

ATTACHMENT 2

CHILD ROSTER FORM FROM HEAD START STAFF

NOTE: For each selected classroom, a FACES study team Field Enrollment Specialist (FES), will request the names and dates of birth of each child enrolled in the selected classroom from Head Start staff (typically the On-Site Coordinator). The attached child roster form is an example of the information required for sampling children. Head Start staff may provide this information in various formats such as print outs from an administrative record system or photocopies of hard copy list or records. Therefore, Head Start staff will not physically fill out the attached child roster form. The FES will use a tablet computer to enter this information into a web-based sampling program. The program will select up to 12 children per classroom for participation in the study. For these selected children only, the FES will then enter each child's gender, home language, and parent's name into the sampling program. Finally, the FES will ask Head Start staff (typically the On-Site Coordinator) to identify among the 24 selected children any siblings. The FES will identify the sibling groups in the sampling program and the sampling program will then drop all but one member of each sibling group, leaving one child per family.



FACES 2014-2018

CHILD ROSTER FORM

[PROGRAM]

[CENTER]

[CLASSROOM]

MATHEMATICA
Policy Research

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Experiences in Head Start

INSTRUCTIONS:

1. For each selected classroom, record in the sampling website each child's name and date of birth in columns A and B. Please be sure to include all children in the selected classrooms.
2. Ask the OSC if any students in the selected classrooms are siblings. If so, in Column C, record the number that corresponds to that child's sibling. The FACES definition of siblings is any set of children who live in the same household and are cared for by the same primary caregiver.
3. Once children are selected for each classroom, record the corresponding information in columns E-G for selected children only.

				SELECTED CHILDREN ONLY				
A		B	C	D	E	F	G	
Child		Date of Birth Month/Day/Year	Siblings	Check Box if Selected	Gender (M=Male F=Female)	Home Language E - English S- Spanish O - Other	Parent/Guardian	
First Name	Last Name						First Name	Last Name
1.	_____	1. _____	1. _____	1. <input type="checkbox"/>	1. M F	1. _____	1.	_____
2.	_____	2. _____	2. _____	2. <input type="checkbox"/>	2. M F	2. _____	2.	_____
3.	_____	3. _____	3. _____	3. <input type="checkbox"/>	3. M F	3. _____	3.	_____
4.	_____	4. _____	4. _____	4. <input type="checkbox"/>	4. M F	4. _____	4.	_____
5.	_____	5. _____	5. _____	5. <input type="checkbox"/>	5. M F	5. _____	5.	_____
6.	_____	6. _____	6. _____	6. <input type="checkbox"/>	6. M F	6. _____	6.	_____
7.	_____	7. _____	7. _____	7. <input type="checkbox"/>	7. M F	7. _____	7.	_____
8.	_____	8. _____	8. _____	8. <input type="checkbox"/>	8. M F	8. _____	8.	_____
9.	_____	9. _____	9. _____	9. <input type="checkbox"/>	9. M F	9. _____	9.	_____
10.	_____	10. _____	10. _____	10. <input type="checkbox"/>	10. M F	10. _____	10.	_____
11.	_____	11. _____	11. _____	11. <input type="checkbox"/>	11. M F	11. _____	11.	_____

				SELECTED CHILDREN ONLY				
A Child		B	C	D	E	F	G	
Child		Date of Birth Month/Day/Year	Siblings	Check Box if Selected	Gender (M=Male F=Female)	Home Language E - English S- Spanish O - Other	Parent/Guardian	
First Name	Last Name						First Name	Last Name
12. _____	_____	12. _____	12. _____	12. <input type="checkbox"/>	12. M F	12. _____	12. _____	_____
13. _____	_____	13. _____	13. _____	13. <input type="checkbox"/>	13. M F	13. _____	13. _____	_____
14. _____	_____	14. _____	14. _____	14. <input type="checkbox"/>	14. M F	14. _____	14. _____	_____
15. _____	_____	15. _____	15. _____	15. <input type="checkbox"/>	15. M F	15. _____	15. _____	_____
16. _____	_____	16. _____	16. _____	16. <input type="checkbox"/>	16. M F	16. _____	16. _____	_____
17. _____	_____	17. _____	17. _____	17. <input type="checkbox"/>	17. M F	17. _____	17. _____	_____
18. _____	_____	18. _____	18. _____	18. <input type="checkbox"/>	18. M F	18. _____	18. _____	_____
19. _____	_____	19. _____	19. _____	19. <input type="checkbox"/>	19. M F	19. _____	19. _____	_____
20. _____	_____	20. _____	20. _____	20. <input type="checkbox"/>	20. M F	20. _____	20. _____	_____
21. _____	_____	21. _____	21. _____	21. <input type="checkbox"/>	21. M F	21. _____	21. _____	_____
22. _____	_____	22. _____	22. _____	22. <input type="checkbox"/>	22. M F	22. _____	22. _____	_____
23. _____	_____	23. _____	23. _____	23. <input type="checkbox"/>	23. M F	23. _____	23. _____	_____
24. _____	_____	24. _____	24. _____	24. <input type="checkbox"/>	24. M F	24. _____	24. _____	_____
25. _____	_____	25. _____	25. _____	25. <input type="checkbox"/>	25. M F	25. _____	25. _____	_____
26. _____	_____	26. _____	26. _____	26. <input type="checkbox"/>	26. M F	26. _____	26. _____	_____

Paperwork Reduction Act Statement: The referenced collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0151 and it expires XX/XX/XXXX. The time required to complete this collection of information is estimated to average 20 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Jerry West.