____

NOT EMPLOYED 1 (GO TO GET
SIGNATURE BELOW)

Q10h. What is his/her work telephone number?

(country) _____
(city/area code)

_____-_____
(telephone number)

GET SIGNATURE BELOW.

I give permission to the contacts named above to release my current address and phone number to a representative of the Migrant & Seasonal Migrant and Seasonal Head Start Study Design Development Project.

Respondent's signature

Printed Name

Date

Thank you very much for your cooperation.

COMPLETE AFTER INTERVIEW IS CONCLUDED.

R. CONFIDENCE RATINGS

R1. Interview Completion Code:

Respondent terminated interview prematurely.....	1
Respondent refused interview	2
Respondent unable to respond (PLEASE SPECIFY)	3
<hr style="border: 0.5px solid black;"/>	
Interview completed.....	4

R2. Please rate the following qualities of the respondent, the interviewing situation, and the data.
 The Respondent (was/had):

a. Able to understand questions easily	7	6	5	4	3	2	1	Hardly able to understand
b. Truthful	7	6	5	4	3	2	1	Untruthful
c. Accurate	7	6	5	4	3	2	1	Inaccurate
d. Interested in the interview	7	6	5	4	3	2	1	Not interested in the interview
e. Cooperative	7	6	5	4	3	2	1	Uncooperative
f. No language problem	7	6	5	4	3	2	1	Spoke with great difficulty
g. Interviewed without interruptions	7	6	5	4	3	2	1	Interrupted often
h. Your opinion about the overall quality of the data:								
High	7	6	5	4	3	2	1	Low

APPENDIX: RESPONSE CARDS

RESPONSE CARD A

Not at all

Once or twice

Three or more times

Every day

Parent Interview, Question G1

RESPONSE CARD B

All of the letters of the alphabet

Most of them

Some of them

None of them

Parent Interview, Question H1

RESPONSE CARD C

Not at all

Up to 5

Up to 10

Up to 20

Up to 50

Up to 100 or more

Parent Interview, Question H2

RESPONSE CARD D

Never

Once or twice

Sometimes

Often

Parent Interview, Question H5

RESPONSE CARD E

All of them

Some of them

None of them

Parent Interview, Question H14

RESPONSE CARD F

- Excellent
- Very Good
- Good
- Fair
- Poor

Parent Interview, Question I-1, J3, J4

RESPONSE CARD G

Less than 1 year

Between 1 and 2 years

2 years or more

Parent Interview, Question I-4

RESPONSE CARD H

Less than 1 year

1 year, but less than 2 years

2 years or more

Parent Interview, Question I-7

RESPONSE CARD J

Almost every month

Some months

Only one or two months

Parent Interview, Question J2

RESPONSE CARD L

Very Much Like Me

Somewhat Like Me

Nothing Like Me

Parent Interview, Question K1

RESPONSE CARD M

A Lot
Some
A Little
Not At All

Parent Interview, Question N6

RESPONSE CARD N

Not Satisfied

Somewhat Satisfied

Satisfied

Parent Interview, Question O3

RESPONSE CARD O

Never

Sometimes

Always

Parent Interview, Question O4



**Migrant
and Seasonal Head
Start Research
Design Development
Project**

**Combined Center Director and Staff Protocol
REVISED**

Center ID: _____

Center Director Name: _____

Education Coordinator Name: _____

Education Coordinator Name: _____

Family Service Worker Name: _____

Family Service Worker Name: _____

Other Staff Title and Name: _____

Date(s): _____ Interviewer: _____

Complete

INTRODUCTION

The Migrant and Season Head Start Research Design Project is a project funded by the U.S. Department of Health and Human Services (DHHS), which sponsors Migrant and Seasonal Head Start (MSHS). The project is aimed at learning from programs about how they are helping migrant and seasonal farmworker families and about these families' strengths, and challenges. A very important part of the study is to find out from staff about what happens in the centers and the classrooms, particularly how the program is tailored to the needs of the children and families, to help us understand how to study these programs and their participants.

It is important to tell you that in this study we are only looking at the feasibility of actually doing research in Migrant and Seasonal Head Start programs, so we want to learn as much as possible by asking you questions in this interview. But at any time if you feel that the questions we ask you do not make sense, or, that we are missing something important, please tell me. At the end of the interview, I will ask you some debriefing questions, to get your feedback on the interview. Again, this is so that we can learn what questions to ask and how the program works, in order to develop a good research design for a future evaluation.

Please be aware that your answers will be completely confidential, and that this interview will take 30 to 60 minutes of your time.

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

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 0970-0262 (expires 3/31/07). The time required to complete this information collection is estimated to average 60 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Do you have any questions before we start?

CENTER INFORMATION

Name of Center	_____
Address	_____
Phone	_____
Fax	_____
Email	_____
Contact name, email, and phone	_____

Center director name, email and phone	_____

Program Name	_____
Grantee	_____
Sponsoring Organization	_____
Start Date	_____
End Date	_____

CENTER DATA

Center Characteristic	Seasonal or Temporary	Fulltime or Permanent
# Infants and Toddlers	_____	_____
# Preschool Children.....	_____	_____
# Migrant Children.....	_____	_____
# Seasonal Children.....	_____	_____
# Teachers	_____	_____
# Specialist Teachers (e.g., music).....	_____	_____
# Assistant Teachers or Teacher Aides.....	_____	_____
# Family Service Workers	_____	_____
# Health Service Workers	_____	_____
# Education Coordinators	_____	_____
# Center Director and other Managers	_____	_____
# Clerical or Other Support personnel	_____	_____
# Other (SPECIFY) _____	_____	_____

A. FACILITIES, RESOURCES, AND STAFFING

The primary respondent for Section A is the Center Director.

A1. What organization owns these facilities?

A2. What is the nature of the agreement for your center to use them?

a. _____

b. Do you share facilities with other day care programs; for example, regular Head Start?

YES 1
[IF YES] What are those other day care programs?

NO 2

A3. Are the facilities adequate for the services you want to provide?

A5. Are the facilities conveniently located for the families?

A6. What transportation do you provide?

A9. Did you have to adjust, for any reason, the dates that the center was opened this year?

YES 1 (GO TO A9a)
NO 2

A9a. Will this affect the closing date for the center?

YES 1
NO 2

[USING ANSWER GRID]

A10a. With which agencies and organizations do you normally work to address the needs of the children and families in your center? [NOTE ALL AND USE LISTED AGENCIES AND ORGANIZATIONS AS PROBES]

A10b. [IF AGENCY OR ORGANIZATION MENTIONED] Do you have a formal [for example, Memorandum of Understanding] or an informal agreement with that agency?

A10c. What kinds of services provide these agencies and organizations?

A10a. Agency/Organization	A10b. Formal/Informal Agreement	A10c. Services Provided
i. Welfare Agency (e.g., AFDC)	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
ii. Food/Nutrition Agency (e.g., WIC)	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
iii. Job Service Agency (e.g., WIA)	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
iv. Migrant Health	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
v. Migrant Education	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
vi. College or University	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
vii. Religious Organization	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
viii. Public Schools	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
ix. Medical/Dental Professional	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
x. Community Mental Health Center	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
xi. Community-based Organization	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
xii. Legal Aid	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
xiii. Local Government	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
xiv. Growers' Associations	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
xv. Other employer groups	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
xvi. Other1: _____	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____
xvii. Other2: _____	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	_____ _____

CENTER STAFFING

**The Education Coordinator may be the best source for
the items about teachers.**

A11. How many of the teachers are new to the Center this year?

NUMBER OF TEACHERS

A12. Are there currently any unfilled vacancies for teachers?

YES 1
NO..... 2

A13. During the last program year, how many teachers left and had to be replaced?

NUMBER OF TEACHERS

A14. In your opinion, are the teachers who came to the Center this year or last more qualified, as qualified, or less qualified than the teachers they replaced?

More qualified,..... 1
As qualified, or 2
Less qualified? 3
NO NEW TEACHERS..... 4

A15. Is the job of finding replacement teachers relatively easy, fairly easy, fairly difficult, or very difficult?

Relatively easy, 1
Fairly easy, 2
Fairly difficult, or 3
Very difficult?..... 4

A16. [IF RELEVANT TO CENTER] Is it easier to find replacement teachers for infants and toddlers or for preschoolers?

- Infant/toddlers easier? 1
- Preschoolers easier? 2
- About the same? 3

A17. Do you have or have you recently begun any efforts to reduce teacher turnover?

- YES 1
- NO 2 (A21)

A18. What are you doing or trying to do to reduce turnover? How about...?

	<u>Yes</u>	<u>No</u>
a. Increasing teacher salaries	1	2
b. Hiring or recruiting more assistants, aides.....	1	2
c. Providing more or better training or education subsidies	1	2
d. Providing better fringe benefits	1	2
e. Giving teachers more say in choice of curriculum and planning of activities.....	1	2
f. Providing teachers with better physical facilities (furniture, classroom or lounge areas, etc.)	1	2
g. Anything else? SPECIFY: _____	1	2

A19. How many assistant teachers (or teacher aides) are new to the Center this year?

 NUMBER OF TEACHERS

A20. Are there currently any unfilled vacancies for assistant teachers (or teacher aides)?

- YES 1
- NO 2

A21. During the last program year, how many assistant teachers (or teacher aides) left and had to be replaced ?

 NUMBER OF TEACHERS

A22. Do you have teacher or other staff members at your center who...

Yes Yes some, but not all No Not Needed

a.	Speak the home/native language of children from non-English speaking or limited English-speaking families?.....	1	2	3	4
b.	Provide guidance on ethnic customs, traditions and values?	1	2	3	4

**B. ENROLLMENT PLANNING, WAITING LISTS,
AND PROGRAM EXPANSION**

The primary respondent for Section B is the Center Director.

B1a. How do you predict how many families/children will be seeking enrollment at your center?

B1b. What are your sources of information?

B2. In what ways, if any, do you work with other centers/programs to know which children will likely be enrolling and what their specific needs are?

B3. How do most parents usually contact your center to enroll their children when they come to this area? [CIRCLE LETTER]

- a. They don't contact us; they wait for MSHS outreach efforts.. 1
- b. On their own 2
- c. Through other MSHS grantees 3
- d. Social service agencies which have contact with the migrant families contact MSHS 4
- e. Other 5
(SPECIFY) _____

B4. Are there children in this service area that you know about who are eligible for Migrant AND Seasonal Head Start and are not served?

- YES 1 (B4a)
- NO 2 (B5)

B4a. [IF YES] Why are these children not served? [NOTE ALL THAT APPLY]

- a. Lack of enrollment slots in the program 01
- b. Parents decline to participate 02
- c. Parents are not aware of the program 03
- d. They live in a very remote area
(e.g., too far from center) 04
- e. Transportation a problem 05
- f. Other1 (SPECIFY) _____ 06
- g. Other2 (SPECIFY) _____ 07
- h. Don't know..... 08

B5. At the beginning of this program year, did you have a waiting list of children whose parents wanted to enroll them in classes in this Center, but for whom slots were not available?

- YES 1
- NO..... 2 (B11)

B6. How many children were on this waiting list?

NUMBER OF CHILDREN

B7. Based on last year's experience, how many of the children on the waiting list do you think you will eventually enroll during the course of the year?

NUMBER OF CHILDREN

B8. Based on your experiences at this center, about how many of the children on the waiting list will eventually enroll during the course of the session?

NUMBER OF CHILDREN

B9. Do you have separate waiting lists for different age groups (For example, one list for infants, one for toddlers, and one for preschoolers)?

- YES 1
- NO..... 2

B10. What is your procedure for selecting children off the waiting list? [SELECT ALL THAT APPLY – GET COPY OF POLICY]

First come, first served,..... 01

- A priority system based on assessment of child or family needs..... 02
- A priority system based on goals for racial/ethnic/language diversity, or..... 03
- A mixture of these selection criteria?..... 04
- Other (SPECIFY) _____ 05

B11. Do you refer families to other programs for their children if you do not have room for them?

- YES 1 (B11a)
- NO..... 2 (B12)

B11a. [IF YES] What are the other programs, and do the families choose to enroll their children?

B11b. [IF YES] Do the families choose to enroll their children?

B12. Have you expanded the Migrant and Seasonal Head Start program at this Center in the last two years to serve more children?

- YES 1
- NO..... 2 (B18)

B13. How many children have you added?

NUMBER OF CHILDREN

B14. How many classrooms have you added?

NUMBER OF CLASSROOMS

B15. How many teachers have you added?

NUMBER OF TEACHERS

B16. Have you added new program components, such as:

	<u>Yes</u>	<u>No</u>
a. Home-based Migrant and Seasonal Head Start?	1	2
b. Family daycare-based Migrant and Seasonal Head Start?	1	2
c. Early Migrant and Seasonal Head Start?	1	2
d. Other (SPECIFY) _____	1	2

B17. In carrying out this expansion, have you encountered serious problems in any of the following areas? How about...

	<u>Yes</u>	<u>No</u>
a. Recruiting children to fill the increased slots?	1	2
b. Recruiting qualified teachers or staff?	1	2
c. Training teachers or staff?	1	2
d. Finding or constructing additional space/facilities?	1	2
e. Managing the increased number of parents/families?	1	2
f. Managing the increased number of staff?	1	2
g. Other? (SPECIFY) _____	1	2

B18. Do you plan to expand the Migrant and Seasonal Head Start program at this Center (further) in the next two years to serve more children?

YES	1
NO	2 (SECTION C)

B19. How many children do you plan to add?

 NUMBER OF CHILDREN

B20. How many classrooms do you plan to add?

 NUMBER OF CLASSROOMS

B21. How many teachers do you plan to add?

_____ NUMBER OF TEACHERS

B22. Do you plan to add new program components, such as:

	<u>Yes</u>	<u>No</u>
a. Home-based Migrant and Seasonal Head Start?	1	2
b. Family day care based Migrant and Seasonal Head Start?	1	2
c. Early Migrant and Seasonal Head Start?.....	1	2
d. Other (SPECIFY) _____	1	2

B23. In carrying out this expansion, do you anticipate serious problems in any of the following areas? How about...

	<u>Yes</u>	<u>No</u>
a. Recruiting children to fill the increased slots?	1	2
b. Recruiting qualified teachers or staff?	1	2
c. Training teachers or staff?	1	2
d. Finding or constructing additional space/facilities?	1	2
e. Managing the increased number of parents/families?	1	2
f. Managing the increased number of staff?.....	1	2
g. Other? (SPECIFY) _____	1	2

C. HEALTH SERVICES

**The primary respondent for Section C is the
Health Services Coordinator (HSC).
If there is no HSC, the source would be the Center Director.**

C1. Does your Center provide or arrange for any of the following services to children?

- a. Physical examinations?..... 1
- b. Dental examinations?..... 2
- c. Hearing, speech, or vision examinations? 3
- d. Mental health services 4

**SKIP TO C4 IF NO HEALTH SERVICE WORKERS
LISTED ON CENTER DATA TABLE**

C2. What is the average case load of the Center's health services worker(s)? [i.e., How many families does he/she/they serve?]

NUMBER OF FAMILIES

C3. What types of services do the health service workers provide to the MSHS children?

C4. Which of the following medical or dental providers work with your center to provide health care to the children in your center? [NOTE ALL THAT APPLY]

- a. City, county, or regional health departments 01
- b. School health programs 02
- c. Migrant Health clinics 03
- d. Community health centers 04
- e. Community mental health centers..... 05
- f. Private physicians or dentists..... 06
- g. Private psychologists 07
- h. Other1 (SPECIFY) _____ 08
- i. Other2 (SPECIFY) _____ 09
- j. Don't know..... 98

C5. What types of medical care do these providers come to the MSHS center to provide?
[NOTE ALL THAT APPLY]

- a. Emergency care 01
- b. Physical exams 02
- c. Immunizations 03
- d. Dental care 04
- e. Vision care..... 05
- f. Hearing services..... 06
- g. Mental health care..... 07
- h. Disabilities services..... 08
- i. Other1 (SPECIFY) _____ 09
- j. Other2 (SPECIFY) _____ 10
- k. Don't know..... 98

C6. Each year, approximately what percentage of children are up-to-date on their immunizations before enrolling in your Migrant Head Start center?

PERCENTAGE OF CHILDREN

C7. Do any children currently attending this center have special dietary needs, and, if so, what are they?

- YES 1 (C7A)
- NO 2 (C8)

C7a. [IF YES] What special dietary needs do your children have?

C8. Do local housing conditions present any health risks to the families served by this center?

- YES 1 (C8a)
- NO 2 (C9)

C8a. [IF YES] Please explain.

C9. Do local working conditions present any health risks to the families served by this center?

- YES 1 (C9a)
- NO 2 (C10)

C9a. [IF YES] Please explain.

C10. What new or unique health problems, including mental health problems, have you observed among the local migrant families in the last two (2) years?

C11. How is information made available to parents on the role they can play in maintaining their children's health, including mental health? (SELECT ALL THAT APPLY)

- a. Information or training not available for parents..... 01
- b. Sessions for parents only 02
- c. Parents attend sessions provided to their children 03
- d. Written materials sent home 04
- e. Written materials available for parents to pick up at the center 05
- f. Parents accompany children to exams by medical providers..... 06
- g. Other 07
(SPECIFY) _____

D. TEACHER EDUCATION INITIATIVES AND STAFF TRAINING

**The primary respondent for Section D is the Center Director, although questions D1, D6, D10, and D11 should be directed to the Education Coordinator (EC).
If there is no EC, the source would be the Center Director.**

D1. Which of the following functions do you perform for this Head Start program? Which of these are your three major responsibilities.

[READ LIST AND CHECK ALL THAT APPLY, AND THEN READ NOTED CHOICES FOR MAJOR RESPONSIBILITIES, AND CIRCLE THE CHECK MARKS]

- a. Develop curriculum, schedules, and classroom plans..... 01
- b. Assist director in program management activities 02
- c. Provide or arrange for staff training/education..... 03
- d. Arrange for IEPs [individual educational plans] and special services for children with disabilities..... 04
- e. Conduct child assessments 05
- f. Manage transition to school activities 06
- g. Provide parent education 07
- h. Provide outreach, recruitment, and enrollment services 08
- i. Supervise home visitors 09
- j. Arrange for services for children with other community services..... 10
- k. Arrange activities that involve parents 11
- l. Other1 (SPECIFY) _____ 12
- m. Other2 (SPECIFY) _____ 13

D2. Are the new teachers and assistant teachers hired at this Center able to begin work without additional training?

- YES 1 (D3)
- NO 2 (D2a)

D2a. [IF NO] What are the topics where they need more training?

D3. What efforts have you begun to help teachers and assistant teachers get their college degrees, CDAs, or other early childhood certification? [NOTE ALL THAT APPLY, USE LIST AS PROBES]

- a. Providing tuition assistance?..... 01
- b. Giving teachers release time?..... 02
- c. In-service training for CDAs? 03
- d. Assigning a mentor teacher? 04
- e. Anything else1? (SPECIFY) _____ 05
- f. Anything else2? (SPECIFY) _____ 06
- g. No efforts..... 07
- h. Don't know..... 08

D4. How often does this Center provide training for your [READ TYPE OF STAFF]? Would you say *once every few years, about once a year, every few months, monthly, or weekly*? How often do you provide training for: [NEXT TYPE OF STAFF]?

	Once every <u>few years</u>	<u>Yearly</u>	Once every <u>few months</u>	<u>Monthly</u>	<u>Weekly</u>	<u>Never</u>
a. Teachers and assistant teachers	1	2	3	4	5	6
b. Family service workers	1	2	3	4	5	6
c. Health staff	1	2	3	4	5	6

D5. Who conducts staff training for this Center? [CIRCLE ALL MENTIONED]

- a. Center or grantee staff 01
- b. Other community resources 02
- c. Local consultants..... 03
- d. Migrant and Seasonal Head Start Quality Improvement Center (HSQIC)..... 04
- e. Disability Services Quality Improvement Center (DSQIC)..... 05
- f. National Migrant and Seasonal Head Start Association (Heads Up Satellite Training) 06
- g. State or national conferences (NAEYC or NHSA) 07
- h. Private companies or organizations (e.g., High Scope, Teaching Strategies) 08
- i. Other (SPECIFY) _____ 09

D6. Overall, how helpful is the training your staff receive? Would you say:

- Very helpful 1
- Fairly helpful..... 2
- Could be more helpful, or..... 3
- Could be much more helpful? 4

D7. Would you like to offer more training?

- YES 1 (D7a)
- NO 2 (D8)

D7a. [IF YES] What kinds of training would you like to offer?

D8. Do you have mentor teachers to work with teachers in classrooms?

- YES 1 (D8a)
- NO 2 (SECTION E)

D8a. [IF YES] How often do they come to the classroom? Would you say...

- Once a week..... 1
- Once every two weeks..... 2
- Once a month, or..... 3
- Less than once a month?..... 4

D8b. How do you select the mentor teachers?

E. IN-SERVICE TRAINING RECEIVED

The primary respondent is the Center Director.

E1. In the past year, on what topics has the training been provided or made available to your staff by Head Start? [NOTE ALL THAT APPLY WITH A CHECK – THEN USE LIST FOR PROBES AND CIRCLE CHECK MARKS]

- a. Parenting education 01
- b. Mental health issues 02
- c. Domestic violence/family violence 03
- d. Child abuse and neglect..... 04
- e. Substance abuse..... 05
- f. Family needs assessment and evaluation 06
- g. Providing case management services to families 07
- h. Linking families to community services..... 08
- i. Helping families set goals and schedules for meeting goals 09
- j. Helping families with INS issues 10
- k. Other1? (SPECIFY) _____ 11
- l. Other2? (SPECIFY) _____ 12
- m. No training 13
- n. Don't know..... 98

E2. Overall, **how helpful** was the training provided by or made available to your staff by Head Start?

- Very helpful 1
- Fairly helpful..... 2
- Could be more helpful, or..... 3
- Could be much more helpful? 4

F. PARENT INVOLVEMENT

The primary respondent for Section F is the Center Director; although questions F2, F6, and F7 should be directed to the Family Service Worker (FSW).

If there is no FSW, the source would be the Center Director.

F1. 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.

SHOW
CARD
A

INDICATE
1, 2, AND 3

- | | | |
|----|---|-------|
| a. | Teach parents about child development and parenting | _____ |
| b. | Inform parents about their own child's development | _____ |
| c. | Encourage parents to read more and do more educational activities with their children..... | _____ |
| d. | Teach parents about health and nutrition | _____ |
| e. | Inform parents about the support services in their community and help them to use them..... | _____ |
| f. | Help parents develop a social support network of other parents and families in the program and community..... | _____ |
| g. | Have parents participate in policy and program decisions | _____ |
| h. | Help parents become economically self-sufficient (i.e., get further education and employment) | _____ |
| i. | Help parents improve their literacy skills..... | _____ |
| j. | Help parents identify their personal goals and ways in which to achieve them..... | _____ |

F2. Do parent volunteers in your center commonly serve in any of the following capacities:

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Classroom aides?..... | 1 | 2 |
| b. Consultants or workshop leaders?..... | 1 | 2 |
| c. Providers of guidance on ethnic customs, traditions and values?..... | 1 | 2 |
| d. Home visitors?..... | 1 | 2 |
| e. Interpreters for non-English speaking or limited English-speaking families? | 1 | 2 |
| f. Bus monitors or drivers? | 1 | 2 |

Have parent volunteers helped in the Center with:

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| g. Height and weight measurements?..... | 1 | 2 |
| h. Vision screenings? | 1 | 2 |
| i. Classroom cleanup? | 1 | 2 |
| j. Dental care/prevention? | 1 | 2 |
| k. Chores and maintenance? | 1 | 2 |

I. Curriculum planning? 1 2

Have parent volunteers in your Center:

	<u>YES</u>	<u>NO</u>
m. Assisted other families with food shopping or home management activities?	1	2
n. Assisted classroom staff during meal times (e.g., serving, eating with children)?	1	2
o. Assisted in recruiting families?	1	2
p. Contacted parents to notify them of meetings and other Migrant and Seasonal Head Start activities?.....	1	2
q. Mentored or encouraged other families to participate?.....	1	2

F3. Does your center do any of the following to encourage parents to participate in Migrant and Seasonal Head Start activities and classes? How about...

	<u>YES</u>	<u>NO</u>
a. Offer incentives such as door prizes or samples of products?	1	2
b. Provide transportation?	1	2
c. Provide child care?	1	2
d. Provide interpreters?	1	2
e. Serve food such as snacks or supper?	1	2
f. Anything else? (SPECIFY) _____	1	2

F4. What means are used to communicate with parents about involvement opportunities?
[NOTE ALL THAT APPLY]

- a. Newsletter
(frequency: e.g., weekly, monthly?) 01
- b. Parent/teacher conferences
(how many? _____) 02
- c. Group meetings
(frequency: e.g., weekly, monthly? _____) 03
- d. Phone calls..... 04
- e. Home visits
(number of visits: _____)..... 05
- f. Poster/bulletin boards 06
- g. Radio/television announcements 07
- h. Other1 (SPECIFY) _____ 08
- i. Other2 (SPECIFY) _____ 09
- j. Don't know..... 98

F5. Why do you think that not all parents participate? [NOTE ALL THAT APPLY]

- a. They are too tired from work 01
- b. They don't have anyone to watch the children..... 02
- c. They aren't in the area long enough 03
- d. They don't want to participate 04
- e. They are not available when the center is open 05
- f. Other1 (SPECIFY) _____ 06
- g. Other2 (SPECIFY) _____ 07
- h. Don't know..... 08

F6. How do you determine the educational needs of the parents? [NOTE ALL THAT APPLY]

- a. Formal family needs assessment
(GET COPY, IF AVAILABLE)..... 01
- b. Ask parents during intake/enrollment process what
they feel their needs and interests are..... 02
- c. Discussion with other social service providers..... 03
- d. Based upon enrollment in previous year's courses 04
- e. Other1 (SPECIFY) _____ 05
- f. Other2 (SPECIFY) _____ 06
- g. Don't know..... 08

F7. What does your Center do to involve members of extended families, especially grandparents and school-aged children?

F8. How often do teachers schedule formal meetings with the parents of each child to discuss their child's care and activities?

- a. Daily 01
- b. Two or three times a week 02
- c. Weekly..... 03
- d. Two or three times a month 04
- e. Monthly 05
- f. Less than monthly 06
- g. Never..... 07
- h. Don't Know 98

F9. How successful would you say your center has been in involving fathers in Head Start?

- a. Very successful 1
- b. Somewhat successful 2
- c. Mostly unsuccessful 3
- d. Very unsuccessful 4

F11. How are the members of your **program's** Parent Policy Committee/Council selected?

F12. Do you have any current or former Migrant and Seasonal Head Start parents employed in your center?

- YES 1
- NO 2 (SECTION G)

F13. How many current or former Migrant and Seasonal Head Start parents are employed at your center as a/an:

	<u>NUMBER EMPLOYED</u>
a. Lead teacher	_____
b. Assistant Teacher.....	_____
c. Teacher's aide.....	_____
d. Family Service Worker	_____
e. Home visitor	_____
f. Cook	_____
g. Assistant in meal preparation.....	_____
h. Driver of a Migrant and Seasonal Head Start bus	_____
i. Maintenance person.....	_____
j. Administrator (e.g., Center Director, Component Coordinator)	_____
k. Other1 (SPECIFY) _____	_____
l. Other2 (SPECIFY) _____	_____

**G. FAMILY NEEDS ASSESSMENT, SERVICE PLANS,
AND CASE MANAGEMENT**

The primary respondent for Section G is the Family Service Worker (or equivalent); however, the questions G6, G13, G14, and G15 should be directed to the Center Director.

G1. Do you complete a Family Need Assessment or Family Partnership Agreement for all, most, some, or none of the families that are assigned to you?

- a. All? 1
- b. Most?..... 2
- c. Some? 3
- d. None? 4 (G3)

G2. When you develop a family needs assessment or family partnership agreement, do you...[NOTE ALL THAT APPLY]

- a. Discuss objectives and goals with families? 01
- b. Prepare a written plan with families? 02
- c. Ask the family to sign a copy of the plan?..... 03
- d. Give the family a copy of the plan? 04
- e. Other (SPECIFY) _____ 05
- f. Don't know..... 98

G3. How do you determine the education or training needs of the parents? [LIST ALL THAT APPLY]

- a. Formal family needs assessment
[GET COPY, IF AVAILABLE]..... 01
- b. Community needs assessments
[GET COPY, IF AVAILABLE]..... 02
- c. Ask parents during intake/enrollment process what
they feel their needs and interests are 03
- d. Discussion with other social service providers..... 04
- e. Based upon enrollment in previous year's courses 05
- f. Other1 (SPECIFY) _____ 06
- g. Other2 (SPECIFY) _____ 07
- h. Don't know..... 98

G4. Which of these are the three (3) most common education or training needs of the parents?

- a. English language skills 01
- b. General education 02
- c. Literacy 03
- d. Child development 04

- e. Parenting 05
- f. Health/nutrition issues 06
- g. Job training 07
- h. Other1 (SPECIFY) _____ 08
- i. Other2 (SPECIFY) _____ 09
- j. Don't know 98

G5. About what percent of your time would you estimate is spent...

- a. Directly providing services to Head Start families? %
- b. Contacting and working with community agencies? %
- c. Administrative tasks? %

[PROBE TO THE EXTENT THESE DIFFER MARKEDLY FROM SUMMING TO 100%.]

G6. What determines how families are assigned to specific case managers/family service workers? Is it...[NOTE ALL THAT APPLY]

- a. According to the child's classroom 01
- b. According to the center 02
- c. Geographic location of family 03
- d. Caseload size 04
- e. Previous experience with specific families 05
- f. Match between race, language, ethnic, and/or cultural characteristics of family and staff 06
- g. Something else? (SPECIFY) _____ 07

[IF MORE THAN ONE, ASK "Which of these is the one used most often?" NOTE ABOVE]

G6a. _____

G7. In general, when do you first have contact with a family?

G8. If a family had a new need for services arise during the Head Start session, how would you most likely learn about it?

G9. In what ways do you work with any of the same families between the times when this center is open?

G10. Do you move with the families served by this Center or do you move from center to center to follow the schedule of when different programs are open?

G11. In the past month, what types of contacts did you have with Head Start families that you work with? [NOTE ALL THAT APPLY]

- a. Individual meetings at the Head Start center 01
- b. Visits to the families' home..... 02
- c. Group meetings at the Head Start center 03
- d. Telephone calls 04
- e. Notes, postcards 05
- f. Other1 (SPECIFY) _____ 06
- g. Other2 (SPECIFY) _____ 07
- h. Does not apply – No contact recently 08
- i. Don't know..... 98

G12a. Since the start of this session, how many of the families that you have worked with have been reported to an agency for...

Child abuse? _____
Child neglect? _____
Other family violence? _____

G12b. Are these rates typical to what you have seen in previous sessions?

YES 1
NO 2

HOME VISITS

G13. Are home visits to families of center-based children required of your center staff?

YES 1
NO 2 SECTION H

G14. What are the minimum number of home visits to the family of each center-based child during the Migrant and Seasonal Head Start program session by:

a. Teachers or assistant teachers? _____
b. Family Service Assistants or Workers of Family Advocates)? _____

G15. About how many times is each family visited by...

a. Teachers or assistant teachers? _____
b. Family Service Assistants or Workers of Family Advocates)? _____

G16. During staff's home visits, which three of these activities are of highest priority for teachers and assistant teachers? For family service workers?

SHOW CARD 2

	<u>Teachers/ Assistant teachers</u>	<u>FSWs FSAs or FAs</u>
a. Providing educational experiences to the Migrant and Seasonal Head Start child	1	2
b. Providing educational experiences/ assistance to other children in the household.....	1	2
c. Teaching parents about parenting/education/child development issues including activities to do with their children.....	1	2
d. Addressing issues of family health and nutrition.....	1	2
e. Providing informal counseling or addressing personal issues (e.g., marital stress/family relations).....	1	2
f. Providing education information/referral to caregivers.....	1	2
g. Providing assistance with basic needs (e.g., food/housing/clothing/medical care)	1	2
h. Informing parents about Migrant and Seasonal Head Start and the services it offers.....	1	2
i. Informing parents about progress of their child.....	1	2
j. Obtaining information from parents about their experiences with Migrant and Seasonal Head Start including suggestions for improvement.....	1	2
k. Other (SPECIFY) _____	1	2

H. CURRICULUM, CLASSROOM ACTIVITIES AND ASSESSMENT

**The primary respondent for Section H
 is the Education Coordinator.**

**The following questions should be directed to BOTH the Education
 Coordinator and the Center Director: H6, H11, H12**

- H1. Do you have a specific curriculum or combination of curricula for preschool age children and/or infants and toddlers in your center?
- a) Preschool YES NO
 b) Infants and Toddlers YES NO

**If YES to H1a (Preschool), ask H2a.
 If YES to H1b (Infants and Toddlers), ask H2b.
 IF NO to both H1a and H1b, go to H6**

- H2. If your principal curriculum for preschoolers and/or infants and toddlers have a name, what is that name?

		H2a Preschool		H2b Infant and Toddler	
		YES	NO	YES	NO
i.	High Reach	1	2	1	2
ii.	High/Scope	1	2	1	2
iii.	Montessori	1	2	1	2
iv.	Bank Street	1	2	1	2
v.	Creative Curriculum	1	2	1	2
vi.	Creating Child Centered Classrooms – Step by Step	1	2	1	2

Continued from H2

		H2a Preschool		H2b Infant and Toddler	
		YES	NO	YES	NO
vii	Curiosity Corner – Johns Hopkins	1	2	1	2
viii	Scholastic Curriculum	1	2	1	2
ix	(For preschool) State developed curriculum: (Which state _____	1	2	1	2
	(For infants and toddlers) State developed curriculum: (Which state _____				
x	(For preschool) Other (SPECIFY)? _____	1	2	1	2
	(For infants and toddlers) Other (SPECIFY)? _____				

H3. If your additional curricula for Preschool children and/or infants and toddler have names, what are they? (CIRCLE ALL THAT APPLY)

		H3a. Preschool		H3b Infant and Toddler	
		YES	NO	YES	NO
i.	High Reach	1	2	1	2
ii.	High/Scope	1	2	1	2
iii.	Montessori	1	2	1	2
iv.	Bank Street	1	2	1	2
v.	Creative Curriculum	1	2	1	2
vi.	Creating Child Centered Classrooms – Step by Step	1	2	1	2
vii.	Curiosity Corner – Johns Hopkins	1	2	1	2
viii.	Scholastic Curriculum	1	2	1	2
ix.	(For preschool) State developed curriculum: (Which state _____	1	2	1	2
	(For infants and toddlers) State developed curriculum: (Which state _____				
x.	(For preschool) Other (SPECIFY?) _____	1	2	1	2
	(For infants and toddlers) Other (SPECIFY?) _____				

H4. Regardless of who developed it, does the curriculum used by your program for preschool-aged children and/or infants and toddlers specify the following? [NOTE ALL THAT APPLY]

		H4a Preschool		H4b Infant and Toddler	
		YES	NO	YES	NO
i.	Goals for children's learning and development	1	2	1	2
ii.	Specific activities for children	1	2	1	2
iii.	Suggested teaching strategies	1	2	1	2
iv.	Suggested teaching materials	1	2	1	2
v.	Ways to involve parents in their child's learning activities	1	2	1	2
vi.	Bilingual language development	1	2	1	2
vii.	Transition to Spanish or English	1	2	1	2

The following question (H6) should be directed to the Education Coordinator

H6. Who makes most of the decisions about the day-to-day plans for preschool children and infants and toddlers, such as the selection of themes and activities? Is it...

	<u>Preschool</u>	<u>Infant & Toddler</u>
Program administrators,.....	01	01
Individual center directors and staff,	02	02
Individual teachers, or	03	03
Someone else? (SPECIFY) _____	04	04

H13. Is there a schedule of activities posted inside or outside of each classroom?

YES	1
NO	2

H14. On a nice day, about how many minutes do toddlers typically spend playing outdoors?

NUMBER OF MINUTES

H15. On a nice day, about how many minutes do preschoolers typically spend playing outdoors?

NUMBER OF MINUTES

H16. What languages are typically used for instruction in this center? [NOTE ALL THAT APPLY]

- a. ENGLISH..... 01
- b. SPANISH..... 02
- c. KANJOBAL..... 03
- d. MIXTECO ALTO or BAJO 04
- e. CHINESE 05
- f. JAPANESE..... 06
- g. KOREAN 07
- h. VIETNAMESE 08
- i. A FILIPINO LANGUAGE 09
- j. INDIGENOUS MEXICAN LANGUAGE:
ZAPOTECO, TARASCO, TRIQUI, CHU,
(SPECIFY) _____ 10
- k. AMERICAN INDIAN LANGUAGE: E.G., KICKAPOO
(SPECIFY) _____ 11
- l. OTHER LANGUAGE1 (SPECIFY) _____ 12
- m. OTHER LANGUAGE2 (SPECIFY) _____ 13

H17. What languages are print materials available in? [NOTE ALL THAT APPLY]

- a. ENGLISH..... 01
- b. SPANISH..... 02
- c. KANJOBAL..... 03
- d. MIXTECO ALTO OR BAJO..... 04
- e. CHINESE 05
- f. JAPANESE..... 06
- g. KOREAN 07
- h. VIETNAMESE 08
- i. A FILIPINO LANGUAGE 09
- j. INDIGENOUS MEXICAN LANGUAGE:
ZAPOTECO, TARASCO, TRIQUI, CHU,
(SPECIFY) _____ 10
- k. AMERICAN INDIAN LANGUAGE: E.G., KICKAPOO
(SPECIFY) _____ 11
- l. OTHER LANGUAGE1 (SPECIFY) _____ 12
- m. OTHER LANGUAGE2 (SPECIFY) _____ 13

H18. Do you have or have you recently begun any efforts to improve children's early literacy skills, that is, to teach them more about letters, word sounds, words, writing, understanding and appreciating books and reading?

- YES 1
- NO 2 (H20)

H19. As part of this effort to improve children’s early literacy skills, do you encourage teachers in your Center to do more of any of the following kinds of activities? How about:...? Would you say teachers are *very much encouraged*, *somewhat encouraged*, *not very much encouraged*, or *not at all encouraged* to do this?

	<u>Very much encouraged</u>	<u>Some- what encouraged</u>	<u>Not very much encouraged</u>	<u>Not at all encouraged</u>
a. Reading stories to the children?.....	1	2	3	4
b. Retelling stories?	1	2	3	4
c. Discussing new words?	1	2	3	4
d. Learning about rhyming words and word families?	1	2	3	4
e. Learning about common prepositions, such as over and under, up and down?	1	2	3	4
f. Learning about conventions of print (left to right orientation, book holding)?	1	2	3	4
g. Learning the names of letters?	1	2	3	4
h. Writing letters of the alphabet?	1	2	3	4
i. Writing own name?	1	2	3	4
j. Working on phonics?	1	2	3	4

H20. I'm going to read some statements that some teachers have made about how children in Head Start should be taught and managed. Please tell me whether each statement agrees or disagrees with your personal beliefs about good teaching practice in Head Start.

Statements about teaching Head Start Children	Agree	Disagree	No Opinion/ Don't Know
a. Head Start classroom activities should be responsive to individual differences in development.....	1	2	8
b. Each curriculum area should be taught as a separate subject at separate times.	1	2	8
c. Children should be allowed to select many of their own activities from a variety of learning areas that the teacher has prepared (writing, science center, etc.).....	1	2	8
d. Children should be allowed to cut their own shapes, perform their own steps in an experiment, and plan their own creative drama, art, and writing activities	1	2	8
e. Students should work silently and alone on seatwork.	1	2	8
f. Children in Head Start classrooms should learn through active explorations.....	1	2	8
g. Head Start teachers should use treats, stickers, or stars to encourage appropriate behavior.....	1	2	8
h. Head Start teachers should use punishments or reprimands to encourage appropriate behavior.....	1	2	8
i. Children should be involved in establishing rules for the classroom.	1	2	8
j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words.....	1	2	8
k. Children should learn to color within predefined lines.....	1	2	8
l. Children in Head Start classrooms should learn to form letters correctly on a printed page.....	1	2	8
m. Children should dictate stories to the teacher.....	1	2	8
n. Children should know their letter sounds before they learn to read.....	1	2	8
o. Children should form letters correctly before they are allowed to create a story.....	1	2	8

I. ASSESSMENT

**The primary respondent for Section I is the Education Coordinator;
however, question I7 should be directed to the Center Director.**

I1. Do you currently assess **Preschoolers'** developmental progress over the course of their enrollment?

- YES 1
- NO 2 (I4)

I2. What methods do you use for these assessments of Preschoolers?

- Ratings based on observation or work sampling 1
- Testing with standardized tests or assessment or screening instruments (SPECIFY) _____ 2
- Both observation-based ratings and direct assessments? or, 3
- Something else? (SPECIFY) _____ 4

I3. Over the course of the program session at this Center, how often is each **Preschooler's** development assessed?

- Weekly 1
- Two or three times a month 2
- Monthly 3
- Beginning and end of enrollment 4
- Other (SPECIFY) _____ 5

IF NO INFANTS AND TODDLERS REPORTED TO BE IN THE CENTER GO TO I7.

14. Do you currently assess **Infants and Toddlers'** developmental progress over the course of their enrollment Center's operation?

- YES 1
- NO 2 (17)

15. What methods do you use for these assessments of **Infants and Toddlers'**? Would you say...

- Ratings based on observation or work sampling 1
- Testing with standardized tests or assessment or screening instruments (SPECIFY) _____ 2
- Both observation-based ratings and direct assessments? or, 3
- Something else? (SPECIFY) _____ 4

16. How often is each **Infant or Toddler's** development assessed?

- Weekly 1
- Two or three times a month 2
- Monthly 3
- Beginning and end of enrollment 4
- Other (SPECIFY) _____ 5

17. How are you planning to implement the new assessment and analysis requirements? Do you plan to make use of...

- a. Ratings based on observation or work sampling 1
- b. Testing with standardized tests or assessment or screening instruments 2
- c. Both observation-based ratings and direct assessments? or, 3
- d. Something else? (SPECIFY) _____ 4

18. What do you do when you suspect a child might have a special need?

19. When a special education specialist sees a child, what kind of feedback does the specialist provide you with?

J. KINDERGARTEN TRANSITION

The primary respondent for Section J is the Center Director.

J1. Does your Center do any of the following regarding transition to kindergarten?

	<u>YES</u>	<u>NO</u>
a. Send letters home with children or mail letters to parents providing information on transition?	1	2
b. Invite parents to attend informational meetings or discussions with Migrant and Seasonal Head Start or school staff about kindergarten transition?	1	2
c. Provide parents with information on the school their child will attend?	1	2
d. Schedule parent and/or child visit(s) to the school the child will attend?	1	2
e. Accompany parents and/or children to visit the school?	1	2
f. Teach parents skills to effectively advocate for their school-age children?	1	2
g. Do anything else? (SPECIFY) _____	1	2

J2. Does your Migrant and Seasonal Head Start center work in any of the following ways with the schools your students will attend?

	<u>YES</u>	<u>NO</u>
a. Conduct joint training of Migrant and Seasonal Head Start and school staffs?	1	2
b. Share curriculum information	1	2
c. Share information about rules and program policies?	1	2
d. Share information on expectations of students and families?	1	2
e. Provide children's Migrant and Seasonal Head Start records to the school?	1	2
f. Meet with kindergarten teachers at the schools Migrant and Seasonal Head Start children will attend?	1	2
g. Do anything else? (SPECIFY) _____	1	2

K. EMPLOYMENT AND EDUCATIONAL BACKGROUND

**COMPLETE THE APPROPRIATE SET OF ITEMS
FOR EACH RESPONDENT.**

CENTER DIRECTOR

K1. How many years have you been employed by this program?

NUMBER OF YEARS

K2. In total, how many years have you worked with any Migrant and Seasonal Head Start Program?

NUMBER OF YEARS

K3. What other positions have you held in a Migrant Head Start program? [NOTE ALL THAT APPLY]

- a. Teacher 01
- b. Instructor 02
- c. Component coordinator..... 03
- d. Outreach staff/recruiter 04
- e. Counselor 05
- f. Center director..... 06
- g. Other (SPECIFY) _____ 07
- h. None – no previous positions 08

K4. How many hours per week are you paid to work for Migrant and Seasonal Head Start?

HOURS PER WEEK

K6. How many months per year are you paid to work for Migrant and Seasonal Head Start?

MONTHS PER YEAR

K7. Are you the parent of a child currently attending Migrant and Seasonal Head Start?

YES 1
NO 2

K9. Are you the parent of a child who attends regular Head Start or Early Head Start (but not Migrant and Seasonal Head Start) now or who attended in the past?

YES 1
NO 2

K10. What is the highest grade or year of school that you completed?

UP TO 8TH GRADE.....	01	}	(K14)
9TH TO 11TH GRADE.....	02		
12TH GRADE BUT NO DIPLOMA.....	03		
HIGH SCHOOL DIPLOMA/EQUIVALENT.....	04		
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA.....	05		
VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....	06		
SOME COLLEGE BUT NO DEGREE.....	07		
ASSOCIATE'S DEGREE.....	08	}	(K11)
BACHELOR'S DEGREE.....	09		
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10		
MASTER'S DEGREE (MA, MS).....	11		
DOCTORATE DEGREE (PhD, EdD).....	12		
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	13		

K11. In what field did you obtain your highest degree?

CHILD DEVELOPMENT OR DEVELOPMENTAL PSYCHOLOGY.....	1
EARLY CHILDHOOD EDUCATION.....	2
ELEMENTARY EDUCATION.....	3
OTHER FIELD (SPECIFY).....	4

K13. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?

YES.....	1
NO.....	2

K15. Do you have a teaching certificate or license?

YES.....	1
NO.....	2

K16. Do you have a Child Development Associate (CDA) credential?

YES 1
 NO..... 2

K17. Are you currently a member of a professional association for early childhood education? (e.g., NAEYC, NHSA, NEA)

YES 1
 NO..... 2

K18. What languages do you speak, read, or write somewhat or fluently (including your native language)? (CIRCLE THE FLUENCY LEVEL FOR EACH LANGUAGE SPOKEN, READ, OR WRITTEN, WHERE 1 = FLUENTLY, 2 = SOMEWHAT, AND 3 = NOT AT ALL.)

LANGUAGE	SPEAK	READ	WRITE
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3

GO TO SECTION L FOR CENTER DIRECTOR.

EDUCATION COORDINATOR

K19. How long have you been employed by this program?

YEARS

K20. How many years have you worked with any Migrant and Seasonal Head Start Program?

YEARS

K21. How many of those years have you served as the education coordinator?

YEARS

K22. How many of those years have you been teaching Head Start (as either lead or assistant teacher)?

YEARS

K23. How many years' experience did you have with such programs before you joined Migrant and Seasonal Head Start?

YEARS

K24. How many hours per week are you paid to work for Migrant and Seasonal Head Start?

HOURS PER WEEK

K26. How many months per year are you paid to work for Migrant and Seasonal Head Start?

MONTHS PER YEAR

K27. What other positions have you held in a Migrant Head Start program? [NOTE ALL THAT APPLY]

- a. Teacher 01
- b. Instructor 02
- c. Component coordinator..... 03
- d. Outreach staff/recruiter 04
- e. Counselor 05
- f. Center director..... 06
- g. Other (SPECIFY) _____ 07
- h. None – no previous positions..... 08

K28. Are you the parent of a child currently attending Migrant and Seasonal Head Start?

- YES 1
- NO..... 2

K30. Are you the parent of a child who attends regular Head Start or Early Head Start (but not Migrant and Seasonal Head Start) now or who attended in the past?

- YES 1
- NO..... 2

K31. What is the highest grade or year of school that you completed?

- | | | | |
|---|----|---|-------|
| UP TO 8TH GRADE..... | 01 | } | (K36) |
| 9TH TO 11TH GRADE..... | 02 | | |
| 12TH GRADE BUT NO DIPLOMA..... | 03 | | |
| HIGH SCHOOL DIPLOMA/EQUIVALENT..... | 04 | | |
| VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA..... | 05 | | |
| VOC/TECH DIPLOMA AFTER HIGH SCHOOL..... | 06 | | |
| SOME COLLEGE BUT NO DEGREE..... | 07 | | |
| ASSOCIATE'S DEGREE..... | 08 | } | (K32) |
| BACHELOR'S DEGREE..... | 09 | | |
| GRADUATE OR PROFESSIONAL SCHOOL BUT
NO DEGREE..... | 10 | | |
| MASTER'S DEGREE (MA, MS)..... | 11 | | |
| DOCTORATE DEGREE (PHD, EDD)..... | 12 | | |
| PROFESSIONAL DEGREE AFTER BACHELOR'S
DEGREE (MEDICINE/MD; DENTISTRY/DDS;
LAW/JD/LLB; ETC.)..... | 13 | | |

K32. In what field did you obtain your highest degree?

- | | |
|---|---|
| CHILD DEVELOPMENT OR DEVELOPMENTAL
PSYCHOLOGY..... | 1 |
| EARLY CHILDHOOD EDUCATION..... | 2 |
| ELEMENTARY EDUCATION..... | 3 |
| OTHER FIELD (SPECIFY) _____ | 4 |

K33. Did your field include 6 or more college courses in early childhood education or child development?

- | | |
|----------|---|
| YES..... | 1 |
| NO..... | 2 |

K34. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?

YES 1
NO 2

K35. Do you have a teaching certificate or license?

YES 1
NO 2

K36. Do you have any other job-related licenses?

YES 1
NO 2

K37. Do you have a Child Development Associate (CDA) credential?

YES 1
NO 2

K38. Do you have a state-awarded preschool certificate or permit?

YES 1
NO 2

K39. Are you currently a member of a professional association for early childhood education? (e.g., NAEYC, NHSA, NEA)

YES 1
NO 2

K40. What languages do you speak, read, or write somewhat or fluently (including your native language)? (CIRCLE THE FLUENCY LEVEL FOR EACH LANGUAGE SPOKEN, READ, OR WRITTEN, WHERE 1 = FLUENTLY, 2 = SOMEWHAT, AND 3 = NOT AT ALL.)

LANGUAGE	SPEAK	READ	WRITE
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3

GO TO SECTION L FOR EDUCATION COORDINATOR

FAMILY SERVICE WORKER

K41. How long have you been employed by this program?

_____ YEARS

K42. How many years have you worked with any Migrant and Seasonal Head Start Program?

_____ YEARS

K43. Before you started working with Head Start, did you have **any work or volunteer experience** as a social worker or case manager in a family support program?

- YES 1
 NO 2

K44. How many hours per week are you paid to work for Migrant and Seasonal Head Start?

_____ HOURS PER WEEK

K46. How many months per year are you paid to work for Migrant and Seasonal Head Start?

MONTHS PER YEAR

K47. What other positions have you held in a Migrant Head Start program? [NOTE ALL THAT APPLY]

- a. Teacher 01
- b. Instructor 02
- c. Component coordinator..... 03
- d. Outreach staff/recruiter 04
- e. Counselor 05
- f. Center director..... 06
- g. Other (SPECIFY) _____ 07
- h. None – no previous positions..... 08

K48. Are you the parent of a child currently attending Migrant and Seasonal Head Start?

- YES 1
- NO..... 2

K50. Are you the parent of a child who attends regular Head Start or Early Head Start (but not Migrant and Seasonal Head Start) now or who attended in the past?

- YES 1
- NO..... 2

K51. What is the highest grade or year of school that you completed? (CIRCLE ONE RESPONSE.)

- UP TO 8TH GRADE..... 01
 - 9TH TO 11TH GRADE..... 02
 - 12TH GRADE BUT NO DIPLOMA..... 03
 - HIGH SCHOOL DIPLOMA/EQUIVALENT..... 04
 - VOC/TECH PROGRAM AFTER HIGH SCHOOL
 BUT NO VOC/TECH DIPLOMA..... 05
 - VOC/TECH DIPLOMA AFTER HIGH SCHOOL..... 06
 - SOME COLLEGE BUT NO DEGREE..... 07
 - ASSOCIATE'S DEGREE..... 08
 - BACHELOR'S DEGREE..... 09
 - GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE..... 10
 - MASTER'S DEGREE (MA, MS)..... 11
 - DOCTORATE DEGREE (PHD, EDD)..... 12
 - PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
 (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)..... 13
- } (K56)
 } (K52)

K52. In what field did you obtain your highest degree?

- CHILD DEVELOPMENT OR DEVELOPMENTAL
 PSYCHOLOGY..... 1
- EARLY CHILDHOOD EDUCATION..... 2
- ELEMENTARY EDUCATION..... 3
- OTHER FIELD (SPECIFY) _____ 4

K60. What languages do you speak, read, or write somewhat or fluently (including your native language)? (CIRCLE THE FLUENCY LEVEL FOR EACH LANGUAGE SPOKEN, READ, OR WRITTEN, WHERE 1 = FLUENTLY, 2 = SOMEWHAT, AND 3 = NOT AT ALL.)

LANGUAGE	SPEAK	READ	WRITE
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3

FOR FAMILY SERVICE WORKER, GO TO SECTION L.

HEALTH COORDINATOR

K61. How long have you been employed by this program?

YEARS

K62. How many years have you worked with any Migrant and Seasonal Head Start Program?

YEARS

K63. Before you started working with Head Start, did you have **any work or volunteer experience** as a social worker or case manager in a family support program?

- YES 1
- NO 2

K64. How many hours per week are you paid to work for Migrant and Seasonal Head Start?

HOURS PER WEEK

K66. How many months per year are you paid to work for Migrant and Seasonal Head Start?

MONTHS PER YEARS

K67. What other positions have you held in a Migrant Head Start program? [NOTE ALL THAT APPLY]

- a. Teacher 01
- b. Instructor 02
- c. Component coordinator 03
- d. Outreach staff/recruiter 04
- e. Counselor 05
- f. Center director..... 06
- g. Other (SPECIFY) _____ 07
- h. None – no previous positions..... 08

K68. Are you the parent of a child currently attending Migrant and Seasonal Head Start?

YES 1
 NO..... 2

K70. Are you the parent of a child who attends regular Head Start or Early Head Start (but not Migrant and Seasonal Head Start) now or who attended in the past?

YES 1
 NO..... 2

K72. What is the highest grade or year of school that you completed? (CIRCLE ONE RESPONSE.)

UP TO 8TH GRADE.....	01	}	(K76)
9TH TO 11TH GRADE.....	02		
12TH GRADE BUT NO DIPLOMA.....	03		
HIGH SCHOOL DIPLOMA/EQUIVALENT.....	04		
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA.....	05		
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	06		
SOME COLLEGE BUT NO DEGREE.....	07	}	(K72)
ASSOCIATE'S DEGREE	08		
BACHELOR'S DEGREE	09		
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10		
MASTER'S DEGREE (MA, MS)	11		
DOCTORATE DEGREE (PHD, EDD).....	12		
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	13		

K73. In what field did you obtain your highest degree?

CHILD DEVELOPMENT OR DEVELOPMENTAL
 PSYCHOLOGY 1
 EARLY CHILDHOOD EDUCATION 2
 ELEMENTARY EDUCATION 3
 OTHER FIELD (SPECIFY) _____ 4

K77. Do you have a Child Development Associate (CDA) credential?

YES 1
 NO..... 2

K79. Do you have any other job-related licenses?

YES 1
NO 2

K81. What languages do you speak, read, or write somewhat or fluently (including your native language)? (CIRCLE THE FLUENCY LEVEL FOR EACH LANGUAGE SPOKEN, READ, OR WRITTEN, WHERE 1 = FLUENTLY, 2 = SOMEWHAT, AND 3 = NOT AT ALL.)

LANGUAGE	SPEAK	READ	WRITE
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3
	1 2 3	1 2 3	1 2 3

L. OVERVIEW OF CENTER

COMPLETE THE APPROPRIATE SET OF ITEMS FOR EACH RESPONDENT

CENTER DIRECTOR

L1a. What would you say are the goals of your center? [NOTE ALL THAT APPLY]

- a. To provide a warm and loving environment for children? 01
- b. To provide care for children so parents can work? 02
- c. To prepare children for school/kindergarten?..... 03
- d. To help children learn to speak and read English? 04
- e. To promote children’s development? 05
- f. To teach children appreciation for their culture? 06
- g. To provide religious instruction?..... 07
- h. To keep children safe? 08
- i. To teach parents to speak, read and write English? 09
- j. To help parents to upgrade their education and/or job skills, through, for example, offering a GED program or work skills training? 10
- k. To help parents to develop a warm and loving relationship with their children? 11
- l. To promote parents as the primary educators of their children..... 12
- m. To provide parent education workshops (e.g. developmentally-appropriate child expectations, positive discipline, First Aid/CPR, health/dental health/ nutrition topics, etc.) 13
- n. To collaborate with parents in shared decisionmaking processes 14
- o. To develop parent leaders..... 15
- p. To refer families to free or low-cost community services (e.g., health, dental health, domestic violence, housingreferrals, food closets, WIC, etc.)..... 16
- q. To obtain resources for children with disabilities or potential disabilities 17
- r. To promote literacy opportunities in the home (e.g. Program-sponsored lending libraries) 18
- s. To promote other opportunities for literacy (in first language, as well as second language – linkages to libraries, children’s literature workshops, Spanish for Spanish speakers, parent essay contests, etc.) 19
- t. OTHER1 (SPECIFY) 95
- u. OTHER2 (SPECIFY) 96
- v. DON’T KNOW..... 98

L2a. If you could change one thing that you think would significantly improve the services your center is providing, what would it be?

L3a. What are two things your Center does really well for children and their families?

1. _____

2. _____

L4a. In your **current Head Start position**, what conditions or situations **make it harder** for you to do your job well? [NOTE ALL THAT APPLY, THEN USE LIST FOR PROBES]

- a. Time constraints such as not enough time to do all that is required..... 01
- b. An undefined role unclear guidelines on job responsibilities 02
- c. Salary too low for job demands..... 03
- d. Lack of support staff..... 04
- e. Not enough training for secondary responsibilities 05
- f. Not enough support and communication from administration..... 06
- g. Not enough funds for supplies and activities 07
- h. Inability to maintain sustained contact with families..... 08
- i. Too little time with families 09
- j. Language of families 10
- k. Other1 (SPECIFY) _____ 11
- l. Other2 (SPECIFY) _____ 12
- m. No problems 13
- n. Don't know..... 98

EDUCATION COORDINATOR

L1b. If you could change one thing that you think would significantly improve the services your center is providing, what would it be?

L2b. What are two things your Center does really well for children and their families?

1. _____

2. _____

L3b. In your **current Head Start position**, what conditions or situations **make it harder** for you to do your job well? [NOTE ALL THAT APPLY, THEN USE LIST FOR PROBES]

- a. Time constraints such as not enough time to do all that is required 01
- b. An undefined role unclear guidelines on job responsibilities 02
- c. Salary too low for job demands 03
- d. Lack of support staff 04
- e. Not enough training for secondary responsibilities 05
- f. Not enough support and communication from administration 06
- g. Not enough funds for supplies and activities 07
- h. Inability to maintain sustained contact with families 08
- i. Too little time with families 09
- j. Language of families 10
- k. Other1 (SPECIFY) _____ 11
- l. Other2 (SPECIFY) _____ 12
- m. No problems 13
- n. Don't know 98

FAMILY SERVICE WORKER

L1c. If you could change one thing that you think would significantly improve the services your center is providing, what would it be?

L2c. What are two things your Center does really well for children and their families?

1. _____

2. _____

L3c. In your **current Head Start position**, what conditions or situations make it harder for you to do your job well? [NOTE ALL THAT APPLY, THEN USE LIST FOR PROBES]

- a. Time constraints such as not enough time to do all that is required 01
- b. An undefined role unclear guidelines on job responsibilities 02
- c. Salary too low for job demands 03
- d. Lack of support staff 04
- e. Not enough training for secondary responsibilities 05
- f. Not enough support and communication from administration 06
- g. Not enough funds for supplies and activities 07
- h. Inability to maintain sustained contact with families 08
- i. Too little time with families 09
- j. Language of families 10
- k. Other1 (SPECIFY) _____ 11
- l. Other2 (SPECIFY) _____ 12
- m. No problems 13
- n. Don't know 98



Migrant and Seasonal Head Start Research Design Development Project

Teacher Interview

Child ID
number: _____

Child name:

Birth date: ____/____/____

Child gender (*circle*): F M

Name of Agency/Program: _____

Name of MSHS Center: _____

Address: _____

Classroom Name/ID: _____

Teacher Name: _____

Interview Date: _____

Interviewer: _____

Interview Language: _____

INTRODUCTION

The Migrant and Season Head Start Research Design Project is a project funded by the U.S. Department of Health and Human Services (DHHS), which sponsors Migrant and Seasonal Head Start (MSHS). The project is aimed at learning from programs about how they are helping migrant and seasonal farmworker families and about these families' strengths, and challenges. A very important part of the study is to find out from staff about what happens in the centers and the classrooms, particularly how the program is tailored to the needs of the children and families, to help us understand how to study these programs and their participants.

It is important to tell you that in this study we are only looking at the feasibility of actually doing research in Migrant and Seasonal Head Start programs, so we want to learn as much as possible by asking you questions in this interview. But at any time if you feel that the questions we ask you do not make sense, or, that we are missing something important, please tell me. At the end of the interview, I will ask you some debriefing questions, to get your feedback on the interview. Again, this is so that we can learn what questions to ask and how the program works, in order to develop a good research design for a future evaluation.

Please be aware that your answers will be completely confidential, and that this interview will take about 30 minutes of your time.

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

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 0970-0262 (expires 3/31/07) The time required to complete this information collection is estimated to average 30 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection

Do you have any questions before we begin?

SC. SCREENER FOR TYPE OF CLASSROOM

A1. What is the age-range in months of the children you are working with in your classroom right now?

FROM _____ MONTHS (LOWEST AGE) TO _____ MONTHS (HIGHEST AGE)

IF AGE RANGE IS LESS THAN 36 MONTHS, CHECK THIS BOX . . . AND GO TO SECTION B "FOR TEACHERS IN INFANT AND TODDLER ROOMS" (PG. 12).
IF AGE RANGE IS 36 MONTHS OR HIGHER, CONTINUE IN THIS SECTION, BELOW.
IF TEACHER HAS CHILDREN IN BOTH AGE RANGES (YOUNGER THAN 36 MONTHS AND OLDER) THEN BEGIN IN THIS SECTION, AND COMPLETE SECTION B.

A. FOR TEACHERS IN PRESCHOOL CLASSROOMS

A2. How many children are there in your class right now? _____ NUMBER OF STUDENTS

A3. We would like you to tell us how a *typical day* is spent in your classroom. Not including breakfast, lunch, snack, or nap breaks, how much time do the children spend in the following kinds of activities? How about (READ ITEM)? Would you say the children spend no time, half an hour or less, about one hour, about two hours, or three hours or more in (READ ITEM AGAIN)?

	No time	Half hour or less	About one hour	About two hours	Three hours or more
a. <u>Teacher-directed¹ whole class activities</u>	1	2	3	4	5
b. <u>Teacher-directed small group activities</u>	1	2	3	4	5
c. <u>Teacher-directed individual activities</u>	1	2	3	4	5
d. <u>Child-selected activities</u>	1	2	3	4	5

A4. How often do children in this class do each of the following reading and language activities? Would you say children (READ ITEM) *never, about once a month or less, two or three times a month, once or twice a week, three or four times a week, or every day?*

	Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Every day	Not applicable
a. Work on learning the names of the letters	1	2	3	4	5	6	7
b. Practice writing the letters of the alphabet	1	2	3	4	5	6	7
c. Discuss new words	1	2	3	4	5	6	7
d. Dictate stories to a teacher, aide, or volunteer	1	2	3	4	5	6	7
e. Work on phonics	1	2	3	4	5	6	7
f. Listen to you read stories where they see the print (e.g., Big Books).....	1	2	3	4	5	6	7
g. Listen to you read stories but they don't see the print.....	1	2	3	4	5	6	7
h. Retell stories	1	2	3	4	5	6	7
i. Learn about conventions of print (left to right orientation, book holding)	1	2	3	4	5	6	7
j. Write own name	1	2	3	4	5	6	7
k. Learn about rhyming words and word families	1	2	3	4	5	6	7
l. Learn about common prepositions, such as over and under, up and down.....	1	2	3	4	5	6	7

¹ Definitions for underlined terms may be found in glossary following Section D.

A5. Does your classroom have the following interest areas or centers for activities?

	<u>YES</u>	<u>NO</u>
a. Reading area	1	2
b. Listening center	1	2
c. Writing center or area	1	2
d. Math area with manipulatives	1	2
e. Computer area	1	2
f. Science or nature area with manipulatives	1	2
g. Dramatic play area or corner	1	2
h. Art area	1	2
i. Private area for one or two children to be alone	1	2

A6. What are some activities and class practices that are specifically aimed at encouraging children's social or emotional development?

A7. What languages are used for verbal instruction in this class? (CIRCLE ALL THAT APPLY.)

a. ENGLISH	01
b. SPANISH	02
c. KANJOBAL	03
d. MIXTECO ALTO or BAJO	04
e. CHINESE	05
f. JAPANESE	06
g. KOREAN	07
h. VIETNAMESE	08
i. A FILIPINO LANGUAGE	09
j. OTHER INDIGENOUS LANGUAGE: E.G. ZAPOTECO,	
k. TARASCO, TRIQUI, CHU, (SPECIFY) _____	10
l. AMERICAN INDIAN LANGUAGE: E.G., KICKAPOO	
(SPECIFY) _____	11
m. OTHER LANGUAGE (SPECIFY) _____	12

A8. What languages are used for printed materials in this class? (CIRCLE ALL THAT APPLY.)

- a. ENGLISH 01
- b. SPANISH 02
- c. KANJOBAL 03
- d. MIXTECO ALTO or BAJO..... 04
- e. CHINESE 05
- f. JAPANESE 06
- g. KOREAN 07
- h. VIETNAMESE 08
- i. A FILIPINO LANGUAGE..... 09
- j. OTHER INDIGENOUS LANGUAGE: E.G. ZAPOTECO,
- k. TARASCO, TRIQUI, CHU, (SPECIFY) _____ 10
- l. AMERICAN INDIAN LANGUAGE: E.G.,KICKAPOO
 (SPECIFY) _____ 11
- m. OTHER LANGUAGE (SPECIFY) _____ 12

IF ONLY LANGUAGE USED IS ENGLISH, CHECK THIS BOX . . . AND GO TO QUESTION 10.

A9. How well do you speak each of these languages? Would you say you are fluent or only partially fluent in each language? Please give me a rating for each language that you speak.

	<u>Fluent</u>	<u>Partially Fluent</u>	<u>Not Fluent</u>
NON-ENGLISH LANGUAGE #1: _____	1	2	3
NON-ENGLISH LANGUAGE #2: _____	1	2	3
NON-ENGLISH LANGUAGE #3: _____	1	2	3

A10. Who makes *most* of the decisions about the day-to-day instructional plans for children in your center, such as the typical daily schedule or sequence of activities? Is it...

- Head Start program administrators,..... 1
- Individual center directors and staff,..... 2
- Individual teachers, or..... 3
- Someone else? (SPECIFY) 4

A11. How much do you use a curriculum in developing and planning daily classroom activities? Would you say:

- A great deal,..... 1
- Fairly much, 2
- Not at all?..... 3

A12. Do you have a daily written plan for your classroom activities?

- YES..... 1
- NO..... 2

A13. Is there someone who mentors you in your classroom -- someone who observes your teaching on a regular basis and provides feedback, guidance, and training?

YES..... 1
 NO..... 2 (GO TO A17)

A14. How often does your mentor come to your classroom? Would you say:

Once a week, 1
 Once a month, 2
 For a concentrated period
 (such as an entire week or month)? 3

A15. Have you been to observe your mentor in her or his classroom or gone with your mentor to another classrooms?

YES..... 1
 NO..... 2

A16. Have you acted as a mentor for other Head Start teachers or teacher trainees?

YES..... 1
 NO..... 2

A17. How often do you meet with the parents to discuss the progress or status of each child in your class, apart from daily converstations?

Once every 6 months or more 1
 Once every 4 to 6 months..... 2
 Once every 2 to 4 months..... 3
 At least once a month..... 4
 More than once a month..... 5

A18. Do you do any of the following with the parents of all of the children in your classroom? Do you...

	<u>YES</u>	<u>NO</u>
a. Keep a schedule of regular <u>parent-teacher conferences</u> ?.....	1	2
b. Schedule parent-teacher conferences to follow your own review of the child's progress? (ONLY IF SYSTEMATIC ASSESSMENT DONE)	1	2
c. Schedule parent-teacher conferences at least 2 times a year?.....	1	2
d. Conduct parent teacher conferences at least 1 time a year?	1	2
e. Schedule home visits twice a year?.....	1	2
f. Conduct home visits at least once a year?	1	2

A19. Not counting formal parent-teacher conferences, about how often do you typically speak with the parents of the children in your class? [PROBE: Most children's parents?]

- Less than once a month 1
- Once or twice a month..... 2
- About once a week 3
- Two or three times a week 4
- Almost daily 5

A20. What are some activities you encourage parents to do in order to be involved in their child's learning, health and development? (CIRCLE ALL THAT APPLY. DO NOT READ ALOUD.)

- READ TO CHILD 1
- TELL CHILD STORIES..... 2
- TALK TO CHILD ABOUT HIS/HER HERITAGE OR FAMILY BACKGROUND 3
- TALK TO CHILD ABOUT HIS/HER EXPERIENCES IN MSHS 4
- SPEND TIME WITH CHILD DOING ARTS AND CRAFTS
- SPEND TIME WITH CHILD WORKING ON A PROJECT 5
- DIRECT PARENT TO CHILD HEALTH SERVICES 6
- DISCUSS DISCIPLINE ISSUES (HOME VERSUS ESCUELITA) 7
- OTHER 1 (SPECIFY) _____ 8

- OTHER 2 (SPECIFY) _____ 9

A21. What are some activities you encourage parents to do in order to be involved in MSHS? (DO NOT READ ALOUD. CIRCLE ALL THAT APPLY.)

- ATTEND A GENERAL SCHOOL/ESCUELITA MEETING..... 1
- GO TO REGULARLY SCHEDULED PARENT-TEACHER CONFERENCES 2
- ATTEND SCHOOL/ESCUELITA OR CLASS EVENT, SUCH AS A PLAY OR SPORTS EVENT 3
- ACT AS A SCHOOL VOLUNTEER OR SERVE ON A SCHOOL OR PARENT COMMITTEE 4
- PARTICIPATE IN CHARITABLE ACTIVITIES FOR SCHOOL..... 5
- ATTEND PARENT WORKSHOP 6
- OTHER 1 (SPECIFY) _____ 7

- OTHER 2 (SPECIFY) _____ 8

A22. What are some of the main challenges you face in working with parents?

A23. Please tell me the extent to which you agree with each of the following statements on teaching. Tell me whether you *mostly disagree*, *neither agree nor disagree*, or *mostly agree*.

	<u>Mostly disagree</u>	<u>Neither agree nor disagree</u>	<u>Mostly agree</u>
a. I really enjoy my present teaching job	1	2	3
b. I am certain I am making a difference in the lives of the children I teach.....	1	2	3
c. If I could start over, I would choose teaching again as my career.	1	2	3

A24. If it were just up to you, how likely would you be to continue working for Migrant and Seasonal Head Start through the next Head Start year (through 2004-2005)?

- Very likely, 1
- Fairly likely, 2
- Very unlikely? 3

IF TEACHER HAS NO CHILDREN UNDER 36 MONTHS OF AGE, GO TO SECTION C: BACKGROUND INFORMATION
 IF TEACHER ALSO HAS CHILDREN UNDER 36 MONTHS OF AGE, CONTINUE IN SECTION B

B. FOR TEACHERS IN INFANT AND TODDLER ROOMS

B1. How many children are there in your class right now?

NUMBER OF STUDENTS AGE 0-12 MONTHS

NUMBER OF STUDENTS AGE 13-24 MONTHS

B2. What languages are used to communicate with children in your class? (CIRCLE ALL THAT APPLY.)

- a. ENGLISH 01
- b. SPANISH 02
- c. KANJOBAL 03
- d. MIXTECO ALTO or BAJO..... 04
- e. CHINESE 05
- f. JAPANESE 06
- g. KOREAN 07
- h. VIETNAMESE 08
- i. A FILIPINO LANGUAGE..... 09
- j. OTHER INDIGENOUS LANGUAGE: E.G. ZAPOTECO,
- k. TARASCO, TRIQUI, CHU, (SPECIFY) _____ 10
- l. AMERICAN INDIAN LANGUAGE: E.G.,KICKAPOO
(SPECIFY) _____ 11
- m. OTHER LANGUAGE (SPECIFY) _____ 12

IF ONLY LANGUAGE USED IS ENGLISH, CHECK THIS BOX . . AND GO TO QUESTION 4.

B3. How well do you speak each of these languages? Would you say you are fluent or only partially fluent in each language? Please give me a rating for each language that you speak.

	Fluent	Partially Fluent	Not Fluent
NON-ENGLISH LANGUAGE #1: _____	1	2	3
NON-ENGLISH LANGUAGE #2: _____	1	2	3
NON-ENGLISH LANGUAGE #3: _____	1	2	3

B4. Who makes *most* of the decisions about day-to-day classroom activities in this center? Is it...

- Head start program administrators, 1
- Individual center directors and staff, 2
- Individual teachers, or..... 3
- Someone else? (SPECIFY) _____ 4

B5. Do you have a typical daily schedule for your classroom activities?

- YES..... 1
- NO..... 2

B6. Is there someone who mentors¹ you in your classroom – someone who observes you on a regular basis and provides feedback, guidance, and training?

YES..... 1
 NO..... 2 (GO TO B10)

B7. How often does your mentor come to your classroom? Would you say:

Once a week, 1
 Once a month, or 2
 For a concentrated period (such as an entire week or month)? 3

B8. Have you been to observe your mentor in her or his classroom or gone with your mentor to another classroom?

YES..... 1
 NO..... 2

B9. Have you acted as a mentor for other Head Start teachers or teacher trainees?

YES..... 1
 NO..... 2

B10. How often do you meet with the parents to discuss the progress or status of each child in your class, apart from daily interactions?

Once every 6 months or more 1
 Once every 4 to 6 months..... 2
 Once every 2 to 4 months..... 3
 At least once a month..... 4
 More than once a month..... 5

B11. Do you do any of the following with the parents of all of the children in your classroom? Do you...

	<u>YES</u>	<u>NO</u>
a. Keep a schedule of regular parent-teacher conferences?.....	1	2
b. Schedule parent-teacher conferences to follow your own review of the child's progress? (ONLY IF SYSTEMATIC ASSESSMENT DONE)	1	2
c. Schedule parent-teacher conferences at least 2 times a year?.....	1	2
d. Conduct parent teacher conferences at least 1 time a year?	1	2
e. Schedule home visits twice a year?.....	1	2
f. Conduct home visits at least once a year?	1	2

¹ Definitions for underlined terms may be found in glossary following Section C.

B12. Not counting formal parent-teacher conferences, about how often do you typically speak with the parents of the children in your class? [PROBE: Most children's parents?]

- Less than once a month 1
- Once or twice a month..... 2
- About once a week 3
- Two or three times a week..... 4
- Almost daily..... 5

B13. What are some activities you encourage parents to do in order to be involved in their child's learning, health and development? (DO NOT READ ALOUD. CIRCLE ALL THAT APPLY.)

- READ TO CHILD 1
- TELL CHILD STORIES..... 2
- TALK TO CHILD ABOUT HIS/HER HERITAGE OR FAMILY BACKGROUND 3
- TALK TO CHILD ABOUT HIS/HER EXPERIENCES IN MSHS 4
- SPEND TIME WITH CHILD DOING ARTS AND CRAFTS
- SPEND TIME WITH CHILD WORKING ON A PROJECT 5
- DIRECT PARENT TO CHILD HEALTH SERVICES 6
- DISCUSS DISCIPLINE ISSUES (HOME VERSUS ESCUELITA) 7
- OTHER 1 (SPECIFY) _____ 8

OTHER 2 (SPECIFY) _____ 9

B14. What are some activities you encourage parents to do in order to be involved in MSHS (DO NOT READ ALOUD. CIRCLE ALL THAT APPLY.)?

- ATTEND A GENERAL SCHOOL/ESCUELITA MEETING 1
- GO TO REGULARLY SCHEDULED PARENT-TEACHER CONFERENCES 2
- ATTEND SCHOOL/ESCUELITA OR CLASS EVENT, SUCH AS A PLAY OR SPORTS EVENT 3
- ACT AS A SCHOOL VOLUNTEER OR SERVE ON A SCHOOL OR PARENT COMMITTEE 4
- PARTICIPATE IN CHARITABLE ACTIVITIES FOR SCHOOL..... 5
- ATTEND PARENT WORKSHOP 6
- OTHER 1 (SPECIFY) _____ 7

OTHER 2 (SPECIFY) _____ 8

B15. What are some of the main challenges you face in working with parents?

B16. Please tell me the extent to which you agree with each of the following statements on teaching. Tell me whether you *mostly disagree*, *neither agree nor disagree*, or *mostly agree*.

	<u>Mostly disagree</u>	<u>Neither agree nor disagree</u>	<u>Mostly agree</u>
a. I really enjoy my present teaching job.	1	2	3
b. I am certain I am making a difference in the lives of the children I teach.....	1	2	2
c. If I could start over, I would choose teaching again as my career.	1	2	3

B17. If it were just up to you, how likely would you be to continue working for Migrant and Seasonal Head Start through the next Head Start year (through 2004-2005)?

Very likely,	1
Fairly likely,.....	2
Very unlikely?	3

B18 We would like you to tell us how a *typical day* is spent in your infant/toddler room. How much time do the children spend in the following kinds of activities? How about (READ ITEM)? Would you say the children spend no time, half an hour or less, about one hour, about two hours, or three hours or more in (READ ITEM AGAIN)?

	<u>No time</u>	<u>Half hour or less</u>	<u>About one hour</u>	<u>About two hours</u>	<u>Three hours or more</u>
a. Feeding, Meals/Snacks.....	1	2	3	4	5
b. Diapering/Toileting	1	2	3	4	5
c. Naps.....	1	2	3	4	5
d. Indoor Play activities	1	2	3	4	5
e. Outdoor Play activities	1	2	3	4	5

B19. Please think about the displays, pictures, photos, mobiles, etc., that you have in the room(s) where you care for the children and that the children can see or hear. Please indicate whether or not you have any of the following items:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Pictures or posters produced commercially	1	2	98	99
b. Mobiles	1	2	98	99
c. Toddler busy boards	1	2	98	99
d. Children's records, CDs, or tapes	1	2	98	99
e. Drawings or scribble pictures done by the children	1	2	98	99

B20. Thinking about toys that are available in the room(s) where you care for the children...

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
a. Do you have any toys that let the children work their large muscles, like for infants an outdoor pad or blanket, crib gym, or walker or for toddlers riding toys, push-pull wheel toys, or slides?	1	2	98	99
<i>(PROBE: Other examples are door swing, jump swing, play slide, rocking horse, sit and spin, trampoline, TYCO treehouse)</i>				
b. Do you have any toys that have pieces that fit together, such as beads on a string or shape sorters?.....	1	2	98	99
<i>(PROBE: Other examples are ball stackers, busy boxes, grasping toys, egg crate, hammer and pegs, jack-in-a-box, rings on a stick, and simple (single piece) puzzles)</i>				
c. Do you have any art materials for older infants and toddlers (NA if all children in care are less than 12 months of age)? These can include crayons, finger paints, play dough.				
d. Do you have any cuddly, soft toys like dolls or teddy bears?	1	2	98	99
e. Do you have any books suitable for infants and toddlers, such as vinyl or hardpage books?	1	2	98	99
f. Do you have any toys that let children make music, such as a drum, recorder or toy that plays a musical jingle?.....	1	2	98	99

C1. TEACHER BACKGROUND INFORMATION

C1. In total, how many years have you been teaching (including all grades and preschool)?

NUMBER OF YEARS

C2. How many of those years have you been teaching Head Start, Early Head Start, or Migrant and Seasonal Head Start (as either lead or assistant teacher)?

NUMBER OF YEARS

C3. How many of those years have you been teaching Migrant and Seasonal Head Start only (as either lead or assistant teacher)?

NUMBER OF YEARS

C4. Are you the parent of a child currently attending Migrant and Seasonal Head Start?

YES..... 1
NO..... 2

C5. Do you have any other children living with you who do not now attend Migrant and Seasonal Head Start, but who did attend Migrant and Seasonal Head Start in the past?

YES..... 1
NO..... 2

C6. Are you the parent of a child who attends regular Head Start or Early Head Start (but not Migrant and Seasonal Head Start) now or who attended in the past?

YES..... 1
NO..... 2

C7. What is the highest grade or year of school that you completed?
 (CIRCLE ONE RESPONSE. SEE GLOSSARY AT END OF SECTION B FOR DEFINITIONS.)

- | | | | |
|---|----|---|------------|
| UP TO 5 TH GRADE | 00 | } | (GO TO C9) |
| 6 TH TO 8 TH GRADE | 01 | | |
| 9TH TO 11TH GRADE | 02 | | |
| 12TH GRADE BUT NO DIPLOMA | 03 | | |
| HIGH SCHOOL DIPLOMA/EQUIVALENT | 04 | } | (GO TO C8) |
| VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA | 05 | | |
| VOC/TECH DIPLOMA AFTER HIGH SCHOOL..... | 06 | | |
| SOME COLLEGE BUT NO DEGREE | 07 | | |
| ASSOCIATE'S DEGREE | 08 | } | (GO TO C8) |
| BACHELOR'S DEGREE..... | 09 | | |
| GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE | 10 | | |
| MASTER'S DEGREE (MA, MS) | 11 | | |
| DOCTORATE DEGREE (PHD, EDD) | 12 | | |
| PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) | 13 | | |

C8. In what field did you obtain your highest degree?

- | | |
|---|---|
| Child development or developmental psychology | 1 |
| Early childhood education..... | 2 |
| Elementary education | 3 |
| Other field (SPECIFY) _____ | 4 |

C9. Have you completed 6 or more college courses in early childhood education or child development?

- | | |
|----------|---|
| YES..... | 1 |
| NO..... | 2 |

C10. Do you have a Child Development Associate (CDA) credential?

- | | |
|----------|---|
| YES..... | 1 |
| NO..... | 2 |

C11. Do you have a [NAME OF STATE]-awarded preschool certificate or permit (*proviso*)?

- | | |
|----------|---|
| YES..... | 1 |
| NO..... | 2 |

C12. 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..... 1
- Child development associate (cda) degree program 2
- Teaching certificate..... 3
- Special education teaching degree..... 4
- Graduate degree (master's or ph.d or ed.d.) 5
- Other (SPECIFY)..... 6

C13. (ASK ONLY IF NOT OBVIOUS.) What is your gender?

- MALE 1
- FEMALE 2

C14. Are you of Spanish, Hispanic, or Latino origin?

- YES..... 1
- NO..... 2 (GO TO C16)

C15. Which one of these best describes you...

- [Central American]
 - Mexican, Mexican American 01
 - Guatemalan 02
 - El Salvadorian..... 03
 - Nicaraguan 04
 - Costa Rican 05
 - Panamanian..... 06
- [Caribbean]
 - Puerto Rican..... 07
 - Cuban 08
- [South American]
 - Columbian 09
 - Venezuelan 10
 - Guyanian 11
 - Ecuadorian..... 12
 - Brazilian 13
 - Peruvian..... 14
 - Bolivian 15
 - Paraguayan 16
 - Chilean..... 17
 - Argentinean 18
 - Uruguayan 19
- Other Spanish/Hispanic/Latino group..... 20

C16. What is your race? You may name more than one if you like. (CIRCLE ALL THAT ARE MENTIONED.)

- a. WHITE..... 01
- b. BLACK, AFRICAN AMERICAN, OR NEGRO..... 02
- c. AMERICAN INDIAN OR ALASKA NATIVE 03
(SPECIFY)_____ 04
- d. ASIAN INDIAN 05
- e. CHINESE 06
- f. FILIPINO 07
- g. JAPANESE 08
- h. KOREAN 09

C17. What two things do you think your program does really well for children and their families? (ASK TO CHOOSE ONLY TWO.)

- 1. _____
- 2. _____

C18. 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?

- 1. _____

C19. What do you think are the things that make the Migrant and Seasonal Head Start program different from other Head Start programs?

C20. What do you think are the most unique and important features of the Migrant and Seasonal Head Start program?

D. DEBRIEFING

We are now finished with the interview and I want to thank you for your time and assistance. Now I would like to get your feedback to the interview and the kinds of questions we asked you.

D1. Overall, what was your reaction to the interview?

D2. Were there any questions that you especially thought were important for us to ask?

D3. Were there any questions that you thought were not important to ask?

D4. Was there any information that we did not ask, that you think would be important to ask?

D5. Were there any questions that made you uncomfortable or that you thought were too personal?

D6. Do you have any suggestions for how to do research in Migrant and Seasonal Head Start Programs? [PROBE: Ways of asking questions, information to obtain, who are good information sources]

THANK YOU FOR YOUR PARTICIPATION

GLOSSARY OF TERMS FOR TEACHER INTERVIEW

GENERAL CATEGORIES:

Teacher-directed activities.....	A learning activity for the children that is planned and lead by the teacher, or assistant teacher, such as reading a story.
Small Group Activities	Activities that involve from 3 to 8 children. Children could be selected for certain small groups or they could group themselves depending on what they want to do.
Individual Activities	Activities that involve one or two children.
Child-Selected Activities	Activities where the children have a choice in what they are going to do, such as Learning Centers, or outdoor play.
Whole class activities	Activities where all the children in the class are involved, even if they break into small groups at various points.
Curriculum	A "curriculum" refers to a package of learning activities, teaching philosophy and materials that help the teacher design rich, stimulating educational environment for the children. Usually it has a name associated with it, and many curricula have workbooks, teacher guides and some may even have unique learning materials (toys, etc.) that help the teacher use the curriculum in the classroom. The teacher must have a name for the curriculum in order to mark one of these responses. In situations where the teacher uses more than on curriculum, one response should be designated as the principal curriculum. If a teacher does not know what curricula he/she is using, or is not using any, the appropriate response is no curriculum.
Training.....	Refers to any assistance the teacher was given in order to learn how to use the curriculum in the classroom. It could be in the form of in-service trainings, a <u>mentoring</u> relationship with a specialized teacher trained in the curriculum, or it could even include training through self-study materials.
Mentor.....	Refers to someone who is an experienced, senior-level teacher or administrator who develops a supervisory relationship with a given teacher. These mentors often will observe the teacher in her classroom on occasion and then give feedback and suggestions for improvement.
Project.....	Building, making, fixing, or cooking something.
General School Meeting	Open house, back-to-school night or orientation, parent-teacher organization, etc.
Scheduled parent-teacher conferences	Formal meeting scheduled in advance where the teacher meets with the parent on a one-on-one basis.

Child Development Associate (CDA) It is a credential recognized nationally as the quality standard for training of professional early childhood caregivers. CDA training helps caregivers work effectively with infants, toddlers, preschool children, and their families within an early childhood program environment

State awarded preschool certificate A certificate awarded by the state specifically for preschool teaching.

Teaching certificate or license License to teach K-12, recognized nationwide.

EDUCATIONAL CATEGORIES:

High School Diploma/Equivalent..... Refers to a regular high school diploma or a diploma or certificate completed after dropping out of high school, usually a GED equivalency diploma.

Voc/tech Program Education programs geared to learning a skill or trade but not towards academic degree, usually done at a technical school, institute or community college.

Some college but no degree The respondent completed at least one year at an accredited four-year university or college, without earning a degree or diploma.

Associate's Degree..... The respondent completed a 2-year degree, usually at a community college.

Bachelor's Degree The respondent completed a 4-year degree at an accredited four-year college or university. Some "bachelor" programs may last for 5 years or more, and the individual receives a degree.

Graduate or professional school but no degree..... The respondent completed at least one year of graduate or professional school at an accredited university or college without earning a graduate degree. Usually the respondent has received an undergraduate, bachelor's degree before entering graduate or professional school. Graduate schools include master's and doctoral programs and professional schools (includes medical schools, dental school, or law school)

Master's Degree (MA, MSC) The respondent has completed a graduate degree beyond the bachelor's degree.

Doctorate Degree (PH.D., ED.D) An award that requires work at the graduate level and terminates in a doctor's degree. The doctor's degree classification includes such degrees as Doctor of Education, Doctor of Public Administration, Doctor of Philosophy degree in any field such as agronomy, food technology, education engineering, public administration, or radiology, as well as any professional degree such as Medicine or Law.



Migrant and Seasonal Head Start Research Design Development Project

Teacher Interview Supplement

Rooms with Infants Birth to 12 Months of Age

Child ID number: _____

Child name: _____

Birth date: ____ / ____ / ____

Child gender (*circle*): F M

Name of Agency/Program: _____

Name of MSHS Center: _____

Address: _____

Classroom Name/ID: _____

Teacher Name: _____

Date Completed: _____

Interviewer: _____

OMB#: _____

EXPIRATION DATE: _____

Westat

**Migrant and Seasonal Head Start Research Design Development Project
Teacher Interview SUPPLEMENT: Rooms with Infants Birth to 12 Months of Age**

INSTRUCTIONS

AT THE CONCLUSION OF THE TEACHER INTERVIEW, IF THE TEACHER HAS CHILDREN IN THE ROOM BETWEEN BIRTH AND 12 MONTHS OF AGE WHO ARE SELECTED TO PARTICIPATE IN THE STUDY AND THERE IS A SIGNED PARENT CONSENT, CONTINUE WITH THE FOLLOWING INTERVIEW. NOTE: THERE MUST BE ONE SUPPLEMENT FOR EACH CHILD OF THIS AGE WHO IS PARTICIPATING IN THE PROJECT.

I'm going to ask some questions about each child from your room who is between birth and 12 months of age and has been selected for the study.

SELECT FIRST CHILD FROM LIST IN AGE RANGE 12-24 MONTHS

This interview will be for _____ [NAME OF STUDY CHILD] who is ____ months old (VERIFY FROM LIST). This interview should take about 15 minutes of your time.

Child's Name: _____

Child's Date of Birth: _____ mm/dd/yy At this time the child is ____ months old.

MSSH Center Name: _____ Classroom Name/ID: _____

Teacher Name: _____

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E. COGNITIVE DEVELOPMENT 7
F. CHILD'S HEALTH 8
G. DEBRIEFING 9

A. LANGUAGE

A1. CDI/ASQ

This is a list of activities that children may do at different times before or after they are one year old. The study child may have already done some of the activities described here, and there may be some that he/she has not yet started to do. Please circle 1 "yes" for each item if this child has already done or is consistently able to do it. If he or she can do the activity, but is not always able to do it, please circle 2 "sometimes". If this child has not yet done the activity circle 3 "not yet".

(MARK EACH ITEM BELOW.)

	YES	SOMETIMES	NOT YET
a. Does this child make sounds when looking at toys or people ?	1	2	3
b. Does this child make sounds like "da", "ga", "ka", and "ba"?	1	2	3
c. If you copy the sounds this child makes, does he/she repeat the sounds back to you?	1	2	3
d. If you call this child when you are out of sight, does he/she look in the direction of your voice?	1	2	3
Does this child . . .			
e. . . . make two similar sounds like "ba-ba", "da-da", or "ga-ga" (He or she may say these sounds without referring to any particular object or person)?	1	2	3
f. . . . follow one simple command, such as "come here", "give it to me", or "put it back" without your using gestures?	1	2	3
g. . . . say one word in addition to "mama" and "dada"? (A word is a sound or sounds the child says consistently to mean someone or something, such as "baba" for bottle.) ..	1	2	3
h. . . . shake his/her head when he/she means "no" or "yes"?	1	2	3
i. . . . use at least 10 words?	1	2	3
j. . . . ask for "more" or "another one"?	1	2	3
k. . . . hand you a toy when asked?	1	2	3

B. MOTOR DEVELOPMENT

Please circle 1 "yes" for each item if this child has already done or is consistently able to the activity. If he or she can do the activity, but is not always able to do it, please circle 2 "sometimes". If this child has not yet done the activity circle 3 "not yet".

B1	YES	SOMETIMES	NOT YET
a. When he/she is on his/her tummy, does this child hold his/her head straight up, looking around?.....	1	2	3
b. While on his/her back, does this child move his/her head from side to side?.....	1	2	3
c. When you hold him/her in a sitting position, does this child hold his/her head steady (answer yes if child can already sit by him/herself)?.....	1	2	3
d. Does this child roll from his/her back to his/her tummy, getting both arms out from under him/her?.....	1	2	3
e. Does this child get into a crawling position by getting up on his/her hands and knees?.....	1	2	3
f. Can this child sit by him/herself steadily without support and without slumping forward or sideways?.....	1	2	3
g. If you hold both hands just to balance him/her, does this child support his/her own weight while standing?.....	1	2	3
h. Can this child stand alone on his/her feet for 10 seconds or more without holding on to anything or another person? ..	1	2	3
i. When sitting on the floor, does this child sit up straight for several minutes <i>without</i> using his/her hands for support?..	1	2	3
j. Does this child walk along furniture while holding on with only one hand?.....	1	2	3
k. Can this child pull him/herself to a standing position?	1	2	3
l. While holding onto furniture, does this child bend down and pick up a toy from the floor and then return to a standing position?	1	2	3
m. Can this child crawl up at least 2 stairs or steps?	1	2	3
n. If you hold both hands just to balance him/her, does this child take several steps without tripping or falling? (If this child can already walk alone, check "yes".)	1	2	3
o. Can this child walk by him/herself, taking 3 or more steps without any help or support?	1	2	3

C. FINE MOTOR DEVELOPMENT

Next are some more specific questions about what the study child can do.

(MARK EACH ITEM BELOW. IF THE CHILD USED TO DO THIS, MARK "YES".)

C1	YES	SOMETIMES	NOT YET
a. When you put a toy in his/her hand, does this child hold onto it for about 1 minute while looking at it, waving it about or trying to chew it?	1	2	3
Does this child . . .			
b. . . . pick up an object with one hand or usually pick up a small toy with only one hand?.....	1	2	3
c. . . . hold two objects at the same time, one in each hand?	1	2	3
d. . . . pick up small objects such as bits of dry cereal using thumb and one finger?	1	2	3
e. . . . scribble with a crayon or pencil?.....	1	2	3
f. . . . build a tower of three or more blocks or stack three small toys on top of each other by him/herself?	1	2	3
g. . . . unscrew and screw on covers of jars or bottles?.....	1	2	3
h. . . . help turn the pages of a book (you may lift a page for him/her to grasp)?	1	2	3
i. . . . turn pages of children's book one page at a time?	1	2	3

D. SOCIAL-EMOTIONAL DEVELOPMENT

D1.	YES	SOMETIMES	NOT YET
a. When in front of a large mirror, does this child reach out to pat the mirror?.....	1	2	3
b. Before you smile or talk to him/her, does this child smile when he/she sees you nearby?	1	2	3
c. Does this child play with a doll or stuffed animal by hugging it?.....	1	2	3

Now I have some descriptions about what babies may be like at your child's age. For each description, please tell me if your child is never like this, is sometimes like this, is like this most of the time or used to be like this in the past.

D2.	NEVER	SOMETIMES	MOST TIMES	USED TO
a. Child is frequently irritable or fussy?	1	2	3	4
b. He/she goes easily from a whimper to an intense cry?	1	2	3	4
c. He/she demands your attention and company constantly?	1	2	3	4
d. He/she needs a lot of help to fall asleep (e.g. rocking, long walks, stroking hair, car rides etc)?.....	1	2	3	4
e. He/ she is unable to wait for food or toys without crying or whining.?	1	2	3	4
f. Resists cuddling, pulls away or arches?	1	2	3	4
g. Appears anxious or fearful of new people, situations	1	2	3	4
h. Avoids eye contact, turns away from the human face, prefers objects and toys?.....	1	2	3	4
i. Wakes 3 or more times in the night and is unable to fall back asleep.?	1	2	3	4

E. COGNITIVE DEVELOPMENT

E1. *These next questions are about things that different children do at different ages. These things may or may not be true for this child.*

	YES	SOMETIMES	NOT YET
a. When a toy is in front of him/her, does this child reach for it with both hands?	1	2	3
b. Does this child play by banging a toy up and down on the floor or table?	1	2	3
c. Does this child try to get a toy that is out of reach?	1	2	3
d. Does this child pass a toy back and forth from one hand to the other?	1	2	3
e. After he/she watches you hide a small toy under a piece of paper or cloth, does this child find it?	1	2	3
f. Does this child scribble back and forth when you give him a crayon or pencil or pen?	1	2	3

F. CHILD'S HEALTH

Now I have a few questions about this child's health.

F1. Overall, would you say that this child's health is...

EXCELLENT	1
VERY GOOD.....	2
GOOD.....	3
FAIR, OR	4
POOR	5
REFUSED	7
DON'T KNOW	8

F2. Do you have any concerns or worry that this child ...

	<u>YES</u>	<u>NO</u>
a. Has trouble seeing.....	1	2
b. Has trouble hearing	1	2
c. Has health problems.....	1	2
d. Is clumsy in doing things with his hands	1	2
e. Is timid, fearful, or worries a lot.....	1	2
f. Is unhappy; cries a lot or whines a lot	1	2
g. Is overly aggressive.....	1	2

G. DEBRIEFING

We would like your opinion about the questions you just answered. Please answer the following items about your experience completing the questionnaire.

G1. Were any questions hard to answer?

YES 1
NO 2

IF YES, PLEASE EXPLAIN WHICH QUESTION(S) AND WHY IT WAS HARD TO ANSWER.

G2. Is there anything else we should ask teachers about the behaviors or activities of study children?

YES 1
NO 2

IF YES, PLEASE EXPLAIN WHAT ELSE WE NEED TO INCLUDE AND WHY.

G3. Overall, what was your reaction to the interview?

G4. Were there any questions that you especially thought were important for us to ask?

G5. Were there any questions that you thought were not important to ask?

G6. Were there any questions that made you uncomfortable or that you thought were too personal?

G7. Was there any information that we did not ask, that you think would be important to ask?

G8. Do you have any suggestions for how to do research in Migrant and Seasonal Head Start Programs? [For example: ways of asking questions, information to obtain, who are good information sources?]

THANK YOU VERY MUCH FOR YOUR COOPERATION!



**Migrant and Seasonal Head Start Research Design
Development Project**

Teacher Interview Supplement

Rooms with Toddlers 13-24 Months of Age

Child ID number: _____

Child name: _____

Birth date: ____/____/____

OMB#: _____
EXPIRATION DATE: _____

Child gender (*circle*): F M

Name of Agency/Program: _____

Name of MSHS Center: _____

Address: _____

Classroom Name/ID: _____

Teacher Name: _____

Date Completed: _____

Interviewer: _____

Westat

**Migrant and Seasonal Head Start Research Design Development Project
Teacher Interview SUPPLEMENT: Rooms with Toddlers 12-24 Months of Age**

INSTRUCTIONS

AT THE CONCLUSION OF THE TEACHER INTERVIEW, IF THE TEACHER HAS CHILDREN IN THE ROOM BETWEEN 12 AND 24 MONTHS OF AGE WHO ARE SELECTED TO PARTICIPATE IN THE STUDY AND THERE IS A SIGNED PARENT CONSENT, CONTINUE WITH THE FOLLOWING INTERVIEW. NOTE: THERE MUST BE ONE SUPPLEMENT FOR EACH CHILD OF THIS AGE WHO IS PARTICIPATING IN THE PROJECT.

I'm going to ask some questions about each child from your room who is between 12 and 24 months of age and has been selected for the study.

SELECT FIRST CHILD FROM LIST IN AGE RANGE 12-24 MONTHS

This interview will be for _____ [NAME OF STUDY CHILD] who is ____ months old (VERIFY FROM LIST). This interview should take about 15 minutes of your time.

Child's Name: _____

Child's Date of Birth: _____ mm/dd/yy At this time the child is ____ months old.

MSHS Center Name: _____ Classroom Name/ID:

Teacher Name: _____

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A. LANGUAGE

A1. On the whole, which of these statements best describes the way this child communicates?

- Mostly talking in one-word sentences, such as “milk” or “down” 1
- Talking in 2 to 3 word phrases, such as “give doll” or “me got ball” 2
- Talking in fairly complete, short sentences, such as “I got doll” or “can I go outside?” 3
- Talking in long and complicated sentences, such as “when we went to the park, I went on the swings” or “ I saw a man standing on the corner..... 4
- THIS CHILD IS NOT YET TALKING IN WORDS..... 5

A2.

This is a list of activities that children may do at different times when they are between one and two years old. This child may have already done some of the activities described here, and there may be some that this child has not yet started to do. Please circle 1 “yes” for each item if the study this child has already done or is always able to do. If he or she can do the activity, but is not always able to do it, please circle 2 “sometimes”, and if he or she has not yet done the activity circle 3 “NOT YET”. Remember there are questions about activities for children younger and older than the study child.

(MARK EACH ITEM BELOW)

	YES	SOMETIMES	NOT YET
a. Does this child make two similar sounds like “ba-ba”, “da-da”, or “ga-ga” (He or she may say these sounds without referring to any particular object or person)?.....	1	2	3
b. Does this child say one word in addition to “mama” and “dada”? (A word is a sound or sounds the child says consistently to mean someone or something, such as “baba” for bottle?	1	2	3
c. Does this child jabber; or makes sounds like he is taking in sentences. Or used to?	1	2	3
d. Does this child follow one simple command, such as “come here”, “give it to me”, or “put it back” without your using gestures?	1	2	3
e. When this child wants something, does she tell you by <i>pointing</i> to it?.....	1	2	3
f. Does this child shake his head when he means “no” or “yes”?	1	2	3

	YES	SOMETIMES	NOT YET
g. When you ask her to, does this child go into another room to find a familiar toy or object? You might ask, "Where is your ball?" or say, "Bring me your coat" or "Go get your blanket."	1	2	3
h. Does this child say four or more words in addition to "Mama" and "Dada"?	1	2	3
i. Does this child point to, pat, or try to pick up pictures in a book?	1	2	3
j. Does this child use at least 10 words?	1	2	3
k. Does this child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Mama eat," "Daddy play," "Go home," or "What's this?" does this child say both words back to you? (Check yes even if his words are difficult to understand.)	1	2	3
l. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask this child "What is this?" does this child correctly <i>name</i> at least one picture?	1	2	3
m. Asks for "more" or "another one"?	1	2	3
n. Hands you a toy when asked?	1	2	3
o. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does this child correctly point to at least <i>seven</i> body parts? (She can point to part of herself, you, or a doll.)	1	2	3
p. Asks questions beginning with "why" "when" or "how"	1	2	3
q. Does your this child correctly use at least 2 words like "me" or "I" "mine" and "you"?	1	2	3
r. Does your this child make sentences that are 3 or 4 words long?	1	2	3

We want to know how children learn English and Spanish.

IF THE CHILD ONLY SPEAKS ONE LANGUAGE, PLEASE SKIP ITEM A3a.

A3a. Below is a list of words in English that children at different ages sometimes say. For each word, please tell me “yes” if your child can say it, or “no” if he or she can’t say it yet. Mark “yes” if your child uses another word to mean the same thing or pronounces it differently, such as “Nana” for “grandma” or “dollie” for “doll”. We don’t need to know how he/she says it.

	YES	NO
a. Meow	1	2
b. Shoe	1	2
c. Mommy	1	2
d. Fast	1	2
e. Uh oh	1	2
g. Chin	1	2
h. Bye	1	2
i. Hot	1	2
j. Bear	1	2
k. Hand	1	2
l. No	1	2
m. Tiny	1	2
n. Cat	1	2
o. Thank you	1	2
p. Hug	1	2
q. Them	1	2
r. Under	1	2
s. Juice	1	2
t. Book	1	2

A3b. Below is a list of words in Spanish that children at different ages sometimes say. For each word, please mark “yes” if this child can say it, or “no” if he or she can’t say it yet. Mark “yes” if this child uses another word to mean the same thing or pronounces it differently, such as “Nana” for “grandma” or “dollie” or “doll”. We don’t need to know how he/she says it.

[WE WILL ADD A CORRESPONDING LIST OF CDI ITEMS IN SPANISH FOR BILINGUAL CHILDREN]

A4. To talk about activities, we sometimes add “ing” to verbs. Examples include looking, running, and crying. Has this child begun to do this?

YES 1
NO 2

A5. To talk about things that happened in the past, we often add “ed” to the verb. Examples include kissed, opened, and pushed. Has this child begun to do this?

YES 1
NO 2

B. MOTOR DEVELOPMENT

B1	YES	SOMETIMES	NOT YET
a. Has this child stood alone on his feet for 10 seconds or more without holding on to anything or another person? .	1	2	3
b. If you hold both hands just to balance him, does he/she take several steps without tripping or falling? (if this child can already walk alone, check "yes")?.....	1	2	3
c. Does this child walk along furniture while holding on with only one hand?.....	1	2	3
d. Has this child walked at least 2 steps with one hand held or holding on to something?.....	1	2	3
e. Does this child stand up in the middle of the floor by himself and take several steps forward?	1	2	3
f. Can this child walk by himself, taking 3 or more steps without any help or support ?.....	1	2	3
g. Does this child bend over or squat to pick up an object from the floor and then stand up again without any support?	1	2	3
h. Does this child walk well and seldom fall?.....	1	2	3
i. Does this child walk down stairs if you hold onto one of her hands? (You can look for this at a store, on a playground, or at home.)?.....	1	2	3
j. Does this child run fairly well, stopping herself without bumping into things or falling?	1	2	3
k. Does this child jump with both feet leaving the floor at the same time?	1	2	3

C. FINE MOTOR

The next few items ask about specific skills that the child may be able to do.

C1.	YES	SOMETIMES	NOT YET
a. Can this child pick up object with one hand?	1	2	3
b. Can this child hold two objects at the same time, one in each hand?	1	2	3
c. Can this child pick up small objects such as bits of dry cereal using thumb and one finger?	1	2	3
d. Can this child scribble with a crayon or pencil ?	1	2	3
e. Can this child build a tower of three or more blocks or stacks three small toys on top of each other by himself?	1	2	3
f. Can this child unscrew and screw on covers of jars or bottles?.....	1	2	3
g. Can this child turn pages of children's book one page at a time?	1	2	3

D. COGNITIVE DEVELOPMENT

The next questions are about things that different children do at different ages. These things may or may not be true for this child.

D1. Can this child recognize...

- All of the letters of the alphabet,..... 1
- Most of them,..... 2
- Some of them, or..... 3
- None of them?..... 4

D2. How high can this child count? Would you say...

- Not at all, 1
- Up to five, 2
- Up to ten, 3
- Up to twenty, 4
- Up to fifty, or 5
- Up to 100 or more? 6

D3. Can this child button (his/her) clothes?

- YES 1
- NO 2

D4. Does this child hold a pencil properly?

- YES 1
- NO 2

D5.. How often does this child like to write or pretend to write? Would you say...

- Never, 1
- Has done it once or twice, 2
- Sometimes, or 3
- Often?..... 4

D6. Did this child start speaking later than other this children you know? (REFERS TO PRIMARY LANGUAGE)

- YES 1
- NO 2

D7. Does this child ever look at a book with pictures and pretend to read?

YES 1
NO 2

D8. Does this child recognize (his/her) own first name in writing or in print?

YES 1
NO 2

D9. Can this child identify the colors red, yellow, blue, and green by name? Would you say...

All of them, 1
Some of them, or..... 2
None of them?..... 3

E. SOCIAL AND EMOTIONAL DEVELOPMENT

E1	YES	SOMETIMES	NOT YET
a. When in front of a large mirror, does he/she reach out to pat the mirror?.....	1	2	3
b. Before you smile or talk to him, does he smile when he sees you nearby?.....	1	2	3
c. Does this child play with a doll or stuffed animal by hugging it?.....	1	2	3
d. Does your this child feed herself with a spoon, even though she may spill some food?	1	2	3
e. Does your this child coy the activities you do, such as wipe up a spill, sweep, shave, or comb hair ?.....	1	2	3
f. Does this child eat with a fork	1	2	3
g. Started playing with other children, doing things with them (e.g. cars, dolls, building).....	1	2	3

Now I have some descriptions about what toddler may be like at this child's age. For each description, please tell me if this child is never like this, is sometimes like this, is like this most of the time or used to be like this in the past.

E2.	NEVER	SOMETIMES	MOST TIMES	USED TO
a. This child is frequently irritable or fussy?.....	1	2	3	4
b. He/she goes easily from a whimper to an intense cry?	1	2	3	4
c. He/she demands your attention and company constantly?	1	2	3	4
d. He/she needs a lot of help to fall asleep (e.g. rocking, long walks, stroking hair, car rides etc)?.....	1	2	3	4
e. He/ she is unable to wait for food or toys without crying or whining.?	1	2	3	4
f. Resists cuddling, pulls away or arches?	1	2	3	4
g. Appears anxious or fearful of new people, situations	1	2	3	4
h. Avoids eye contact, turns away from the human face, prefers objects and toys?.....	1	2	3	4

E2.continued

	NEVER	SOMETIMES	MOST TIMES	USED TO
i. Wakes 3 or more times in the night and is unable to fall back asleep.?	1	2	3	4
j. Has temper tantrums (severe and frequent)?.....	1	2	3	4
k. Is clumsy- falls, shows poor balance, bumps into things?.	1	2	3	4

F. HEALTH

Now I have a few questions about the study this child's health.

F1. Overall, would you say that this child's health is...

EXCELLENT	1
VERY GOOD.....	2
GOOD.....	3
FAIR, OR	4
POOR	5
REFUSED	7
DON'T KNOW	8

F2. Do you have any concerns or worry that this child ...
CDI

	<u>YES</u>	<u>NO</u>
a. Has trouble seeing.....	1	2
b. Has trouble hearing	1	2
c. Has health problems.....	1	2
d. Is clumsy in doing things with his hands	1	2
e. Is timid, fearful, or worries a lot.....	1	2
f. Is unhappy; cries a lot or whines a lot	1	2
g. Is overly aggressive.....	1	2

G. DEBRIEFING

We would like your opinion about the questions you just answered. Please answer the following items about your experience completing the questionnaire.

G1. Were any questions hard to answer?

YES 1
NO 2

IF YES, PLEASE EXPLAIN WHICH QUESTION(S) AND WHY IT WAS HARD TO ANSWER.

G2. Is there anything else we should ask teachers about behaviors or skills of the study children?

YES 1
NO 2

IF YOU ANSWERED YES, PLEASE EXPLAIN WHAT ELSE WE NEED TO INCLUDE AND WHY.

What else? _____

THANK YOU VERY MUCH FOR YOUR COOPERATION!



Migrant and Seasonal Head Start Research Design Development Project

Teacher Interview Supplement

Rooms with Toddlers 25-36 Months of Age

Child ID number: _____

Child name: _____

Birth date: ____/____/____

Child gender (*circle*): F M

Name of Agency/Program: _____

Name of MSHS Center: _____

Address: _____

Classroom Name/ID: _____

Teacher Name: _____

Date Completed: _____

Interviewer: _____

OMB#: _____

EXPIRATION DATE: _____

Westat

**Migrant and Seasonal Head Start Research Design Development Project
Teacher Interview SUPPLEMENT: Rooms with Toddlers 25-36 Months of Age**

Draft: January 6, 2004

INSTRUCTIONS

AT THE CONCLUSION OF THE TEACHER INTERVIEW, IF THE TEACHER HAS CHILDREN IN THE ROOM BETWEEN 25 AND 36 MONTHS OF AGE WHO ARE SELECTED TO PARTICIPATE IN THE STUDY AND THERE IS A SIGNED PARENT CONSENT, CONTINUE WITH THE FOLLOWING INTERVIEW. NOTE: THERE MUST BE ONE SUPPLEMENT FOR EACH CHILD OF THIS AGE WHO IS PARTICIPATING IN THE PROJECT.

I'm going to ask some questions about each child from your room who is between 25 and 36 months of age and has been selected for the study.

SELECT FIRST CHILD FROM LIST IN AGE RANGE 25-36 MONTHS

This interview will be for _____ [NAME OF STUDY CHILD] who is ____ months old (VERIFY FROM LIST). This interview should take about 15 minutes of your time.

Child's Name: _____

Child's Date of Birth: _____ mm/dd/yy At this time the child is ____ months old.

MSSH Center Name: _____ Classroom Name/ID: _____

Teacher Name: _____

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A. LANGUAGE

A1. On the whole, which of these statements best describes the way this child communicates?

- Mostly talking in one-word sentences, such as “milk” or “down” 1
- Talking in 2 to 3 word phrases, such as “give doll” or “me got ball” 2
- Talking in fairly complete, short sentences, such as “I got doll” or “can I go outside?” 3
- Talking in long and complicated sentences, such as “when we went to the park, I went on the swings” or “ I saw a man standing on the corner 4
- THIS CHILD IS NOT YET TALKING IN WORDS..... 5

A2. Mc

This is a list of activities that children may do at different times between two and three years old. child may have already done some of the activities described here, and there may be some that child has not begun doing yet. Please circle 1 “yes” for each item if the study child has already done or is always able to do each. If he or she can do the activity, but is not always able to do it, please circle 2 “sometimes”, and if he or she has not yet done the activity circle 3 “not yet”. Remember there are questions about activities for children younger and older than the study child.

(MARK EACH ITEM BELOW)

	YES	SOMETIMES	NOT YET
a. Does this child follow one simple command, such as “come here”, “give it to me”, or “put it back” without your using gestures?.....	1	2	3
b. Does this child point to, pat, or try to pick up pictures in a book?	1	2	3
c. Does this child say four or more words in addition to “Mama” and “Dada”?.....	1	2	3
d. Does this child use at least 10 words?	1	2	3
e. Does this child imitate a two-word sentence? For example, when you say a two-word phrase, such as “Mama eat,” “Daddy play,” “Go home,” or “What’s this?” does this child say both words back to you? (Check yes even if his words are difficult to understand.)	1	2	3

f. When you ask her to, does this child go into another room to find a familiar toy or object? You might ask, "Where is your ball?" or say, "Bring me your coat" or "Go get your blanket."	1	2	3
g. If you point to a picture of a ball (kitty, cup, hat, etc.) and ask this child "What is this?" does this child correctly <i>name</i> at least one picture?.....	1	2	3
h. Identifies at least one color by name correctly.....	1	2	3
i. Does your this child correctly use at least 2 words like "me", "I", "mine" and "you"?			
j. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does this child correctly point to at least <i>seven</i> body parts? (She can point to part of herself, you, or a doll.	1	2	3
k. Does this child make sentences that are three or four words long?.....	1	2	3
l. When you ask, "What is your name?" does this child say both her first and last names?.....	1	2	3
m. Talks in the past tense correctly, for example says I played with Billy, "I did", "we went".	1	2	3
n. Uses the words "don't" "can't" or "won't"	1	2	3
o. Asks the meaning of words.....	1	2	3
p. Sings simple songs	1	2	3
q. Gives reasons for things, using the word "because..."	1	2	3
r. Asks questions beginning with "why" "when" or "how"	1	2	3
s. Uses 50 or more different words in everyday conversations?	1	2	3
t. Recites the alphabet, in order, without help?	1	2	3

We want to know how children learn English and Spanish .

A3a. Below is a list of words in English that children at different ages sometimes say. For each word, please mark “yes” if this child can say it, or “no” if he or she can’t say it yet. Mark “yes” if this child uses another word to mean the same thing or pronounces it differently, such as “Nana” for “grandma” or “dollie” or “doll”. We don’t need to know how he/she says it.

	YES	NO
a. Meow	1	2
b. Shoe	1	2
c. Mommy	1	2
d. Fast	1	2
e. Uh oh	1	2
g. Chin	1	2
h. Bye	1	2
i. Hot	1	2
j. Bear	1	2
k. Hand	1	2
l. No	1	2
m. Tiny	1	2
n. Cat	1	2
o. Thank you	1	2
p. Hug	1	2
q. Them	1	2
r. Under	1	2
s. Juice	1	2
t. Book	1	2

A3b. Below is a list of words in Spanish that children at different ages sometimes say. For each word, please mark “yes” if this child can say it, or “no” if he or she can’t say it yet. Mark “yes” if this child uses another word to mean the same thing or pronounces it differently, such as “Nana” for “grandma” or “dollie” or “doll”. We don’t need to know how he/she says it.

WE WILL ADD A CORRESPONDING LIST OF CDI ITEMS IN SPANISH FOR BILINGUAL CHILDREN

A4. To talk about activities, we sometimes add “ing” to verbs. Examples include looking, running, and crying. Has this child begun to do this?

YES 1
 NO 2

A5. To talk about things that happened in the past, we often add “ed” to the verb. Examples include kissed, opened, and pushed. Has this child begun to do this?

YES 1
 NO 2

B. MOTOR DEVELOPMENT

The next few items ask about the child's physical development and abilities.

B1	YES	SOMETIMES	NOT YET
a. Does this child stand up in the middle of the floor by himself and take several steps forward?	1	2	3
b. Does this child bend over or squat to pick up an object from the floor and then stand up again without any support?	1	2	3
c. Does this child walk well and seldom fall?	1	2	3
d. Does this child walk down stairs if you hold onto one of her hands? (You can look for this at a store, on a playground, or at home.)	1	2	3
e. Does this child run fairly well, stopping herself without bumping into things or falling?	1	2	3
f. Does this child jump with both feet leaving the floor at the same time?	1	2	3
g. Does this child walk up or down at least two steps by himself (check yes even if the this child holds onto the wall or railing)?	1	2	3
h. Does this child stand on one foot for about 1 second without holding onto anything?	1	2	3
i. Kicks a ball?	1	2	3
j. Throws a ball while standing?	1	2	3
k. Shows good balance and coordination in physical play activities such as running, climbing, and jumping?	1	2	3

C. FINE MOTOR DEVELOPMENT

C1	YES	SOMETIMES	NOT YET
a. Does this child make a mark on the paper with the TIP of a crayon (or pencil or paper) when trying to draw?	1	2	3
b. Does this child get a spoon into her mouth right side up so that the food usually doesn't spill?	1	2	3
c. Does this child flip light switches off and on?	1	2	3
d. Does this child turn pages in a book, one page at a time? ..	1	2	3

D. SOCIAL AND EMOTIONAL DEVELOPMENT

D1.

a. Does this child play with a doll or stuffed animal by hugging it??.....	1	2	3
b. Does your this child feed herself with a spoon, even though she may spill some food?	1	2	3
c. Does your this child coy the activities you do, such as wipe up a spill, sweep, shave, or comb hair ?.....	1	2	3
d. Does your this child put a coat, jacket or shirt on by himself?	1	2	3
e. Does your this child eat with a fork	1	2	3
f. Plays with other children, doing things WITH them?	1	2	3
g. Show affection; gives hugs and kisses?	1	2	3

NOW I have some descriptions about what children may be like at this child's age. For each description, please tell me if this child is never like this, is sometimes like this, is like this most of the time or used to be like this in the past.

D2.

	NEVER	SOMETIMES	MOST TIMES	USED TO
a. This child is frequently irritable or fussy?.....	1	2	3	4
b. He/she goes easily from a whimper to an intense cry?	1	2	3	4
c. He/she demands your attention and company constantly?	1	2	3	4
d. He/she needs a lot of help to fall asleep (e.g. rocking, long walks, stroking hair, car rides etc)?.....	1	2	3	4
e. He/ she is unable to wait for food or toys without crying or whining.?	1	2	3	4
f. Resists cuddling, pulls away or arches?	1	2	3	4
g. Appears anxious or fearful of new people, situations	1	2	3	4
h. Avoids eye contact, turns away from the human face, prefers objects and toys?.....	1	2	3	4
i. Wakes 3 or more times in the night and is unable to fall back asleep.?	1	2	3	4
j. Has temper tantrums (severe and frequent)?.....	1	2	3	4
k. Is clumsy- falls, shows poor balance, bumps into things.? .	1	2	3	4

D3. In general, thinking about this child now or over the past month, tell me how well the following statements describe this child's usual behavior. For each one, tell me if it is very true or often true, sometimes or somewhat true, or not true.

	<u>Very True or Often True</u>	<u>Sometimes or Somewhat True</u>	<u>Not True</u>
a. Can't concentrate or pay attention for long?	1	2	3
b. Is very restless, and fidgets a lot?	1	2	3
c. Likes to try new things?	1	2	3
d. Is unhappy, sad, or depressed?	1	2	3
e. Comforts or helps others?	1	2	3
f. Hits and fights with others?	1	2	3
g. Doesn't get along with other kids?.....	1	2	3
h. Has difficulty making changes from one activity to another?	1	2	3
i. Is nervous, high-strung, or tense?	1	2	3

E. COGNITIVE DEVELOPMENT

These next questions are about things that different children do at different ages. These things may or may not be true for this child.

E1. Can this child recognize...

- All of the letters of the alphabet,..... 1
- Most of them,..... 2
- Some of them, or 3
- None of them?..... 4

E2. How high can this child count? Would you say...

- Not at all, 1
- Up to five, 2
- Up to ten, 3
- Up to twenty, 4
- Up to fifty, or 5
- Up to 100 or more? 6

E3. Can this child button (his/her) clothes?

- YES 1
- NO 2

E4. Does this child hold a pencil properly?

- YES 1
- NO 2

E5. How often does this child like to write or pretend to write? Would you say...

- Never, 1
- Has done it once or twice, 2
- Sometimes, or 3
- Often? 4

E6. Can this child write (his/her) first name even if some of the letters are backward?

- YES 1
- NO 2

E7. Does this child trip, stumble, or fall easily?

YES 1
NO 2

E8. When this child speaks, is (he/she) understandable to a stranger?

YES 1
NO 2

E9. Did this child start speaking later than other children you know? (REFERS TO PRIMARY LANGUAGE)

YES 1
NO 2

E10. Does this child stutter or stammer?

YES 1
NO 2

E11. Does this child ever look at a book with pictures and pretend to read?

YES 1
NO 2

E12. Does this child recognize (his/her) own first name in writing or in print?

YES 1
NO 2

E13. Can this child identify the colors red, yellow, blue, and green by name? Would you say...

All of them, 1
Some of them, or..... 2
None of them?..... 3

F. HEALTH

Now I have a few questions about this child's health.

F1. Overall, would you say that your this child's health is...

- | | |
|-----------------|---|
| EXCELLENT | 1 |
| VERY GOOD..... | 2 |
| GOOD..... | 3 |
| FAIR, OR | 4 |
| POOR | 5 |
| refused..... | 7 |
| Don't know..... | 8 |

E2
CDI Do you have any concerns or worry that this child ...

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Has trouble seeing..... | 1 | 2 |
| b. Has trouble hearing | 1 | 2 |
| c. Has health problems..... | 1 | 2 |
| d. Is clumsy in doing things with his hands | 1 | 2 |
| e. Is timid, fearful, or worries a lot..... | 1 | 2 |
| f. Is unhappy; cries a lot or whines a lot | 1 | 2 |
| g. Is overly aggressive..... | 1 | 2 |

G. DEBRIEFING

We would like your opinion about the questions you just answered. Please answer the following items about your experience completing the questionnaire.

1. Were any questions hard to answer?

YES 1
NO 2

IF YES, PLEASE EXPLAIN WHICH QUESTION(S) AND WHY IT WAS HARD TO ANSWER.

Is there anything else we should ask teachers about the behaviors or activities of study children?

YES 1
NO 2

IF YOU ANSWERED YES, PLEASE EXPLAIN WHAT ELSE WE NEED TO INCLUDE AND WHY.

What else? _____

2. Overall, what was your reaction to the questionnaire?

3. Were there any questions that you thought were especially important for us to ask?

-
4. Were there any questions that that you thought were not important to ask?

5. Were there any questions that made you uncomfortable or that you thought were too personal?

6. Was there any information that we did not ask, that you think would be important to ask?

7. Do you have any suggestions for how to do research in Migrant and Seasonal Head Start Programs? [PROBE: Ways of asking questions, information to obtain, who are good information sources]

THANK YOU VERY MUCH FOR YOUR COOPERATION!

