

Family and Provider/Teacher Relationship Quality



Parent Measure: Short Form



ADMINISTRATION FOR
CHILDREN & FAMILIES

OPRE



Parent Measure: Short Form

This measure asks about your child's care and early education. It asks questions about your child's main child care provider or teacher. Please only think about this person when answering the following questions.

It takes approximately 5 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.

1. Since September, how often have you met with or talked to your childcare provider or teacher about the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Goals you have for your child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. What to expect at each stage of your child's development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your vision for your child's future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How you feel about the care and education your child receives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How comfortable would or do you feel sharing the following information with your childcare provider or teacher?

[MARK ONE BOX IN EACH ROW.]

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
a. Your family life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The role that faith and religion play in your household.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Changes happening at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How often does your childcare provider or teacher:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Offer you books or materials on parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ask you about the cultural values and beliefs you want him/her to communicate to your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ask about your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Provide you with opportunities to give feedback on his or her performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Remember personal details about your family when speaking with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How much are the following statements like your childcare provider or teacher?

My childcare provider or teacher...

[MARK ONE BOX IN EACH ROW.]

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
a. Uses my feedback to adjust the education and care provided to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reflects the cultural diversity of students in activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicates the cultural values and beliefs I want my child to have.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Asks me questions to show he/she cares about my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please indicate how much the following words are like your childcare provider or teacher.

My childcare provider or teacher is...

[MARK ONE BOX IN EACH ROW.]

	Not at all like my provider	A little like my provider	A lot like my provider	Exactly like my provider
a. Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Impatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How strongly do you agree or disagree with the following statements?

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My childcare provider or teacher judges my family because of our faith and religion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My childcare provider or teacher judges my family because of our culture and values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My childcare provider or teacher judges my family because of our financial situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How old is your child?

[MARK ONLY ONE BOX.]

- Less than 1 year old
- 1–2 years old
- 3–4 years old
- 5 years or older

8. For how long has your current childcare provider or teacher been teaching or caring for this child?

[MARK ONLY ONE BOX.]

- Less than six months
- 6 months-less than 1 year
- 1 year-less than 2 years
- 2 years or more

9. What language do you most speak at home?

[MARK ONLY ONE BOX.]

- English
- Spanish
- English and Spanish equally
- English and another language equally
- Other language

10. Thinking about all of your children, how many childcare providers have you ever worked with?

[MARK ONLY ONE BOX.]

- 1
- 2–3
- 4–5
- More than 5

11. Are you of Hispanic or Latino origin?

- Yes
- No

12. 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

13. 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

14. What would you say was your household's income last year?

[MARK ONLY ONE BOX.]

- Less than \$25,000
- \$25,000–\$34,999
- \$35,000–\$44,999
- \$45,000–\$54,999
- \$55,000–\$74,999
- \$75,000 or more

Thank you!