

**KINDERGARTEN FOLLOWUP
to the**

Spring 2005/06

Head Start Family and Child Experiences Survey

Teacher's Child Report Form – Spring 2005/06

LABEL

SECTION A. General Background

1. Since the beginning of the school year, has this child been:
- | | Yes | No |
|------------------------------|-----|----|
| a. in the same school? | 1 | 2 |
| b. in the same class?..... | 1 | 2 |
2. Was this child given a developmental or readiness assessment prior to starting kindergarten or in the early months of the school year?
- Yes 1
No..... 2 (*Skip to Q5*)
3. What instrument or instruments were used in making this assessment?
(*Write name of assessment instrument(s):*)
- _____
- _____
4. How were the results of the assessment used? (*Circle all that apply.*)
- | | |
|---|---|
| Child was placed in a regular kindergarten class | 1 |
| Child was placed in a transitional or readiness kindergarten class | 2 |
| Child was identified as needing special education services..... | 3 |
| Teacher adjusted teaching techniques for this child based on assessment | 4 |
| Child was given advanced instruction | 5 |
| Child was referred for further diagnostic testing..... | 6 |
| Other (<i>specify</i>) | 7 |
5. Will this child be promoted to first grade?
(*If a promotion decision has not yet been made, please indicate your best estimate of what will happen, based on what you know at this time.*)
- | | |
|---|---|
| Yes, will be promoted to regular first grade class..... | 1 |
| Will attend transitional first grade or prefirst grade class..... | 2 |
| Will repeat kindergarten | 3 |
| Other (<i>please specify</i>) | 4 |

6. Have one or both of the child's parents (or guardians) attended open house meetings or back-to-school nights this school year?

Yes 1
 No..... 2

7. Have one or both of this child's parents (or guardians) attended other class events, such as a class play or recital, this year?

Yes 1
 No..... 2

8. Have one or both of this child's parents (or guardians) acted as volunteers or helped out with class activities or class trips this year?

Yes 1
 No..... 2

9. How often have this child's parents (or guardians) initiated contact with you to find out how things were going with the child or to offer help with class activities?

Not at all 1
 Once or twice during the school year 2
 Three to five times during the school year 3
 About once a month or more often 4

10. How often have you had to contact or tried to contact this child's parent(s) (or guardians) about behavior or schoolwork problems this child has been having?

Not at all 1
 Once or twice during the school year 2
 Three to five times during the school year 3
 About once a month or more often 4

SECTION B. Academic Skills

1. Overall, how would you rate this child's academic skills in each of the following areas, compared to other children of the same grade level? *(Circle one answer in each row.)*

	Far below average	Below average	Average	Above average	Far above average
a. Language and literacy	1	2	3	4	5
b. Science and social	1	2	3	4	5
c. Mathematical skills	1	2	3	4	5

SECTION C. Social Skills

Please describe this child according to how often he/she has behaved in the following ways during the past month, from “never,” to “sometimes” to “very often.”

For each item, circle only one code.

	Never	Some- times	Very often
1. Follows the teacher’s directions.....	1	2	3
2. Makes friends easily	1	2	3
3. Does not get upset when teased by classmates	1	2	3
4. Joins an ongoing activity or group without being told to do so	1	2	3
5. Invites others to join activities	1	2	3
6. Waits his or her turn in games or other activities....	1	2	3
7. Helps in putting work materials or school property away	1	2	3
8. Gives compliments to classmates.....	1	2	3
9. Says nice things about herself or himself when appropriate	1	2	3
10. Follows the rules when playing games with others.	1	2	3
11. Uses free time in acceptable ways	1	3	3
12. Accepts classmates’ ideas for sharing and playing	1	2	3

SECTION D. Classroom Conduct

Please describe this child according to how true each of these statements has been during the past month, from “not true,” to “somewhat or sometimes true” to “very true or often true.”

For each item, circle only one code.

	Not true	Some- what or some- times	Very true or very often true
1. Acts too young for his or her age	1	2	3
2. Can’t concentrate, can’t pay attention for long.....	1	2	3
3. Disobeys rules or requests	1	2	3
4. Disrupts ongoing activities	1	2	3
5. Hard to understand what he or she is saying.....	1	2	3
6. Hits or fights with others.....	1	2	3
7. Keeps to herself or himself; tends to withdraw	1	2	3
8. Lacks confidence in learning new things or trying new activities.....	1	2	3
9. Is nervous, high-strung or tense	1	2	3
10. Is very restless, fidgets all the time, can’t sit still....	1	2	3
11. Often seems sleepy or tired in class	1	3	3
12. Has temper tantrums or hot temper	1	2	3
13. Often seems unhappy, sad, or depressed	1	2	3
14. Worries about things for a long time	1	2	3

SECTION E. Learning Behavior Scale

Please describe this child according to how true each of these statements has been during the past month, from “not true” to “somewhat or sometimes true” to “very true or often true.”
For each item, circle only one code.

	Not true	Somewhat or sometimes true	Very true or often true
1. Pays attention to what you say	1	2	3
2. Says tasks are too hard without making much effort to attempt it	1	2	3
3. Is reluctant to tackle a new activity	1	2	3
4. Sticks to an activity for as long as can be expected for a child of this age	1	2	3
5. Adopts a don't-care attitude to success or failure	1	2	3
6. Seems to take refuge in helplessness	1	2	3
7. Follows peculiar and inflexible procedures in tackling activities.....	1	2	3
8. Shows little desire to please you	1	2	3
9. Is unwilling to accept help even when an activity proves too difficult.....	1	2	3
10. Acts without taking sufficient time to look at the problem or work out a solution.....	1	2	3
11. Cooperates in group activities	1	2	3
12. Bursts into tears when faced with a difficulty ...	1	2	3
13. Has enterprising ideas which often don't work out.	1	2	3
14. Is distracted too easily by what is going on in the room, or seeks distractions.....	1	2	3
15. Cannot settle into an activity	1	2	3
16. Gets aggressive or hostile when frustrated	1	2	3
17. Is very hesitant in talking about his or her activity.....	1	2	3
18. Shows little determination to complete an activity, gives up easily.	1	2	3

	Not true	Somewhat or sometimes true	Very true or often true
19. Uses headaches or other pains as a means of avoiding participation	1	2	3
20. Is willing to be helped	1	2	3
21. Is too lacking in energy to be interested in anything or to make much effort	1	2	3
22. Relies on personal charm to get others to find solutions to the problems he or she meets	1	2	3
23. Invents silly ways of doing things.....	1	2	3
24. Doesn't achieve anything constructive when in a mopey or sulky mood.....	1	2	3
25. Shows a lively interest in the activities.....	1	2	3
26. Tries hard but concentration soon fades and performance deteriorates.....	1	2	3
27. Carries out tasks according to own ideas rather than in the accepted way.....	1	2	3
28. Accepts new activities without fear or resistance	1	2	3
29. Is dependent on adults for what to do, and takes few initiatives.....	1	2	3

SECTION F. Health and Developmental Conditions or Concerns

1. Has any professional such as a doctor or other health or education professional mentioned this child having a developmental problem or delay, for example, any special need or disability, such as physical, emotional, language, hearing difficulty or other special need? *Please circle one.*

- Yes 1 (Go to Q2)
- No 2 (Go to Q3)
- Don't Know 7 (Go to Q3)

2. How did the doctor or other health or education professional describe this child's needs or disability? *Please circle all that apply.*

- Vision impairment01
 - Blindness02
 - Hearing impairment/Hard of hearing03
 - Deafness04
 - Motor impairment05
 - Speech impairment/ Difficulty communicating06
 - Mental retardation07
 - Development delay08
 - Autism09
 - Behavior problems/Hyperactivity/
Attention deficit 10
 - Other (specify _____) 11
 - Don't Know98
- } (Go to Q5)

3. Since this child has enrolled in Kindergarten, have you felt or has anyone reported **concerns** about his/her health or development?

Note: This item does not refer to normal health concerns (e.g. "she has a lot of colds"); it refers to the conditions listed in Question #2 above. The concerns may be identified by yourself, another staff member, a parent or anyone else.

- Yes 1 (Go to Q 4)
- No 2 (End of Questionnaire)
- Don't Know 7 (End of Questionnaire)

4. To your knowledge, what areas of this child's health and development appear to be of concern? *Please circle all that apply.*

- Vision impairment01
- Blindness02
- Hearing impairment/Hard of hearing03
- Deafness04
- Motor impairment.....05
- Speech impairment/ Difficulty communicating06
- Mental retardation.....07
- Development delay08
- Autism09
- Behavior problems/Hyperactivity/
Attention deficit 10
- Other (specify _____) 11
- Don't Know98

5. What has been done so far to address the child's condition or the concerns about the child's health and development? *Please circle all that apply.*

The definition of IFSP/IEP is as follows: "a written plan that describes goals for this child and the services [he/she] should receive."

- Discussions/plans are in progress..... 1
- A specialist has been contacted..... 2
- The child has been observed or evaluated 3
- A meeting with the parents and the special needs
team has been made..... 4
- An individualized education plan (IEP) or an Individual
Family Service Plan (IFSP) has been developed 5
- Modifications or accommodations to the classroom
or class activities have been made 6
- Don't Know 7

Thank you for participation in FACES!