

ICPSR 29462

**Head Start Impact Study (HSIS),
2002-2006 [United States]**

*United States Department of Health and
Human Services. Administration for
Children and Families. Office of Planning,
Research and Evaluation*

Spring 2004 Cohort A Teacher Survey

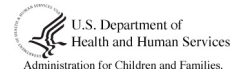
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These data are made available by the Child Care and Early Education *Research Connections* project. *Research Connections* promotes high quality research in child care and early education and the use of that research in policymaking.

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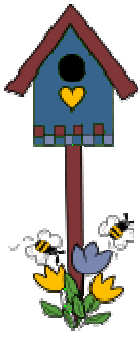
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Spring 2004



TEACHER SURVEY Cohort A

Setting Type:	_____
Setting Name:	_____
Setting ID:	_____
Setting Address:	_____
	Street
	City State Zip
	()
Setting Phone:	_____
Respondent/ Provider Type:	_____
Respondent/ Provider Name:	_____
Room Number:	_____

INTRODUCTION

The purpose of the *Building Futures: Head Start Impact Study* is to determine how children learn, grow and prepare for school. The study involves approximately 5000 children across the country who are participating in Head Start, preschool, daycare, or other child care programs. The *Building Futures: Head Start Impact Study* will examine how Head Start helps children to improve their readiness for school and their early school performance, compared to children enrolled in other preschool and child care settings. The study will also look at the educational and comprehensive services components that work best for children. Your completed survey will help us to understand more about Head Start and other preschool and child care programs and how they work with parents and children.

The study is sponsored by the U.S. Department of Health and Human Services (DHHS). Your participation is very important to the study and your responses will be confidential. The survey will take approximately 30 minutes of your time to complete.

Before you begin, please read the following:

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 0970-0229 (expires 9/30/2005). 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.

Program Information

1. How much time do the children in your classroom spend daily in the following kinds of activities? Do not include lunch or nap breaks. (CIRCLE ONE RESPONSE FOR EACH ITEM)

	No time	Half hour or less	About one hour	About two hours	Three hours or four hours	Five hours or more	NA
a. Child chooses activities.....	1	2	3	4	5	6	7
b. Adult directs individual activities.....	1	2	3	4	5	6	7
c. Adult directs small group activities	1	2	3	4	5	6	7
d. Adult directs whole class/group activities ...	1	2	3	4	5	6	7

2. How often do you or someone else do each of the following reading and language activities with children in your classroom? (CIRCLE ONE RESPONSE FOR EACH ITEM)

	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
a. Work on learning the names of the letters...	1	2	3	4	5	6
b. Practice writing the letters of the alphabet...	1	2	3	4	5	6
c. Discuss new words.....	1	2	3	4	5	6
d. Have child(ren) tell you a story.....	1	2	3	4	5	6
e. Practice the sounds that letters make (phonics)	1	2	3	4	5	6
f. Listen to you read stories where they see the print (e.g., Big Books)	1	2	3	4	5	6
g. Listen to you read stories but they don't see the print.....	1	2	3	4	5	6
h. Retell or make up stories	1	2	3	4	5	6
i. Show child(ren) how to read a book or magazine (the way to hold it, point to words).	1	2	3	4	5	6
j. Have the child(ren) practice writing or spelling their names.....	1	2	3	4	5	6
k. Learn about rhyming words and word families such as cat, mat, sat	1	2	3	4	5	6
l. Practice or teach directional words such as over, up, in. etc.....	1	2	3	4	5	6

3. How often do the children do each of the following activities? (CIRCLE ONE RESPONSE FOR EACH ITEM)

	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
a. Count out loud	1	2	3	4	5	6
b. Work with shape blocks	1	2	3	4	5	6
c. Counting things such as small toys, chips, etc. to learn math.....	1	2	3	4	5	6
d. Play math games.....	1	2	3	4	5	6
e. Use music to understand math ideas	1	2	3	4	5	6
f. Use dance or act out stories to practice math ideas such as numbers, size or shapes	1	2	3	4	5	6
g. Work with rulers, measuring cups, spoons, or other measuring instruments.....	1	2	3	4	5	6
h. Talk about calendar or days of the week	1	2	3	4	5	6

4. How often do the children do each of the following activities? (CIRCLE ONE RESPONSE FOR EACH ITEM)

	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
a. Work on arts and crafts activities	1	2	3	4	5	6
b. Play with games or toys indoors.....	1	2	3	4	5	6
c. Play sports or exercise.	1	2	3	4	5	6
d. Have the child help with chores such as cleaning, setting the table, caring for pets, or cooking.....	1	2	3	4	5	6

5. What are the primary languages spoken by children in this class? (CIRCLE ALL THAT APPLY)

- a. English..... 01
- b. Spanish 02
- c. Vietnamese..... 03
- d. Chinese 04
- e. Japanese 05
- f. Korean 06
- g. A Filipino language..... 07
- h. Yiddish..... 08
- i. Other language (SPECIFY) _____ 09

IF ONLY LANGUAGE USED IS ENGLISH, GO TO QUESTION 8

6. Do you talk to children or teach in any of the languages mentioned in your response to question 5?
(CIRCLE YES OR NO FOR EACH ITEM)

	YES	NO
a. Talk.....	1	2
b. Teach.....	1	2

7. Are there any other adults who regularly help in the classroom that speak any of the languages mentioned in your response to question 5?

YES	1
NO	2

8. Do you use a specific curriculum or combination of curricula in your program?

YES, Specific Curriculum	1
YES, Combination.....	2
NO	3 (GO TO Q.15)

9. If the main curriculum has a name, what is that name? (CIRCLE ONE RESPONSE)

High Reach.....	01
High/Scope	02
Montessori	03
Bank Street.....	04
Creative Curriculum	05
Creating Child Centered Classrooms – Step by Step.....	06
Curiosity Corner – Johns Hopkins	07
Scholastic Curriculum	08
State developed curriculum (SPECIFY STATE)	09
Home Schooling Curriculum	10
Other (SPECIFY)	11

10. Have you received training in the curriculum?

YES	1
NO	2

11. Do you like the curriculum?

YES	1
NO	2

12. How much do you use the curriculum each day?

A great deal	1
Quite a bit	2
Fairly much	3
Not very much.....	4
Not at all	5

13. Does the curriculum include the following components? (CIRCLE YES OR NO FOR EACH ITEM)

	YES	NO
a. Is it easy to use and adapt?	1	2
b. Does it address different areas of learning (e.g., cognitive, social, emotional, motor skills, etc.)?	1	2
c. Does it involve parents as partners in child(ren)'s learning?	1	2
d. Does it provide room for teacher creativity?	1	2
e. Does it have adequate learning materials/resources/examples of activities?	1	2
f. Does it have a child assessment tool.....	1	2 (IF NO, GO TO Q.15)

14. How much do you make use of this assessment tool in planning for each child?

A great deal	1
Quite a bit	2
Fairly much	3
Not very much.....	4
Not at all	5

15. Who makes *most* of the decisions about the day-to-day instructional plans for children, such as the calendar or sequence of activities:

Program administrators other than center directors	1
Individual center directors and staff	2
Individual teachers	3
Someone else (SPECIFY)	4

16. Do you have a daily routine that you usually follow (In other words, do you usually feed children or have them play or nap at certain times)?

YES	1
NO	2

17. Have you visited another class setting or spoken to others to learn new ideas about helping children grow and learn?

YES	1
NO	2

18. Some people who care for children have another adult — sometimes called a mentor — who observes them on a regular basis and provides feedback, guidance, and training to help improve their skills in caring for children. Since September, has someone mentored you?

YES	1
NO	2 (IF NO GO TO Q.20)

19. How often does your mentor come to your classroom? (CIRCLE ONE RESPONSE)

- | | |
|---|---|
| At least once a week | 1 |
| Once every two weeks | 2 |
| Once a month | 3 |
| Less than once a month | 4 |
| For a concentrated period (such as an entire month), at least once a year | 5 |

20. Do you have someone you can turn to who can help you if you have concerns about children's.....(CIRCLE YES OR NO FOR EACH ITEM)

- | | YES | NO |
|-------------------------|-----|----|
| a. Mental Health | 1 | 2 |
| b. Nutrition..... | 1 | 2 |
| c. Behavior..... | 1 | 2 |
| d. Development | 1 | 2 |
| e. General Health | 1 | 2 |

21. On an average day, how many children are absent from your class?

- | | |
|---------------------|---|
| None | 1 |
| One or two | 2 |
| Three or four | 3 |
| Five or six | 4 |
| Seven or more | 5 |

22. About how many children are consistently absent from your class?

- | | |
|---------------------|---|
| None | 1 |
| One or two | 2 |
| Three or four | 3 |
| Five or more..... | 4 |

23. At this point in the year, how would you rate the behavior of the children?

- | | |
|---|---|
| The group misbehaves very frequently and is almost always difficult to handle | 1 |
| The group misbehaves frequently and is often difficult to handle.... | 2 |
| The group misbehaves occasionally | 3 |
| The group behaves well | 4 |
| The group behaves exceptionally well | 5 |

24. Do you keep track of how child(ren) learn and grow by: (CIRCLE YES OR NO FOR EACH ITEM)

- | | YES | NO |
|---|-----|----|
| a. Keeping notes about behavior or progress..... | 01 | 02 |
| b. Collecting samples of their work..... | 01 | 02 |
| c. Collecting photos..... | 01 | 02 |
| d. Chart behavior or skills with stars or stickers..... | 01 | 02 |
| e. Other (SPECIFY)_____ | 01 | 02 |

25. How many child(ren) in the class receive developmental assessments?
- All of them..... 1
 Some of them (e.g., those with special needs) (SPECIFY)
 _____ 2
 None of them 3 (GO TO Q.28)
26. Over the course of the program year, how often is each child's development assessed?
- Once..... 1
 Twice 2
 Three or more times..... 3
27. How is the information from your assessment of each child's skill or progress used in the classroom?
 (CIRCLE ONE RESPONSE)
- Not used for any planning purposes, just to record the
 information..... 1
 Used in choosing small groups of children according to skill
 level for specific learning activities (for example, story reading
 groups, math activities groups)..... 2
 Used in selecting the appropriate level for all instructional
 Activities or in overall curriculum planning 3
 Used BOTH in choosing small groups and in overall
 curriculum planning 4
28. What do you do when you suspect a child might have a special need? (CIRCLE ALL THAT APPLY)
- a. Write your concerns on a special report form01
 b. Tell your Program Director/Disabilities Coordinator/
 Education Coordinator..... 02
 c. Ask a local specialist to observe and evaluate03
 d. Talk with parents to share the information and concerns04
 e. Participate in developing an Individualized Educational Plan
 (IEP) or similar type plan 05
 f. Monitor and record the child's progress and activities
 according to the IEP06
 g. Other (SPECIFY) _____07
29. How often do you meet with the parents to discuss the progress or status of a child with special needs?
- No child(ren) with special needs in class 1
 Once every six months or more..... 2
 Once every 2 to 6 months 3
 Once a month 4
 More than once a month 5

30. In general, how often and in what way do you usually have contact with the parents of children about their daily activities or behavior?

	Daily	Weekly	Monthly	Less than monthly	Never
a. Talk in person	1	2	3	4	5
b. Telephone calls to parents	1	2	3	4	5
c. Written notes to parents ...	1	2	3	4	5
d. Scheduled meetings or conferences.....	1	2	3	4	5
e. Conduct home visits.....	1	2	3	4	5
f. Send home child(ren)'s work.....	1	2	3	4	5

31. Do you have any children in your care that will be going to kindergarten in the fall?

YES 1
NO 2 (GO TO Q.33)

32. Sometimes special efforts are made to make the transition to kindergarten less difficult for children. Do you do any of the following activities? (CIRCLE YES OR NO FOR EACH ITEM)

	YES	NO
I, or someone at the program, provide:		
a. Information about the kindergarten program to parents.....	1	2
b. Arrange for children some time in a kindergarten classroom.....	1	2
c. Arrange visits kindergarten prior to the start of the school year.....	1	2
d. Other transition activities (SPECIFY) _____	1	2
e. No activities.....	1	2

33. To what extent do you agree with each of the following statements on children's preparation for school?
(CIRCLE ONE RESPONSE FOR EACH ITEM)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Children who begin formal reading and math instruction in preschool will do better in elementary.....	1	2	3	4	5
b. Parents should make their children know the alphabet before they start kindergarten.....	1	2	3	4	5
c. Most children should learn to read in kindergarten.....	1	2	3	4	5
d. Parents need help in learning how to teach their children how to read.....	1	2	3	4	5
e. Parents should set aside time every day for their kindergarten children to practice schoolwork	1	2	3	4	5
f. Homework should be given to kindergarten children almost everyday.....	1	2	3	4	5
g. Parents should read to their children and play counting games at home regularly	1	2	3	4	5
h. Attending preschool for example, nursery, pre-kindergarten, or Head Start is very important for success in kindergarten	1	2	3	4	5

34. The following items are statements that some teachers have made about how children in preschool should be taught and managed. Indicate to what extent each statement agrees or disagrees with your personal beliefs about good teaching practice in preschool programs. (CIRCLE ONE RESPONSE FOR EACH ITEM)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Activities in preschool classrooms should respond to individual differences in development	1	2	3	4	5
b. Each curriculum area should be taught as a separate subject at separate times.....	1	2	3	4	5
c. Three-and four-year old children should choose many of their own activities that the teacher or provider has prepared such as writing, science, etc.	1	2	3	4	5
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	3	4	5
e. Students should work silently and alone on seatwork.	1	2	3	4	5
f. Children in preschool classrooms should learn by touching and using objects.....	1	2	3	4	5
g. Treats, stickers, or stars should be used to encourage appropriate behavior among three- and four-year old children	1	2	3	4	5
h. Appropriate behavior among three- and four-year old children should be encouraged using punishments or reprimands.....	1	2	3	4	5
i. Children should be involved in establishing rules for the classroom.	1	2	3	4	5
j. Three- and four-year old children should be taught to read the letters of the alphabet.....	1	2	3	4	5
k. Children should learn to color within the lines.	1	2	3	4	5
l. Children in preschool classrooms should learn to form letters correctly on a printed page	1	2	3	4	5
m. Children should dictate or tell stories to a teacher who writes the stories down for the children.	1	2	3	4	5
n. Children should know their letter sounds before they learn to read.....	1	2	3	4	5
o. Children should form letters correctly before they are allowed to create a story.	1	2	3	4	5

35. Please tell me the extent to which you agree with each of the following statements. Tell me whether you *strongly disagree*, *disagree*, *neither agree nor disagree*, *agree*, or *strongly agree*. (CIRCLE ONE RESPONSE FOR EACH ITEM)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I really enjoy my present teaching job.....	1	2	3	4	5
b. I am certain I am making a difference in the lives of the children I teach.	1	2	3	4	5
c. If I could start over, I would choose teaching again as my career.....	1	2	3	4	5

36. How likely are you to continue working here through the next year?

Very likely	1
Somewhat likely	2
Somewhat unlikely	3
Very unlikely	4

Background Information

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

NUMBER OF YEARS

38. How many years have you been teaching in the following preschool and child care settings (as either lead or assistant teacher)?

	Number of Years
a. Head Start	_____
b. Center-based programs other than Head Start	_____
c. Other child care programs	_____

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

- | | | | |
|---|----|---|------------|
| Up to 8 th grade..... | 01 | } | GO TO Q.46 |
| 9 th to 11 th grade..... | 02 | | |
| 12 th grade but no diploma..... | 03 | | |
| High school diploma/equivalent..... | 04 | | |
| Voc/Tech program after high school but no Voc/Tech diploma..... | 05 | } | GO TO Q.43 |
| Voc/Tech diploma after high school..... | 06 | | |
| Some college but no degree. | 07 | | |
| Associate's degree..... | 08 | } | GO TO Q.40 |
| 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 | | |

40. Do you have a state teaching certificate, teaching license, or teaching credential?

- YES 1
- NO..... 2 (GO TO Q.42)

41. What age group or groups are you licensed to teach? (CIRCLE ALL THAT APPLY)

- a. Pre-Kindergarten or younger.....01
- b. Elementary.....02
- c. Middle School.....03
- d. High School.....04
- e. Other (SPECIFY)_____05

42. Is your degree in early childhood education, child development, or a related field?

- YES 1
- NO..... 2

43. Have you completed any college courses in early childhood education or child development ?

- YES 1
- NO..... 2 (GO TO Q. 46)

44. Approximately how many courses have you completed?

(NUMBER OF COURSES)

45. How many of those courses, if any, did you complete in the past year?

(NUMBER OF COURSES)

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

YES 1
NO 2

47. Do you have any child care – related licenses?

YES 1
NO 2

48. Are you currently enrolled in any of the following programs in the field of early childhood education, child development, or special education? (CIRCLE YES OR NO FOR EACH ITEM)

	YES	NO
a. Child Development Associate (CDA) Program	01	02
b. Associate Degree	01	02
c. Bachelor's Degree	01	02
d. Graduate Degree(Master's or Ph.D. or Ed.D).....	01	02
e. Teaching Certificate Program	01	02
f. Other (SPECIFY).....	01	02

49. Have you ever had any of the following child care or early education training or workshops that was not for college credit? (CIRCLE ALL THAT APPLY)

a. No training.....	00 (GO TO Q.52)
b. Workshops/training at a child care center.....	01
c. Training by a local agency	02
d. Training workshops at a local or national conference	03
e. Classes in high school	04
f. Other (SPECIFY).....	05

50. Was any of this training in the past year?

YES 1
NO 2 (GO TO Q.52)

51. How many hours of training that was not for college credit did you receive in the past year?

(HOURS OF TRAINING IN THE PAST YEAR)

52. Are you currently enrolled in any of the following teacher-related training or education programs?

a. Not currently enrolled.....	00
b. Child Development Associate (CDA) degree program	01
c. Teaching Certificate.....	02
d. Special Education teaching degree	03
e. Graduate degree (Master's or Ph.D or Ed.D.).....	04
f. Other (SPECIFY).....	...05

53. Are you currently a member of an organization or association on the national or local level for early childhood education or child care?

YES 1
NO 2

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

\$__ __, __ __ __ PER YEAR

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

NUMBER OF MONTHS

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

HOURS PER WEEK

57. What is your gender?

Male..... 1
Female 2

58. In what year were you born?

19____

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

YES 1
NO 2 (GO TO Q.61)

60. Which one of these best describes you?

Mexican, Mexican American, Chicano 1
Puerto Rican 2
Cuban 3
Another Spanish/Hispanic/Latino group 4

61. What is your race? You may indicate more than one if you like. (CIRCLE ALL THAT APPLY)

- a. White..... 01
- b. Black, African American, or Negro 02
- c. American Indian or Alaska Native
(SPECIFY) 03
- d. Asian Indian 04
- e. Chinese..... 05
- f. Filipino..... 06
- g. Japanese 07
- h. Korean 08
- i. Vietnamese 09
- j. Asian (not further specified) 10
- k. Native Hawaiian 11
- l. Guamanian or Chamorro 12
- m. Samoan..... 13
- n. Other Pacific Islander
(SPECIFY) 14
- o. Another race
(SPECIFY) 15

62. 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?

63. Finally, what two things do you think your class does really well for child(ren) and their families?

1.

2.

**THANK YOU FOR YOUR PARTICIPATION IN THE BUILDING FUTURES:
HEAD START IMPACT STUDY!**

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