

Spring 2005



**Head Start
Teacher Interview**

ID number: _____
Child name: _____
Birth date: _____

Date: _____

Interviewer: _____

Interview complete

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:

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 0970-0151 (expires 10/2006). The time required to complete this information collection is estimated to average 20 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Do you have any questions before we begin?

SCREENER

S1. In this classroom last Fall, we interviewed {NAME}. Is that you?

YES 1 (GO TO Q1)
NO 2

S2. When did you become the teacher of this class?

_____/_____/_____
DAY MONTH YEAR

S3. Can you tell me why the previous teacher is no longer teaching this class?

S4. Before you became the teacher of this class, were you teaching in Head Start?

YES 1
NO 2 (GO TO S7)

S5. Where were you teaching before you came to this classroom? Were you teaching...
(CIRCLE ONLY ONE)

- In the same classroom, 1
 - In a different classroom at the same Head Start center, 2
 - At a different Head Start center operated by the same program,.. 3
 - At a Head Start center operated by a different program, or 4
 - Somewhere else?..... 5
- (SPECIFY) _____

S6. What was your position at the center or classroom you were in before coming to this classroom?

- LEAD TEACHER 01
 - ASSISTANT TEACHER/TEACHER AIDE..... 02
 - PART-TIME SUBSTITUTE TEACHER 03
 - VOLUNTEER 04
 - COORDINATOR/SUPERVISOR (E.G.,
EDUCATIONAL COORDINATOR)..... 05
 - CENTER DIRECTOR..... 06
 - OTHER POSITION..... 07
- (SPECIFY) _____

GO TO QUESTION 1 ON PAGE 5.

S7. Before you became the teacher of this class, were you working...

- At an early childhood education or child care center... 01
 - At a family-based child care (family day care)..... 02
 - In a kindergarten classroom 03
 - In an elementary school classroom..... 04
 - In a non-education setting 05 (GO TO Q1)
 - Not working full-time, or..... 06 (GO TO Q1)
 - Somewhere else?..... 07 (GO TO Q1)
- (SPECIFY) _____

S8. What was your position at the previous center or classroom?

- LEAD TEACHER 01
 - ASSISTANT TEACHER/TEACHER AIDE..... 02
 - PART-TIME SUBSTITUTE TEACHER 03
 - VOLUNTEER 04
 - COORDINATOR/SUPERVISOR (E.G.,
EDUCATIONAL COORDINATOR 05
 - CENTER DIRECTOR..... 06
 - OTHER POSITION..... 07
- (SPECIFY) _____

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? (READ ITEM AGAIN IF NEEDED)

(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?
(READ CHOICES)

	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 . . . <input type="checkbox"/> AND GO TO Q.6.
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5. Do you yourself teach in _____ [1ST NON-ENGLISH LANGUAGE MENTIONED]
(or _____ [2ND NON-ENGLISH LANGUAGE MENTIONED])?

YES, FIRST LANGUAGE.....	1
YES, SECOND LANGUAGE.....	2
NO.....	3

6. Is one specific curriculum or a combination of curricula used in your classroom?
- YES, ONE SPECIFIC CURRICULUM..... 1
 - YES, COMBINATION..... 2
 - NO CURRICULUM..... 3 (GO TO Q.18)

7. If your (main) curriculum has a name, what is that name? (CIRCLE ONE)
 (IF RESPONDENT SAYS "HEAD START CURRICULUM,"
 PROBE BY ASKING: Does it have a name?)

- CREATIVE CURRICULUM..... 01
- HIGH/SCOPE 02
- HIGH REACH 03
- LET'S BEGIN WITH THE LETTER PEOPLE 04
- MONTESSORI..... 05
- BANK STREET 06
- CREATING CHILD CENTERED CLASSROOMS
- STEP BY STEP 07
- SCHOLASTIC CURRICULUM..... 08
- LOCALLY DESIGNED CURRICULUM..... 09
- OTHER (SPECIFY)_____ 10

IF ONLY ONE CURRICULUM IS USED (Q.6=1), CHECK THIS BOX. . AND GO TO Q.9

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

- a. CREATIVE CURRICULUM 01
- b. HIGH/SCOPE 02
- c. HIGH REACH..... 03
- d. LET'S BEGIN WITH THE LETTER PEOPLE..... 04
- e. MONTESSORI 05
- f. BANK STREET 06
- g. CREATING CHILD CENTERED CLASSROOMS
- STEP BY STEP..... 07
- h. SCHOLASTIC CURRICULUM 08
- i. LOCALLY DESIGNED CURRICULUM 09
- j. OTHER (SPECIFY)_____ 10

9. When were you last trained on your main curriculum? _____MONTH_____ YEAR

10. How many hours of training in your main curriculum have you had in the past 12 months? _____ HOURS

11. Who provided the training? (CIRCLE ONE)

(IF MORE THAN ONE RESPONSE, ASK: "Which provided the most training?")

- STAFF FROM THIS HEAD START PROGRAM.....01
- STAFF FROM ANOTHER HEAD START PROGRAM02
- 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 (DSQIC).....06
- HEAD START REGIONAL OFFICE TRAINING AND TECHNICAL ASSISTANCE STAFF07
- OTHER (SPECIFY) _____.....08

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

- YES..... 1
- NO 2 (GO TO Q. 15)

13. What kind of support? (CIRCLE ALL THAT APPLY)

- a. HELPING UNDERSTAND THE CURRICULUM..... 01
- b. PROVIDING OPPORTUNITIES FOR OBSERVING SOMEONE IMPLEMENTING THE CURRICULUM 02
- c. OFFERING REFRESHER TRAINING ON THE CURRICULUM 03
- d. HELPING IMPLEMENT THE CURRICULUM..... 04
- e. PLANNING CURRICULUM-BASED ACTIVITIES 05
- f. INDIVIDUALIZING THE CURRICULUM FOR CHILDREN..... 06
- g. IDENTIFYING/RECEIVING ADDITIONAL RESOURCES TO EXPAND THE SCOPE OF THE CURRICULUM AND ACTIVITIES 07
- h. OBSERVING/PROVIDING FEEDBACK ON THE IMPLEMENTATION OF THE CURRICULUM 08
- i. OTHER (SPECIFY)_____ 09

14. From whom? (CIRCLE ALL THAT APPLY)

- a. MENTOR OR MASTER TEACHER 01
- b. OTHER HEAD START 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. HEAD START REGIONAL OFFICE TRAINING AND TECHNICAL
ASSISTANCE STAFF 07
- h. OTHER (SPECIFY) _____ 08

15. What are the strengths of your main curriculum? (CIRCLE ALL THAT APPLY)

- a. PROVIDES CLEAR GUIDANCE ON HOW TO PLAN
LESSONS/UNITS 01
- b. HAS ADEQUATE LEARNING MATERIALS/RESOURCES/
EXAMPLES OF ACTIVITIES 02
- c. IS EASY TO USE AND ADAPT 03
- d. ADDRESSES MULTIPLE DOMAINS OF LEARNING
(E.G., COGNITIVE, SOCIO-EMOTIONAL, PHYSICAL, ETC.)..... 04
- e. ADDRESSES EARLY LITERACY AND/OR NUMERACY 05
- f. INVOLVES PARENTS AS PARTNERS IN CHILDREN'S LEARNING 06
- g. PROVIDES ROOM FOR TEACHER CREATIVITY..... 07
- h. IS CULTURALLY SENSITIVE..... 08
- i. IS DEVELOPMENTALLY-APPROPRIATE 09
- j. PROVIDES INDIVIDUAL REPORTS ON CHILD ASSESSMENT FOR
PARENTS..... 10
- k. PROVIDES GUIDANCE FROM CHILD ASSESSMENT TO PLAN FOR
LEARNING ACTIVITIES 11
- l. OTHER (SPECIFY) _____ 12

16. What are the weaknesses or drawbacks of your main curriculum?
(CIRCLE ALL THAT APPLY)
- a. DOES NOT PROVIDE CLEAR GUIDANCE ON HOW TO PLAN LESSONS/UNITS 01
 - b. DOES NOT HAVE ADEQUATE LEARNING MATERIALS/ RESOURCES/EXAMPLES OF ACTIVITIES 02
 - c. NOT EASY TO USE AND ADAPT 03
 - e. DOES NOT ADDRESS MULTIPLE DOMAINS OF LEARNING (E.G., COGNITIVE, SOCIO-EMOTIONAL, PHYSICAL, ETC.)..... 04
 - f. NOT ENOUGH INFORMATION ON EARLY LITERACY AND/OR NUMERACY 05
 - g. DOES NOT INVOLVE PARENTS AS PARTNERS IN CHILDREN'S LEARNING 06
 - h. DOES NOT PROVIDE ROOM FOR TEACHER CREATIVITY 07
 - i. NOT CULTURALLY SENSITIVE 08
 - j. NOT DEVELOPMENTALLY-APPROPRIATE 09
 - k. DOES NOT PROVIDE INDIVIDUAL REPORTS ON CHILD ASSESSMENT FOR PARENTS..... 10
 - l. DOES NOT PROVIDE GUIDANCE FROM CHILD ASSESSMENT TO PLAN FOR LEARNING ACTIVITIES 11
 - m. OTHER (SPECIFY) _____ 12

17. Do you have a copy of your main curriculum in your classroom?

- YES 1
- NO 2

18. Who makes *most* of the decisions about the day-to-day instructional plans for children? (CIRCLE ONE)

- HEAD START PROGRAM ADMINISTRATORS..... 1
- INDIVIDUAL CENTER DIRECTORS AND STAFF 2
- MANAGERS 3
- INDIVIDUAL TEACHERS 4
- PARENTS 5
- OTHER (SPECIFY) _____ 6

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

- YES..... 1 (IF RESPONSE TO Q6 WAS 'NO CURRICULUM,' GO TO Q. 22; OTHERWISE GO TO Q. 20)
- NO 2 (IF RESPONSE TO Q6 WAS 'NO CURRICULUM,' GO TO Q. 22; OTHERWISE GO TO Q. 21)

20. How do you use your main curriculum in developing a daily written plan for classroom experiences?
(CIRCLE ALL THAT APPLY)

- a. TO PROVIDE A THEORETICAL BASIS/Framework FOR DAILY PLANS..... 01
- b. TO PLAN HOW TO WORK WITH INDIVIDUAL CHILDREN 02
- c. TO DEVELOP THEMES FOR LESSON PLANS 03
- d. TO SELECT/IDENTIFY WHICH CONCEPTS TO INTRODUCE 04
- e. TO USE CHILD ASSESSMENT INFORMATION TO DEVELOP LESSON PLANS..... 05
- f. TO PLAN/IMPLEMENT ACTIVITIES IN THE CLASSROOM..... 06
- g. OTHER (SPECIFY)_____ 07
- h. DON'T USE THE MAIN CURRICULUM FOR DEVELOPING A WRITTEN PLAN FOR CLASSROOM EXPERIENCES..... 08

21. How do parents have input into the curriculum? (CIRCLE ALL THAT APPLY)

- a. PARENTS RECEIVE TAKE HOME MATERIALS FROM PROGRAM AND ARE ASKED FOR FEEDBACK 01
- b. PARENT-TEACHER CONVERSATIONS/CONFERENCES..... 02
- c. PARENTS PROVIDE INPUT WHILE VOLUNTEERING IN CLASSROOM 03
- d. PARENT COMMITTEE/COUNCIL 04
- e. EDUCATION ADVISORY COMMITTEE 05
- f. PARENTS ARE USED AS RESOURCES (E.G., PARENTS PROVIDE INFORMATION ABOUT THEIR CULTURE, JOB, VACATION, INTERESTS) 06
- g. PARENTS PROVIDE INPUT ON THE CHILD ASSESSMENT 07
- h. PARENTS DO NOT HAVE INPUT INTO THE CURRICULUM..... 08
- i. OTHER (SPECIFY)_____ 09

22. What is the main child assessment tool that you use? (CIRCLE ONE)
 (IF RESPONSE IS THE NATIONAL REPORTING SYSTEM/NRS,
 ASK: What is the main child assessment tool selected just for your program?)

THE CREATIVE CURRICULUM DEVELOPMENTAL CONTINUUM ASSESSMENT TOOLKIT FOR AGES 3-5.....	01	
HIGH/SCOPE CHILD OBSERVATION RECORD (COR).	02	
GALILEO	03	
AGES & STAGES QUESTIONNAIRES: A PARENT-COMPLETED, CHILD-MONITORING SYSTEM	04	
DESIRED RESULTS DEVELOPMENTAL PROFILE (DRDP)	05	
WORK SAMPLING SYSTEM FOR HEAD START	06	
LEARNING ACCOMPLISHMENT PROFILE SCREENING (LAP INCLUDING E-LAP, LAP-R AND LAP-D)	07	
HAWAII EARLY LEARNING PROFILE (HELP)	08	
BRIGANCE PRESCHOOL SCREEN FOR THREE AND FOUR YEAR OLD CHILDREN.....	09	
LOCALLY DESIGNED.....	10	
THE HEAD START NATIONAL REPORTING SYSTEM (NRS)	11	
OTHER (SPECIFY).....	12	
DO NOT USE A CHILD ASSESSMENT TOOL.....	13	(GO TO Q. 26)
DON'T KNOW.....	98	(GO TO Q. 26)

23. What areas of children's development do you assess?
 (CIRCLE ALL THAT ARE MENTIONED. DO NOT READ RESPONSES,
 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

24. What methods do you use for these assessments? Would you say...
 (IF RESPONDENT SAYS NATIONAL REPORTING SYSTEM/NRS,
 PROBE: "Do you do anything else?")
- 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
25. How do you use the information from those assessments in planning for each child?
 (CIRCLE ALL THAT APPLY)
- a. IDENTIFYING CHILD'S DEVELOPMENTAL LEVEL..... 1
 - b. INDIVIDUALIZING ACTIVITIES FOR CHILD 2
 - c. DETERMINING IF CHILD NEEDS REFERRAL FOR SPECIAL
 SERVICES..... 3
 - d. DETERMINING CHILD'S STRENGTHS AND WEAKNESSES 4
 - e. IDENTIFYING ACTIVITIES FOR PARENTS TO DO WITH THE CHILD
 AT HOME..... 5
 - f. OTHER (SPECIFY) _____ 6
 - g. DON'T KNOW 8
26. 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.29)
27. 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
28. Have you been to observe your mentor in her or his classroom or gone with your mentor to another classroom?
- YES..... 1
 - NO 2

29. Have you acted as a mentor for other Head Start teachers or teacher trainees?
- YES..... 1
NO 2
30. 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
31. 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
32. 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
33. What do you do when you suspect a child might have a special need?
(CIRCLE ALL THAT APPLY, DO NOT READ RESPONSES)
- 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

34. 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

35. 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

36. 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...

	YES	NO
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?	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

37. 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*.

(USE RESPONSE CARD)	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

38. Now, please tell me the extent to which you agree with each of the following statements about your experiences with the policies and procedures in your program. Tell me whether you *strongly disagree*, *disagree*, *neither agree nor disagree*, *agree*, or *strongly agree*. For this question, “teachers” refers to both teachers and teacher assistants.

Your Head Start Program	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable	Don't know
a. Helps teachers feel good about their jobs.....	1	2	3	4	5	7	8
b. Promotes teamwork among teachers	1	2	3	4	5	7	8
c. Helps teachers feel that they are part of a team.....	1	2	3	4	5	7	8
d. Ensures that teachers do not feel isolated	1	2	3	4	5	7	8
e. Provides enough assistance to teachers in the classroom	1	2	3	4	5	7	8
f. Provides orientation to new teachers	1	2	3	4	5	7	8
g. Helps new teachers adjust to the classroom.....	1	2	3	4	5	7	8
h. Knows what teachers deal with in the classroom.....	1	2	3	4	5	7	8
i. Has timely delivery of materials for use in classrooms	1	2	3	4	5	7	8
j. Provides opportunities for teachers to identify their strengths and weakness.....	1	2	3	4	5	7	8
k. Provides an atmosphere that is free from destructive gossip.....	1	2	3	4	5	7	8
l. Provides freedom for teachers to create their own unique classrooms	1	2	3	4	5	7	8
m. Has clear guidelines for ordering classroom materials efficiently.....	1	2	3	4	5	7	8

39. How likely are you to continue working for Head Start through the next Head Start year (through 2005-2006)? Would you say you are...

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

If respondent is a new teacher or was not interviewed in fall 2003,
check this box and go to Q. 42.
otherwise go to Q. 40.

40. Since our interview with you last Fall, have you received a degree, certificate, or license?

- YES 1
- NO 2 (GO TO BOX AFTER Q. 41)

41. What type of degree, certificate, or license did you receive? (CIRCLE ONLY ONE)

- CHILD DEVELOPMENT ASSOCIATE (CDA)
DEGREE PROGRAM 1
 - TEACHING CERTIFICATE 2
 - SPECIAL EDUCATION TEACHING DEGREE 3
 - BACHELOR'S DEGREE 4
 - GRADUATE DEGREE (MASTER'S, PH.D., OR ED.D) 5
 - OTHER 6
- (SPECIFY) _____

END INTERVIEW

FOR NEW TEACHERS

42. 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?

(USE RESPONSE CARD)	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
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

(cont'd.)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
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

BACKGROUND INFORMATION

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

NUMBER OF YEARS: _____

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

NUMBER OF YEARS: _____

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

YES..... 1
 NO 2

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

YES..... 1
 NO 2

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

- | | | |
|--|----|----------------|
| UP TO 8TH GRADE | 01 | } (GO TO Q.53) |
| 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 | } (GO TO Q.48) |
| 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 | |

48. 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

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

- YES..... 1 (GO TO Q.51)
- NO 2

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

- YES..... 1
- NO 2

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

NAME OF COLLEGE/UNIVERSITY: _____

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

CITY: _____ STATE: _____

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

- YES..... 1
- NO 2

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

- YES..... 1
- NO 2

55. Do you have a teaching certificate or license?

- YES..... 1
- NO 2

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

- YES..... 1
- NO 2

57. 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

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

- YES..... 1
- NO 2

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

\$__ __, __ __ __ per year

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

NUMBER OF MONTHS: _____

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

HOURS PER WEEK: _____

62. What is your gender?

- MALE 1
- FEMALE 2

63. In what year were you born? 19_____

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

- YES..... 1
- NO 2 (GO TO Q.66)

65. Which one of these best describes you...

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

66. 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
- 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

67. 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?

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

1.

2.

Thank you for your participation!