

**Fall 2003**



**Head Start Teacher Interview**

Class ID: _____
Teacher name: _____

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Interview complete

**Westat**

## INTRODUCTION

This questionnaire is part of a study of Head Start families and children and their experiences with the Head Start program. A very important part of the study is to find out about staff and their experiences in Head Start. Your answers will be completely confidential. The survey will take about 20 minutes of your time to complete.

Before we begin, let me read the following to you:

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Do you have any questions before we begin?

1. We would like you to tell us how a *typical day* is spent in your classroom. Not including lunch or nap breaks, how much time do the children spend in the following kinds of activities?

How about (READ ITEM)? Would you say the children spend *no time, half an hour or less, about one hour, about two hours, or three hours or more* in (READ ITEM AGAIN)?

**(USE RESPONSE CARD)**

	No time	Half hour or less	About one hour	About two hours	Three hours or more
a. Teacher-directed whole class activities.....	1	2	3	4	5
b. Teacher-directed small group activities.....	1	2	3	4	5
c. Teacher-directed individual activities .....	1	2	3	4	5
d. Child-selected activities.....	1	2	3	4	5

2. How often do children in this class do each of the following reading and language activities? Would you say children (READ ITEM) *never, about once a month or less, two or three times a month, once or twice a week, three or four times a week, or every day*?

**(USE RESPONSE CARD)**

	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. Dictate stories to a teacher, aide, or volunteer .....	1	2	3	4	5	6
e. Work on 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 stories .....	1	2	3	4	5	6
i. Learn about conventions of print (left to right orientation, book holding).....	1	2	3	4	5	6
j. Write own name .....	1	2	3	4	5	6
k. Learn about rhyming words and word families .....	1	2	3	4	5	6
l. Learn about common prepositions, such as over and under, up and down ...	1	2	3	4	5	6

3. Does your classroom have the following interest areas or centers for activities?

	YES	NO
a. Reading area with books? .....	1	2
b. Listening center? .....	1	2
c. Writing center or area? .....	1	2
d. Math area with manipulatives? .....	1	2
e. Computer area? .....	1	2
f. Science or nature area with manipulatives?.....	1	2
g. Dramatic play area or corner? .....	1	2
h. Art area?.....	1	2
i. Private area for one or two children to be alone?.....	1	2

4. What languages are used for instruction 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. OTHER LANGUAGE (SPECIFY) _____ .....	08

IF ONLY LANGUAGE USED IS ENGLISH, CHECK THIS BOX . .  AND GO TO Q.6.

5. Do you yourself teach in \_\_\_\_\_ [1ST NON-ENGLISH LANGUAGE MENTIONED]  
(or \_\_\_\_\_ [2ND NON-ENGLISH LANGUAGE MENTIONED])?

YES .....	1
NO .....	2

6. Is a specific curriculum or combination of curricula used in your program?

YES, SPECIFIC CURRICULUM.....	1
YES, COMBINATION .....	2
NO .....	3 (GO TO Q.17)

7. If your principal curriculum has a name, what is that name?  
(CIRCLE ONE)

- 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
- Other (SPECIFY) \_\_\_\_\_..... 09

8. If your additional curricula have names, what are they?  
(CIRCLE ALL THAT APPLY)

- a. High Reach..... 01
- b. High/Scope..... 02
- c. Montessori..... 03
- d. Bank Street..... 04
- e. Creative Curriculum..... 05
- f. Creating Child Centered Classrooms – Step by Step ..... 06
- g. Curiosity Corner – Johns Hopkins..... 07
- h. Scholastic Curriculum..... 08
- i. Other (SPECIFY) \_\_\_\_\_..... 09
- j. No other curricula ..... 10

9. Have you received training in your curriculum?

- YES ..... 1
- NO..... 2 (GO TO Q.11)

10. Who provided the training? (CIRCLE ONE)

- STAFF FROM THIS HEAD START PROGRAM..... 01
- STAFF FROM ANOTHER HEAD START PROGRAM..... 02
- STAFF OR CONSULTANT(S) FROM CURRICULUM DEVELOPERS (e.g., High Scope, Teaching Strategies, etc.) . 03
- FACULTY FROM SCHOOL OF EDUCATION ..... 04
- STAFF FROM THE HEAD START QUALITY IMPROVEMENT CENTER (HSQIC)..... 05
- STAFF FROM THE DISABILITY SERVICES QUALITY IMPROVEMENT CENTER (DISQIC) ..... 06
- OTHER (SPECIFY) \_\_\_\_\_..... 07

11. Do you receive any ongoing support in the use of your curriculum?

- YES ..... 1
- NO..... 2 (GO TO Q.13)

12. From whom? (CIRCLE ALL THAT APPLY)

- a. MENTOR OR MASTER TEACHER ..... 01
- b. OTHER HS TEACHERS IN PROGRAM ..... 02
- c. SUPERVISOR/EDUCATION COORDINATOR ..... 03
- d. STAFF FROM ANOTHER HEAD START PROGRAM..... 04
- e. STAFF OR CONSULTANT(S) FROM CURRICULUM DEVELOPERS (e.g., High Scope, Teaching Strategies, etc.) 05
- f. FACULTY FROM SCHOOL OF EDUCATION ..... 06
- g. STAFF FROM THE HEAD START QUALITY IMPROVEMENT CENTER (HSQIC)..... 07
- h. STAFF FROM THE DISABILITY SERVICES QUALITY IMPROVEMENT CENTER (DISQIC) ..... 08
- i. OTHER (SPECIFY) \_\_\_\_\_ . 09

13. Do you like your curriculum?

- YES ..... 1
- NO ..... 2

14. Would you say your curriculum . . .

- |   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| a. Is easy to use and adapt? .....  | 1          | 2         |
| b. Addresses multiple domains of learning (e.g., cognitive, socio-emotional, physical, etc.)? ..... | 1          | 2         |
| c. Involves parents as partners in children's learning? .....                                       | 1          | 2         |
| d. Provides room for teacher creativity? .....  | 1          | 2         |
| e. Has adequate learning materials/resources/examples of activities?.....                           | 1          | 2         |

15. Do all teachers and assistant teachers have access to a copy of the curriculum?

- YES ..... 1
- NO ..... 2

16. Who makes *most* of the decisions about the day-to-day instructional plans for children, such as the calendar or sequence of activities? Is it...

- Head Start program administrators, ..... 1
- Individual center directors and staff,..... 2
- Individual teachers, or ..... 3
- Someone else? (SPECIFY) \_\_\_\_\_ 4

17. Do you have a daily written plan for your classroom activities?

- YES ..... 1
- NO ..... 2 (GO TO Q.19)

18. How much do you use the curriculum in developing a daily written plan for classroom experiences? Would you say:

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

19. Is there a child assessment tool with your curriculum?

- YES ..... 1
- NO ..... 2 (GO TO Q.21)

20. How much do you make use of this assessment method in planning for each child? Would you say:

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

21. To what extent do you integrate curriculum areas around common or unifying themes? For example, using science and reading concepts or language and art concepts in a group activity? Would you say...

- Never, ..... 1
- Occasionally, ..... 2
- Usually, or ..... 3
- All the time? ..... 4

22. Is there someone who mentors you in your classroom, who observes your teaching on a regular basis and provides feedback, guidance, and training?

- YES ..... 1
- NO ..... 2 (GO TO Q.25)

23. How often does your mentor come to your classroom? Would you say:

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

24. Have you been to observe your mentor in her or his classroom or gone with your mentor to another classroom?

YES ..... 1  
NO ..... 2

25. Have you acted as a mentor for other Head Start teachers or teacher trainees?

YES ..... 1  
NO ..... 2

26. On an average day, how many children are absent from this class? Would you say...

None, ..... 1  
One or two, ..... 2  
Three or four, ..... 3  
Five or six, or ..... 4  
Seven or more? ..... 5

27. About how many children are consistently absent from this class? Would you say...

None, ..... 1  
One or two, ..... 2  
Three or four, or ..... 3  
Five or more? ..... 4

28. At this point in the Head Start year, how would you rate the behavior of children in your class? Would you say...

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, or ..... 4  
The group behaves exceptionally well? ..... 5

29. What areas of children's development do you assess?  
(CODE ALL THAT ARE MENTIONED. DO NOT PROBE.)

a. COGNITIVE, INTELLECTUAL ..... 01  
b. LANGUAGE ..... 02  
c. EMERGENT LITERACY ..... 03  
d. MATHEMATICAL ..... 04  
e. ARTISTIC, MUSICAL ..... 05  
f. PHYSICAL GROWTH ..... 06  
g. FINE MOTOR SKILLS ..... 07  
h. SOCIAL ..... 08  
i. EMOTIONAL ..... 09  
j. OTHER (SPECIFY) \_\_\_\_\_ 10

30. What methods do you use for these assessments? Would you say...

- Ratings based on classroom observation  
or work sampling, ..... 1
- Testing with standardized tests or assessment  
instruments, or..... 2
- Both observation-based ratings and direct assessment?..... 3
- OTHER (SPECIFY) \_\_\_\_\_ ..... 4

31. What do you do when you suspect a child might have a special need?  
(CIRCLE ALL THAT APPLY)

- a. DOCUMENT CONCERN ON A SPECIAL REPORT FORM . 01
- b. NOTIFY YOUR PROGRAM DIRECTOR/DISABILITIES  
COORDINATOR/EDUCATION COORDINATOR..... 02
- c. ARRANGE FOR A LOCAL SPECIALIST TO  
OBSERVE AND EVALUATE ..... 03
- d. ARRANGE A CONFERENCE WITH PARENTS TO SHARE  
THE INFORMATION AND CONCERNS ..... 04
- 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 IEP ..... 06
- g. OTHER (SPECIFY) \_\_\_\_\_ .. 07

32. When a special education specialist sees a child, what kind of feedback does the  
specialist provide you with?

- WRITTEN REPORT DESCRIBING CHILD'S  
SPECIFIC NEEDS ..... 1
- ORAL ADVICE ONLY ..... 2
- OTHER (SPECIFY) \_\_\_\_\_ .... 3

33. How often do you meet with the parents to discuss the progress or status of a child with  
special needs?

- NO CHILDREN WITH SPECIAL NEEDS IN CLASS..... 1
- ONCE EVERY 6 MONTHS OR MORE ..... 2
- ONCE EVERY 2 TO 6 MONTHS ..... 3
- ONCE A MONTH ..... 4
- MORE THAN ONCE A MONTH..... 5

34. Which of the following do you do in meeting individually with parents of all children in your classroom, not just those with special needs? Do you...

	<b>YES</b>	<b>NO</b>
a. Keep a schedule of regular parent-teacher conferences? .....	1	2
b. Schedule parent-teacher conferences to follow your own review of the child's progress? (ONLY IF SYSTEMATIC ASSESSMENT DONE).....	1	2
c. Schedule parent-teacher conferences at least 2 times a year?.....	1	2
d. Keep written notes on information from the parent-teacher conference? .....	1	2
e. Responds to parent's notes or telephone calls within 2 days of receiving them?.....	1	2
f. Conduct home visits twice a year?.....	1	2

35. I'm going to read some statements that some teachers have made about how children in Head Start should be taught and managed. Please tell me whether each statement agrees or disagrees with your personal beliefs about good teaching practice in Head Start.

(READ ITEM) Do you *strongly disagree*, *disagree*, *neither agree nor disagree*, *agree*, or *strongly agree* with that statement?

<b>(USE RESPONSE CARD)</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
a. Head Start classroom activities should be responsive 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. Children should be allowed to select 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 Head Start classrooms should learn through active explorations.....	1	2	3	4	5
g. Head Start teachers should use treats, stickers, or stars to encourage appropriate behavior.....	1	2	3	4	5
h. Head Start teachers should use punishments or reprimands to encourage appropriate behavior..	1	2	3	4	5
i. Children should be involved in establishing rules for the classroom.....	1	2	3	4	5
j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words.....	1	2	3	4	5
k. Children should learn to color within predefined lines. ....	1	2	3	4	5
l. Children in Head Start classrooms should learn to form letters correctly on a printed page .....	1	2	3	4	5
m. Children should dictate stories to the teacher. ...	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

36. Please tell me the extent to which you agree with each of the following statements on teaching. Tell me whether you *strongly disagree*, *disagree*, *neither agree nor disagree*, *agree*, or *strongly agree*.

<b>(USE RESPONSE CARD)</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly agree</b>
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

37. How likely are you to continue working for Head Start through the next Head Start year (through 2003-2004)? Would you say you are...

- Very likely, ..... 1
- Somewhat likely, ..... 2
- Somewhat unlikely, or ..... 3
- Very unlikely? ..... 4

**BACKGROUND INFORMATION**

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

NUMBER OF YEARS: \_\_\_\_\_

39. How many of those years have you been teaching Head Start (as either lead or assistant teacher)?

NUMBER OF YEARS: \_\_\_\_\_

40. Do you have any children living in your household who attend Head Start now?

- YES ..... 1
- NO ..... 2

41. Did any child who lived in your household in the past attend Head Start?

- YES ..... 1
- NO ..... 2

42. What is the highest grade or year of school that you completed?

*(CIRCLE ONE RESPONSE.)*

- UP TO 8TH GRADE ..... 01
  - 9TH TO 11TH GRADE ..... 02
  - 12TH GRADE BUT NO DIPLOMA ..... 03
  - HIGH SCHOOL DIPLOMA/EQUIVALENT ..... 04
  - 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 ..... 08
  - 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
- } (GO TO Q.48)
- 
- } (GO TO Q.43)

43. In what field did you obtain your highest degree?

- CHILD DEVELOPMENT OR DEVELOPMENTAL PSYCHOLOGY . 1
- EARLY CHILDHOOD EDUCATION ..... 2
- ELEMENTARY EDUCATION ..... 3
- OTHER FIELD (SPECIFY) \_\_\_\_\_ 4

44. Did your field include 6 or more college courses in early childhood education or child development?

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

45. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?

- YES ..... 1
- NO ..... 2

46. What is the name of the college or university where you completed your highest degree?

NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

47. In what city and state is the (college/university) located?

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

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

YES ..... 1  
NO ..... 2

49. Do you have a state-awarded preschool certificate?

YES ..... 1  
NO ..... 2

50. Do you have a teaching certificate or license?

YES ..... 1  
NO ..... 2

51. Do you have any other job-related licenses?

YES ..... 1  
NO ..... 2

52. Are you currently enrolled in any additional teacher-related training or education, including post-secondary school degrees, graduate degrees, etc.? (*CIRCLE ONLY ONE.*)

NOT CURRENTLY ENROLLED..... 1  
CHILD DEVELOPMENT ASSOCIATE (CDA)  
DEGREE PROGRAM..... 2  
TEACHING CERTIFICATE ..... 3  
SPECIAL EDUCATION TEACHING DEGREE ..... 4  
GRADUATE DEGREE (MASTER'S OR PH.D OR ED.D.) ..... 5  
OTHER (*SPECIFY*)..... 6

53. Are you currently a member of a professional association for early childhood education?  
(e.g., NAEYC, NHSA, NEA)

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, Hispanic, or Latino origin?

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, or ..... 3  
Another Spanish/Hispanic/Latino group? ..... 4

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

- 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
- g. 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?

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63. Finally, what two things do you think your class does really well for children and their families? (ASK TO CHOOSE ONLY TWO)

1.

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2.

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**THANK YOU FOR YOUR PARTICIPATION!**