

Family and Provider/Teacher Relationship Quality



Family Services Staff Measure: Short Form



ADMINISTRATION FOR
CHILDREN & FAMILIES

OPRE



Family Services Staff Measure Short Form: Short Form

This measure asks about you and your Head Start/Early Head Start program. It also asks about the Head Start/Early Head Start families you support. Some of these questions will be about how you and the families you support communicate and work together.

It takes approximately 7 minutes to complete this measure.

Please use a black or blue pen to complete this form.

Mark to indicate your answer.

If you change your answer, mark on the wrong answer, and mark to indicate the right answer.

By Family Service Worker (FSW) we mean someone who helps families identify their goals for themselves and their child; connect families to resources and services that support the family and the child; and help families advocate for themselves. FSW are also known by many different names and titles; some examples include Family Services Staff, Family Advocates, Home Visitors, and Family Services Coordinator. The term Family Services Staff is used in all materials related to this measure.

We would like to learn about how you and the families in your program work together.

- 1. Since September, how many of the families you serve have you directly helped in any of the following ways:**

[MARK ONE BOX IN EACH ROW.]

	None	Some	Most	All
a. Encouraged families to seek or receive services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Helped families find services they need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Advocated on behalf of families to ensure that outside service providers are responsive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 2. Thinking about the families you serve, how many parents have you met with or talked to about the following?**

[MARK ONE BOX IN EACH ROW.]

	None	Some	Most	All
a. How many adult relatives live in their households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Their work and school schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The role that faith and religion play in their household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please indicate how much you agree or disagree with each of these statements.

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My goal is to help parents reach their full potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I encourage parents to provide feedback on the services and support I provide them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please indicate how much you agree or disagree with these statements.

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. Sometimes it is hard for me to support the way parents raise their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sometimes it is hard for me to support the way parents discipline their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sometimes it is hard for me to support the goals parents have for their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. When providing services to families in your program, how often do you take into account the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Information parents share about their career or education goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Information parents share about their "life goals"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Since September, how often have you met with or talked to parents about the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Goals parents have for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Problems parents may be having with their work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents' vision for their family's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements.

Part of my job is to...

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. Change my work schedule in response to parents' work or school schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Learn new ways to assist families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Change how services are offered to children and families in response to parent feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help parents reach their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help parents learn skills needed to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Since September, how many of the families you serve have you given information on the following:

[MARK ONE BOX IN EACH ROW.]

	None	Some	Most	All
a. Food banks or pantries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Housing assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. People work as Family Service Workers for many reasons. Please indicate how much you agree or disagree with the following statements:

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. I work as a Family Service Worker because I enjoy it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I work as a Family Service Worker because I like helping families reach their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I work as a Family Service Worker because I like helping children and families get the services they need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How many families do you currently serve?

_____ families

11. How many centers do you currently serve?

_____ centers

12. How many years have you been working in this field?

_____ years

13. How long have you worked at your current center(s)?

_____ years

14. Do you have children living in your household who attend Head Start/Early Head Start now?

[MARK ONLY ONE BOX.]

Yes

No

15. Did you ever have a child in your household who attended Head Start/Early Head Start?

[MARK ONLY ONE BOX.]

Yes

No

The next set of questions asks about your background.

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

[MARK ONLY ONE BOX.]

Yes

No

17. Do you have some type of family services credential that supports competency in working with families?

[MARK ONLY ONE BOX.]

Yes

No

Name of Credential: _____

18. What is the highest level of education you have completed?

[MARK ONLY ONE BOX.]

Less than a high school diploma

High school diploma or GED

Some college, no degree

Associate's degree

Bachelor's degree

Graduate school degree

19. Are you of Hispanic or Latino origin?

[MARK ONLY ONE BOX.]

Yes

No

20. What is your race?

[MARK ALL THAT APPLY.]

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

Thank you!