CLASS LABEL

OMB #: 0970-0151 EXPIRATION DATE: 11/97

## **Head Start Family and Child Experiences Survey Lead Teacher Background Information – Spring 1997**

	In total, how many years have you been teaching?
	Number of years:
2.	How many of those years have you been teaching Head Start?
	Number of years:
3.	Which is your highest level of education? (CIRCLE ONLY ONE CODE)
	High school
	Attended college
	Undergraduate degree
	Graduate degree 4
	Other (specify)5
4.	What was your major field of study?
	Major:
5.	How many courses in early childhood education have you completed?
	Number of courses:
6.	Are you currently a member of a professional association for early childhood education?
6.	Are you currently a member of a professional association for early childhood education? Yes 1
6.	
	Yes 1 No 2
	Yes 1
7.	Yes 1 No 2
	Yes 1 No 2  What is your year of birth? 19
7.	Yes 1 No 2 What is your year of birth? 19 What is your sex?
7.	Yes 1 No 2  What is your year of birth? 19  What is your sex?  Male 1
7.	Yes 1 No 2  What is your year of birth? 19  What is your sex?  Male 1
7. 8.	Yes