Child Care & Early Education RESEARCH CONNECTIONS

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 2006 Kindergarten Teacher Survey



P.O. Box 1248 Ann Arbor, Michigan 48106 www.icpsr.umich.edu

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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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Spring 2006



TEACHER SURVEY Kindergarten

| Setting Type: Setting Name: Setting ID: Setting Address: | |
|---|--------------------|
| | Street |
| Sotting Dhono: | City State Zip |
| Setting Phone: Respondent/ | <u> ()</u> |
| 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 applied to Head Start in fall 2002 and were randomly assigned to a Head Start group or a non-Head Start group. 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. Your completed survey will help us to understand more about Head Start and other preschool and child care programs and how they help to prepare children for school.

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 7/30/2006). 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.

DEFINITIONS (appear in *italics* in survey):

Transitional (or readiness) kindergarten – extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten

Kindergarten - traditional year of school primarily for 5-year-olds prior to first grade

Transitional first grade - extra year of school for children who have attended kindergarten and have been judged not ready for first grade

Class - refers to the child's total school day, including time spent with any teacher, as well as time spent on meals, naps, recess, and between activities

Activity center - clearly delineated, organized, thematic work and play area where children interact with materials and other children without the teacher's constant presence or direction (such as a language arts area, a block area, a dramatic play area)

Limited English proficiency (LEP) – children whose native language is other than English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English

QUESTIONS ABOUT YOUR SCHOOL

| 1. | What type of school is this? (Circle one response.) |
|----|---|
| | Public school |
| | Catholic school |
| | Private school with other religious affiliation |
| | Private school with no religious affiliation |

1 2 3

4

- 2. Approximately how many students in this school are currently enrolled...
 - a. in kindergarten?
 - b. in this class?.....

QUESTIONS ABOUT THIS CLASS

3.

| Do you | teach (Circle yes or no for each item.) | | | |
|--------|---|-----|----|--|
| • | | Yes | No | |
| a. | a full-day class? | 1 | 2 | |
| b. | a half-day morning class? | 1 | 2 | |
| | a half-day afternoon class? | | | |

4. What type of class is this? (See definitions on page 2 and circle one response.)

| Kindergarten class | 1 |
|---|---|
| Transitional (or readiness) kindergarten class | 2 |
| Transitional first grade class | |
| Multigrade or ungraded class with at least some kindergarten-age children | |
| (specify) | 4 |

- 5. How often does this class meet?
 - a. Number of days each week
 - b. Total number of hours per week
- 6. To the best of your knowledge, how many children currently enrolled in this class are... (Please enter a number for each item. If none, enter 0.)
 - a. American Indian or Alaskan Native?....
 - b. Asian or Pacific Islander?
 - c. Black, non-Hispanic?.....
 - d. Hispanic?
 - e. White, non-Hispanic?

7. How many children with *limited English proficiency (LEP)* are there in this class? (See definition on page 2.)

Number of LEP children

8. How many children who are eligible for free or reduced-price lunch or breakfast are there in this class?

Number of eligible children.....

9. How many paid assistants, co-teachers, or team teachers do you have in this class in a typical week?

Number of paid assistants, co-teachers, or team teachers......

10. On average, how many hours per week is there at least one paid assistant, co-teacher, or team teacher with you in this class?

Number of hours per week.....

11. How many adult volunteer assistants do you have in this class in a typical week?

Number of adult volunteers

12. On average, how many hours per week all together do adult volunteer assistants spend in this class?

Total number of hours per week....

13. Do you have activity centers in this classroom? (See definitions on page 2.)

14. 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 |

15. 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 |
| I. | Practice or teach directional words such as over, up, in, etc | · 1 | 2 | 3 | 4 | 5 | 6 |

| 16. | How often do the children do each of the following math activities? | (Circle one response for |
|-----|---|--------------------------|
| | each activity.) | |

| | | 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. | Count 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 |

17. What are the primary languages spoken by children in this class? (*Circle all that apply*.)

| a. b. | English | 01 02 |
|----------|--------------------------|----------|
| | Spanish | |
| C. | Vietnamese | 03 |
| d. | Chinese | 04 |
| e. | Japanese | 05 |
| f. | Korean | 06 |
| g. | A Filipino language | 07 |
| ĥ. | Yiddish | 08 |
| i. | Other language (specify) | 09 |

IF ONLY LANGUAGE USED IS ENGLISH, GO TO QUESTION 20

18. Do you talk to children or teach in any of the languages mentioned in your response to question 17? (*Circle yes or no for each item.*)

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

19. Are there any other adults who regularly help in the classroom that speak any of the languages mentioned in your response to question 17?

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

20. On an average day, how many children are absent from your class? (*Circle one response*.)

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

21. At this point in the year, how would you rate the behavior of the children? (*Circle one response*.)

| 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 | |

22. How would you describe the school readiness skills of children in this class who attended Head Start as compared to children in this class who did not attend Head Start? (*Circle one response*.)

| No difference in school readiness skills | 1 |
|---|---|
| Children who attended Head Start demonstrate stronger school readiness skills | 2 |
| Children who attended Head Start demonstrate weaker school readiness skills | 3 |
| Do not know which children attended Head Start | 4 |

23. In general, how often and in what way do you usually have contact with the parents of children about their daily activities or behavior? (*Circle one response for each item.*)

| | | Daily | Weeklv | Monthly | Less than monthly | Never | |
|----|----------------------------|-------|--------|---------|-------------------------|-------|--|
| | エ u : | Dany | WEEKIY | wontiny | inonuny | _ | |
| | 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 | |
| | | | | | | | |

24. 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 <u>your personal beliefs</u> 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 from a variety of learning areas that the teacher has prepared (writing, science center, 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 |
| I. | 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 |
| 0. | Children should form letters correctly before they are allowed to create a story. | 1 | 2 | 3 | 4 | 5 |

25. To what extent do you agree or disagree with each of the following statements? (*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 |

26. How likely are you to continue working at this school through the next year? (*Circle one response*.)

| Very likely | 1 |
|-------------------|---|
| Somewhat likely | |
| Somewhat unlikely | 3 |
| Very unlikely | 4 |

QUESTIONS ABOUT YOU (KINDERGARTEN TEACHER)

27. In total, how many years (*or months, if less than 1 year*) have you been teaching (including all grades and preschool)?

Total number of years/months teaching Years 28. Counting this school year, how many years have you taught each of the following grades and programs? (*Write the number of years to the nearest half year, for example 2.5, 3.5. Please include part-time teaching. Enter a number for each item. Write "0" if you have never taught the grade or program listed.*)

Total years grade/ program taught

| a. | Preschool or Head Start | |
|----|---|--|
| b. | Kindergarten (including Transitional/Readiness Kindergarten and Transitional/pre-1st grade) | |
| C. | First grade | |
| d. | Second through fifth grade | |
| e. | Sixth grade or higher | |
| f. | English as a Second Language (ESL) program | |
| g. | Bilingual education program | |
| h. | Special education program | |
| i. | Other (specify) | |

29. Counting this school year, how many years have you taught in your current school including part-time teaching? (Write the number of years to the nearest half year, for example, 2.5, 3.5.)

Number of years

30. What is the highest grade or year of school that you completed? (*Circle one response*.)

| Up to 8 th grade | 01 |
|---|----|
| 9 th to 11 th grade | 02 |
| 12 th grade but no diploma | 03 |
| High school diploma/equivalent | |
| 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 | 80 |
| Bachelor's degree | 09 |
| Graduate or professional school but no degree | 10 |
| Master's degree (M.A., M.S.) | 11 |
| Doctorate degree (Ph.D., Ed.D.) | 12 |
| Professional Degree After Bachelor's Degree | |
| (Medicine/M.D.; Dentistry/D.D.S.; Law/J.D./LL.B.; etc.) | 13 |

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

| YES | 1 | |
|-----|---|--------------|
| NO | 2 | (GO TO Q.33) |

32. What age group or groups are you licensed to teach? (*Circle all that apply.*)

| a. | Pre-Kindergarten or younger | 1 |
|----|-----------------------------|---|
| b. | Elementary | 2 |
| C. | Middle School | 3 |
| | High School | |
| e. | Other (specify) | 5 |

33. Are you currently enrolled in any of the following programs in the field of early childhood deducation, child development, or special education? (*Circle yes or no for each item*.)

| | | YES | NO |
|----|--|-----|----|
| a. | Child Development Associate (CDA) Program | 1 | 2 |
| b. | Associate Degree | 1 | 2 |
| C. | Bachelor's Degree | 1 | 2 |
| d. | Graduate Degree (Master's or Ph.D. or Ed.D.) | 1 | 2 |
| e. | Teaching Certificate Program | 1 | 2 |
| f. | Other (<i>specify</i>) | 1 | 2 |

34. How many college courses have you completed in the following areas? (*Circle one number for each item.*)

| a. | Early childhood education | 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
|----|------------------------------------|---|---|---|---|---|---|----|
| b. | Elementary education | 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| c. | Special education | 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| d. | English as a Second Language (ESL) | 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| e. | Child development | 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| f. | Methods of teaching reading | 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| g. | Methods of teaching mathematics | 0 | 1 | 2 | 3 | 4 | 5 | 6+ |
| h. | Methods of teaching science | 0 | 1 | 2 | 3 | 4 | 5 | 6+ |

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

\$____, ____ per year

| 36. | How many months of the year does this salary cover? |
|-----|---|
| | Number of months |
| 37. | How many hours per week does this salary cover (not including overtime)? |
| | Hours per week |
| 38. | What is your gender? |
| | Male 1 Female 2 |
| 39. | In what year were you born? |
| | 19 |
| 40. | Are you of Spanish origin, or Hispanic or Latino? |
| | YES 1 NO 2 (GO TO Q.42) |
| 41. | Which one of these best describes you? |
| | Mexican, Mexican American, Chicano |
| 42. | What is your race? You may indicate more than one if you like. (Circle all that apply.) |
| | a. White |
| | 12 |

43. 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?

| 44. | Finally, what two things do you think your class does really well for children and their families? |
|-----|--|
| | 1. |
| | |
| | 2 |
| | |

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

If found, return to: Westat 1650 Research Boulevard Room RB3111 – 7433.07.12 Rockville, MD 20850