

OMB #:  
Expiration Date:

**MATHEMATICA**  
Policy Research, Inc.



## Kindergarten Followup to the Head Start Family and Child Experiences Survey

### *Kindergarten Teacher Survey*



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. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.



Dear Teacher,

Welcome to the Kindergarten Followup to the Head Start Family and Child Experiences Survey (FACES). We are asking you to participate because one or more children in your class are part of the FACES study. Mathematica Policy Research, Inc. (MPR) is conducting FACES under contract with the Administration for Children and Families (ACF) of the U. S. Department of Health and Human Services (DHHS). The study is following a national sample of approximately 3,500 Head Start children and their families from the time they first enrolled in Head Start through the end of kindergarten.

To enhance the information we obtain by assessing the children and interviewing their parents, we would like you to complete this survey. It will take approximately 30 minutes of your time. The first part of the survey (the Kindergarten Teacher Survey) asks questions about your school, your class, and your teaching background and training. Completing this survey will take approximately 20 minutes of your time. The second part of the survey (the Teacher Child Report) asks questions about the social skills, problem behaviors, and approaches to learning that you have observed in each of the children in the study who are in your class. Completing this survey will take approximately 10 minutes of your time.

Your principal and school district have approved your participation in this study. Your participation in this survey is voluntary, and you may refuse to answer any questions. Your responses are confidential and will not be reported except as aggregate numbers.

If you have any questions, please call our toll-free number at 888-633-8349 or email us at [FACES@mathematica-mpr.com](mailto:FACES@mathematica-mpr.com)

Please return this questionnaire to MPR in the enclosed envelope.

Thank you.

**GENERAL INSTRUCTIONS:**

- Please answer each question carefully. There are no right and wrong answers.
- Please answer the following types of questions by filling in the square or placing an X in the square of the response that most closely matches your answer.

↳ **Correct:**     **or**

- If you wish **to change** an answer, fill in the square or place an X for your preferred answer, and **circle** that preferred answer.

↳ **Correct:**     **or**

## CHILD VERIFICATION TABLE

**INSTRUCTIONS:** First, we would like to verify the **FACES** child or children who are in your class. Our records show the following **FACES** children are in your class. Please mark, in **Column A** whether each child is currently in your class, was in your class but has left, was never in your class (but you know the child) or is unknown to you. If the child was never in your class or you do not know him or her, please go to the next child.

If a child is in your class, please check one box in **COLUMN B**—either AM, PM, or FULL-DAY. Please also answer the second question (B1) to tell us how long the child has been in a class you are responsible for. If a child has moved from one of your classes to another during the year, but was in your class for the entire year, please check the box for the entire year.

Name of Child	COLUMN A	COLUMN B		
	This child...	CURRENTLY IN MY CLASS		
Name of Child	This child...	AM	PM	FULL-DAY
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>	1 <input type="checkbox"/> is currently in my class →  2 <input type="checkbox"/> was in my class but has left (GO TO COLUMN C- see next page)  3 <input type="checkbox"/> is not in my class, but I know him or her (GO TO COLUMN C- see next page)  4 <input type="checkbox"/> was never in my class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		B1. How long has this child been in your AM or PM or FULL-DAY classroom this school year?  <b>MARK ONLY ONE</b> 1 <input type="checkbox"/> Entire school year 2 <input type="checkbox"/> More than one semester but less than the entire school year 3 <input type="checkbox"/> More than one quarter but less than one semester 4 <input type="checkbox"/> Less than one quarter of the school year		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>	1 <input type="checkbox"/> is currently in my class →  2 <input type="checkbox"/> was in my class but has left (GO TO COLUMN C- see next page)  3 <input type="checkbox"/> is not in my class, but I know him or her (GO TO COLUMN C- see next page)  4 <input type="checkbox"/> was never in my class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		B1. How long has this child been in your AM or PM or FULL-DAY classroom this school year?  <b>MARK ONLY ONE</b> 1 <input type="checkbox"/> Entire school year 2 <input type="checkbox"/> More than one semester but less than the entire school year 3 <input type="checkbox"/> More than one quarter but less than one semester 4 <input type="checkbox"/> Less than one quarter of the school year		
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>	1 <input type="checkbox"/> is currently in my class →  2 <input type="checkbox"/> was in my class but has left (GO TO COLUMN C- see next page)  3 <input type="checkbox"/> is not in my class, but I know him or her (GO TO COLUMN C- see next page)  4 <input type="checkbox"/> was never in my class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		B1. How long has this child been in your AM or PM or FULL-DAY classroom this school year?  <b>MARK ONLY ONE</b> 1 <input type="checkbox"/> Entire school year 2 <input type="checkbox"/> More than one semester but less than the entire school year 3 <input type="checkbox"/> More than one quarter but less than one semester 4 <input type="checkbox"/> Less than one quarter of the school year		

If a listed child IS NOT IN YOUR CLASS, please check one box in **COLUMN C** to tell us as much as you can about where the child is – in another kindergarten in your school, in kindergarten in another school, or in some other program. Then please provide us with as much information as you can about the child's new class or school so that we can contact them.

**COLUMN C**

**NOT CURRENTLY IN MY CLASS**

In another kindergarten in this school	In kindergarten in another school	In PreK or transitional kindergarten	Returned to a Head Start program	Do not know where child currently is
4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/> ↓ <b>GO TO NEXT CHILD</b>

**PLEASE PROVIDE CURRENT INFORMATION FOR THE CHILD**

DATE LEFT CLASS: |\_|\_|/|\_|\_|/|\_|\_|  
Month Day Year

NAME OF SCHOOL CHILD NOW ATTENDS: \_\_\_\_\_

d  Don't Know

NAME OF CHILD'S TEACHER: \_\_\_\_\_

d  Don't Know

ADDRESS OF SCHOOL: \_\_\_\_\_

d  Don't Know

In another kindergarten in this school	In kindergarten in another school	In PreK or transitional kindergarten	Returned to a Head Start program	Do not know where child currently is
4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/> ↓ <b>GO TO NEXT CHILD</b>

**PLEASE PROVIDE CURRENT INFORMATION FOR THE CHILD**

DATE LEFT CLASS: |\_|\_|/|\_|\_|/|\_|\_|  
Month Day Year

NAME OF SCHOOL CHILD NOW ATTENDS: \_\_\_\_\_

d  Don't Know

NAME OF CHILD'S TEACHER: \_\_\_\_\_

d  Don't Know

ADDRESS OF SCHOOL: \_\_\_\_\_

d  Don't Know

In another kindergarten in this school	In kindergarten in another school	In PreK or transitional kindergarten	Returned to a Head Start program	Do not know where child currently is
4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/> ↓ <b>GO TO NEXT CHILD</b>

**PLEASE PROVIDE CURRENT INFORMATION FOR THE CHILD**

DATE LEFT CLASS: |\_|\_|/|\_|\_|/|\_|\_|  
Month Day Year

NAME OF SCHOOL CHILD NOW ATTENDS: \_\_\_\_\_

d  Don't Know

NAME OF CHILD'S TEACHER: \_\_\_\_\_

d  Don't Know

ADDRESS OF SCHOOL: \_\_\_\_\_

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If a child is in your class, please check one box in **COLUMN B**—either AM, PM, or FULL-DAY. Please also answer the second question (B1) to tell us how long the child has been in a class you are responsible for. If a child has moved from one of your classes to another during the year, but was in your class for the entire year, please check the box for the entire year.

Name of Child	COLUMN A	COLUMN B		
	This child...	CURRENTLY IN MY CLASS		
		AM	PM	FULL-DAY
_____	1 <input type="checkbox"/> is currently in my class → 2 <input type="checkbox"/> was in my class but has left (GO TO COLUMN C- see next page) 3 <input type="checkbox"/> is not in my class, but I know him or her (GO TO COLUMN C- see next page) 4 <input type="checkbox"/> was never in my class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		B1. How long has this child been in your AM or PM or FULL-DAY classroom this school year? <b>MARK ONLY ONE</b> 1 <input type="checkbox"/> Entire school year 2 <input type="checkbox"/> More than one semester but less than the entire school year 3 <input type="checkbox"/> More than one quarter but less than one semester 4 <input type="checkbox"/> Less than one quarter of the school year		
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		B1. How long has this child been in your AM or PM or FULL-DAY classroom this school year? <b>MARK ONLY ONE</b> 1 <input type="checkbox"/> Entire school year 2 <input type="checkbox"/> More than one semester but less than the entire school year 3 <input type="checkbox"/> More than one quarter but less than one semester 4 <input type="checkbox"/> Less than one quarter of the school year		
_____	1 <input type="checkbox"/> is currently in my class → 2 <input type="checkbox"/> was in my class but has left (GO TO COLUMN C- see next page) 3 <input type="checkbox"/> is not in my class, but I know him or her (GO TO COLUMN C- see next page) 4 <input type="checkbox"/> was never in my class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
		B1. How long has this child been in your AM or PM or FULL-DAY classroom this school year? <b>MARK ONLY ONE</b> 1 <input type="checkbox"/> Entire school year 2 <input type="checkbox"/> More than one semester but less than the entire school year 3 <input type="checkbox"/> More than one quarter but less than one semester 4 <input type="checkbox"/> Less than one quarter of the school year		

If a listed child IS NOT IN YOUR CLASS, please check one box in **COLUMN C** to tell us as much as you can about where the child is – in another kindergarten in your school, in kindergarten in another school, or in some other program. Then please provide us with as much information as you can about the child's new class or school so that we can contact them.

**COLUMN C**

**NOT CURRENTLY IN MY CLASS**

In another kindergarten in this school	In kindergarten in another school	In PreK or transitional kindergarten	Returned to a Head Start program	Do not know where child currently is
4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/> ↓ <b>GO TO NEXT CHILD</b>

**PLEASE PROVIDE CURRENT INFORMATION FOR THE CHILD**

DATE LEFT CLASS: |\_\_|\_|/|\_\_|\_|/|\_\_|\_|  
Month Day Year

NAME OF SCHOOL CHILD NOW ATTENDS: \_\_\_\_\_

d  Don't Know

NAME OF CHILD'S TEACHER: \_\_\_\_\_

d  Don't Know

ADDRESS OF SCHOOL: \_\_\_\_\_

d  Don't Know

In another kindergarten in this school	In kindergarten in another school	In PreK or transitional kindergarten	Returned to a Head Start program	Do not know where child currently is
4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/> ↓ <b>GO TO NEXT CHILD</b>

**PLEASE PROVIDE CURRENT INFORMATION FOR THE CHILD**

DATE LEFT CLASS: |\_\_|\_|/|\_\_|\_|/|\_\_|\_|  
Month Day Year

NAME OF SCHOOL CHILD NOW ATTENDS: \_\_\_\_\_

d  Don't Know

NAME OF CHILD'S TEACHER: \_\_\_\_\_

d  Don't Know

ADDRESS OF SCHOOL: \_\_\_\_\_

d  Don't Know

In another kindergarten in this school	In kindergarten in another school	In PreK or transitional kindergarten	Returned to a Head Start program	Do not know where child currently is
4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/> ↓ <b>GO TO NEXT CHILD</b>

**PLEASE PROVIDE CURRENT INFORMATION FOR THE CHILD**

DATE LEFT CLASS: |\_\_|\_|/|\_\_|\_|/|\_\_|\_|  
Month Day Year

NAME OF SCHOOL CHILD NOW ATTENDS: \_\_\_\_\_

d  Don't Know

NAME OF CHILD'S TEACHER: \_\_\_\_\_

d  Don't Know

ADDRESS OF SCHOOL: \_\_\_\_\_

d  Don't Know

Section A. Questions About Your School

*The following questions are about your school.*

**A1. Is this a public or private school?**

- 1  Public  
 2  Private → **GO TO A3**

**A2. Is this public school a . . .**

		MARK EACH ITEM "YES" OR "NO"	
		Ye s	No
a.	Regular public school (do not include a magnet school or school of choice).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	School with a magnet program (e.g., science/math school, foreign language immersion school).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	School of choice (charter school, open enrollment, non-specialized curriculum).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	Bureau of Indian Affairs (BIA) or tribal school.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.	Special Education school (primarily serves children with disabilities).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**GO TO A4**

**A3. Is this private school a . . .**

		MARK EACH ITEM "YES" OR "NO"	
		Ye s	No
a.	Catholic school.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	Private school not accredited by National Association of Independent Schools.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	Private school accredited by National Association of Independent Schools.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	Special Education school (primarily	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**A4. What is the highest grade taught at this school?**

**MARK ONLY ONE**

- 1  Transitional kindergarten (pre-kindergarten)
- 2  Kindergarten
- 3  Pre-first grade (after kindergarten)
- 4  1st grade
- 5  2nd grade
- 6  3rd grade
- 7  4th grade
- 8  5th grade
- 9  6th grade
- 10  7th grade
- 11  8th grade
- 12  9th grade
- 13  10th grade
- 14  11th grade
- 15  12th grade

**A5. Approximately how many students are currently enrolled in this school? If you are not sure, please provide an approximate number.**

|\_|\_|,|\_|\_|\_|\_| NUMBER

**A6. Approximately how many students are currently enrolled in kindergarten in this school?**

**Please include all children who are taught by you and other kindergarten teachers. If you are not sure, please provide an approximate number.**

|\_|\_|,|\_|\_|\_|\_| NUMBER

**A7. In some schools, special efforts are being made to make the transition into kindergarten less difficult for children. Which of the following are done in your school?**

MARK EACH ITEM "YES" OR "NO"	
Yes	No
a. I (or someone at the school) phone or send home information about the kindergarten programs to parents.....	1 <input type="checkbox"/> 0 <input type="checkbox"/>
b. Preschoolers spend some time in the kindergarten classroom.....	1 <input type="checkbox"/> 0 <input type="checkbox"/>
c. The school days are shortened at the beginning of the school year.....	1 <input type="checkbox"/> 0 <input type="checkbox"/>
d. Parents and children visit kindergarten prior to the start of the school year.....	1 <input type="checkbox"/> 0 <input type="checkbox"/>
e. I (or another teacher) visit the homes of the children at the beginning of the school year....	1 <input type="checkbox"/> 0 <input type="checkbox"/>
f. Parents come to the school for orientation prior to the start of the school year.....	1 <input type="checkbox"/> 0 <input type="checkbox"/>
g. Other transition activities ( <i>Please describe</i> ).....	1 <input type="checkbox"/> 0 <input type="checkbox"/>

**A8. Which of the following statements describe your school's grade retention practices or policies?**

MARK ONE BOX ON EACH LINE	
TRUE	FALSE
a. Children can be retained at any grade.....	1 <input type="checkbox"/> 0 <input type="checkbox"/>
b. Children can be retained in kindergarten.....	1 <input type="checkbox"/> 0 <input type="checkbox"/>

Section B. Questions About Your AM or PM or FULL-DAY Class

The following section is about your class.

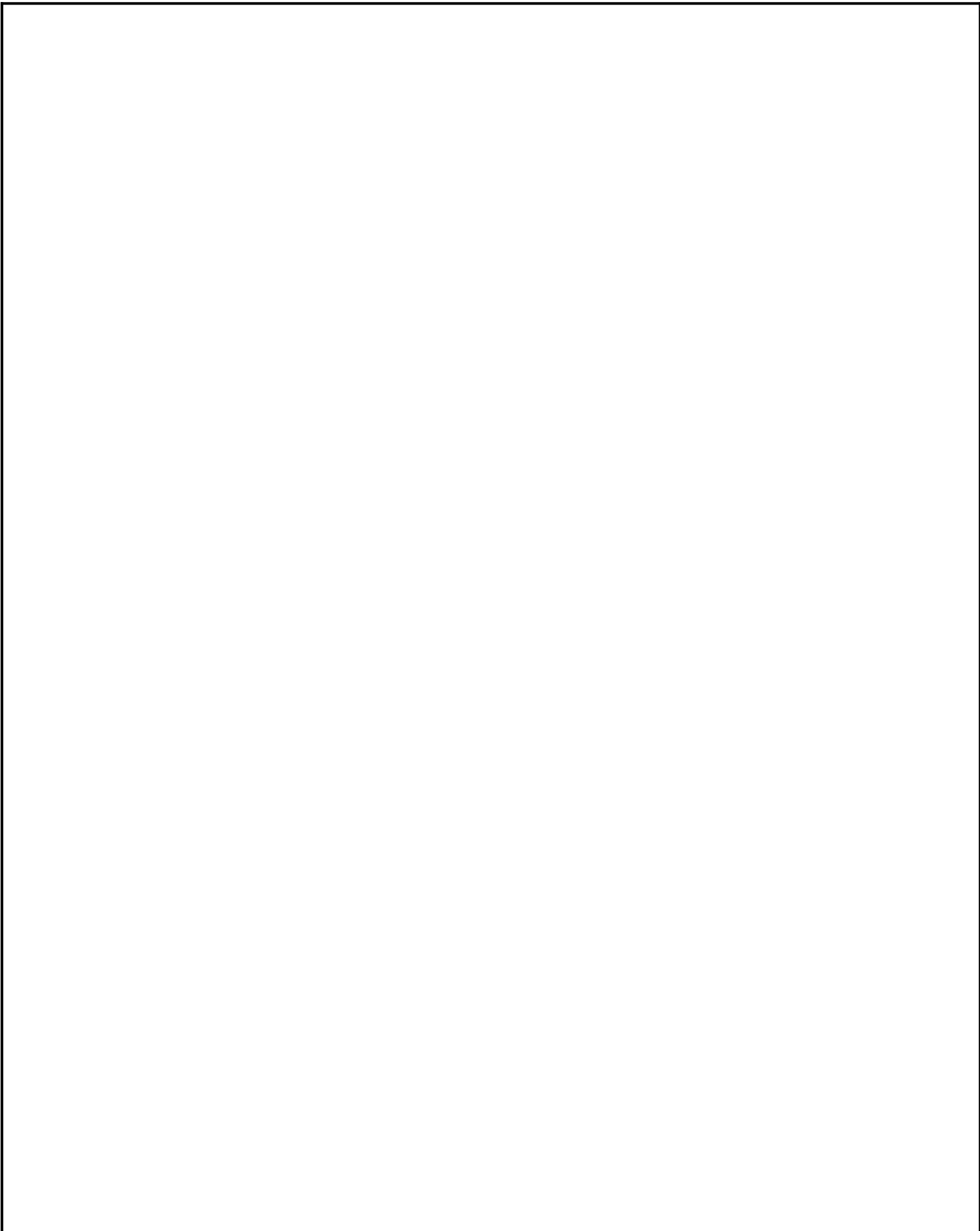
Please only complete the columns for classes with children in the study. For example, if you teach both an AM and PM class, but only have children from the FACES study in your AM class, you only need to answer for your AM class. Please start by putting a check in the columns you will complete.

If you teach both an AM and PM class and have children from the FACES study in both classes, you will need to answer for both classes.

B0. I have FACES children in my....	AM CLASS <input type="checkbox"/> 1	PM CLASS <input type="checkbox"/> 2	FULL-DAY CLASS <input type="checkbox"/> 3
B1. Approximately how many students are currently enrolled in this class?	_ _  STUDENTS	_ _  STUDENTS	_ _  STUDENTS
B2a. How many days a <u>week</u> does this class meet?	_ _  DAYS EACH WEEK	_ _  DAYS EACH WEEK	_ _  DAYS EACH WEEK
B2b. How many hours a <u>week</u> does this class meet?	_ _  HOURS A WEEK	_ _  HOURS A WEEK	_ _  HOURS A WEEK
B3. How many children currently enrolled in this class are...  a. American Indian or Alaskan Native.....  b. Asian or Pacific Islander.....  c. Black, non-Hispanic.....  d. Hispanic.....  e. White, non-Hispanic.....	_ _    _ _    _ _    _ _    _ _	_ _    _ _    _ _    _ _    _ _	_ _    _ _    _ _    _ _    _ _
B4. How many children with <i>limited English proficiency (LEP)</i> are there in this classroom? (LEP children are children whose native language is not English and whose skills in listening, speaking, reading, or writing English are such that they have difficulty understanding school instruction in English.)	_ _  CHILDREN	_ _  CHILDREN	_ _  CHILDREN
B5. How many children who are eligible for free or reduced-price lunch or breakfast are there in this class?	_ _  CHILDREN	_ _  CHILDREN	_ _  CHILDREN

Please only complete the columns for classes with children in the study.

	AM CLASS <input type="checkbox"/> 1	PM CLASS <input type="checkbox"/> 2	FULL-DAY CLASS <input type="checkbox"/> 3
<b>B6. How many paid assistants or co-/team teachers do you have in this class in a typical week?</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PAID ASSISTANTS OR CO-/TEAM TEACHERS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PAID ASSISTANTS OR CO-/TEAM TEACHERS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PAID ASSISTANTS OR CO-/TEAM TEACHERS
<b>B7. On average, how many hours per week is there at least one paid assistant or co-/team-teacher with you in this class?</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOURS PER WEEK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOURS PER WEEK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOURS PER WEEK
<b>B8. How many adult volunteer assistants to you have in this class in a typical week?</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ADULT VOLUNTEER ASSISTANTS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ADULT VOLUNTEER ASSISTANTS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ADULT VOLUNTEER ASSISTANTS
<b>B9. On average, how many hours per week all together do adult volunteer assistants spend in this class?</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOURS PER WEEK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOURS PER WEEK	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HOURS PER WEEK
<b>B10. What languages are used for instruction in this class by you or another teacher? PLEASE MARK ALL THAT APPLY.</b>	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Vietnamese 4 <input type="checkbox"/> Chinese 5 <input type="checkbox"/> Cambodian (Khmer) 6 <input type="checkbox"/> Hmong 7 <input type="checkbox"/> Japanese 8 <input type="checkbox"/> Korean 9 <input type="checkbox"/> Haitian Creole 10 <input type="checkbox"/> Arabic 11 <input type="checkbox"/> Other (Please specify) _____ _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Vietnamese 4 <input type="checkbox"/> Chinese 5 <input type="checkbox"/> Cambodian (Khmer) 6 <input type="checkbox"/> Hmong 7 <input type="checkbox"/> Japanese 8 <input type="checkbox"/> Korean 9 <input type="checkbox"/> Haitian Creole 10 <input type="checkbox"/> Arabic 11 <input type="checkbox"/> Other (Please specify) _____ _____	1 <input type="checkbox"/> English 2 <input type="checkbox"/> Spanish 3 <input type="checkbox"/> Vietnamese 4 <input type="checkbox"/> Chinese 5 <input type="checkbox"/> Cambodian (Khmer) 6 <input type="checkbox"/> Hmong 7 <input type="checkbox"/> Japanese 8 <input type="checkbox"/> Korean 9 <input type="checkbox"/> Haitian Creole 10 <input type="checkbox"/> Arabic 11 <input type="checkbox"/> Other (Please specify) _____ _____
<b>B11. At this point in the kindergarten year, how would you rate the behavior of children in this class? Would you say . . .</b>	1 <input type="checkbox"/> The group misbehaves very frequently and is almost always difficult to handle, 2 <input type="checkbox"/> The group misbehaves frequently and is often difficult to handle, 3 <input type="checkbox"/> The group misbehaves occasionally, 4 <input type="checkbox"/> The group behaves well, or 5 <input type="checkbox"/> The group behaves exceptionally well?	1 <input type="checkbox"/> The group misbehaves very frequently and is almost always difficult to handle, 2 <input type="checkbox"/> The group misbehaves frequently and is often difficult to handle, 3 <input type="checkbox"/> The group misbehaves occasionally, 4 <input type="checkbox"/> The group behaves well, or 5 <input type="checkbox"/> The group behaves exceptionally well?	1 <input type="checkbox"/> The group misbehaves very frequently and is almost always difficult to handle, 2 <input type="checkbox"/> The group misbehaves frequently and is often difficult to handle, 3 <input type="checkbox"/> The group misbehaves occasionally, 4 <input type="checkbox"/> The group behaves well, or 5 <input type="checkbox"/> The group behaves exceptionally well?



Section C. Questions About Activities in Your Class or Classes

The next section is about activities in your class or classes.

*If you teach more than one class, consider all classes when marking your responses.*

**C1. How often do children in your class(es) usually work on lessons or projects in the following general topic areas, whether as a whole class, in small groups, or in individualized arrangements?**

MARK ONE BOX ON EACH LINE					
	Never	Less Than Once a Week	1-2 Times a Week	3-4 Times a Week	Daily
a. Reading and language arts....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Mathematics.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Social studies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Science.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**C2. How much time do children in your class(es) usually work on lessons or projects in these general topic areas, whether as a whole class, in small groups, or in individualized arrangements?**

*If you teach more than one class, consider all classes when marking your responses.*

MARK ONE BOX ON EACH LINE				
	1-30 Minutes a Day	31-60 Minutes a Day	61-90 Minutes a Day	More Than 90 Minutes a Day
a. Reading and language arts...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Mathematics.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Social studies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Science.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**C3. How often do children in your class(es) do each of the following reading and language activities? Would you say 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?**

*If you teach more than one class, consider all classes when marking your responses.*

MARK ONE BOX ON EACH LINE						
	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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Practice writing the letters of the alphabet.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Discuss new words.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Work on phonics.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Listen to you read stories where they see the print (e.g., Big Books)...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Listen to you read stories but they don't see the print.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Retell stories.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h. Learn about conventions of print (left to right orientation, book holding).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i. Write own name.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
j. Learn about rhyming words and word families.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
k. Learn about common prepositions, such as over an under, up and down.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**C4. How often do children in your class(es) do each of the following math activities? Would you say 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?**

*If you teach more than one class, consider all classes when marking your responses.*

MARK ONE BOX ON EACH LINE						
	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. Count out loud.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Work with geometric manipulatives.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Work with counting manipulatives to learn basic operations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Play math-related games.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Work with rulers, measuring cups, spoons, or other measuring	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

instruments.....						
f. Engage in calendar-related activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**C5. Does your classroom have the following interest areas or centers for activities?**

*If you teach more than one class, consider all classes when marking your responses.*

	MARK EACH ITEM "YES" OR "NO"	
	Ye s	No
a. Reading area with books.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Listening center.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Writing center or area.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Pocket chart or flannel board.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Math area with manipulatives.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Area for playing with puzzles and blocks (Legos, etc.).....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Water or sand table.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Computer area.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Science or nature area with manipulatives.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Dramatic play area or corner.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Art area.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**C6. How many times each week do children in your class(es) usually have physical education?**

*If you teach more than one class, consider all classes when marking your responses.*

- 1  Never **GO TO C8**
- 2  Less than once a week
- 3  1 or 2 times a week
- 4  3 or 4 times a week
- 5  Daily

**C7. How much time each day do children in your class(es) usually spend when they participate in physical education?**

*If you teach more than one class, consider all classes when marking your responses.*

- 1  1-15 minutes per day
- 2  16-30 minutes per day
- 3  31-60 minutes per day
- 4  More than 60 minutes per day

**C8. In a typical day, how much time does your class(es) spend in recess?**

*If you teach more than one class, consider all classes when marking your responses.*

- 1  Do not have recess
- 2  1-15 minutes per day
- 3  16-30 minutes per day
- 4  31-45 minutes per day
- 5  More than 45 minutes per day

Section D. Questions About Your Teaching Background and Training

The last section of the Kindergarten Teacher Survey is about your teaching background and training.

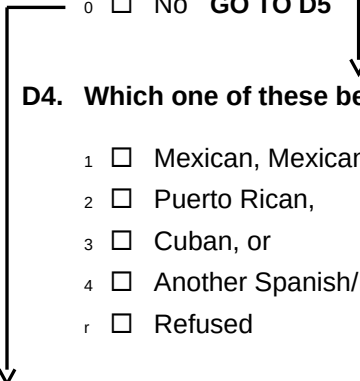
**D1. What is your gender?**

- 1  Male
- 2  Female

**D2. In what year were you born?**

19 |\_\_|\_\_|

**D3. Are you of Spanish, Hispanic, or Latino origin?**

- 1  Yes
  - 0  No **GO TO D5**
- 

**D4. Which one of these best describes you?**

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

**D5. What is your race? YOU MAY NAME MORE THAN ONE IF YOU LIKE.**

- 1  White
  - 2  Black or African American
  - 3  American Indian or Alaska Native
  - 4  Asian Indian
  - 5  Chinese
  - 6  Filipino
  - 7  Japanese
  - 8  Korean
  - 9  Vietnamese
  - 10  Asian (not further specified)
  - 11  Native Hawaiian
  - 12  Guamanian or Chamorro
  - 13  Samoan
  - 14  Other Pacific Islander *(Please specify)*
- \_\_\_\_\_

r  Refused

**D6. Counting this school year, how many years have you been a school teacher, including as a part-time teacher?**

|\_\_|\_\_| YEARS

**D7. Counting this school year, how many years have you taught this grade, including as a part-time teacher?**

|\_\_|\_\_| YEARS

**D8. Counting this school year, how many years have you taught in your current school, including as a part-time teacher? ENTER THE NUMBER OF YEARS TO THE NEAREST HALF YEAR (FOR EXAMPLE, 2.5, 3.5).**

|\_\_|\_\_|.|\_\_| YEARS

**D9. What is the highest level of education you have completed?**

**MARK ONLY ONE**

- 1  High school diploma or GED
- 2  Associate's degree
- 3  Bachelor's degree
- 4  At least one year of course work beyond a Bachelor's but not a graduate degree
- 5  Master's degree
- 6  Education specialist or professional diploma based on at least one year of course work past a Master's degree level
- 7  Doctorate
- 8  Other *(Please specify)*

\_\_\_\_\_

\_\_\_\_\_

**D10. How many college courses have you completed in the following areas?**

		MARK ONE NUMBER ON EACH LINE						
		0	1	2	3	4	5	6 +
a.	Early childhood education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Elementary education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Special education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	English as a Second Language (ESL).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Child development.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Methods of teaching reading.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Methods of teaching mathematics.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Methods of teaching science.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D11. What type of teaching certificate do you have?**

MARK ONLY ONE

- 1  None
- 2  Temporary, probational, provisional, or emergency certification
- 3  Certificate for completion of an alternative certification program
- 4  Regular or standard state certificate
- 5  Advanced professional certificate

**D12. In what field did you obtain your highest degree?**

MARK ONLY ONE

- 1  Child development or developmental psychology
- 2  Early childhood education
- 3  Elementary education
- 4  Special education
- 5  Other field (*Please specify*)

\_\_\_\_\_

**D13. Date questionnaire completed:**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
 Month Day Year

***Thank you for completing the Kindergarten Teacher Survey. The second part of the survey (the Teacher Child Report) asks questions about the social skills, problem behaviors, and approaches to learning that you have observed in each of the children in the study who are in your class. Please complete one Teacher Child Report for each child. If you have a survey for a child who is not in your class, please check the box on the cover of the survey for that child that tells us you will not be providing information for that child.***

