

OMB Control Number: _____

Expiration Date: _____

Length of time for instrument: 0.5 hours

APPENDIX H:

FPRQ Pilot Test Instruments for Eligible Parents

2/1/12

Instruments included:

- Pilot Test Screener
- FPRQ Parent Survey
- FPRQ Environmental Checklist

Family and Early Care and Education Provider Relationship Quality Study PARENT SCREENER

A) IF POTENTIAL RESPONDENT CALLS IN:

Thank you for calling me. As you may already know, Westat is conducting a study about how families and their children's teachers or child care providers work together to care for children. As part of this study, Westat has developed a brief survey for parents to fill out about their relationship with their children's teacher or child care provider.

The survey takes about 30 minutes to complete.

In order to make sure that you are eligible to participate in this study, I need to ask you a few questions. This will take less than 5 minutes. Do you have any questions before I begin?

Just in case we get disconnected, can I get the phone number that you are calling from?

B) IF RETURNING A CALL:

Hello. My name is [WESTAT STAFF NAME]. I'm calling from Westat. May I speak with [POTENTIAL PARTICIPANT]?

VERIFY THAT YOU ARE SPEAKING TO THE CORRECT PERSON.
--

I'm calling about a study that Westat is conducting about how families and their children's teachers or child care providers work together to care for children.

As part of this study, Westat has developed a brief survey for parents to fill out about their relationship with their children's teachers or child care providers. We are currently recruiting parents to complete this brief survey.

The survey takes about 30 minutes to complete.

In order to make sure that you are eligible to participate in the study, I need to ask you a few questions. This will less than 5 minutes. Do you have any questions before I begin?

Before we start, I want to assure you that your participation is completely voluntary and that your responses will remain confidential. If we come to a question you do not wish to answer, please let me know and we will move on to the next question.

1. Do you have a child age 5 or younger who receives child care, attends a Head Start, Early Head Start, or preschool, or is cared for by someone other than a parent **at least 15 hours per week** on average?

- YES
- NO (**GO TO INELIGIBLE TAB**)

2. Can you tell me the name of the program your child attends?

- RESPONDENT NAMES A PROGRAM PARTICIPATING IN THE STUDY
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
- RESPONDENT NAMES A PROGRAM **NOT** PARTICIPATING IN THE STUDY
(PROBE TO MAKE SURE THEY ARE NAMING THE PROGRAM AND NOT THE INDIVIDUAL TEACHER)
(GO TO INELIGIBLE TAB)

3. Can you tell me the name of the individual teacher that provides care for your child?

- RESPONDENT NAMES A TEACHER PARTICIPATING IN THE STUDY
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
- RESPONDENT NAMES A TEACHER **NOT** PARTICIPATING IN THE STUDY
(GO TO INELIGIBLE TAB)

4. What would you say was your household's income last year? Your best guess is fine.

- LESS THAN \$25,000
- \$25,000-\$34,999
- \$35,000-\$44,999
- \$45,000-\$54,999
- \$55,000-\$74,999
- \$75,000 OR MORE

5. Are you of Hispanic or Latino origin?

- YES
- NO

6. What is your racial background? You may mark one or more.

- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- NATIVE HAWAIIAN OR PACIFIC ISLANDER
- OTHER, SPECIFY _____

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Congratulations! Based on what you have told me, you are eligible for the study.

Within the next day, we will mail you the survey for you to complete. In order to send this to you, can I get your mailing address?

NAME: _____

STREET: _____

CITY: _____

STATE: _____

ZIP CODE: _____

After we have received your returned questionnaire, we will send your check for \$25. How would you like your name to appear on the check?

NAME: _____

Should we send the check to the same address we are sending the questionnaire to, or would you like the check mailed to a different address?

SAME ADDRESS

DIFFERENT ADDRESS

NAME: _____

STREET: _____

CITY: _____

STATE: _____

ZIP CODE: _____

In case we need to reach you by phone, what is the best phone number to reach you?

PHONE NUMBER ALREADY PROVIDED

NEW PHONE NUMBER _____

Is there another phone number you can provide me in case I can't reach you at this phone number?

Is there an email address we may use to contact you in case we need to reach you?

EMAIL ADDRESS: _____

You should receive the survey to the mailing address you provided soon. Thank you for agreeing to participate in this study!

OMB Control Number: _____

Expiration Date: _____

PARTICIPANT IS INELIGIBLE BASED ON ANSWERS PROVIDED

Unfortunately, you are not eligible to participate in our study. I'd like to thank you for your interest and time.

Parent Survey

In the following pages, we will ask questions about your child’s care and early education. We will ask about your child’s education and care provider and about your feelings towards that provider. Some of these questions will be about how you and your provider work together to care for your child.

1. We would like to know how often you communicate with THIS provider about various topics.

Since September, how often have you talked to your provider about the following regarding *your child*?

[CHECK ONE BOX IN EACH ROW]

	Never	Rarely	Sometimes	Very often
a. Your child’s experiences in the education and care setting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child’s abilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your child’s behavior.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Problems your child is having in the education and care setting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Problems your child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Health problems your child has.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Goals you have for your child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your priorities for your child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your vision for your child’s future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. What to expect at each stage of your child’s development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Since September, how often have you talked to your provider about the following regarding *yourself*?

[CHECK ONE BOX IN EACH ROW]

	Never	Rarely	Sometimes	Very often
a. Your relationship with your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your parenting style.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your personal relationships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your employment status.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your financial situation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your work or family life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Since September, how often have you talked to your provider about the following regarding the education and care your child receives?

[CHECK ONE BOX IN EACH ROW]

	Never	Rarely	Sometimes	Very often
a. Your provider's expectations for your child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The rules your provider has for children in his or her care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How you feel about the care your child receives.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often do you have difficulty communicating with your provider because he or she speaks a different language than you?

[CHECK ONLY ONE BOX]

- Never.....
- Rarely.....
- Sometimes.....
- Very often.....

5. Listed below are some things you may or may not share with your provider.

How comfortable do you feel sharing the following information with your provider?

[CHECK ONE BOX IN EACH ROW]

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
a. If your child has siblings.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you have other relatives living in your household.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your household schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your marital status.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your employment status.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your financial situation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your family’s culture, values, and beliefs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The role that faith and religion play in your household.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. What you do outside of the education and care setting to encourage your child’s learning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. How you discipline your child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How often does your provider ask you questions about your child or your family?

[CHECK ONLY ONE BOX]

- Never.....
- Rarely.....
- Sometimes.....
- Very often.....

7. If you had a problem with your provider, how comfortable would you feel talking to him or her about it?

[CHECK ONLY ONE BOX]

- Very uncomfortable.....
- Uncomfortable.....
- Comfortable.....
- Very comfortable.....

8. Listed below are some things your provider may or may not do.

How often does your provider:

[CHECK ONE BOX IN EACH ROW]

	Never	Rarely	Sometimes	Very often
a. Help you say goodbye to your child when you drop him or her off?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Share information with you about your child's day?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offer you books and materials to support your child's learning at home?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suggest activities for you and your child to do together?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. We would like to learn more about how you and your provider work together.

How often does your provider:

[CHECK ONE BOX IN EACH ROW]

	Never	Rarely	Sometimes	Very often
a. Work with you to develop strategies you can use at home to support your child’s learning and development?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Set goals with you for your child?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to your ideas about ways to change or improve the education and care your child receives?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you feedback about your parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Show interest in what is happening with your family?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide you with opportunities to make decisions about your child’s education and care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Provide you with opportunities to give feedback on your provider’s performance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Remember personal details about your child or your family when speaking with you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Contradict you in front of your child....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How much do you agree or disagree with the following statement?

My provider has increased my confidence in my ability to help my child grow or develop.

[CHECK ONLY ONE BOX]

- Strongly disagree.....
- Disagree.....
- Agree.....
- Strongly agree.....

11. How much do you agree or disagree with the following statement?

My provider has my child’s best interests at heart.

[CHECK ONLY ONE BOX]

- Strongly disagree.....
- Disagree.....
- Agree.....
- Strongly agree.....

12. We would like to know how flexible your provider is.

How much are the following statements like your provider?

[CHECK 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. My provider 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. My provider is flexible in response to my work or school schedule.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How much do you agree or disagree with the following statement?

My provider is open to learning new ways to teach and care for children.

[CHECK ONLY ONE BOX]

- Strongly disagree.....
- Disagree.....
- Agree.....
- Strongly agree.....

14. We would like to learn more about your provider. Please indicate how much the following words are like your provider.

My provider is...

[CHECK 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. Caring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Understanding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rude.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flexible.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Unreliable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Trustworthy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Impatient.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Responsive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Unfriendly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Respectful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Judgmental.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Available.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How strongly do you agree or disagree with the following statement?

My provider sees this job as just a paycheck.

[CHECK ONLY ONE BOX]

- Strongly disagree.....
- Disagree.....
- Agree.....
- Strongly agree.....

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

I trust that my provider ...

[CHECK ONE BOX IN EACH ROW]

		Strongly disagree	Disagree	Agree	Strongly agree
a.	Can protect my child from harm from others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Can maintain a safe environment for my child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Knows how to best care for my child...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

My provider supports...

[CHECK ONE BOX IN EACH ROW]

		Strongly disagree	Disagree	Agree	Strongly agree
a.	The goals I have for my child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The way I discipline my child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The way I raise my child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The choices I make for my child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

I feel my provider judges my family because of our...

[CHECK ONE BOX IN EACH ROW]

		Strongly disagree	Disagree	Agree	Strongly agree
a.	Culture, values, and beliefs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Race/ethnicity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Financial situation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. How easy or difficult is it for you to reach your provider during the day if you have a question or if a problem comes up?

[CHECK ONLY ONE BOX]

- Very difficult.....
- Difficult.....
- Easy.....
- Very easy.....

20. Teachers and other early care and education providers sometimes help families find needed services.

Since September, has your provider helped you or your family in any of the following ways:

[CHECK ONE BOX IN EACH ROW]

	Yes	No
a. Helped you or your family get transportation to and from your child's education and care program?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Offered you or your family information about community resources and services?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Encouraged you or your family to seek or receive services?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Made initial contacts to help you or your family arrange services?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Offered you information about employment or job training?.....	<input type="checkbox"/>	<input type="checkbox"/>

21. Since September, has your provider given you a referral for any of the following services in the community:

[CHECK ONE BOX IN EACH ROW]

	Yes	No
a. Health screening (medical, dental, vision, hearing, or speech)?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Developmental assessments?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Counseling services for children?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Counseling services for parents?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Social services such as housing assistance, food stamps, financial aid, or medical care?.....	<input type="checkbox"/>	<input type="checkbox"/>

22. Since September, has your provider offered you any of the following:

[CHECK ONE BOX IN EACH ROW]

	Yes	No
a. Emergency or sick care?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Extended hours?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Flexibility to drop off early or pick up late, as needed?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Flexibility to pay program fees late?.....	<input type="checkbox"/>	<input type="checkbox"/>

23. On a scale of 0-10, where 0 is the worst you can imagine and 10 is the best you can imagine, how would you describe your relationship with your provider?

[CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR RELATIONSHIP]

Worst											Best
	0	1	2	3	4	5	6	7	8	9	10

24. Does your program ask for parent feedback about the education and care children receive?
[CHECK ONLY ONE BOX]

Yes.....

No..... SKIP TO QUESTION 26

25. As far as you know, how often does your program use your feedback or feedback from other parents to make changes to the education and care children receive?
[CHECK ONLY ONE BOX]

Never.....

Rarely.....

Often.....

Very often.....

26. For how long has your current provider been teaching or caring for your child?

[CHECK ONLY ONE BOX]

- Less than one month.....
- One month.....
- 2-6 months.....
- 7-12 months.....
- More than one year.....

27. What is your child's birth order?

[CHECK ONLY ONE BOX]

- First born.....
- Second born.....
- Third born.....
- Later than third born.....
- Last born.....

28. What is the primary language spoken in your household?

[CHECK ONLY ONE BOX]

- English.....
- Spanish.....
- Some other language.....

ENVIRONMENTAL CHECKLIST

SECTION 1: This booklet contains some questions about your program’s physical environment, as well as some questions about information and services your program may offer parents of children in their care. This checklist will help us get to know your program better. The items in this section apply to *early care and education programs, including centers, Head Start, and family child care programs*. Please check “yes” or “no” for each item. Section 1 continues on the back. Please complete all of Section 1 and then complete Section 2 if it applies to your program type.

At this center/Head Start/family child care program:		Yes	No
1.	Parents and families members are allowed to visit at any time.....	<input type="checkbox"/>	<input type="checkbox"/>
2.	The program greets family members and children at arrival and departure.....	<input type="checkbox"/>	<input type="checkbox"/>
3.	There is easy access for drop-off and pick-up of children.....	<input type="checkbox"/>	<input type="checkbox"/>
4.	There is a space for parents to talk to each other.....	<input type="checkbox"/>	<input type="checkbox"/>
5.	There is adult-sized furniture that is available for parents’ use.....	<input type="checkbox"/>	<input type="checkbox"/>
6.	The program offers a variety of opportunities for parent involvement, including:		
	a. Volunteering in program/care activities.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Observing children in the program.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Bringing in materials such as arts and crafts or snacks for snack time.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Parent meetings.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Parent workshops.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Parent conferences.....	<input type="checkbox"/>	<input type="checkbox"/>
7.	Parents are invited to shape the planning of the program.....	<input type="checkbox"/>	<input type="checkbox"/>
8.	The program has suggestion boxes and/or surveys for family members to evaluate the program.....	<input type="checkbox"/>	<input type="checkbox"/>
9.	The program extends specific invitations to fathers or other male members of the family to participate in program activities.....	<input type="checkbox"/>	<input type="checkbox"/>
10.	The program offers special man-to-man activities for fathers or other male members of the family.....	<input type="checkbox"/>	<input type="checkbox"/>
11.	Parents have telephone and e-mail access to providers.....	<input type="checkbox"/>	<input type="checkbox"/>
12.	Families’ preferences for communication are maintained in a family record.....	<input type="checkbox"/>	<input type="checkbox"/>
13.	Providers use the following methods to communicate with families:		
	a. Face-to-face at drop-off and pick-up.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Telephone.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Email.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Texting.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Written notes.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Website.....	<input type="checkbox"/>	<input type="checkbox"/>
	g. Newsletter.....	<input type="checkbox"/>	<input type="checkbox"/>
	h. Calendar.....	<input type="checkbox"/>	<input type="checkbox"/>
	i. Bulletin boards.....	<input type="checkbox"/>	<input type="checkbox"/>
	j. Parent- teacher conferences.....	<input type="checkbox"/>	<input type="checkbox"/>
	k. Parent meetings.....	<input type="checkbox"/>	<input type="checkbox"/>
14.	Written information and materials are available in all languages spoken by the families.....	<input type="checkbox"/>	<input type="checkbox"/>
15.	Written information and materials are available at the appropriate literacy level.....	<input type="checkbox"/>	<input type="checkbox"/>
16.	The program provides a variety of information about community services.....	<input type="checkbox"/>	<input type="checkbox"/>
17.	The program provides parenting information in a variety of ways.....	<input type="checkbox"/>	<input type="checkbox"/>
18.	The program provides opportunities for families to get together.....	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 1, continued

At this center/Head Start/family child care program:		Yes	No
19.	The program gives information to families about:		
	a. General health and mental health services in their community.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Substance abuse services.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Tax credits, child care subsidies or vouchers, or employer child care benefits.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Housing assistance.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Energy or fuel assistance.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Community events.....	<input type="checkbox"/>	<input type="checkbox"/>
	g. Developmental screening services.....	<input type="checkbox"/>	<input type="checkbox"/>
	h. Immigration services, legal services, or social services.....	<input type="checkbox"/>	<input type="checkbox"/>
	i. Adult education, GED classes, ESL classes, or continuing education.....	<input type="checkbox"/>	<input type="checkbox"/>
	j. Employment opportunities.....	<input type="checkbox"/>	<input type="checkbox"/>
	k. Food pantries.....	<input type="checkbox"/>	<input type="checkbox"/>
	l. Domestic violence programs.....	<input type="checkbox"/>	<input type="checkbox"/>
	m. Homeless services.....	<input type="checkbox"/>	<input type="checkbox"/>
20.	The program provides opportunities for family-to-family interaction through:		
	a. Field trips.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Family picnics.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Family events.....	<input type="checkbox"/>	<input type="checkbox"/>
21.	The program provides parenting information through:		
	a. Parenting workshops.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Parenting classes.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Bulletin boards.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Newsletters.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Resource library with books, videos.....	<input type="checkbox"/>	<input type="checkbox"/>
	f. Tip sheets.....	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: FOR CENTER AND HEAD START PROGRAMS ONLY

Please check “yes” or “no” for each item.

At this center/Head Start program:		Yes	No
1.	The program has a reception area.....	<input type="checkbox"/>	<input type="checkbox"/>
2.	Signs and/or directions for locating classrooms and other spaces are posted in the center in languages parents understand.....	<input type="checkbox"/>	<input type="checkbox"/>
3.	The program has a formal advisory committee.....	<input type="checkbox"/>	<input type="checkbox"/>
4.	The program offers the following opportunities for parents:		
	a. Formal opportunities for parents to learn about how children develop.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Opportunities to learn about good nutrition for their children.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Opportunities to help parents with their own adult literacy goals.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Peer mentoring/support opportunities.....	<input type="checkbox"/>	<input type="checkbox"/>
5.	The program helps families to:		
	a. Find information and educational materials that are easy for them to understand.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Understand how to access community services for their children.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Advocate for services they need.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Use their own skills and resources to solve problems they have with their child.....	<input type="checkbox"/>	<input type="checkbox"/>