



Fall 2003

OMB #:
EXPIRATION DATE:



Education Coordinator Interview

Program ID: _____
Center ID(s): _____
Education Coordinator name:

Date: _____

Interviewer: _____

Interview complete

Westat

The purpose of FACES is to learn how the Head Start program helps families around the country get services for their children. I want to talk with you so we can understand how Head Start interacts with families from your point of view. I will ask questions about your background and how your program works with parents and children. Information from this study will be used to help Head Start improve its understanding of the families that are served by the program and to improve services provided to families.

I will ask you questions and write down your answers. You may stop me at any time, and you may go back to earlier questions to change your answers. No one else from the Head Start program will see or hear your answers. The things you tell me are very important, so please be as complete as possible. Our interview should take approximately 30 minutes.

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

<p>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 0970-0150 (expires 10/2006). 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.</p>
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Do you have any questions before we start?

1. Which of the following functions do you perform for this Head Start program?

Do you [READ ITEMS 2A THROUGH 2L]?

2. Please tell me which of these are your 3 major responsibilities, with number 1 as the primary responsibility, 2 as the secondary responsibility, and 3 as the third responsibility.

	(1)		(2)
	<u>YES</u>	<u>NO</u>	<u>THREE MAJOR RESPONSIBILITIES</u>
a. Develop curriculum, schedules, and classroom plans	1	2	_____
b. Assist director in program management activities	1	2	_____
c. Provide or arrange for staff training/education.....	1	2	_____
d. Arrange for IEPs and special services for children with disabilities	1	2	_____
e. Conduct child assessments	1	2	_____
f. Manage transition to school activities	1	2	_____
g. Provide parent education	1	2	_____
h. Provide outreach, recruitment, and enrollment services	1	2	_____
i. Supervise home visitors.....	1	2	_____
j. Arrange for services for children with other community services.....	1	2	_____
k. Arrange activities that involve parents.....	1	2	_____
l. Another responsibility	1	2	_____

(SPECIFY)_____

(USE RESPONSE CARD)

3. For which of the following topics have you scheduled in-service trainings for your teachers, either for this year or last year? How about . . .
4. Which of these topics for in-service training for your classroom teachers are most important in your opinion? Please rank them as 1, 2, and 3.

	(3) Scheduled This Year Or last		(4) Three Most Important
	<u>YES</u>	<u>NO</u>	
a. General child development and ECE	1	2	_____
b. Curriculum materials and teaching strategies ...	1	2	_____
c. Involving parents in the classroom	1	2	_____
d. Classroom management strategies.....	1	2	_____
e. Classroom safety, hygiene, and health	1	2	_____
f. Assessment of child progress	1	2	_____
g. Observation of child behavior.....	1	2	_____
h. Effective communication with parents about their child's progress or problems	1	2	_____
i. Child abuse/neglect.....	1	2	_____
j. Supervision of classroom workers (e.g., volunteers)	1	2	_____
k. Team teaching	1	2	_____
l. Other (SPECIFY)_____ ...	1	2	_____

5. How often do you provide training for your [READ TYPE OF STAFF]? Would you say *once every few years, about once a year, once every few months, monthly, or weekly*?
How often do you provide training for: [READ TYPE OF STAFF AGAIN]?

	Once every few <u>Years</u>	<u>Yearly</u>	Once every few <u>Months</u>	<u>Monthly</u>	<u>Weekly</u>
a. Teachers and assistant teachers...	1	2	3	4	5
b. Family service workers	1	2	3	4	5
c. Health staff	1	2	3	4	5

6. Who conducts the training? (CIRCLE ALL MENTIONED).

a. Center or grantee staff.....	01
b. Other community resources	02
c. Local consultants.....	03
d. Head Start Quality Improvement Center (HSQIC).....	04
e. Disability Services Quality Improvement Center (DSQIC).....	05
f. National Head Start Association (Heads Up Satellite Training).....	06
g. State or national conferences (NAEYC or NHSA).....	07
h. Private companies or organizations (e.g., High Scope, Teaching Strategies).....	08
i. Other..... (SPECIFY)_____	09

7. What form does the training usually take? Would you say...?

Day long workshops	1
Workshops less than 1 day long.....	2
Multi-day workshops.....	3
Sessions at national conferences.....	4
Guided self-study materials, or.....	5
Mentoring in Head Start center?	6

8. Do you have mentor teachers to work with teachers in classrooms?

YES	1
NO	2 (GO TO Q10)

9. How often do they come to the classroom? Would you say...

- Once a week,..... 1
- Once every two weeks,..... 2
- Once a month, or..... 3
- Less than once a month? 4

10. Overall, how helpful is the training your staff receive? Would you say . . .

- Very helpful,..... 1
- Fairly helpful, 2
- Could be more helpful, or 3
- Could be much more helpful?..... 4

11. Would you like to have more training for your staff?

- YES 1
- NO 2 (GO TO Q14)

12. What kind of training would you like to have for your staff?

13. From whom would you like your staff to receive the training?

Now I'd like to ask a few questions about the curriculum used in your program.

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

- YES 1
- NO 2 (GO TO Q17)

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

- 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. State developed curriculum (which state) 09
- j. Other (SPECIFY) 10

16. 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. State developed curriculum (which state) 09
- j. Other (SPECIFY) 10
- k. No other curricula 11

17. Who makes *most* of the decisions about the day-to-day plans for children, such as the selection of themes and activities? Is it...

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

18. To what extent are teachers responsible for developing their own curriculum? Would you say...

- Very much, 1
- Somewhat, 2
- Very little, or 3
- Not at all? 4

19. Does the curriculum used by your program specify the following? (READ LIST. CIRCLE "YES," or "NO," FOR EACH.)

	<u>YES</u>	<u>NO</u>
a. Goals for children's learning and development	1	2
b. Specific activities for children	1	2
c. Suggested teaching strategies	1	2
d. Suggested teaching materials	1	2
e. Ways to involve parents in their child's learning activities.....	1	2

20. Do you have or have you recently begun any efforts to improve children's early literacy skills, that is, to teach them more about letters, word sounds, words, writing, understanding and appreciating books and reading?

- YES 1
- NO 2

21. As part of this effort, do you encourage teachers in your program to do more of any of the following kinds of activities? How about...? Would you say teachers are *very much encouraged*, *somewhat encouraged*, *not very much encouraged*, or *not at all encouraged* to do this?

	Very much encour- <u>aged</u>	Some- what encour- <u>aged</u>	Not very much encour- <u>aged</u>	Not at all encour- <u>aged</u>
a. Reading stories to the children?.....	1	2	3	4
b. Retelling stories?	1	2	3	4
c. Discussing new words?	1	2	3	4
d. Learning about rhyming words and word families?	1	2	3	4
e. Learning about common prepositions, such as over and under, up and down?.....	1	2	3	4
f. Learning about conventions of print (left to right orientation, book holding)?	1	2	3	4
g. Learning the names of letters?	1	2	3	4
h. Writing letters of the alphabet?.....	1	2	3	4
i. Writing own name?.....	1	2	3	4
j. Working on phonics?	1	2	3	4

22. Do you currently assess children's developmental progress over the course of the year?

- YES..... 1
 NO..... 2 (GO TO Q25)

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

- Ratings based on observation or work sampling..... 1
 Testing with standardized tests or assessment
 or screening instruments..... 2
 Both observation-based ratings and direct assessments? or,..... 3
 Something else?..... 4
 (SPECIFY)_____

24. Over the course of the Head Start year, how often is each child's development assessed?

- ONCE..... 1 (GO TO Q26)
 TWICE..... 2 (GO TO Q26)
 THREE OR MORE TIMES..... 3 (GO TO Q26)

25. How are you planning to implement Head Start's new child assessment and analysis requirements? Do you plan to make use of. . .

- Ratings based on observation or work sampling..... 1
- Testing with standardized tests or assessment
or screening instruments..... 2
- Both observation-based ratings and direct assessments? or,.... 3
- Something else?..... 4
- (SPECIFY)_____
- DON'T KNOW ABOUT REQUIREMENT 5

26. 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

27. 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

28. 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.

(USE RESPONSE CARD)

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

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
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

29. 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*.

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor Disagree</u>	<u>Agree</u>	<u>Strongly agree</u>
a. I really enjoy my present job.	1	2	3	4	5
b. I am certain I am making a difference in the lives of children.....	1	2	3	4	5
c. If I could start over, I would choose education again as my career.....	1	2	3	4	5

30. How likely are you to continue working for Head Start through the next Head Start year (through 2004-2005)? Would you say you are...

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

BACKGROUND INFORMATION

31. In total, how many years have you been working for Head Start?

NUMBER OF YEARS: _____

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

NUMBER OF YEARS: _____

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

YES	1
NO	2

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

YES	1
NO	2

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

(CIRCLE ONE RESPONSE.)

UP TO 8TH GRADE.....	01	} (GO TO Q41)
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	
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ASSOCIATE'S DEGREE.....	08	} (GO TO Q36)
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	

36. 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

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

YES.....	1	(GO TO Q39)
NO.....	2	

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

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

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

NAME OF COLLEGE/UNIVERSITY: _____

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

CITY: _____ STATE: _____

41. Do you have a Child Development Associate (CDA) credential?
- YES 1
 NO 2
42. Do you have a state-awarded preschool certificate?
- YES 1
 NO 2
43. Do you have a teaching certificate or license?
- YES 1
 NO 2
44. Do you have any other job-related licenses?
- YES 1
 NO 2
45. 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
46. Are you currently a member of a professional association for early childhood education? (e.g., NAEYC, NHSA, NEA)
- YES 1
 NO 2
47. What is your total annual salary (before taxes) as a coordinator for the current school year?
- \$__ __, __ __ __ per year
48. How many months of the year does this salary cover?
- NUMBER OF MONTHS: _____

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

HOURS PER WEEK: _____

50. What is your gender?

MALE..... 1
FEMALE 2

51. In what year were you born? 19_____

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

YES..... 1
NO..... 2 (GO TO Q54)

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

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

54. 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

55. 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?

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

1.

2.

THANK YOU FOR YOUR PARTICIPATION IN FACES!